

# **Co-Neutral 17<sup>th</sup> Commentary**

## **January 2022**

### **Compromise and Settlement Agreement**

**(D.G. vs. Yarborough, Case No. 08-CV-074)**

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## I. Introduction

On January 4, 2012, the Oklahoma Department of Human Services (“DHS”) and the Plaintiffs (together, “the Parties”) reached agreement in this federal class action lawsuit against the state of Oklahoma on behalf of children in the custody of DHS due to abuse and neglect by a parent or resource caregiver. That matter, *D.G. vs. Yarbrough*, Case No. 08-CV-074, resulted in the Compromise and Settlement Agreement (CSA), which was approved by the United States District Court for the Northern District of Oklahoma (“the Court”) on February 29, 2012. The CSA requires (Section 2.10 (a)) that DHS develop a plan setting forth “specific strategies to improve the child welfare system.” Under the CSA, the parties identified and the court approved Eileen Crummy, Kathleen Noonan, and Kevin Ryan as “Co-Neutrals,” and charged them to evaluate and render judgment about the ongoing performance of DHS to strengthen its child welfare system to better meet the needs of vulnerable children, youth, and families. The CSA states specifically (Section 2.10 (i)) that, “Twice annually, the Co-Neutrals shall provide commentary regarding the Department’s overall progress as reflected by the [data] reports and shall provide commentary as to whether the Department is making good faith efforts pursuant to Section 2.15 of the Settlement Agreement.” For this Seventeenth Commentary, covering report period January 1, 2021 to June 30, 2021,<sup>1</sup> the Co-Neutrals have determined that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in all 23 Performance Area Measures for which the Co-Neutrals are required to render a determination, as described below.

### **The Effects of COVID and the Parties’ COVID Recovery Period Agreement**

During this report period, DHS continued to face unprecedented challenges due to the COVID-19 pandemic. While the state of Oklahoma, like the rest of the country, hoped that some pre-pandemic normalcy would resume with the roll out of COVID-19 vaccines to the larger population in February and March of this report period, the ongoing presence of the virus (and its variants) and the impact of the state of emergency declared in March 2020 remain. An effect of this is a limitation to some of the department’s ongoing practices, which can be observed in the performance outcomes reported for this review period, particularly timely permanency for children in DHS’ custody and the development of family-based therapeutic placements.

In light of this, the “Parties” developed a joint “COVID Recovery Period Agreement” (the “Covid Recovery Agreement” or “CRA”), which was approved by the Court on December 14, 2021 as a modification to the original Settlement Agreement.<sup>2</sup> The CRA attests that unforeseen effects of the COVID-19 pandemic have significantly impacted DHS’ efforts and performance outcomes for the following seven specific measures:

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<sup>1</sup> In numerous instances, as described in this Commentary, data and information are only available through March 31, 2021 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). In addition, in some instances, the Co-Neutrals report on more recent decisions or activities by DHS to reflect, when possible, the most current view of the agency’s performance.

<sup>2</sup> The Co-Neutrals’ 17<sup>th</sup> Commentary was initially scheduled for publication in December 2021. The Parties agreed to allow the Co-Neutrals to instead publish the 17<sup>th</sup> Commentary in January 2022 in order to allow the Parties to complete their interactions on the COVID Recovery Period Agreement, afford the Court the opportunity to review the joint motion to approve the Agreement and enable the Co-Neutrals time to integrate the COVID Recovery Period Agreement into this 17<sup>th</sup> Commentary.

- I. TFC Performance Area Measure 2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period;
- II. TFC Performance Area Measure Net Gain/Loss in TFC homes for the reporting period;
- III. Permanency Performance Area Measure 6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency;
- IV. Permanency Performance Area Measure 6.2b: The number and percent of children who entered their 12th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency;
- V. Permanency Performance Area Measure 6.2c: The number and percent of children who entered their 24th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency;
- VI. Permanency Performance Area Measure 6.2d: The number and percent of children who entered their 36th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal;
- VII. Permanency Performance Area Measure 6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.

Collectively, these seven COVID-impacted measures are identified in the agreement as the “Delayed Performance Area Measures.” The remaining 23 performance area metrics are referred to collectively as the “Non-Impacted Performance Area Measures.”

The CRA establishes an 18-month “COVID Recovery Period” that covers the current and following two six-month report periods (January 1, 2021 – June 30, 2021; July 1, 2021 – December 31, 2021; and January 1, 2022 – June 30, 2022). For these three six-month report periods, the Parties agreed that the Co-Neutrals will suspend rendering a judgment with respect to DHS’ good faith efforts for the Delayed Performance Area Measures identified above. For the three COVID Recovery Periods, the Co-Neutrals will continue to report findings whether DHS is making good faith efforts pursuant to Section 2.15 of the Compromise and Settlement Agreement for the 23 Non-Impacted Performance Area Measures. The Co-Neutrals’ Commentaries will also continue to report on the department’s verified performance data outcomes and actions taken to improve those outcomes for every performance measure, including the Delayed Performance Area Measures.

This modification to the Compromise and Settlement Agreement specifies that, “Until the impact of the COVID-19 pandemic on the Oklahoma child foster care system is more fully understood, addressed, and ameliorated, the Parties seek to hold in abeyance during a ‘COVID Recovery Period’ the twice annual determinations of the Co-Neutrals whether the Department has engaged in good faith efforts to achieve substantial and sustained progress with regard to the [Delayed] Performance Area Measures. (See Appendix A for a full copy of the “Agreement To Amend The Compromise And Settlement Agreement And Partially Suspend Good Faith Reporting On Selected Performance Area Measures.”)

## Background

DHS, with the assistance of state leaders, advocates, and other stakeholders, developed the Pinnacle Plan, which contains significant commitments to be implemented beginning in State Fiscal Year (SFY) 2013. The Co-Neutrals approved the Pinnacle Plan on July 25, 2012.

The CSA charged DHS with identifying baselines and Target Outcomes to measure and report the state's progress in core performance areas, which are grouped in the following seven performance categories:

- Maltreatment (abuse and neglect) of children in the state's legal custody (MIC);
- Development of foster homes and therapeutic foster homes;
- Regular and consistent visitation of caseworkers with children in the state's legal custody;
- Reduction in the number of children in shelters;
- Placement stability, reducing the number of moves a child experiences while in the state's legal custody;
- Child permanency, through reunification, adoption, or guardianship; and,
- Manageable caseloads for child welfare staff.

As required by the CSA, the Co-Neutrals and DHS established the Metrics, Baselines, and Targets Plan (the "Metrics Plan") on March 7, 2013. For each of the seven performance categories, the Metrics Plan establishes: the methodology for the performance metrics and measuring progress; parameters for setting baselines; interim and final performance targets and outcomes; and the frequency by which DHS must report data and information to the Co-Neutrals and the public. Appendix B provides a summary chart of the metrics for the seven performance areas, with corresponding baselines and targets, established by DHS and the Co-Neutrals, and as updated.<sup>3</sup>

The CSA further requires the Co-Neutrals to provide commentary and issue a determination as to whether DHS' data submissions provide sufficient information to measure accurately the department's progress. The Co-Neutrals have previously found data sufficiency for all the CSA performance areas and data metrics. Pursuant to the CSA, the Co-Neutrals may revise any determination of data sufficiency based on subsequent or ongoing data submissions as deemed appropriate. DHS' data management team has made significant progress since settlement of this litigation, particularly in strengthening its ability and practice to leverage and evaluate its information to support data-driven management decisions and case practice improvements.

Under Section 2.15 of the CSA, the parties established that the Co-Neutrals would issue a Final Report on December 15, 2016 that determines whether DHS has made, for a continuous period of at least two years prior to December 15, 2016, good faith efforts to achieve substantial and sustained progress towards the Target Outcomes. On September 2, 2016, DHS and the Plaintiffs jointly agreed by amendment to the CSA to suspend the Co-Neutrals' issuance of the Final Report. The amendment gives DHS the opportunity to request the Final Report from the Co-Neutrals at any time and maintains the requirement that the Co-

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<sup>3</sup> Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals.

Neutrals determine as part of that report whether DHS has, for a period of at least two years, made good faith efforts to achieve substantial and sustained progress toward each Target Outcome.

The new December 14, 2021 Covid Recovery Agreement, as described in greater detail above, which establishes the 18-month COVID Recovery Period, does not change the existing CSA agreements for the “Non-Impacted Performance Area Measures.” As such, DHS can still request a Final Report from the Co-Neutrals at any time for the 23 Non-Impacted Performance Area Measures that are now bifurcated collectively as a group from the seven Delayed Performance Area Measures. To terminate DHS’ responsibilities and obligations under the CSA for the Non-Impacted Performance Measures, the department must receive from the Co-Neutrals a determination that DHS has, for a period of at least two years, made good faith efforts to achieve substantial and sustained progress toward each Target Outcome.

The Covid Recovery Agreement further states that, “After resumption of Good Faith Assessments by the Co-Neutrals and the Department subsequently achieving Good Faith Assessments for all Delayed Performance Area Measures over a period of two successive years, inclusive of Good Faith Assessments made prior to the COVID Recovery Period, the final Commentary reflecting such efforts shall be considered the Final Report for the Target Outcomes of the Delayed Performance Area Measures and the Department’s responsibilities and obligations under the Settlement Agreement shall terminate.”

Finally, in the Covid Recovery Agreement, DHS committed to ongoing data transparency by committing to report to the Co-Neutrals and Plaintiffs on the metrics and Target Outcomes for all Delayed Performance Area Measures and Non-Impacted Performance Area Measures for a minimum period of one year after publication of the Final Report for each collective group of measures.

### **Good Faith Efforts to Achieve Substantial and Sustained Progress**

The CSA requires the Co-Neutrals to determine whether DHS has “made good faith efforts to achieve substantial and sustained progress” toward a Target Outcome. This standard requires more than an assessment of DHS’ intentions but necessarily requires a conclusion by the Co-Neutrals that is based on an analysis of the activities undertaken and decisions made by DHS or, as the Co-Neutrals have stated, the inactions or failures to make decisions, and the impact of those decisions and activities on achieving substantial and sustained progress toward a Target Outcome. For example, the Co-Neutrals have focused their review and assessment of DHS’ timeliness and thoroughness to implement, evaluate and, when needed, adjust core strategies to inform their judgment of whether the department has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes. As noted above, for this and the next two six-month report periods the Co-Neutrals will suspend rendering a judgment regarding DHS’ good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for seven Delayed Performance Area Measures.

The CSA requires the Co-Neutrals to report on those Target Outcomes that DHS has met, those for which the department has achieved sustained, positive trending toward the Target Outcomes, and those Target Outcomes for which DHS has not achieved sustained, positive trending.

For this report period, the Co-Neutrals have determined that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in all 23 Non-Impacted Performance Area

Measures. Many of the improvements reported in this Commentary are the result of years of investment from Oklahoma and DHS' efforts to create a safer and more effective child welfare system. The DHS senior management team is focused, transparent and deeply engaged in and committed to this work. They possess the skill and experience necessary to lead the agency to make good faith efforts to achieve substantial and sustained progress towards the Target Outcomes, which they must continue to do, particularly for those measures included in the COVID Impacted Provisions where DHS' performance has long lagged.

DHS' good faith efforts in this period for all Non-Impacted Performance Area Measures position the agency to achieve substantial and sustained progress moving forward if the department remains focused on effective implementation of strategies that have been working, as well as new strategies and practice changes where necessary to achieve positive trending toward the Target Outcomes. This means continuing to track performance in real time, observing areas of deficiency, and pivoting quickly where needed to improve performance substantially and sustainably. As such, this current assessment that DHS has made good faith efforts in all Non-Impacted Performance Area Measures is an important achievement by the department but is neither binding on future judgments of the Co-Neutrals nor cause for relaxation by DHS, which the agency leadership fully acknowledges. The Co-Neutrals' future assessments of DHS' efforts to achieve and sustain progress in every performance area will continue to be informed by the agency's planning and implementation activities within each performance period.

For this report period, the Co-Neutrals' collective judgment continues to be that DHS is on the right path. The Co-Neutrals again commend the department's leadership and staff at all levels for improving outcomes for children and families in Oklahoma. The following Table summarizes the Co-Neutrals' findings of DHS' progress toward the Target Outcomes and, separately, the Co-Neutrals' assessment of DHS' efforts for each of the performance metrics assessed during this report period.



**TABLE 1: SUMMARY OF TARGET OUTCOMES**

<b>Metric</b>	<b>Has Met Target Outcome</b>	<b>Has Achieved Sustained, Positive Trending Toward the Target Outcome</b>	<b>Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome</b>
1.A: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member in a 12-month period.	No Baseline: 98.73% Outcome: 99.02% Target: 99.68%	No	Yes
1.B: Of all children in the legal custody of DHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	Yes Baseline: 98.56% Outcome: 99.04% Target: 99.00%	Yes	Yes
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	No Outcome: 720 Target: 880	Yes	Yes
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	No Outcome: -74 Target: 57	No	Yes
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	No Outcome: 25 TFC/ITFC homes; 107 children in new EFC therapeutic family placements Target: 165	No	No Finding During COVID Recovery Period

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
Net gain/loss in TFC homes for the reporting period.	No Outcome: -13 TFC/ITFC homes; 107 children in new EFC therapeutic family placements Target: 108	No	No Finding During COVID Recovery Period
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes Baseline: 95.5% Outcome: 98.7% Target: 95.0%	Yes	Yes
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes Baseline: 51.2% Outcome: 95.5% Target: 90.0%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
3.3b: 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.	No Baseline: 40.65% Outcome: 62.7% Target: 65%	Yes	Yes
4.1a: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	No Baseline: 70% Outcome: 79.9% Target: 88%	No	Yes
4.1b: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 12 months but less than 24 months, the percentage that had two or fewer placements.	No Baseline: 50% Outcome: 65.4% Target: 68%	Yes	Yes
4.1c: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	No Baseline: 23% Outcome: 36.6% Target: 42%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	No Baseline: 74% Outcome: 81.3% Target: 88%	Yes	Yes
5.1: The number of child-nights during the past six months involving children under age 2 years.	Yes Baseline: 2,923 Outcome: 0 Target: 0	Yes	Yes
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	Yes Baseline: 8,853 Outcome: 0 Target: 0	Yes	Yes
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	No Baseline: 20,147 Outcome: 4,561 Target: 0	Yes	Yes
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	Yes Baseline: 20,635 Outcome: 8,691 Target: 8,850	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
1.17: Percent of children 13 and older in a shelter who stayed less than 30 days and no more than one time in a 12-month period.	No Baseline: 33.7%; (393 non-compliant youth) Outcome: 36.9%; (137 non-compliant youth) Target: 90%	No	Yes; Reduced by 58 percent the number of shelter-nights for this oldest age group of children since the baseline and a 54 percent reduction in the number of teens who are counted in the denominator.
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014, the number of children who have achieved permanency.	No Baseline: 207 children Outcome: 87.9% Target: 90%	Yes – for children ages 12 and under	Yes – for children ages 12 and under
	N/A	N/A – for children ages 13 and older  DHS no longer reports on this measure as all children in this cohort achieved permanency or reached the age of 18 in a prior period.	N/A
6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	No Baseline: 35% Outcome: 31.6% in 12 months; 34.4% in 15 months Target: 55%	No	No Finding During COVID Recovery Period

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.2b: The number and percent of children who entered their 12 <sup>th</sup> month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	No Baseline: 43.9% Outcome: 41.5% in 24 months; 44.2% in 27 months. Target: 75%	No	No Finding During COVID Recovery Period
6.2c: The number and percent of children who entered their 24 <sup>th</sup> month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	No Baseline: 48.5% Outcome: 54% Target: 70%	No	No Finding During COVID Recovery Period
6.2d: The number and percent of children who entered their 36 <sup>th</sup> month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Yes Baseline: 46.6% Outcome: 55.7% Target: 55%	Yes	No Finding During COVID Recovery Period
6.3: Of all children discharged from foster care in the 12-month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Yes Baseline: 10.3% Outcome: 7.6% Target: 8.2%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	No Baseline: 30.4% Outcome: 43.9% Target: 80%	Yes	No Finding During COVID Recovery Period
6.5: Of all children who became legally free for adoption in the 12-month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	No Baseline: 54.3% Outcome: 70.6% Target: 75%	Yes	Yes
6.6: The percent of adoptions that did not disrupt over a 12-month period, of all trial adoptive placements during the previous 12-month period.	No Baseline: 97.1% Outcome: 96.2% Target: 97.3%	No	Yes
6.7: The percent of children whose adoption was finalized over a 24-month period who did not experience dissolution within 24 months of finalization.	Yes Baseline: 99.0% Outcome: 99.8% Target: 99.0%	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
Caseworkers	Yes Baseline: 27% Outcome: 92.1% (PIT) 90.1% Quarterly Target: 90%	Yes	Yes
Supervisors	Yes Baseline: 58.8% Outcome: 91.4% Target: 90%	Yes	Yes

**Methodology**

The Co-Neutrals conducted a series of verification activities to evaluate DHS’ efforts and progress, as well as the impact of COVID-19 on its work. These activities included numerous meetings with DHS leadership and staff, and the review and analysis of a wide range of aggregate and detailed data produced by DHS including thousands of children’s and foster home records, policies, memos, child maltreatment investigations, and other internal information relevant to DHS’ work during the period.

The remainder of this report includes:

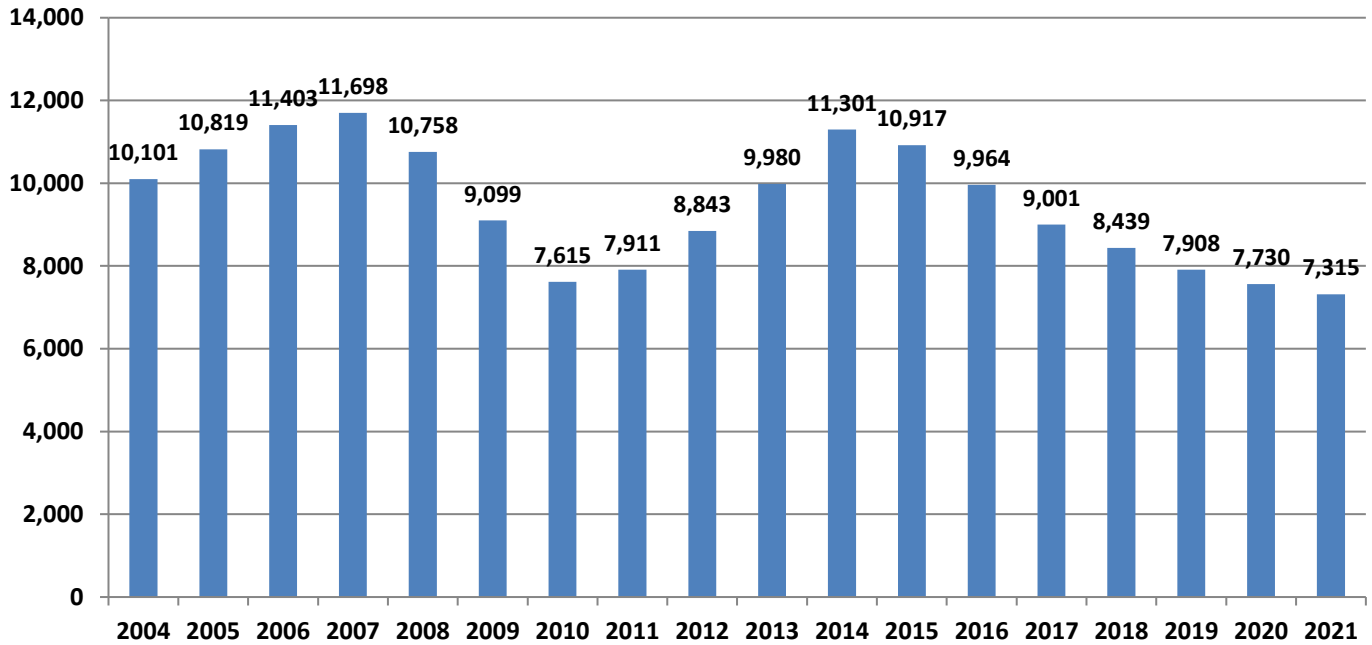
- Context Data of Children in DHS Custody (Section II);
- Seven Performance Categories: Assessment of Progress and Good Faith Efforts (Section III); and,
- Appendix.

**II. Context Data of Children in DHS Custody**

DHS has experienced a steady decline in the number of children in its custody over the past seven years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Seven years later, on June 30, 2021, there were 7,315 children in DHS custody, a 35 percent drop. The decline in the population of children in care is the result of more children exiting care than entering care each year.



Figure 1: Number of Children in DHS Custody at the End of SFY - 2004 to 2021



Source: DHS Data

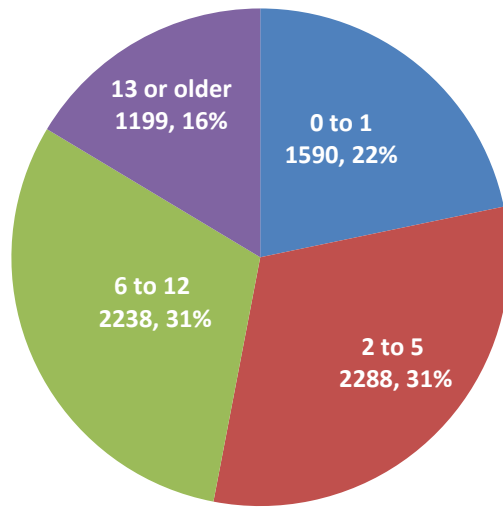
### Demographics

DHS data show that there were 7,315 children in custody on June 30, 2021, while there were 7,580 children in custody on December 31, 2020.<sup>4</sup> During the reporting period from January 1, 2021 to June 30, 2021, 1,635 children entered care and 1,900 children exited care.

Young children aged zero to five years make up the largest portion (3,878 or 53 percent). Children aged 6 to 12 years comprise 31 percent (2,238) of the population in care, and 16 percent (1,199) are 13 years or older, as detailed in the following chart.

<sup>4</sup> In the prior commentary, the Co-Neutrals reported 7,562 children in care on December 31, 2020. Due to data entry lag and merged identifying numbers, OKDHS data now indicate 7,580 children in care on December 31, 2020. These types of adjustments are common in child welfare administrative data.

**FIGURE 2: CHILDREN IN CUSTODY ON JUNE 30, 2021 BY AGE GROUP (TOTAL = 7,315)**



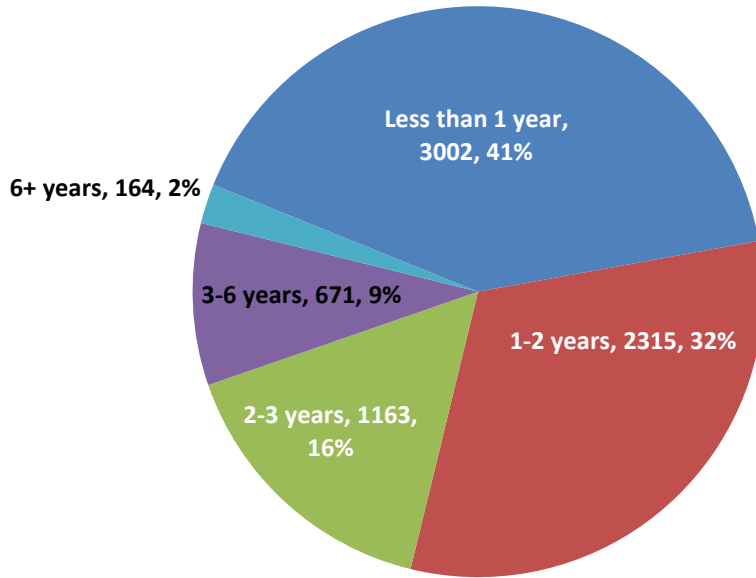
Source: DHS Data

With regard to gender, the population is split almost equally — 52 percent male and 48 percent female. With regard to race, the population of children is 37 percent White, ten percent African American, and eight percent Native American. Overall, 34 percent of children identified as Native American, including those children who identified with more than one race and ethnicity category and those who identified as Hispanic. In addition, 18 percent of children identified with Hispanic ethnicity (and can be of any race).

As presented in the chart below, DHS’s data shows that of the children in care on June 30, 2021, 41 percent (3,002) were in care for less than one year; 32 percent (2,315) between one and two years; 16 percent (1,163) between two and three years; 9 percent (671) between three and six years; and 2 percent (164) for more than six years.<sup>5</sup>

<sup>5</sup> Percentages in this paragraph may not add up to 100 due to rounding.

**Figure 3: Children in Care on June 30, 2021 by Length of Stay (Total = 7,315)**



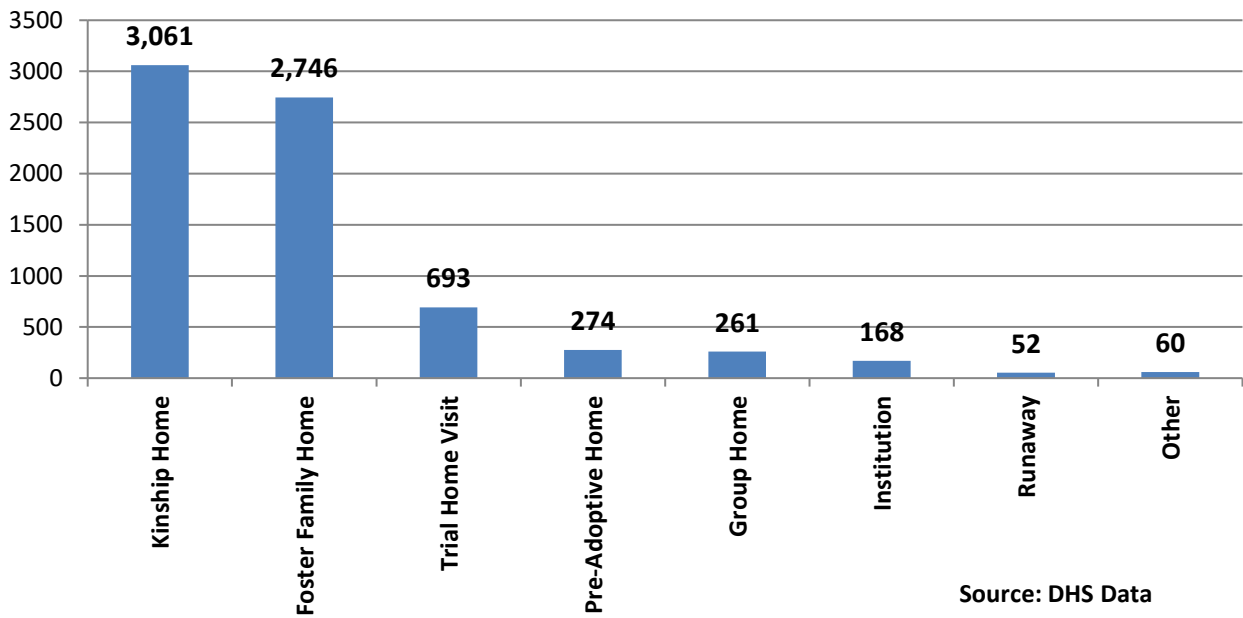
Source: DHS Data

As the following chart demonstrates, 93 percent of children (6,774) in DHS custody on June 30, 2021 lived in family settings, including in relative and non-relative kinship homes (42 percent), with foster families (38 percent), with their own parents (10 percent), and in homes that intend to adopt (four percent). Of children in custody, 429 (six percent) lived in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining one percent resided in unidentified placements (listed as “other” in the table below) or have left care without permission (listed as “runaway” in the table below).

Of the 6,774 children living in family settings, 1,578 (23 percent) were less than two years old, 2,265 (33 percent) are 2 to 5 years old, 2,117 (31 percent) are 6 to 12 years old, and 814 (12 percent) are 13 years or older. Of the 429 children living in institutional settings, 4 (one percent) are less than two years old, 10 (two percent) are 2 to 5 years old, 106 (25 percent) are 6 to 12 years old, and 309 (72 percent) are 13 years or older.<sup>6</sup>

<sup>6</sup> Percentages in this paragraph may not add up to totals due to rounding.

**FIGURE 4: CHILDREN IN CARE ON JUNE 30, 2021 BY PLACEMENT TYPE (TOTAL = 7,315)**

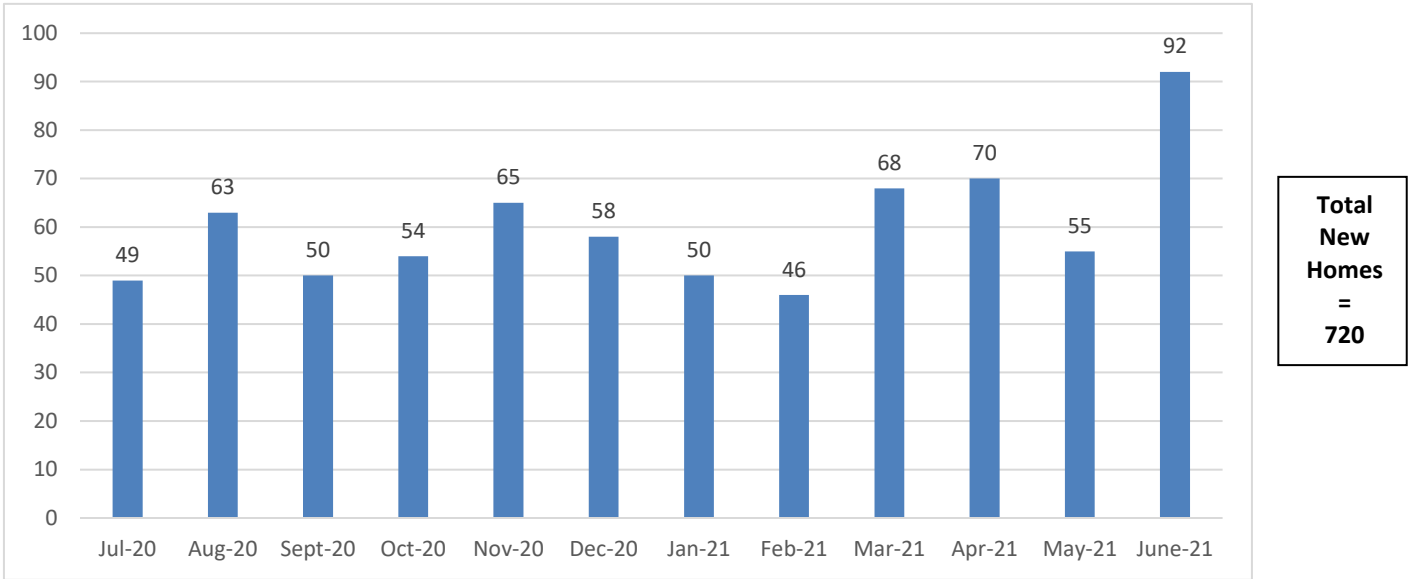


### **A. Foster Care**

#### **Foster Care Target Outcomes: New Foster Homes and Net Foster Home Gains**

For SFY21, DHS committed to develop 880 new traditional, non-kinship foster homes. Over the 12-month period of July 2020 through June 2021, DHS and its private agency partners recruited and approved 720 new traditional foster homes. This represents 82 percent of DHS' annual target. The Co-Neutrals find that DHS made good faith efforts during this period to achieve substantial and sustained progress toward the SFY21 foster home Target Outcome.

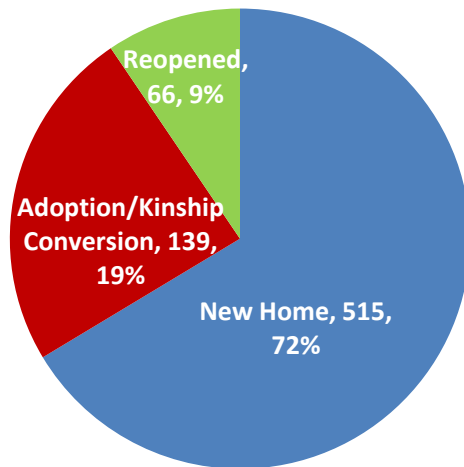
**FIGURE 5: NEW FOSTER CARE HOMES DEVELOPED BY MONTH, JULY 2020 – JUNE 2021**



Source: DHS Data

Of the 720 new foster homes approved during this 12-month period, 515 families (72 percent) were newly recruited by DHS and the private agencies; 139 homes (19 percent) were already approved by DHS as adoption homes or kinship homes and were then converted to traditional foster homes to serve non-kin children; and 66 (nine percent) were DHS resource homes<sup>7</sup> that were closed for more than a year and reopened during this report period.

**FIGURE 6: NEW FOSTER HOMES BY TYPE, JULY 2020 – JUNE 2021 (N=720)**



Source: DHS Data

<sup>7</sup> DHS resource homes that are reopened could have been previously approved as several different types of DHS resources, including traditional, kinship, emergency foster care, TFC, and DDS homes.

To reach 880 new traditional, non-kinship foster homes, DHS committed to develop 440 new homes with its internal foster care recruitment team and an additional 440 homes with its 16 contracted agency partners. By the end of SFY21, DHS had directly developed 344 new homes, representing 78 percent of its internal target of 440 new homes for the full fiscal year. DHS' partner agencies developed 376 new homes during this six-month period, which is 85 percent of the agencies' combined 440 new home target for the full fiscal year.

DHS' agency partners were assigned individual targets to collectively reach their combined target of 440 homes for SFY21. This includes a new, 16<sup>th</sup> agency, that signed a contract with DHS effective January 1, 2021 to develop new foster homes. Seven of the contracted agencies met or exceeded their assigned new home target for SFY21, three reached 80 percent of their goal and the remaining six agencies achieved between 28 and 70 percent of their individual targets.

### **Collaborative Efforts to Recruit and Support New Foster Homes**

During this period, DHS reported its foster care leadership team held individual recruitment progress collaboration meetings with each contracted agency that struggled to achieve significant progress toward their assigned SFY21 recruitment target. In these meetings, DHS reviewed the contracted agencies' recruitment goals, strategies, and barriers to develop new homes and provided feedback to each agency to assist in improving performance. DHS and its partners also maintained joint efforts to monitor families whose progress appeared to have stalled during the approval process to timely resolve any organizational barriers. DHS reported that during the six-month period of January through June 2021, 66 families who were in the foster home approval process for more than 90 days completed surveys to help the department understand the reasons for any agency specific delays. Only four of the 66 families surveyed reported agency-specific barriers and 14 reported personal barriers. The majority (48) reported no agency-specific barriers. The department reported that consistent with the previous three report periods, the surveys continued to show few systemic barriers or concerns. DHS reports it plans to continue administering the surveys to surface and address any case specific concerns that arise and identify any recurring issues that may develop in the foster home approval process moving forward.

### **Recruitment Adjustments During the Pandemic**

DHS requires that each of the contracted agencies and the department's ten foster care units, which are distributed across the state's five regions, must update their individual, targeted recruitment plan at the beginning of the fiscal year and quarterly. These plans are updated to reflect the placement needs of children in DHS custody throughout the state.

As a result of the pandemic and need for social distancing, DHS and the private agencies were compelled to adjust their recruitment plans and significantly reduce direct engagement with the public. DHS and its partner agencies shifted efforts and expanded their use of virtual platforms, social media, and other community outlets. The department reported that in July 2020 recruitment staff received new training on virtual recruitment trends and strategies. It was not until the Spring 2021 of this report period that DHS began to resume in-person recruitment activities.

Understanding the unparalleled value of using foster parents as recruiters, DHS continued efforts to identify new opportunities to include foster parents in recruitment activities through virtual formats, including small group and church gatherings and media interviews.

DHS also reported ongoing efforts to develop joint recruitment strategies with its partner agencies, with its regional recruitment teams setting up collaboration meetings with the agencies that develop homes in their respective area. These collaborative efforts include agencies that recruit therapeutic foster care homes and DHS' Office of Developmental Disabilities Services (DDS). Recruiters also continued this period to reach out to families that previously fostered or previously contacted DHS about fostering but did not follow through to explore their potential interest in currently fostering children in DHS' custody.

### **Application Process and Training**

Before the pandemic, DHS had been working to expand the opportunities for foster parents to complete online the application and pre-service training required for foster home approval. These efforts positioned the department to adjust quickly when the pandemic required DHS to suspend in-person trainings and direct contact with many members of the public in mid-March 2020. DHS reported that its OK Benefits foster parent portal has become the preferred avenue for prospective foster families to submit their resource family applications.

With respect to pre-service training, DHS reported that within the six-month period of January to June 2021, 1,405 prospective resource parents enrolled in online training and 1,148 individuals completed the training.<sup>8</sup> At the end of the period, 330 were in the process of completing the online training and 261 withdrew from the training. DHS continues to track and review the reasons why individuals withdraw from pre-service training to identify and address any systemic barriers. DHS reported that 261 family members decided not to complete their online training for a variety of reasons, including 43 who noted personal reasons such as health issues (including COVID-19) or moving out of state; 47 reported the child they were intending to foster returned home or were moved from their resource home; and 10 withdrew their resource home application. Another 53 individuals decided to transfer to live training. One hundred one individuals did not follow up with their trainer and ceased communication.

In July 2020, DHS resumed small in-person trainings (with masks and social distancing) to accommodate applicants who could not complete online training due to literacy, technology, and language barriers. DHS reported that between January and June 2021, 31 in-person trainings were held, allowing an additional 263 individuals to complete pre-service training. The department also offered two Spanish language virtual training sessions.

### **Net-Gain Target and Performance**

DHS' net-gain Target Outcome goal for the full 12 months of SFY21 was 57 foster homes. At the beginning of this report period, the department started on July 1, 2020 with 2,105 open foster homes. At the end of the period, DHS' data showed that 743 of the 2,105 foster homes open at the beginning of SFY21 had

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<sup>8</sup> DHS reported that of the 1,148 family members who completed the training this period, some enrolled and began the training prior to January 1, 2021.

closed and 93 of the 720 new homes opened during the period also closed. For SFY21, DHS reported a net loss of 73 foster homes, as the department ended the 12-month period with 2,032 open foster homes.

Since publishing its Pinnacle Plan at the outset of this reform effort, DHS has achieved an overall net-gain in the number of open foster homes. As of June 30, 2021, DHS had 339 more foster homes than on July 1, 2013, when the department reported a starting baseline of 1,693 homes. At the same time, DHS ended the period with 7,315 children in custody, 2,665 fewer than the 9,980 children in custody at the beginning of July 2013. This decrease in the child custody population accompanied by the increase in the number of open foster homes has resulted in a significant gain in the department’s capacity to place children in family-based placements.

### Efforts to Understand and Reduce Closures Rates

Understanding that achieving net-gains in the pool of available foster homes in Oklahoma depends on both recruiting and retaining families, DHS has undertaken a two-pronged effort to reduce the rate of foster home closures. First, DHS established a data reporting process to understand the reasons foster homes close. Second, the department committed to use information gathered about the reasons for home closures to broaden and strengthen its customer service and supports for foster parents to improve foster home retention.

As shown in Table 2 below, DHS staff recorded that a total of 843<sup>9</sup> homes closed during the 12 months of SFY21. As is frequently recorded as a reason each report period, 185 (22 percent) families closed their homes after finalizing an adoption through DHS. For 231 families (27 percent), their closures were due to no longer having a desire to foster or adopt. For 253 homes (30 percent), the closure reason appeared to be outside the department’s control, such as families experiencing an illness, a geographic relocation, or other changes in their family dynamic. Twenty families (two percent) reported closing their homes because they were displeased with the process of fostering. DHS decided to close 64 (8 percent) of the homes, including 27 home closures resulting from abuse/neglect investigations. Notably, DHS staff selected “Other-COVID” from the closure reason menu options for 32 (4 percent) families whose decision to close was due to or influenced by the pandemic.

**TABLE 2: TRADITIONAL HOME CLOSURE REASONS, JULY 2020 – JUNE 2021**

Closure Reasons of Foster Homes Jul 2020-June 2021		
Closure Reason	#	%
Resource Request- No Desire to Foster/ Adopt	231	27%
Adoption Services Completed	185	22%
Resource Request-Family Dynamic Changed	168	20%
Resource Request-Medical/ Illness	43	5%
Resource Request-Moving	42	5%

<sup>9</sup>DHS recorded a total of 843 foster home closures during this period. As noted above, the Co-Neutrals calculated the closure of 743 homes that were open at the start of the period and 93 homes that were included in the count of new homes developed during the period. The additional seven foster homes included in DHS’ total count of 843 closures were opened during the same, current period but did not meet the criteria established for counting new homes. While these additional seven home closures do not impact DHS’ net gain analysis, the department includes all home closures in their review of home closure reasons.



Agency Decision	37	4%
Other-COVID	32	4%
Agency Decision- Referral/ Investigation	27	3%
Resource Request- Displeased with Process	20	2%
Other	20	2%
Resource Request – Providing Other Type of Care	15	2%
Agency Transfer	9	1%
Resource Request-Unable to Meet Child's Need	9	1%
Resource Request-Placement Preference Not Met	5	1%
<b>TOTAL</b>	<b>843</b>	100.0% <sup>10</sup>
<i>Data Source: Net Gain &amp; YI035 DHS reported three of the 843 homes reopened.</i>		

DHS has committed to gathering foster parent feedback; last period the agency shifted focus from surveying foster parents who had closed their homes to surveying current foster parents to proactively address identified concerns and issues of importance to foster families. DHS reported it will survey foster parents annually, sending the survey each quarter to one-fourth of all families whose foster homes, including traditional, kinship, TFC and ITFC, are currently open. In surveying foster homes that are still open rather than those that have closed, DHS is seeking to take a strengths-based and preventive approach to understand and sustain the factors that lead a family to be satisfied in their fostering experience and, as a result, remain open. At the same time, the survey examines factors that lead to foster parent burnout, gathers feedback regarding support and training needs, and assesses the impact of changes in DHS practice and policies.

At the end of SFY 21 (June 30, 2021), DHS had completed a full year of administering the new survey. The department reported it is developing a baseline from the first year of survey results to evaluate trends in practice and develop recommendations for improving the experience and retention of foster families. Based on the two quarters of survey results gathered this report period (January – June 2021), DHS summarized the following feedback from 400 individuals, of which 72 percent are from DHS managed foster homes and the remaining 28 percent are from contracted agency homes:<sup>11</sup>

*The length of time as a foster parent:*

- 27.4 percent were resource parents for less than two years.
- 61.4 percent for longer than two years through seven years.
- 11.2 percent were resource parents for greater than eight years.

*To what degree do you feel that you receive the recognition you deserve:*

- 21.5 percent responded with “a lot”
- 42.4 percent responded with “some”
- 20.4 percent noted “only a little”
- 15.7 percent indicated “not at all”

<sup>10</sup> The percentage of homes closed does not sum to exactly 100 percent due to rounding.

<sup>11</sup> DHS August 2021 Semi-Annual report, pg. 116.

*In the past year did you receive adequate support for your role as a foster parent:*

- 31.2 percent responded “extremely adequate”
- 40.3 percent responded “somewhat adequate”
- 8.4 percent were neutral at “neither adequate nor inadequate”
- 13.1 percent responded “somewhat inadequate”
- 7.0 percent responded “extremely inadequate”

*When I need to communicate information or ask a question, I am able to reach the person that can help me:*

- 36.1 percent noted “strongly agree”
- 39.8 percent noted “somewhat agree”
- 7.0 percent noted “neither agree nor disagree”
- 9.7 percent “somewhat disagree”
- 7.4 percent noted “strongly disagree”

*The information that I receive from OKDHS, or my agency, about children or potential placements, such as medical, behavioral, developmental, and educational needs is accurate:*

- 17.8 percent marked "strongly agree"
- 37.9 percent marked "somewhat agree"
- 16.4 percent were neutral with "neither agree nor disagree"
- 17.5 percent marked "somewhat disagree"
- 10.4 percent marked "strongly disagree"

*Would you recommend fostering with OKDHS (or agency) to a friend:*

- 74.8 percent responded with "yes"
- 25.2 percent responded with "no"

### **Supporting Foster Parents to Reduce Closures and Improve Fostering Experience**

The department reported that it continues to emphasize with its caseworkers the importance of supporting foster parents in their everyday practice, including the need to establish clear and open communication with foster families, to be responsive to their calls and to timely address their needs and those of the children placed with them.

During this report period, DHS implemented a new child placement process designed to help make the best placement decision and match for each child and respond to foster parents’ requests to receive more detail about a child’s needs and characteristics before or at the time of placement. DHS explained:

To ensure foster parents are provided all information known about a child at the time of the placement, a new placement process centered on the Child Placement Interview between the child or youth's CW specialist and the placement line will be implemented. The placement line completes the request and emails a PDF-formatted copy to the respective Regional Placement Team where the child or youth's case is assigned. This document will be provided to the foster parent interested in placement and include the child or youth's needs, behaviors in

context of their recent actions and what led to them, diagnoses, developmental narrative, medical history, school performance, and placement history.<sup>12</sup>

To respond to foster parents' feedback of wanting to be more informed about and involved in the court process, during this fiscal year DHS also developed a form called the Resource Parent Report to the court that guides foster parents to present their views of a child placed with them, including the child's current well-being, needs and permanency plan. The Child Welfare Director sent a memo to all child welfare staff introducing this new form, explaining how to work with foster parents to provide the completed form to the court and reminding staff that foster parents have a right to be notified of court hearings and to have a voice in those proceedings.

The department also instituted a practice of having the recruiter who guided a family through the home approval process contact them 90 days post-approval to provide continuity through the transition and ensure they are doing well as a new resource home and with their new caseworker.

### **Foster Parent Support Groups and In-Service Training**

Prior to the pandemic, DHS had worked to build a network of 24 foster family support groups covering 32 counties in all five DHS regions. In collaboration with the University of Oklahoma's National Resource Center for Youth Services (NRCYS), DHS continued through this period to host monthly foster family support group meetings, as well as in service training, through Zoom technology. These online support group meetings continued to provide foster families the opportunity to share experiences and receive trainings on useful topics of interest. The department reported foster parents shared feedback after each virtual meeting, expressing that they liked both the virtual format and the presentation topics. In response, DHS reported that it will continue to offer a virtual format option at least through the end of December 2021, even with in-person meetings resuming in July 2021. After December 2021, the department plans to evaluate maintaining both in-person and virtual foster parent support group meetings moving forward.

DHS recorded 311 foster parents participated in the virtual monthly support group meetings and trainings held from January through May 2021. Topics discussed during the online meetings include Crisis Intervention; Mobile Response; Managing Skin and Hair for Children in Care; Cyber Security: Keeping Kids Safe Online; and Advocating Without Being Adversarial.

### **COVID-19 Response**

From the beginning of the pandemic, DHS mobilized foster care caseworkers to reach out to foster families weekly to offer support and ensure that any identified needs amidst the pandemic were addressed. DHS has made it a priority to increase communications with foster parents to support them through these unprecedented times.

Through this report period, foster parents continued to confront scheduling and childcare challenges as some schools and daycare centers were unavailable in response to COVID-19. In August 2020, DHS notified

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<sup>12</sup> DHS February 2021 Semi-Annual Report, pg. 104.

foster families that the department would offer funding, known as Kith Care, to pay relatives for in-home childcare services. Through an application process, DHS approved 415 families for this support as of the end of June 30, 2021. DHS originally offered Kith Care through the end of December 2020 and then extended it through the end of February 2021. In its August 2021 Semi-Annual report, DHS reported that it further extended Kith Care through May 2022.<sup>13</sup> As noted in the Co-Neutrals' last Commentary, DHS also provided each foster family an additional \$250 payment each month from March through May 2020 as COVID-19 relief payments. DHS leadership reported the department provided foster parents additional relief payments of \$250 in the months of December 2020 and October and December 2021.

DHS also continued regular, monthly meetings with its partner agencies to discuss any new developments or questions the agencies have related to COVID-19. In addition to adjusting the training offered to foster parents, DHS and NRCYS developed new training for private agencies on how to guide prospective foster families through the online pre-service training and to build the agencies' capacity and ability to respond to the significant increase in families completing their training online. The online pre-service training still requires virtual interaction with and guidance from an assigned trainer.

Despite the many new and ongoing challenges the pandemic has brought to the department's work, DHS leadership has remained focused on its commitment to support and meet the needs of foster parents, as well as its foster care and recruitment staff and partners.

## **B. Therapeutic Foster Care**

Since the settlement of this litigation, DHS has struggled to develop and maintain an adequate pool of therapeutic foster care (TFC) homes, and to remove barriers that prevent children with higher-level needs from receiving therapeutic care in family-based settings. In the last report period, the Co-Neutrals reported on DHS' good faith efforts to achieve substantial and sustained progress toward the Target Outcome for this measure, based primarily on the department's work to develop its own, internal therapeutic foster care program, known as Enhanced Foster Care (EFC). DHS began to implement the EFC program last period by enhancing therapeutic services and other supports for traditional and kinship foster families caring for children with higher-level needs. Like DHS' decision years ago to recruit and manage traditional foster homes both internally and through private agencies, DHS' EFC program is designed to supplement the TFC homes developed and managed by private agencies.

As noted above, for this report period the Co-Neutrals will not render a finding on DHS' efforts for this Target Outcome as it is one of the "Delayed Performance Area Measures" under the Covid Recovery Agreement, but will highlight the department's actions to continue building this new EFC program and the state's pool of traditional TFC homes. The COVID Recovery Period allows DHS time to strengthen its efforts and show progress in the context of the limitations and challenges created by the ongoing presence of the pandemic. DHS reported that COVID-19 has impacted providers' ability to meet the full demand for therapy sessions and on a consistent schedule, particularly for in-person therapy sessions. During this

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<sup>13</sup> DHS reported that Kith Care was extended through May 2022 for all resource parents who were approved for Kith Care prior to October 1, 2021 and continue to use the same child care provider. Due to the end of a federal child care rule waiver, new Kith Care requests received after October 1, 2021 can be approved only if the provider is the grandparent, great-grandparent, aunt, uncle or adult sibling not living in the resource home.

report period, DHS and its provider agencies attempted to navigate the pandemic with altered service delivery systems and limited service availability in some areas.

### **Private Agency TFC Homes and Program**

DHS has historically relied on private, contracted agencies to recruit, approve, and manage TFC homes for children in custody. TFC homes are intended to provide children in need of behavioral health treatment with family-based placements and appropriate services, thereby avoiding or limiting placement in congregate care settings, including shelters.

DHS and the Co-Neutrals have chronicled in multiple, previous Commentaries numerous concerns regarding children with mental and behavioral health challenges being denied Oklahoma Health Care Authority (OHCA) authorization for TFC-level care. Over the last two years, DHS' leadership team made it a priority to coordinate with the OHCA to make programmatic improvements to the state's TFC program, removing longstanding barriers to approve children for TFC placements. These programmatic improvements required the collaborative efforts of both state agencies to make changes to Oklahoma's statutes, policies and Medicaid plan.

The progress DHS and OHCA have made to ensure children are appropriately authorized for TFC-level care is important and necessary. However, approvals of TFC placement requests and DHS' identification of children who require family-based therapeutic care continue to outpace the development of new TFC homes for children who need them. At the time of this report writing in November 2021, there were 63 children on the TFC waitlist.

### **TFC New Home Development and Net Gain/Loss**

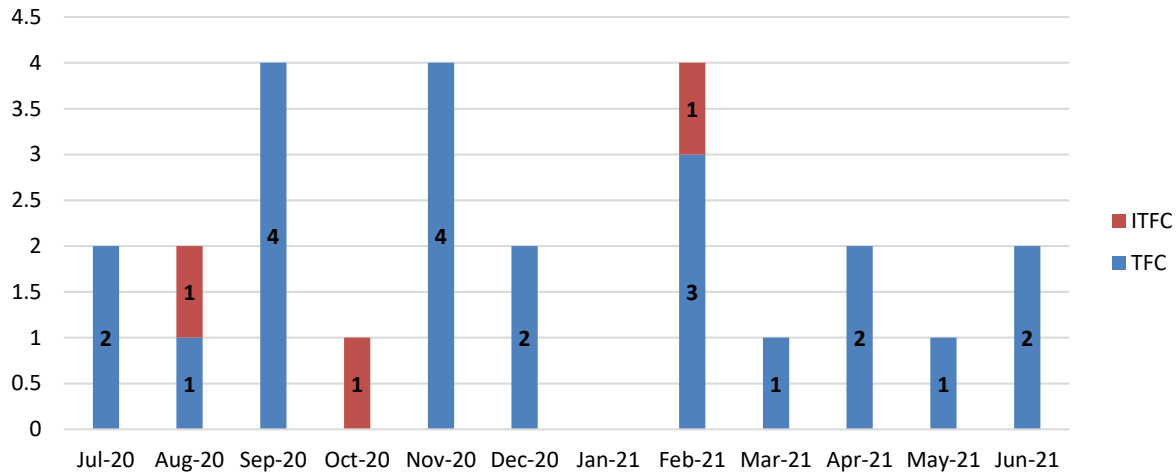
Over the 12-month period of July 2020 through June 2021, DHS developed a total of 25 TFC/ITFC homes combined: 22 TFC homes and three ITFC homes.<sup>14</sup> Among the 22 new TFC homes, 19 were newly developed and three were reopened homes. Of the three new ITFC homes, one was a reopened home, and two were already open as a TFC or other resource home type.<sup>15</sup>

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<sup>14</sup> DHS and the private agencies collaborated to develop ITFC homes for children who previously may have been denied placement and services in a regular TFC home based on an assessment that their behavioral needs were too severe and required a more intensive level of care than was currently available in a home-based setting. ITFC was designed to meet the higher-level needs of children with complex behavioral health challenges, including those who may be dually diagnosed with an intellectual disability and a mental or behavioral health diagnosis. DHS' goal is to stabilize these children and meet their needs in a family setting. The leading tenets of the new model include: only one child can be placed in the home; at least one caregiver must be a stay-at-home parent; foster parents must be actively involved with the child's treatment planning and have access to emergency or crisis respite care as well as 24/7 access to crisis management support. The ITFC caregivers receive a higher daily reimbursement than TFC families.

<sup>15</sup> Existing TFC homes that are newly approved to also serve as an ITFC home count toward the combined TFC/ITFC new home target but do not count toward the TFC/ITFC net gain since the home was already open as a TFC home. DHS does not close the TFC resource of these homes as they are considered dually approved as TFC and ITFC. This allows a child to remain stable in the same home and step down from ITFC level care to TFC level care when appropriate. If DHS converts a traditional foster home to TFC or ITFC, the converted home counts toward the TFC/ITFC new home target and net gain. However, DHS closes the traditional foster home resource, which counts against the traditional home net gain target for the fiscal year.

**Figure 7: Therapeutic Foster Homes by Month, July 2020 – June 2021**



Source: DHS Data

DHS began SFY21 on July 1, 2020 with 109 open TFC homes. The department ended the period on June 30, 2021 with 96 open therapeutic homes (ITFC/TFC combined), which resulted in a net loss of 13 therapeutic foster homes. Of the 109 ITFC/TFC homes open on July 1, 2020, 33 were no longer open on July 1, 2021, resulting in a home closure rate of 30 percent over 12 months.

#### **Efforts to Expand Recruitment of TFC/ITFC Homes**

DHS began this report period with six agency partners contracted to recruit and manage TFC and/or ITFC homes; however, two of the six agencies had informed DHS that they would end their contracts in January 2021 and one agency signed a new TFC contract effective January 15, 2021. As such, the department operated through most of the period with only five private agencies contracted to recruit and manage TFC placements, compared to just a few years ago when contracts were in place with 10 TFC providers.

Still, DHS worked with each agency to provide feedback on their individual recruitment plans and held monthly recruitment collaboration meetings to discuss their recruitment goals, progress, and barriers. DHS’ TFC program staff and Foster Care and Adoptions staff helped to recruit TFC homes through outreach to current traditional foster homes and recruitment activities coordinated by DHS to develop new traditional homes. As with outreach activities to recruit traditional foster homes, some in-person recruitment activities were limited due to the pandemic but DHS and its agency partners sought to rely on social media, news outlets, the distribution of outreach materials and other forums that allowed for appropriate social distancing. Further, during this report period, DHS launched a new TFC recruitment campaign, “It Takes All Kinds. Why Not You?” which the department reported was designed to support collaborative outreach, with earned and paid media.

As previously reported, DHS has not abandoned its commitment to build its pool of TFC and ITFC homes managed by private agencies and explore new TFC contracts with additional agencies to expand capacity. However, recruitment results over the last nine report periods, including the current period, clearly show that TFC homes recruited and managed by private agencies will provide only a fraction of the therapeutic foster homes Oklahoma needs.

DHS' current leadership team acknowledged that the department can no longer rely solely on its legacy TFC program and TFC agency partners to meet the placement needs of all children in DHS custody who require therapeutic services and supports but can reside in a family-based placement. DHS' TFC program and agency partners remain a part of the department's placement continuum, but there are significant and declining limits to their capacity, making the successful development of the new EFC program, described further below, vitally important to Oklahoma achieving substantial and sustained progress in this performance area.

### **Continuum of Care**

DHS has undertaken significant steps over the last two years to understand the therapeutic placement and service needs of children in care and to begin building a continuum of care to meet the varying levels of child placement needs in the least restrictive setting. Last year, DHS completed the state's first systemwide, population-level needs assessment to identify the levels and types of therapeutic placements children in custody require across the state. DHS also developed new, internal processes, practices and staffing structures to assess and identify the individual mental health, behavioral and other treatment needs of each child and the appropriate placement along a continuum of care that can best meet their needs.

### **Needs Assessment**

A key starting point in DHS' ongoing work to develop a continuum of care is the department's commitment to complete a needs assessment annually to identify children in DHS custody with behavioral health needs, project the number (or percentage) of children in care who require homes with therapeutic supports, and determine the number of therapeutic homes the department must develop to fill the state's placement gap. For SFY21, which is the report period reviewed for this Commentary, DHS' first needs analysis focused on point in time placement data as of July 1, 2020. This needs assessment also incorporated data on multiple populations of children whose records indicated a need for therapeutic and other specialized care and services. The additional data reviewed included: children receiving 'Difficulty of Care' payments Levels III, IV, and V; children (age 4 and over) with four consecutive elevated [child behavioral health] screeners<sup>16</sup>; children included in a prior DHS analysis of children on the TFC or group home waitlist or denied TFC; children with a case plan goal of PAPP<sup>17</sup>; children who have disrupted from trial adoption; children involved with mobile crisis response; children placed in levels above foster care settings.

DHS' analysis as of July 1, 2020 showed a need for 663 therapeutic foster care placements, represented by 250 TFC/ITFC placements and 413 EFC supported placements. At that point in time (July 2020), DHS reported 232 of the total 663 children in care identified as needing therapeutic foster care placements

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<sup>16</sup> Child behavioral health screeners are a series of questions about a child's behaviors, functioning and trauma responses that permanency caseworkers are directed to ask a foster parent during every monthly visit. Through these questions, foster parents are asked to share their observations of each child in custody placed in their home. The caseworker is required to document in the child's case record the foster parent's responses, which generate a score indicating if the child may require additional mental health services and/or assessments.

<sup>17</sup> PAPP stands for the case plan goal of planned alternative permanency placement. Additional information on this case plan goal is presented in the permanency section of this Commentary, particularly the segment on Metric 6.4.

were already residing in one of DHS' two types of therapeutic placements (121 in TFC/ITFC placements and 111 in EFC supported placements).

Also, at the time the needs analysis was completed, DHS was still in the earliest stage of determining the required, baseline parameters and service components of the EFC program, as well as its operational and implementation plans. As such, the Co-Neutrals and DHS agreed that the department needed still to set an aggressive SFY21 target, relative to past performance for the development of new TFC homes through contracted private agencies. Based on DHS' reporting 109 open TFC homes at the beginning of the period and the rate of TFC home closure over the last two years, DHS and the Co-Neutrals agreed on a SFY21 combined new TFC/ITFC home target of 165. As noted above, DHS developed 25 new TFC/ITFC this report period working with the fewest number of agencies contracted to recruit these homes since the beginning of the reform.

Again, understanding it cannot rely solely on its legacy TFC program to meet the full need for therapeutically supported foster homes, DHS proceeded during this and the prior six-month report period to accelerate its efforts to identify and approve children for its still very new and developing EFC program.

### **Aligning Continuum of Care Strategies**

In developing its continuum of care, DHS expanded on and aligned its strategies to further reduce shelter placements and improve children's placement stability. As described below in the shelter use and placement stability sections of this Commentary, the continuum of care strategies include efforts to reduce the number of children and youth ages 13 and under in congregate and shelter care and the length of stays in these facilities.

To support the development and appropriate use of a continuum of care in Oklahoma, DHS committed to create a system that would: identify earlier children and youth with more complex needs who are entering DHS custody (or could enter); and to properly evaluate and provide them and the families who care for them with the supports and services they need. DHS has sought to establish various checkpoints and practices that allow for the timely assessment and identification of children's therapeutic placement and treatment needs. The goal is to quickly identify behaviors and key instability indicators that signal elevated services are needed. For example, as discussed in the placement stability section below, DHS requires a timely review of the possible treatment and placement needs of any child who moves from their first family-based placement when the foster parent indicates the placement move was due to the child's behaviors. Further, as noted in the shelter section below, DHS established a multidisciplinary team (MDT) in every region to conduct timelier case staffings for children placed in shelters to identify their therapeutic treatment needs and help move them more quickly into appropriate needs-based placements.<sup>18</sup>

### **Enhanced Foster Care – Program Description and Development**

DHS' decision to expand its services to provide family-based therapeutic care beyond Oklahoma's long-standing and privately operated TFC program represents a much-needed paradigm shift in the

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<sup>18</sup> The MDTs include representatives from the DHS clinical team, child welfare nurses, developmental disability services (DDS), caseworkers, casework supervisors, the TFC program, DHS and private agency foster care staff and the COC team.



department's commitment and approach to ensure children in custody receive the therapeutic supports and treatment they need in a foster home that best supports their stability, permanency, and well-being. This commitment to create an individualized therapeutic placement for a child currently in or moving to a traditional or kinship home also represents a massive, new undertaking with respect to service delivery, programming, organizational staffing, case management and practice.

DHS continued through the end of this report period to develop the service and operational details of the EFC program. However, given that many children and youth in care have immediate, unmet therapeutic support and placement needs, DHS approved well over 200 new children for the EFC program during this period and sought to provide critical therapeutic services that the department confirmed are part of the program. Based on the pressing need for enhanced supports and therapeutic services for children with higher level behavioral challenges living or needing to be placed in traditional and kinship foster homes, DHS sought to ensure these five EFC baseline supports and services were in place: 1) a needs-based treatment plan for the child and family; 2) weekly individual therapy for the child; 3) family therapy for the child's foster home caregivers; 4) 24-hour crisis intervention support; and, 5) a Supplemental/Difficulty of Care (DOC) foster care rate of approximately \$400 additional per month for each EFC approved child.<sup>19</sup>

DHS now systematically evaluates the appropriateness of the EFC program for any child who is: on the TFC waitlist or was denied approval for TFC-level care; placed in a shelter; in higher level care and preparing to step down to a traditional or kinship placement; has moved from their first family-based placement at the family's request due to challenging behaviors; or, is at risk of disrupting from their current traditional or kinship foster home due to their behaviors or mental health challenges.

### **EFC Program Eligibility and Implementation**

At the beginning of this report period, DHS finalized a program description document for EFC, including the criteria to determine a child's eligibility for the EFC program. A child must meet at least one of these eligibility criteria:

- Completed CANS indicates that the child would benefit from EFC level of care.<sup>20</sup>

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<sup>19</sup> DHS is using difficulty of care payments (DOC) as the funding mechanism to provide the additional EFC payment to foster families. DHS is reviewing a more formal, individualized assessment to determine the level of additional financial support warranted based on the needs of each child and family. The Child and Adolescent Needs and Strengths Assessment tool that DHS is currently developing will be used to support this assessment.

<sup>20</sup> Another integral component and strategy among DHS' commitments to meet the therapeutic placement and treatment needs of children in custody is the development and systematic implementation of a Child and Adolescent Needs and Strengths (CANS) assessment tool. In DHS' August 2021 Semi-Annual report, the department reported work continues with the Praed Foundation to finalize the algorithm of Oklahoma's version of the CANS. The department plans to use CANS to help determine the appropriate level of foster care to meet each child's behavioral, mental health and other specialized treatment needs. DHS reported it will focus first on administering CANS to children in EFC, TFC, ITFC, and congregate care and re-administer the assessment every six months if the child remains in the above-listed levels of care. During this report period, the department finalized a contract with the University of Oklahoma Health Sciences Center (OU-HSC) to hire 10 clinical assessors to complete the CANS on the target population of children in care. DHS also began this period to train child welfare regional leadership and judicial partners on the CANS. As of this report writing, DHS was in the process of hiring the 10 clinical assessors. The Co-Neutrals will provide an update on the CANS implementation in the next Commentary.

- The onset of placement moves from family-based settings due to the provider requesting a change of placement or that the provider cannot meet the behavioral health needs of the child.
- A minimum of two elevated Child Behavioral Health Screeners.
- Other child-specific needs/factors that pertain to the child’s permanency, safety, and well-being, as approved by the Continuum of Care Administrator.
- A provisional or primary diagnosis from the most recent edition of “The Diagnostic and Statistical Manual of Mental Disorders” (some exceptions are being considered).
- Conditions are directly attributed to a primary medical diagnosis of a severe behavioral and emotional health need and may also be attributed to a secondary medical diagnosis of a physical, developmental, intellectual and/or social disorder that is supported alongside the mental health needs.
- Conditions are directly attributed to a mental illness/serious emotional disturbance, a medical issue, or a developmental/intellectual delay.
- Evidence that the child’s presenting problems require full integration of 24-hour crisis response/behavior management and intensive clinical interventions from professional staff to prevent the child from having to move from a family-based placement or to transition to a family-based setting from a higher-level of care.

DHS reported that once a child is deemed eligible for EFC services, the program description calls for a consultation within five days with the child’s treatment team. This team includes the assigned caseworkers and supervisors (permanency, foster care and, when appropriate, CPS and FCS); the child’s family; the resource parent(s); treatment provider(s); a continuum of care team representative; and the child (if age appropriate). The purpose of the consultation is to clearly articulate the child’s and family’s current needs, identify services to meet those needs and establish a plan to begin implementing services within five days of the consultation.

Another essential component of the EFC program is that the foster parent(s) caring for the child must agree to participate actively in the child’s treatment and planning. The foster parent(s) must also complete 15 hours of the Pressley Ridge<sup>21</sup> therapeutic training modules that are required of TFC-approved homes, as well as any other training deemed appropriate to meet the individual needs of each EFC eligible child in the home.

Currently DHS has focused on implementing the EFC program in kinship and traditional foster homes where eligible children are already placed or where a traditional or kinship foster home has already been identified as an eligible child’s placement. DHS also intends to identify existing traditional resources that will complete the additional therapeutic training and commit to serve as standing EFC homes. These homes will be prioritized placements for eligible children who do not have an identified family placement

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<sup>21</sup> DHS and its partner TFC agencies require that families seeking to become a TFC-approved foster home must complete Pressley Ridge as a pre-service training program. Pressley Ridge training includes lessons that teach families about trauma and child development, childhood mental health diagnoses, therapeutic communication, developing healthy relationships, understanding and changing behaviors, conflict resolution, and managing behavioral crises.

and are transitioning from higher-level care, placed in or at risk of being placed in a shelter, or on the TFC waitlist.

DHS is collaborating with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and community-based providers to locate the specific types of evidence-based therapeutic services each child needs and as close to their community as possible. DHS reported that ODMHSAS developed a new care manager position to oversee their participation in the EFC program, which includes coordinating the initial matching of services and following up to ensure such services are provided.<sup>22</sup> As noted above, it is required under the EFC program description that each child receive from their selected behavioral health provider(s) a treatment plan that outlines the child's individual and family therapy, as well as a 24-hour crisis intervention plan.

During this report period, DHS developed two important implementation components included in the final program description: the EFC Service and Support Plan and the EFC progress reviews that will be conducted every 60 days during the child's family team meetings, which are convened as part of DHS' existing family meeting and engagement continuum. These two program elements will be critical to ensure each member of a treatment team (including the child's permanency caseworker, the family's resource worker, the family, and the service providers) has clarity about the child's and family's treatment needs, service plans and progress.

As detailed in the EFC program description, the EFC Service and Support Plan outlines each child's and family's needs and the service array selected for them. The EFC program description further specifies that the EFC Service and Support Plan will be updated as needed based on the child's treatment goals and individualized needs, and the foster families' needs and resources. The EFC Service and Support Plan includes the monthly visitation plan (for both the permanency and resource caseworkers); the schedule for family meetings; the schedule for weekly individual and family therapy; the Pressley Ridge training completion plan; a respite plan; the crisis intervention plan; and contact information for the treatment team. Further, the treatment team is required to participate in family meetings every 60 days to review: the child's and family's current functioning and treatment plans and services; efforts to accomplish treatment plan goals; and any revisions the team decides are necessary to the existing EFC Service and Support plan. To guide the implementation of both the EFC Service and Support Plan and the 60-day review of the child's and family's progress in the program, DHS developed forms for each of these required actions, with added language to guide appropriate documentation. DHS required that staff complete EFC Service and Support Plans and EFC treatment team meetings for all children and families currently participating in the EFC program by August 2021, which was after the end of this report period. Caseworkers are required to upload the completed forms in the resource home's case records.

During this report period, DHS also developed an online training that was finalized and later released for staff review in July 2021. In addition to explaining the details of the EFC program and implementation requirements (i.e., the Service/Support Plan and 60-day reviews), DHS' training is intended to guide caseworkers and supervisors to understand their role as part of the child's EFC treatment team. The EFC program requires permanency and resource workers to discuss and assess during their monthly visits with

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<sup>22</sup> DHS reported that ODMHSAS will not be involved in every EFC case. For some EFC-approved children and placements, the department is seeking to work directly with local providers, particularly when a service provider is already successfully working with a child or family.

the foster family how and if their EFC supports and services are meeting the family's and child's therapeutic needs. Initially, DHS established that any caseworker already assigned a child or foster home participating in the EFC program had to complete the training by August 2020. Further, DHS reported that each time a child and foster home is approved for EFC their assigned caseworker must complete the training within 30 days. To help ensure caseworkers are supported to implement the program for their assigned children and foster homes, the department required that all child welfare supervisors, district directors, field managers and private agency equivalents complete the training.<sup>23</sup>

During this report period, DHS leadership took the important step of dedicating 10 additional positions to the EFC program. The new positions will support caseworkers statewide and help ensure accountability as the department implements this new, multifaceted program that requires a significant amount of external coordination and oversight of agencies and providers. As of this report writing in December 2021, DHS had recently filled all the assigned EFC positions, which now include two coordinators and one program field representative for each of the five regions. These program staff support the field in working with ODMHSAS and the providers to reach a resolution when barriers to timely and appropriate services are reported. They also review case records for the required documentation of treatment plans, progress notes and reviews from family meetings to assess the effectiveness of each case as well as the overall implementation of the EFC program in their region.

#### **Enhanced Foster Care – Accelerated Enrollment**

DHS leadership has demonstrated its commitment to identify and approve children for the EFC program to meet the therapeutic needs of the children and their family-based caregivers. Over the twelve months of SFY21, DHS served 651 children in the EFC program. Of these 651 children, 59 percent (382) were approved for EFC services in a traditional foster home, 37 percent (243) in a kinship foster home, and four percent (26) in other placement types, including pre-adoption and tribal foster homes.

As of June 30, 2021 – the last day of SFY21 and the report period – DHS reported that 393 children were participating in the EFC program.<sup>24</sup> This is a significant increase from the beginning of January 2020 when DHS reported seven children participating in an EFC pilot program.

The Co-Neutrals commend DHS for taking an inclusive approach to identify and approve children and youth for the EFC program as DHS is seeking to support children and families who require additional services to help fill a longstanding gap in family-based therapeutic placements in Oklahoma. However, it is also clear from case reviews conducted by DHS and the Co-Neutrals that service providers and DHS' field and program staff were not yet prepared with sufficient staffing levels, training and service capacity

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<sup>23</sup> As of this report writing, DHS leadership reported it would require all Permanency and Foster Care and Adoption staff to complete the training by February 28, 2022 so that moving forward there will be no lag between the time a caseworker must begin to implement the EFC program for a child or foster home and the time that they complete the training.

<sup>24</sup> DHS reported that 258 of the 651 children served in the EFC program during SFY21 exited the program by June 30, 2021, leaving 393 children participating in the program on this last date of the report period. As of this report writing, DHS reported that it was in the process of establishing a mechanism and practice to track the reasons children exit the EFC program. The Co-Neutrals will provide an update on this effort in the next Commentary.

to offer all the baseline elements of the EFC program to all children and families enrolled in the program during this report period.

### **EFC Case Review and Verification**

For the second consecutive period, the Co-Neutrals reviewed in depth the case records of children who were approved for the EFC program during the report period to verify they received therapeutic supports and services consistent with the new EFC model. Between September and October 2021, DHS submitted to the Co-Neutrals a list of 220 children<sup>25</sup> for whom the department identified case records containing information that would verify that the children and their resource caregivers had received the baseline elements of the EFC program during the report period.<sup>26</sup> The Co-Neutrals' team<sup>27</sup> found that the case records for 107 showed that the children and their foster families received the baseline service elements of the program between January – June 2021.<sup>28</sup>

Overall, the Co-Neutrals' case record review showed that DHS continues to make progress in developing and implementing its EFC program with the goal of meeting the family-based therapeutic treatment needs of children and their caregivers. The case review also reconfirmed, that much work remains to deliver this new, multi-faceted program as most children in the EFC program this report period were not verified by DHS or the Co-Neutrals as having been served by the program as fully intended according to the department's EFC program description.

As noted in their last Commentary, the Co-Neutrals reported that subsequent case reviews would seek to verify additional documentation of the service components required by the EFC program. In the first verification round last report period, the Co-Neutrals sought to confirm that a child had in place a treatment plan that outlined individual therapy, family therapy and a crisis plan as part of the EFC services completed. For this period's case review, the Co-Neutrals sought to verify that those services (individual therapy, family therapy and a crisis plan) were both in place and in fact occurring, beyond just being noted in a child's treatment plan. Verification for both periods also sought to confirm that the family was receiving the Difficulty of Care (DOC) supplemental payment. In both review rounds, the Co-Neutrals found all cases DHS submitted for verification showed that the foster family was receiving the additional DOC payment for each EFC approved child.

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<sup>25</sup> Through its own preliminary data and case record review, the department determined that case records for the remaining children enrolled in the EFC program would not be submitted to the Co-Neutrals as they would not meet the agreed-upon EFC program standards for this round of verification. For some of the 220 children DHS submitted for review, the department's EFC program staff continued to request from caseworkers and service providers additional documentation of the EFC services provided during the period in order to upload this information into the children's case records to support the Co-Neutrals' review and verification findings.

<sup>26</sup> Of the 220 children DHS submitted for the Co-Neutrals' verification review, 62 percent (137) were approved for EFC services in a traditional foster home, 35 percent (76) in a kinship foster home, and three percent (seven children) in other placement types, including pre-adoption and tribal foster homes.

<sup>27</sup> The Co-Neutrals' review team included a child clinical psychologist who previously oversaw a statewide child behavioral health system that focused on implementing systematic service improvements for children in child welfare custody.

<sup>28</sup> For the last six-month report period (July – December 2020), DHS and the Co-Neutrals conducted the first EFC verification review and reported finding that 106 children and their caregivers were supported with EFC program services.

For both verification rounds, the Co-Neutrals also found significant challenges with the timely start of services and with providers and caregivers coordinating sufficiently to maintain a consistent schedule of therapy sessions and services as recommended and outlined in a child's treatment plan. As noted above, the department reported that the pandemic limited the availability of therapy services (particularly in-person therapy) and other support services. DHS also reported that at least one provider requested that the department hold on submitting any new EFC service requests as the provider did not have the capacity to add more EFC children/families to their client list without diminishing the level of service provided to those already enrolled. The case records also showed that service delays resulted from a lack of communication among the various parties responsible for implementing each EFC case.

### **EFC Cases Verified**

Among the 107 EFC cases verified, the Co-Neutrals identified documentation in the child's contact notes, progress reports or other uploaded documents that individual child therapy or counseling occurred during the period. These 107 verified cases also showed that the family received some form of family therapy or wrap around services intended to help the family therapeutically respond to and care for the child.<sup>29</sup> Each of these 107 cases also had a written crisis plan to help each child and family avoid or therapeutically de-escalate and respond to the child's challenging behaviors and/or an emotional breakdown. Again, every case the Co-Neutrals reviewed last period and this period showed that DHS is supporting the foster family with supplemental DOC payments beyond the regular foster care rate.

It has been a long-standing practice that DHS caseworkers will work with the family-based caregivers of children in DHS custody to schedule a child for individual therapy sessions and counseling. In fact, case records frequently showed children in the EFC program were already receiving therapy/counseling services when DHS approved them for the program. What is distinctively new and an essential component of the EFC program is that the resource caregiver(s) – traditional foster care or kin -- are coached and trained to actively participate in services and counseling so they themselves are part of the therapeutic intervention for the child and a participant in the child's therapeutic treatment team. As noted below in the review findings for those cases not fully verified, the absence of documented evidence or mention of family therapy was the leading reason the Co-Neutrals could not verify a case.

### **EFC Cases Not Verified**

DHS' contact notes and case records showed many challenges with getting EFC therapeutic services in place both timely and consistently in line with the child and family treatment plans. Even among the 107 cases fully verified, the Co-Neutrals identified 41 cases where DHS documented significant delays to the start of EFC services. However, service delays and other challenges to the provision (late or not at all) of child or family therapies contributed to the Co-Neutrals not verifying 104 of the 113 cases not fully verified. For the other nine cases, the absence of a crisis plan led to the child's case not being verified as compliant with the EFC standard of care.

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<sup>29</sup> For the 107 cases verified, the Co-Neutrals still applied a phase one level of verification as the department continues to ramp up full implementation of this new program. As such, the Co-Neutrals did not require that verified cases show service delivery fully consistent with the child's treatment plan but instead verified documentation that the services were delivered during the period under review, which were observed to occur at varying levels of consistency.

For some cases not verified due to delayed services, the children exited the EFC program shortly after services were finally established, not allowing the child to experience the family placement as therapeutic. For other cases, the requisite services were not in place until well after the time the child was approved for EFC and/or after the period under review. For these cases, the Co-Neutrals have encouraged DHS to include the children in the next round of verification reviews if the children are still in the program as the Co-Neutrals could not yet assess at the time of this period's case review if the family was committed to and on a schedule to receive ongoing EFC services.

### **EFC - Family Commitment to Be a Therapeutic Intervention**

Foster families that agree to participate in the EFC program make a significant commitment that requires their time, patience and meaningful engagement to create a therapeutic home for each EFC-approved child placed in their care. DHS consistently acknowledges this added level of commitment and care with the additional payment of \$400 a month for each EFC child as soon as the child is EFC approved.<sup>30</sup> Appropriately, DHS has not established that every family must receive the same type or frequency of family therapy, counseling or support sessions. However, every family must participate in some form of therapy, counseling or other services that guide the family to be a therapeutic intervention for a child through an ongoing basis and based on each child's trauma history and therapeutic needs.<sup>31</sup>

The Pressley Ridge training model that DHS requires of all family-based therapeutic caregivers (private agency TFC homes and EFC families) highlights key elements that distinguish a traditional or kinship foster home from a therapeutic foster home, including:

- Active and structured treatment within the home;
- More intensive treatment through one-on-one adult to child teaching interactions; and,
- Foster parents are the primary counselors/agents for therapeutic change.

The case review showed 22 families who did not participate in family therapy for a number of reasons, including: they decided they did not want to do so, they felt that the time commitment was more than they expected, especially if they were caring for more than one EFC-approved child; they did not think they or the child needed it; and/or there was a lack of communication or coordination between the service provider and the resource family. For most of the cases not verified (73 of 113), the Co-Neutrals could not locate any documentation in the child's or foster family's records that family therapy or any other service was in place to help the family be an agent for therapeutic change.

### **Pressley Ridge Training**

DHS requires that each EFC foster parent(s) must complete 15 hours of the Pressley Ridge therapeutic training modules, which are part of the training required of TFC-approved homes. Throughout all of the last and this report periods, DHS struggled to build the training capacity needed to deliver the Pressley Ridge training to all foster parents participating in the EFC program. To accomplish this, DHS had to

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<sup>30</sup> If a kinship family has received only their initial home approval, it is not until the home's resource family assessment is approved that the kinship family begins to receive any foster care subsidy payment. This is a long-standing child welfare policy.

<sup>31</sup> DHS uses the term "family therapy" as a baseline component of the EFC program that can be delivered through various models and best practices.

establish contractually the rights to use Pressley Ridge’s training materials and then train enough trainers to deliver the modules. In its August 2021 Semi-annual report, DHS reported that the Pressley Ridge training sessions were offered to EFC caregivers in March 2021 and a second session was held in June/July 2021. Further, DHS reported that 49 EFC resource parents had completed all five required modules, while another 111 foster parents signed up but did not complete the training as part of the EFC program. Clearly, the number of families DHS signed up to participate in EFC far exceeded the department’s capacity to train them as required.

As of this report writing, DHS continued to schedule trainings, which have been delivered by department program staff, and was evaluating options to contract with other qualified entities outside of DHS to deliver the Pressley Ridge training to EFC caregivers. Continuum of Care and EFC program staff<sup>32</sup> who are leading the statewide development and implementation of the EFC program have also been dedicating weekend and evening hours (to accommodate foster parent schedules) to deliver the Pressley Ridge training to EFC caregivers. This is a prime illustration of the department’s eagerness and commitment to sign up children and resource families for the EFC program; however, without the capacity of a fully developed and staffed program.

DHS has not set a strict schedule or deadline by when a new EFC foster parent must complete Pressley Ridge training. This is due not only to a lack of training capacity but also to accommodate a timeline that may best work for the family. However, moving forward DHS will need to ensure this training is completed along a reasonably established schedule. The newly implemented EFC Service and Support plan guide staff to discuss with EFC caregivers this required training and document a time by when they will complete the training. Further, DHS needs to move swiftly to build its Pressley Ridge training capacity and ensure timely availability and completion as families enter the EFC program.

### **EFC Service and Support Plans, 60-Day Treatment Team Meetings**

Not until after the end of this report period did DHS begin to require that caseworkers complete and upload to a child’s record their EFC Service and Support Plan as well as complete and document the 60-day treatment team meeting for each EFC child. As such, for this report period’s case review, the Co-Neutrals did not require these more recently established program documents to be in a child’s case record in order to verify their EFC case. However, the Co-Neutrals found these completed program documents in some children’s EFC case records which helped to support the verification decision because, at times, they specifically detailed and confirmed what family and other services were being delivered or noted that a baseline service was not being provided.

As discussed above, these program documents were designed to help ensure each member of the EFC treatment team (including the child’s permanency caseworker, the family’s resource worker, the family, the child and the service providers) has clarity about the child and family’s treatment needs, service delivery schedules and therapeutic progress. The Co-Neutrals will look to verify the presence of these completed documents in the next period and phase of EFC case reviews.

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<sup>32</sup> Staff from DHS’ TFC program and Specialized Placements and Partnership Unit also helped to deliver the Pressley Ridge training to EFC caregivers.



## **EFC Observations: Placement Stability and Permanency**

The following are data summaries of additional observations from this period's EFC case review regarding placement stability and permanency outcomes:

- Among all 220 EFC child cases the Co-Neutrals reviewed, 78 moved from the family-based placement where they were first approved for EFC, and 142 did not move and had remained in the same placement at the time of this case review in September/October 2021.
- Among the 107 children who the Co-Neutrals verified for EFC, 38 changed placements and the other 69 children did not move placements, having maintained stability in the same foster home.
- Among the 38 EFC verified children who changed placements, seven moved to trial reunification, 21 moved to another family-based placement, six entered higher-level care, three entered a shelter and one aged out.
- Among the 38 EFC verified children who changed placements, 21 continued to be served in the EFC program in their next family-based placement.
- Among all 220 children reviewed, 12 were adopted (of whom six were EFC verified and six were not) and 11 returned home for trial reunification (of whom seven were EFC verified and four were not).

Finally, among all 220 cases reviewed, 118 children remained in their same EFC placements and continued in the EFC program as of this case review. However, the Co-Neutrals did not verify the EFC case for 60 of these 118 children: the records for 50 of these 60 children either had no mention of family therapy (44 cases) or specifically noted it was not occurring (six cases) and records for 16 of these 50 children also did not document child therapy in place.

Placement stability can be a significant outcome indicator that an EFC foster family has built a trusting, positive family environment for a child who has experienced trauma. The Co-Neutrals' case review certainly observed EFC cases where this was the outcome. The Co-Neutrals also observed cases where the child's stability and apparent well-being in the EFC foster home did not require the full implementation of the EFC program. In some cases, the child and family together may experience their needs are being met with only child therapy and the additional financial support that the EFC program provides, or with another reduced combination of the EFC program elements. The Co-Neutrals encourage DHS to continue to identify what combination of service elements can best meet the needs of each child and their foster family in order to achieve placement stability, permanency and well-being.

At the same time, the Co-Neutrals agree with DHS' decision to require family therapy as a key component of the EFC program. The Co-Neutrals also agree with the requirement for EFC parents to complete the Pressley Ridge training, which itself states that these three elements are key to establish a foster home as therapeutic: active and structured treatment within the home; more intensive treatment through one-on-one adult to child teaching interactions; and, treatment parents who are the primary counselors/agents for therapeutic change.

While Oklahoma has much work ahead to continue to expand and deepen this new EFC program and the capacity of DHS staff and agency partners to meet the state's family-based therapeutic placement needs of all children who require this level of care, the Co-Neutrals' continued to observe progress in this second round of EFC case reviews. Child records documented foster parents reporting that their treatment plans and wrap-around services provided them with coping skills and therapeutic responses to help the children

through heightened moments of emotional and mental stress and behavioral agitation. Case records also noted children building trusting relationships with their therapists and foster families with the help of the EFC services and the commitment shown by their caregivers.

As DHS continues to expand implementation of the EFC program, the Co-Neutrals’ ongoing case record reviews of the therapeutic supports and services provided to children in the EFC program will also expand and look to verify the additional service components and documentation the program will require. While progress was made during this report period to develop and begin implementation of the EFC program, as confirmed through the case review and information exchanges with DHS leadership and staff, the department has important work ahead to ground this program in the field with caseworkers and supervisors, as well as its agency and provider partners, to ensure consistent and quality family-based therapeutic services and supports are provided to every EFC approved child and foster parent.

### C. Caseworker Caseloads and Supervisor Workloads

Establishing and maintaining manageable caseloads for child welfare caseworkers are essential to child safety, well-being, and permanency. DHS committed to achieve the following caseload standards for child welfare workers and workload standard for supervisors:

**TABLE 3: PLAN CASELOAD AND WORKLOAD STANDARD COMMITMENTS**

Role	Standards	Weight Per Case
CPS	12 Open Investigations or Assessments	0.0833
OCA	12 Open Investigations	0.0833
Family Centered Services	8 Families	0.125
Permanency Planning	15 Children	0.0667
Resource Family Specialist	22 Families	0.0455
Adoption	16 Children	0.0625
Supervisors	1 Supervisor Dedicated to 5 Workers	0.2 per worker

Source: DHS Data

This is the third report period in which DHS achieved the Target Outcome of 90 percent of caseworkers meeting their caseload standard. Compared to the state’s starting baseline performance of 27 percent caseload compliance, DHS has made substantial and sustained progress in this critical performance area, which impacts caseworkers’ and the department’s ability to achieve improvements for children and families in other areas of this reform. The Co-Neutrals find that during this report period DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for caseloads.

#### Performance – Target Outcomes

##### ***Point in Time Caseload Data – June 30, 2021***

DHS’ point in time caseload performance at the end of the period (June 30, 2021) was 92.1 percent, which exceeds the Target Outcome of 90 percent. The department reported 94.2 percent compliance on the final day (December 31, 2020) of the last six-month period. As shown in Table 4 below, DHS’ end of period performance outcomes reflect substantial and sustained progress over the last seven report periods.

**Table 4: End of Period, Point in Time Caseload Compliance**

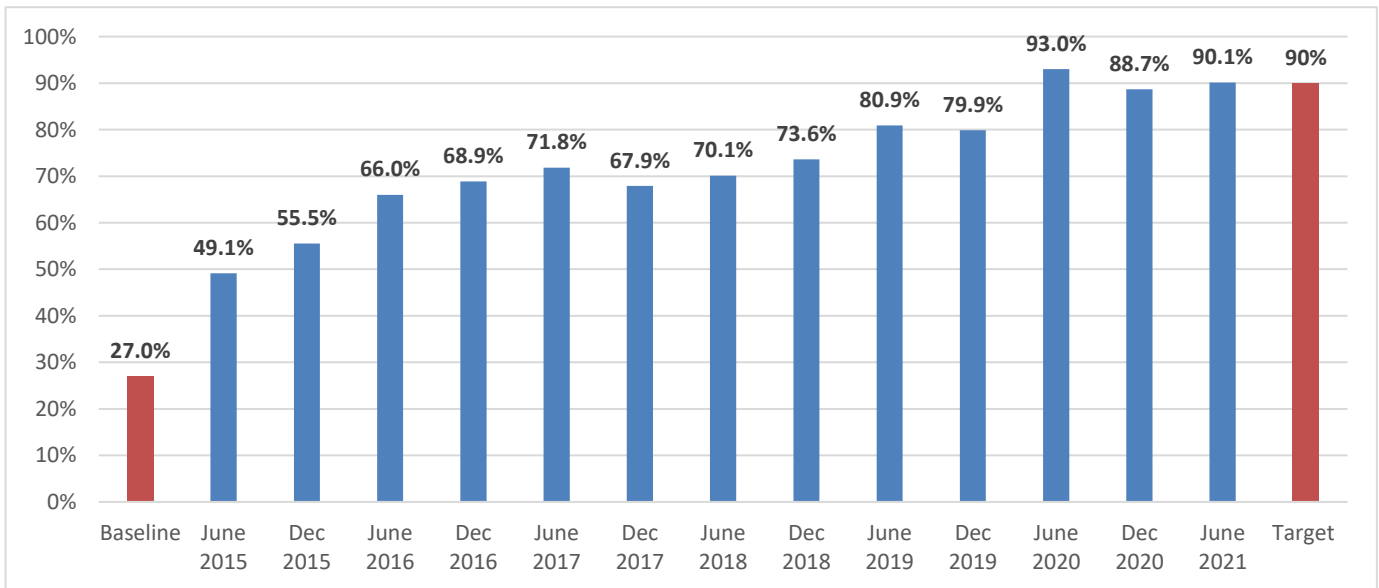
End of Period Point In Time	June 30, 2018	December 31, 2018	June 30, 2019	December 31, 2019	June 30, 2020	December 31, 2020	June 30, 2021
Compliance of all Caseload Carrying Workers	71.6% met	86.1% met	86.9% met	86.7% met	93.8% met	94.2% met	92.1% met

Source: DHS Data

**Quarterly Caseload Data (April-June 2021)**

DHS reported its quarterly caseload compliance for the three-month period of April through June 2021 was 90.1 percent, achieving the 90 percent Target Outcome and showing the second highest performance outcome reported during this reform. Quarterly caseload data, compared to point in time (PIT) data, offers a more accurate representation of the workloads experienced in the field during the period, as it is much less subject to the temporary fluctuations historically depicted in the number of cases assigned on the last day of a period.

**FIGURE 8: CASELOADS: PERCENT OF WORKERS MEETING CASELOAD STANDARDS**



Source: DHS Data

## **Managing to Achieve Caseload Standards**

DHS' Executive Team continues to produce, review, and distribute to the Co-Neutrals a weekly detailed report on workload trends that allows DHS leadership to use data to inform decision-making, and support regions and districts in their efforts to improve and maintain caseload compliance. The report presents district-specific data, including workload capacity, which calculates the total case weight of all assigned cases compared to the total case-carrying capacity of all caseworkers in each district; caseload compliance percentages; the number of staff in training and not yet eligible to carry a case; the number of new staff who are assigned graduated caseloads; and the number of staff who are assigned a caseload that is 150, 175 or 200 percent over the standard. The report also highlights and tracks which districts are below 70 percent caseload compliance; whether compliance levels increased or decreased in each district since the previous week's data report; and whether a district's workload capacity is significantly greater than their workload compliance, which would indicate a need for better resource management and distribution of case assignments.

With the aid of the workload trends report, a designated member of DHS' executive team has led the department's efforts, in concert with regional and district directors, to monitor and address district level fluctuations in caseload compliance across the state. DHS management assesses workloads regularly to identify when leadership may need to allocate new positions to an area or realign positions and new case assignments across districts, regions and worker types. The Workload Trends Report is provided to CWS leadership once a week. DHS reported that its child welfare executive team holds a weekly call where this report is a focal point of the discussion. Further, each Regional Deputy Director holds weekly calls with their region's leadership team to discuss progress and any barriers to maintaining manageable caseloads. This focused, data-informed approach has played a critical role in DHS' achieving 90 percent caseload compliance.

### **District Level Caseload Performance, End of Report Period**

As shown in Table 5 below, on June 30, 2021, 22 districts (coded in green) out of 29 met the caseload Target Outcome of 90 percent, including eight reporting 100 percent of caseworkers met their caseload standard. Two districts (coded in yellow) reported having sufficient case-carrying capacity to cover more than 100 percent of all cases assigned in those districts but reported caseload performance at 83 and 77 percent compliance. Both districts were well-positioned with the staffing capacity necessary to achieve 90 percent of caseworkers meeting the standard. The five remaining districts coded in red showed workload capacity below 100 percent and caseload compliance below 90 percent. At the same time, all five of these red-coded districts reported the capacity to cover at least 95 percent of all cases assigned, also placing these districts in position to achieve a higher caseload compliance. As summarized in Table 5 below, DHS reported as of June 30, 2021 that it had the case carrying capacity to cover 120 percent of all cases assigned statewide, which allowed the department to achieve the statewide Target Outcome of 90 percent caseload compliance.

**TABLE 5: WORKER CASELOADS CAPACITY AND COMPLIANCE AS OF JUNE 30, 2021**

District	Capacity to Cover Workload	Capacity of Workload	90% of Workers Meeting Std.	% of Workers Meeting Std.
1	161%	Y	Y	100%
2	112%	Y	N	83%
3	98%	N	N	65%
4	129%	Y	Y	90%
5	120%	Y	Y	94%
6	129%	Y	Y	93%
7	111%	Y	Y	93%
8	116%	Y	Y	94%
9	129%	Y	Y	100%
10	136%	Y	Y	100%
11	115%	Y	Y	100%
12	115%	Y	Y	100%
13	102%	Y	Y	100%
14	115%	Y	Y	96%
15	106%	Y	Y	100%
16	109%	Y	Y	93%
17	123%	Y	Y	97%
18	159%	Y	Y	100%
19	110%	Y	Y	92%
20	97%	N	N	76%
21	106%	Y	N	77%
22	131%	Y	Y	97%
23	95%	N	N	60%
24	96%	N	N	86%
25	98%	N	N	86%
26	135%	Y	Y	94%
27	111%	Y	Y	96%
Adoption	156%	Y	Y	97%
Foster Care	140%	Y	Y	92%
Statewide	120%	Y	Y	92%

Source: DHS Data

Starting in December 2020, DHS required that any district director whose district shows more than a 20 percent gap between its workload capacity and workload compliance must provide regular reporting on actions taken to reduce the gap, better manage case-carrying capacity and increase caseload compliance.

During this report period, DHS held 15 virtual training sessions on managing workloads and workload assignments, which is a new, required training for supervisors, district directors and field managers. As of July 20, 2021, the department reported that this workload training was completed by 94 percent (418) of the 445 child welfare team members who were required to take the training.

### **Reducing the Number of Staff over 150 Percent**

In addition to significantly increasing the percentage of staff who meet the caseload standard, DHS has used its weekly workload trends report to identify and reduce the number of caseworkers assigned caseloads above 150 percent of the standard. When DHS first developed the workload trends report during the six-month period of July – December 2019, the agency was confronting a mid-period, sharp decrease in caseload compliance, with 71 workers above 150 percent of the standard, 22 above 175 percent and one at 208 percent. By the end of this report period, DHS' data showed just three caseworkers with a caseload above 150 percent of the standard, of which one was at 175 percent.

### **Net Change in Caseworkers on Board**

At the end of the report period, DHS reported having 1,609 case-carrying staff, 1,427 who managed at least one case. Of the remaining 182 caseworkers not carrying a case, 137 were recently hired, still early in their training and not yet eligible to receive case assignments. Since December 31, 2020, the total number of caseworkers statewide decreased by 87 workers, from 1,696 to 1,609. DHS must closely monitor the net decrease experienced this period in the total number of case-carrying staff, which is compounded by the net loss of 40 workers the department reported last period (July-December 2020).

Preparing each district to maintain manageable caseloads in the event of any surge or upward trend in cases assigned is essential, particularly in light of a total decrease of 127 caseworkers since July 1, 2020 when 1,736 case carrying workers were on board. DHS must remain focused on monitoring and managing the department's allocation of caseworker positions, as well as ongoing efforts to retain caseworkers and backfill positions.

### **Hiring and Retention**

As evidenced by DHS' reporting that 137 newly hired caseworkers were still in training as of June 30, 2021, the department is continuing to hire new staff and backfill vacant positions. DHS leadership has supported every area of the state with a more efficient and streamlined process for hiring staff to fill vacant positions. For two years, since October 2019, DHS has used a new web-based system, known as JazzHR, that posts announcements for vacant positions on over 20 job search sites and allows managers to identify and hire qualified applicants immediately after they apply, rather than wait for a closure date on position announcements, which now stay open until a position is filled. Interviews with DHS managers and field staff confirmed to the Co-Neutrals that this new hiring system allows the agency to identify applicants and fill caseworker positions much more rapidly, particularly in areas where the department has regularly experienced challenges identifying qualified applicants to fill vacancies.

Statewide, DHS reported 190 vacant caseworker positions at the end of the last report period (December 31, 2020), which increased to 242 vacancies reported at the end of this report period (as of June 25, 2020). These vacancies are impacted by the department's ability to timely backfill vacated positions with qualified applicants, as well as retain caseworkers and reduce the turnover rate.

With respect to hiring, DHS reported in its August 2021 Semi-Annual report a decline in the number of applications submitted for all child welfare positions. DHS represented that it has reviewed national reports and engaged in discussions with human resource professionals in other Oklahoma-based agencies, and identified in the same August 2021 report that the following trends may be impacting the decrease in applicants:

- 1) an increase in people seeking unemployment benefits reduced total applications;
- 2) enrollment in graduate level programs at universities nationwide increased by over 4.5 percent;
- 3) potential applicants with bachelor's degrees may be opting for school over work; and,
- 4) concerns about available child care.<sup>33</sup>

To help address some of these trends, DHS reported that the state of Oklahoma offered \$1,200 to the first 20,000 people on unemployment in Oklahoma who are hired by the state. Further, DHS is offering 60-days of subsidized childcare to anyone who is hired by the department from unemployment status and had their pandemic-related unemployment benefits discontinued.

Also, during this period, DHS completed the standardized training for all required child welfare staff who will use a new competency-based selection process for hiring new caseworkers. The goal of this federally-funded effort is to elevate the skill level of DHS' child welfare workforce and reduce turnover. Based on an in-depth job analysis DHS conducted to assess what skills and characteristics are required to perform well as a caseworker, including motivation level and personality, DHS developed in the recruitment process interview questions to identify candidates who already possess these qualifications and strengths.

DHS trained staff in 43 of Oklahoma's 77 counties where DHS will first implement the new interview and hiring process. Once fully implemented in these 43 counties, referred to as intervention counties, DHS will compare the results of the new selection process (i.e., work quality and stability of new hires) in the intervention counties to the other counties (the control group) where the previous hiring process is still used.

After DHS completed training in the 43 intervention counties, the department began this period to implement the new hiring process in three counties. However, implementation was then delayed as the department found that it needed to make changes to the interview and hiring protocols to support different work settings due both to the COVID-19 pandemic and DHS' shift to telework. Changes were made to accommodate both virtual and in-person interviews and hiring. It was not until May 2021 that DHS lifted some COVID-19 restrictions and gave local offices the option to conduct in-person interviews. The Co-Neutrals will provide an update, once completed, on DHS' evaluation of the results of the new hiring process.

As noted in the Co-Neutrals' last Commentary, DHS experienced a remarkable 60 percent decrease in its turnover rate of all caseworkers and frontline supervisors combined, from 24.2 percent in SFY19 (July 2018 through June 2019) to 9.5 percent in SFY20 (July 2019 through June 2020). In a reversal, the overall turnover rate increased during SFY2021, primarily during this six-month report period, to 17.4 percent. A closer review shows that most of the SFY21 increase in the turnover rate was among level II caseworkers (also the largest group of workers), going from 11 percent in SFY20 to 23.1 percent in SFY21. However,

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<sup>33</sup> August 2021, Semi-Annual Report, page 132

for DHS' most experienced caseworkers, those at level III, the department did not report an increase in the turnover rate but instead continued to show a reduction in turnover, improving from 14 percent in SFY19, to 5.1 percent in SFY20 and a low of 3.3 percent in SFY21.

DHS has sought to reduce its turnover rate by maintaining manageable caseloads, supporting caseworkers and hiring individuals who are best suited for child welfare casework. Ensuring caseworkers are well-prepared and receive an appropriate level of training is also essential not only to advance quality case practice but also to help reduce turnover, especially among newer caseworkers where turnover is highest. In its August 2021 Semi-Annual report, department leadership reported receiving feedback that delivering new worker training (CORE) virtually, as a result of the pandemic, has not been an effective alternative method for new hires to learn and develop casework skills. At the end of the period, DHS reported that it returned to conducting CORE training in person.

The department highlighted in its August 2021 Semi-Annual report that caseworkers, "experienced significant change during SFY21, including navigation of the COVID-19 pandemic in their personal and professional lives, telework, introduction of new technology, virtual trainings, and adapting to OKDHS building closures and the Service First model. [Child welfare] leadership will review the annual employee survey and exit surveys to help in evaluating the reasons for increased separations."

Despite these challenges, DHS' focused efforts to manage workloads and casework positions enabled the department to achieve the 90 percent caseload compliance Target Outcome for both the quarterly and the point in time performance outcomes for this report period.

### **Supporting Staff through the Pandemic and Transition to a Permanent Telework Model**

As previously reported, DHS acted swiftly in March 2020 to implement COVID-19 response plans even before a state of emergency was declared in Oklahoma. Efforts included mobilizing rapidly to provide staff with the necessary equipment (including thousands of laptops and Wi-Fi devices) and remote access to the child welfare information system to move to telework and maintain (and, in many cases increase) contact with and support for children and families. Beginning in September 2020, DHS established a new program, Kith Care, which provides caseworkers and supervisors funds to pay a relative to care for their young children. The support was particularly important as many working parents found themselves in need of childcare as day care centers and schools closed due to the pandemic. The department initially informed staff that Kith Care would be available through December 31, 2020.

DHS also established virtual resilience groups for staff to address secondary trauma and burnout. Starting first with district directors and field managers, the department held six clinician-led sessions in July and August 2020, and then began to offer, starting December 1, 2020, two sessions every week for all child welfare staff. Staff can join the sessions voluntarily any time and discuss challenges or concerns they face in their work. DHS reported these group sessions provide a safe space where staff receive support and techniques to help alleviate stress.

As the pandemic continued through this report period, DHS undertook additional efforts to protect the health and well-being of its caseworkers and staff throughout the department. First, DHS advocated for caseworkers and other child welfare staff to be recognized as first responders to give them early access to the COVID-19 vaccine. Shortly after a COVID-19 vaccine was authorized for emergency use toward the beginning of this report period, DHS worked with the Oklahoma Department of Health to provide letters



to child welfare staff confirming their first responder status and to host vaccine clinics specifically for designated child welfare staff.

Additionally, the department extended Kith Care through May 2022. Further, DHS reported that based on previous surveys and feedback showing that exhaustion and burnout are two of the top reasons caseworkers resign, the department launched in May 2021 an expansion to its Employee Assistance Program (EAP) to provide counselors 24/7 to talk with staff in 30-minute sessions.

### **DHS' New Service First Model**

In response to the pandemic, DHS moved to a telework model in March 2020. DHS evaluated the need and benefits to maintaining a primarily telework model indefinitely and ultimately made the decision to do so. DHS reported this decision as follows:

In May 2020, OKDHS launched its Service First Model. To stay mission-focused in a changing world and prioritize customers and workforce over physical structures, some county OKDHS buildings will be closed under the Service First Model and employees will be assigned a new duty station. The offices are closing due to the reduced revenue from oil and gas and the economic downturn caused by the COVID-19 pandemic. Building upon the foundation of the agency's True North goals, this model will also fully integrate a robust telework policy. For counties with buildings closing, OKDHS will secure office locations with community partners and OKDHS employees will become embedded within those community partners. These new locations will be collaborative spaces that are shared by OKDHS employees. OKDHS buildings remaining open will also become shared collaborative spaces for all OKDHS employees. The community partner locations will be able to meet CWS' specific needs, such as a location for family time and family meetings. OKDHS believes partnership and community engagement are critical components of service delivery. Even when a building is closed, OKDHS will still be a presence in the community, committed to remaining accessible, and available for face-to-face interactions. With the Service First Model, OKDHS focuses on cutting the costs associated with a brick-and-mortar building; therefore, not resulting in cuts to services, programs, or employees' salaries and positions.<sup>34</sup>

DHS reported that at the end of the period, as of July 2021, the department had closed 48 of the department's buildings. At the same time, DHS reported a partial re-opening of department county offices in April 2021 to give staff greater flexibility to work two days per week in an office and manage emergent situations, including a child entering custody or needing a new placement, as well as conduct family meetings. Also, in May 2021, DHS leadership required that supervisors begin working at least two days per week in one of the local offices or a community partner site in order to provide in-person coaching and support to caseworkers. DHS leadership reported it understands that moving to this new work model represents an immense change and will require the department's close monitoring of the impact on staff

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<sup>34</sup> February 2021 Semi-Annual Report, page 126

and the children and families it serves to uphold its commitment to ensure the needs of its employees and customers are met.

As telework provides a significant benefit to some staff including the elimination of commute times, DHS reported that it is striving to be flexible and allow staff to strike the right balance that allows them to meet their individual home, health and mental health needs while successfully performing their work duties. This includes establishing flexible work hours and a combined home and office work setting. Ultimately, as DHS reports, “The duties, obligations and responsibilities of a teleworking employee are the same as if working at his or her assigned duty station.”<sup>35</sup> This includes supervisors who must adapt to the new telework model and provide quality observations, coaching and feedback to their assigned caseworkers, especially new caseworkers. DHS reported that during this period, guidance was provided to supervisors on how to stay connected with and provide one-on-one supervision in a telework setting. As highlighted throughout this Commentary, DHS has designed many core strategies to achieve better outcomes for children and families and a critical pathway to quality implementation of these strategies relies on direct, quality supervision and coaching of frontline caseworkers.

### **Performance Standards and Target Outcomes – Supervisor Workloads**

Strong supervisory support for caseworkers, especially new caseworkers, is essential to support effective and consistent child welfare practice and positive outcomes for children and families. DHS committed to meet the same final Target Outcome for supervisor workloads as it did for caseloads: 90 percent of supervisors meeting the 1:5 caseworker ratio. Each supervisor’s workload also counts any cases that are primary assignments on their workloads.

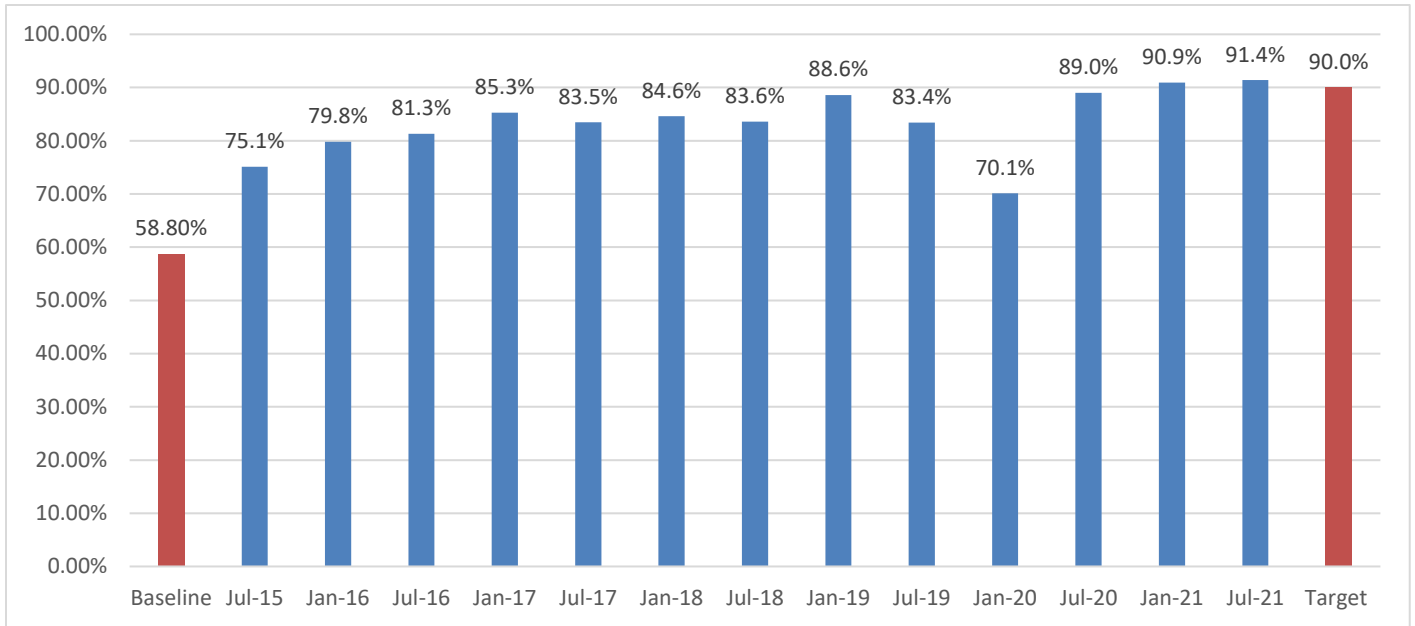
As of June 30, 2021, DHS reported that 91.4 percent (350 out of 383) of supervisors met the workload standard. Another 27 supervisors were reported close to meeting the standard and six supervisors were over the standard. This is DHS’ best reported outcome to date on this measure and the second time the department has met the Target Outcome. At the end of the last period (December 31, 2020), DHS reported that 90.9 percent (348 out of 383) of supervisors met the workload standard, with 33 close and two over the standard. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome.

Like the department’s efforts to improve caseload outcomes, DHS’ executive leadership team produces and closely reviews a more detailed supervisor workload report, which includes information on both the number of caseworkers and cases assigned to a supervisor. DHS also began to require an explanation from field leadership for any supervisor not meeting the standard. In reviewing this information and its enhanced supervisor data report, DHS made concerted efforts to reduce the number of cases assigned to supervisors and identify when adjustments are needed to the number of caseworkers assigned to any unit facing challenges to meet the supervisor workload standard. As a result of this focused monitoring effort and management of supervisor workloads, DHS was able to exceed the Target Outcome for the second consecutive period.

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<sup>35</sup> August 2021 Semi-Annual Report, page 136

**FIGURE 9: SUPERVISOR WORKLOADS: PERCENT OF SUPERVISORS MEETING WORKLOAD STANDARDS**



Source: DHS Data

At the end of this period on June 30, 2021, DHS reported that 70 supervisors carried at least one case assignment with a total of 178 cases assigned among these 70 supervisors. This represents a significant increase since the end of the last period (December 31, 2020) when DHS reported 37 supervisors carried a total of 77 cases. While DHS was able to achieve the Target Outcome of 90 percent of supervisors meeting the workload standard despite this increase in the number of supervisors assigned cases and the total cases assigned, the department must make additional efforts to avoid assigning cases to supervisors. As recently as December 31, 2019, DHS reported that 124 supervisors were assigned at least one case with total cases assigned reaching 259. Since that time, DHS made concerted efforts to end what had become a regular practice to assign cases to supervisors when caseworker capacity was limited. DHS' efforts from January 1, 2020 to June 30, 2021 to make supervisor case assignments a much less frequent exception has resulted in substantial progress, even with 70 supervisors carrying 178 cases this period. However, the increase in supervisor cases assigned this period warrants child welfare leadership's close monitoring and review of the department's efforts to limit case assignments to supervisors. This includes an assessment of DHS' requirement that a Regional Deputy Director must approve any direct case assignment made to a supervisor for the purpose of having the supervisor manage the casework directly.

The department's leadership understands that the unequivocal priority and need is for supervisors to focus on evaluating, supporting and coaching their assigned caseworkers to ensure case practice advances the safety, permanency and well-being of children in care. As such, it is important to understand any trends or pressures in the field that led to the uptick in cases assigned to supervisors this report period and ensure that DHS maintains the substantial and sustained progress the department has made to successfully achieve the Target Outcome for supervisor workloads.

## D. Shelter Use

For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for each of the five shelter measures. As outlined below, DHS continued through this report period to implement new and ongoing strategies to prevent new shelter placements and reduce the lengths of stay for children who experienced a shelter placement.

Over the last seven years, DHS has implemented numerous strategies and efforts that have allowed the department to successfully reduce by 75 percent the total number of shelter nights experienced by children of all ages combined (see Table 6 below). This includes closing Oklahoma’s two DHS-operated shelters, which were the largest shelters in the state, and establishing heightened oversight of shelter placements by requiring the Child Welfare Director to authorize placing any child under 13 years of age in a shelter and requiring Regional Child Welfare Directors to approve shelter placements of youth 13 years of age or older. DHS committed that such approval would be given only after ensuring caseworkers had exhausted and clearly documented on a shelter authorization form all efforts to secure an alternate, needs-based placement to prevent a shelter stay.

Importantly, DHS has achieved a 100 percent reduction in shelter-nights for children five years of age and younger. Compared to the baseline period, DHS has reduced shelter-nights for children ages six and older by 27,530 nights and reduced child-nights in a shelter for children of all ages combined by 39,306 nights, which is three times the total number of nights reported this period. For the first time since the Co-Neutrals have been monitoring this metric, DHS achieved during this report period the Target Outcome of fewer than 8,850 shelter-nights for youth ages 13 and older.

**TABLE 6: NIGHTS IN SHELTERS BY AGE, JANUARY 1 – JUNE 30, 2021, AND CHANGE FROM BASELINE**

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2013)	Performance (January 2021-June 2021)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	0	-8,853	-100.0%
6 to 12	20,147	4,561	-15,586	-77.4%
13 & Older	20,635	8,691	-11,944	-57.9%
<b>TOTAL</b>	<b>52,558</b>	<b>13,252</b>	<b>-39,306</b>	<b>-74.8%</b>

Source: DHS Data

### Performance Standards

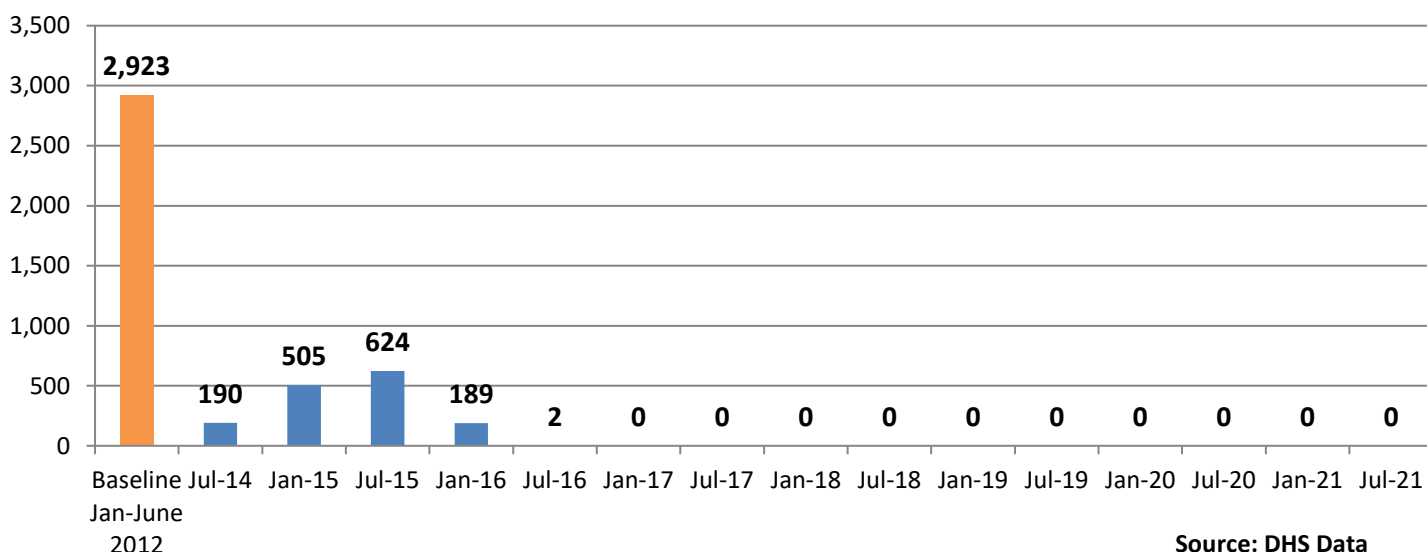
DHS committed to “ensure all children are cared for in family-like settings” and to “stop its use of temporary placement in shelters for all children under 13 years of age.” In the Metrics Plan, the Co-Neutrals selected the number of “child-nights” spent in shelters as the measure to assess Oklahoma’s progress in eliminating and reducing shelter use. One “child-night” is defined as “one child in a shelter at midnight.” The total number of child-nights is calculated by summing the number of children in shelters at midnight for each night of the reporting period. The Pinnacle Plan includes an exception for shelter

placement if the child is part of a sibling set of four or more being placed together. The Co-Neutrals have also allowed for the exception to place a minor parent with their child, if necessary, to keep the parent and child together (note that the child must, in fact, be placed with their minor parent).<sup>36</sup> However, while the Co-Neutrals approved these exceptions, they are not automatic. For each child or youth in need of placement, DHS has committed to undertake reasonable efforts to place the child in a family-like setting, regardless of whether the child meets an exception.

**Performance for Children under Age Six, Shelter Metrics 5.1 and 5.2**

As shown in Figure 10 below, for the tenth consecutive report period, DHS has achieved and maintained the Target Outcome of zero child-nights in shelters for children under two years of age. From a starting baseline of 2,923 child-nights, DHS has successfully eliminated shelter care for the youngest children for more than five years.

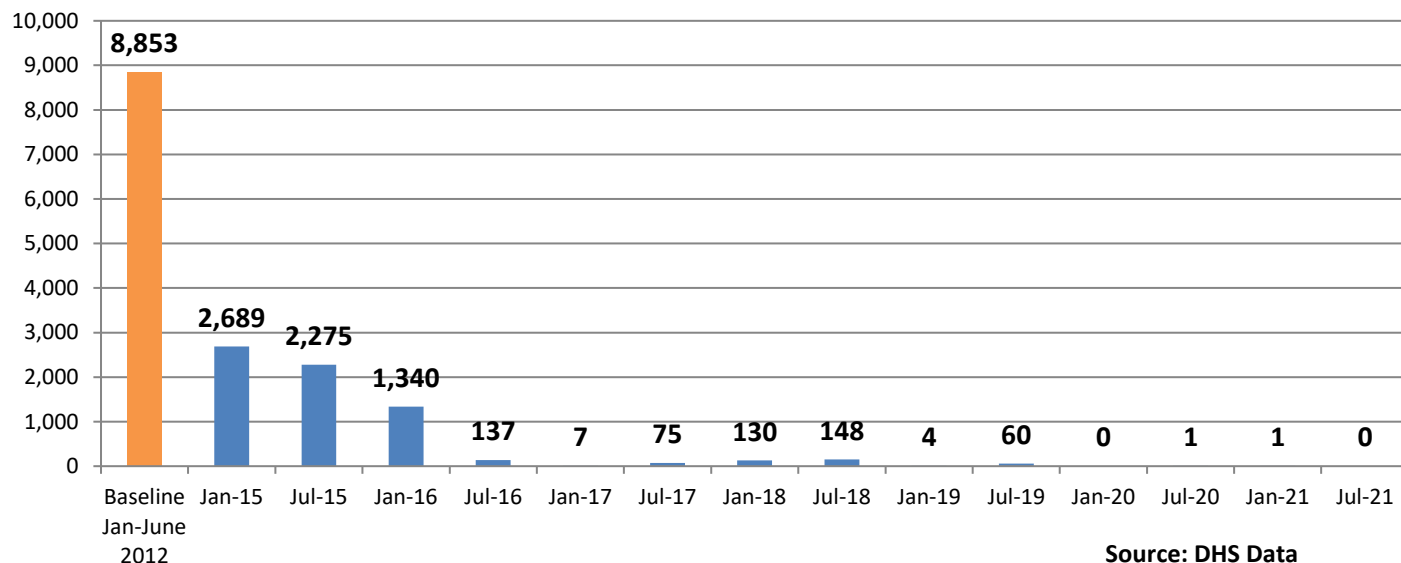
**FIGURE 10: 5.1 – SHELTER-NIGHTS, CHILDREN AGES 0 – 1**



For children ages two to five, the original recorded baseline was 8,853 child-nights. For this report period, there were no children in this age group who spent a night in a shelter. As shown in Figure 11 below, for this report and the last three periods combined, representing a span of two years, a total of two children ages two to five spent one night each in a shelter. This is the second time that DHS achieved the Target Outcome of zero shelter-nights for this age group.

<sup>36</sup> Children who meet the criteria for one of the two exceptions are still counted in the shelter outcomes data.

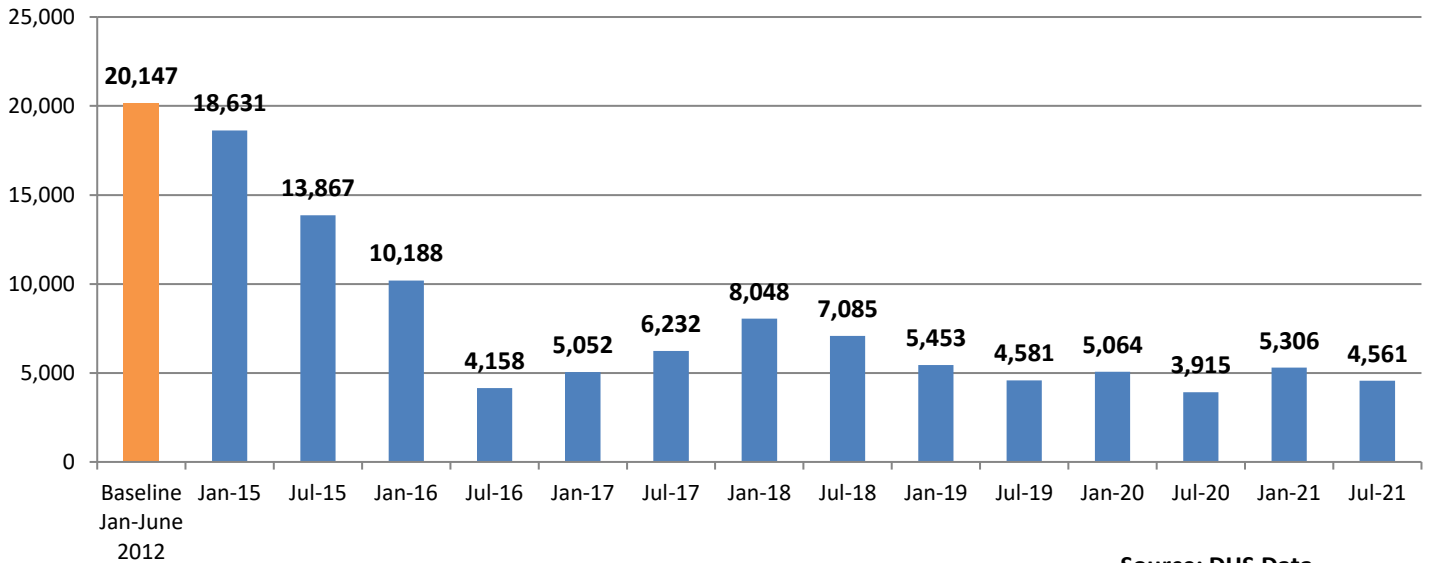
**FIGURE 11: METRIC 5.2 – SHELTER-NIGHTS, CHILDREN AGES 2 – 5**



**SHELTER METRIC 5.3 – CHILDREN AGES SIX TO 12**

For children ages six to 12, DHS reported that one less child - a total of 103 unique children - in this age group experienced a shelter stay this period compared to last period when 104 children spent at least one night in a shelter. DHS also reported that the total shelter-nights for this age group decreased to 4,561, a reduction of 745 nights from last period when the department reported 5,306 child-nights. Figure 12 below shows that the department has reported fluctuations in total shelter nights for this age group over the last six years but has been able to maintain a substantial reduction below the total shelter nights reported as the baseline. DHS understands the need to further prevent shelter placements for children ages six to 12 and undertook efforts this report period to achieve additional progress toward the Target Outcome.

**FIGURE 12: METRIC 5.3 – SHELTER-NIGHTS, CHILDREN AGES 6 – 12**



Starting with children under the age of two (which DHS has reported at zero shelter nights for over five years), the department has sequenced age-staggered deadlines to guide its shelter reduction strategy. The department then moved to children ages two to five, where DHS leadership successfully focused on eliminating shelter placements, achieving zero shelter nights for this report period. In a strategy to make further headway toward zero nights for this next, and larger cohort of children ages six to 12, DHS decided to focus on eliminating shelter placements and nights in phases. Starting September 1, 2020, DHS reported that it began to heighten leadership involvement in efforts to avoid shelter placement for children ages six to eight and began the same for children ages nine to 10 starting on December 1, 2020.

DHS recognizes that the goal of eliminating shelter placement of children ages six to eight and then nine to 10, is in close range given the department’s efforts to date. As of this report writing in September 2021, only four children ages six to eight and five children ages nine to 10 were placed in a shelter: this is a total of just nine children ages six to 10.

**Case Review of Children Ages Six to Ten Who Entered a Shelter**

DHS presented data showing 41 children ages six to ten entered a shelter between January and June 2021. The Co-Neutrals’ reviewed data and case records for all 41 children, seven of whom had two shelter placements during the six-month period for a total of 48 shelter entries reviewed.

At the time of their shelter entries, it appeared that 37 of the 41 children needed a placement at the EFC level or above, with 30 having already been approved for a TFC placement. Most (33) of the 41 children had a mental health diagnosis and/or a developmental disability noted in their records, indicating again, and consistent with previous shelter case reviews, that most children of all ages who experience a shelter stay have higher-level therapeutic needs. Records showed that identifying and stabilizing family-based placements, including TFC and EFC-supported placements, presented a challenge as the majority (32) of the 41 children reviewed had physically aggressive behaviors documented. Twenty-eight children were

reported to have non-aggressive, challenging behaviors (such as encopresis) and 11 showed self-harming behaviors. Fourteen of the 41 children had experienced a failed adoption or guardianship.

DHS' records also showed that a shelter was the first placement upon removal for 7 of the 41 children reviewed. For four of the seven, the child experienced an emergency removal, including a police-involved removal, with children being abandoned by their birth and adopted families due to the child's behaviors.

For 33 of the 48 shelter entries reviewed by the Co-Neutrals, the case records more clearly documented the department's efforts to avoid the shelter placements. As discussed in the sections of this Commentary regarding family-based therapeutic care and placement stability, DHS is advancing strategies and efforts to support a continuum of stable family-based placements for children and youth with therapeutic needs and ensure staff appropriately plan ahead, when possible, to secure non-shelter placements for all new removals and children at risk of disruptions, especially those who have higher level treatment and behavioral health needs.

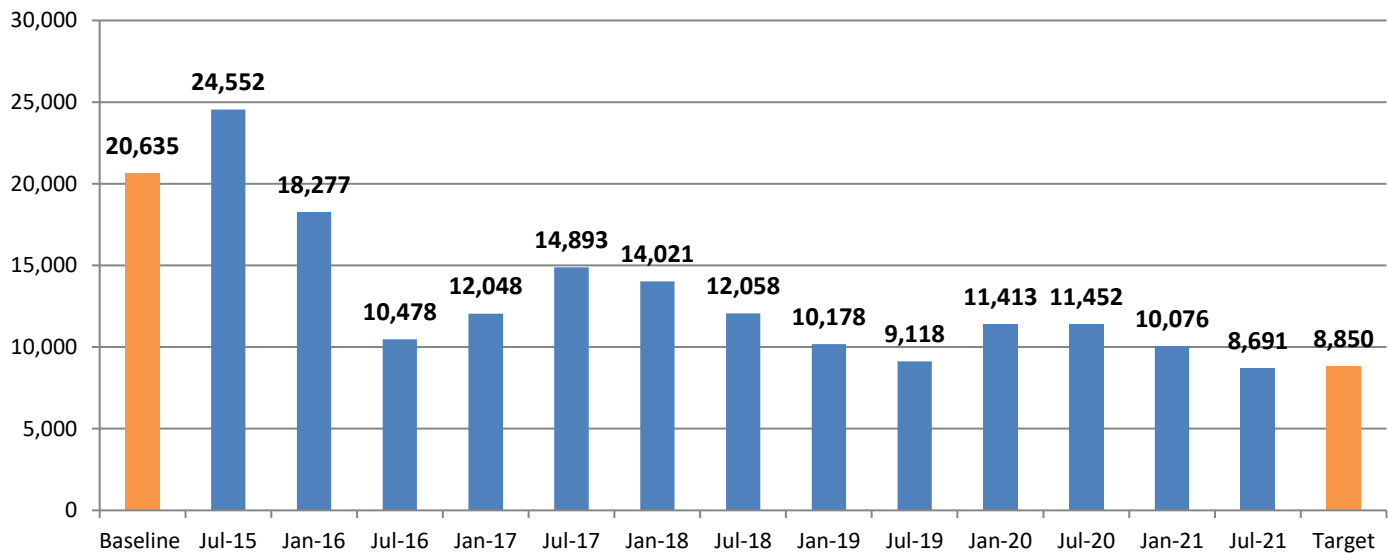
#### **Shelter Metric 5.4 – Children Ages 13 or Older**

Neither DHS' Pinnacle Plan nor the Compromise and Settlement Agreement require that emergency shelter usage for children ages 13 years and older be eliminated. However, the department committed that children ages 13 and older would be placed in a shelter only if a family-like placement is not available to meet their needs, and further, that shelter nights for children ages 13 and older would be reduced to no more than 8,850 nights within a six-month period. For the first time since the Co-Neutrals have been monitoring this metric, DHS achieved the Target Outcome during this report period.

The number of unique children ages 13 and older who spent a night in a shelter decreased by 37 from 254 children in the last period to 217 children this period. As shown in Figure 13 below, DHS reported a decrease of 1,385 child-nights for this oldest group of children, going from 10,076 last period to 8,691 child-nights this six-month period. This is the lowest number of shelter nights reported in any period for teens and older youth.



**FIGURE 13: METRIC 5.4 – SHELTER-NIGHTS, CHILDREN AGES 13 AND OLDER**



Source: DHS Data

**Pinnacle Plan Commitment 1.17 – Youth 13 and Older**

One of the strategies DHS originally identified to support its efforts to achieve substantial and sustained progress toward the Target Outcome for older youth in shelters is embedded in DHS’ Pinnacle Plan Commitment 1.17. This commitment requires that youth 13 years and older experience no more than one shelter stay and no more than 30 shelter-nights in any 12-month period. DHS committed that by June 30, 2016, it would conform to this standard for 90 percent of all children ages 13 and older who experience a shelter stay.

For the period of January 1 through June 30, 2021, DHS reported that 36.9 percent (80) of the 217 youth ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. As shown in Table 7 below, this performance outcome represents a positive 3.8 percent increase above the 33.1 percent outcome reported last period. Since the baseline period, DHS has decreased the total number of teens placed in shelters and counted in this measure from 593 to 217, a 63 percent reduction. The total number of teens not compliant with this measure decreased from 393 to 137, a 65 percent reduction, from the baseline to this report period. These additional data points are important to the overall assessment of DHS’ efforts to achieve substantial and sustained progress on this measure.

**TABLE 7: PINNACLE PLAN 1.17: BASELINE AND JANUARY – JUNE 2021**

Performance Categories	Baseline		Current Performance	
	Jan – June 2014		Jan – June 2021	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	217	100.0%
<b>Shelter Placements Compliant with Pinnacle Plan 1.17</b>				
Those with 1 stay, less than 31 days	200	33.7%	80	36.9%
<b>Compliant TOTAL</b>	<b>33.7%</b>		<b>36.9%</b>	
<b>Shelter Placements Not Compliant with Pinnacle Plan 1.17</b>				
Those with 1 stay, 31 or more days	136	22.9%	56	25.8%
Those with 2 or more stays, less than 31 days	74	12.5%	18	8.3%
Those with 2 or more stays, 31 or more days	183	30.9%	63	29.0%
<b>Not Compliant TOTAL</b>	<b>66.3%</b>		<b>63.1%</b>	

Source: DHS Data

Case reviews completed by the Co-Neutrals have shown that the older youth for whom DHS still accesses shelter placements overwhelmingly represent teens with complex behavioral and other health and social needs. As detailed above in this Commentary, DHS recognizes that Oklahoma has a gap in available placements that can meet the individual therapeutic needs of children and youth of all ages with the most complex mental, behavioral, and other challenges. The department’s efforts to build a continuum of care, including EFC placements, that meet the needs of these children, with the goal of supporting them therapeutically in family-based placements when appropriate, is critical to reduce DHS’ reliance on shelters for children and youth of all ages with higher-level needs.

**Efforts to Reduce the Length of Shelter Stays**

Several years ago, DHS established regional shelter teams (with a designated regional shelter lead) and protocols for these regional teams to convene bi-weekly staffings for every child in a shelter to identify a needs-based placement and help advance their exit from the shelter. Over the last several periods, DHS focused on expanding and strengthening its shelter staffings to include a statewide, multi-disciplinary team (MDT) that holds elevated staffings for children under the age of 13 who remain in a shelter for at least 30 days and for youth ages 13-17 who remain in a shelter for at least 60 days. DHS reported that the purpose of these elevated staffings is to use a multi-disciplinary approach to review the unique, higher-level needs of children and youth that can present challenges to identify appropriate therapeutic placements, which often lead to extended shelter stays. DHS has since gradually and substantially accelerated the cadence of these multi-disciplinary staffings, now requiring an elevated staffing within one week of any child entering a shelter, regardless of their age. The department built its capacity for these staffings by establishing an MDT in every region, rather than relying on just one statewide team.

This is the first full six-month report period that these regional teams have been in place, working pursuant to the charge of conducting a multi-disciplinary review of every child newly placed in a shelter within one

week of placement and with the goal of moving each child out of the shelter and into a needs-based placement as soon as possible. DHS also committed to hold an additional multi-disciplinary staffing every 30 days that a child remains in a shelter.

The department reported that each regional MDT includes program leads from permanency planning, Specialized Placements and Partnership Unit (SPPU), foster care and adoptions, TFC program, Youth Transition Services, Oklahoma Successful Adulthood (OKSA), RFP liaison, EFC and Continuum of Care programs, the OKDHS Clinical Team and mental health consultants, Community Partnerships, Developmental Disabilities Services, Education Services and Developmental Disabilities Program, tribal liaison, child welfare nurses, ODMHSAS and the Oklahoma Health Care Authority (OHCA).

In its August 2021 Semi-Annual Report, the department presented the following data on the number of children and youth staffed (total of 728) by the regional MDTs:

- Region 1: 150 children, including 44 new shelter entries and 64 shelter follow ups;
- Region 2: 151 children, including 40 new shelter entries and 48 shelter follow ups;
- Region 3: 158 children, including 44 new shelter entries and 56 shelter follow ups;
- Region 4: 118 children, including 25 new shelter entries and 35 shelter follow ups; and,
- Region 5: 151 children, including 51 new shelter entries and 50 shelter follow ups.

DHS has begun to rely on these five regional MDTs to staff any child who presents with higher-level needs and for whom the department confronts challenges to identify and stabilize a needs-based placement, including children for whom a shelter placement authorization may be requested, children in higher level congregate settings, children with specialized needs, including developmental disabilities, and older youth at risk of aging out of care without a permanency placement.<sup>37</sup> DHS reported that in March 2021, the MDT leads also began reviewing the shelter authorization forms for children in their region prior to final review by senior management to ensure it is completed accurately.

During this report period, DHS also began to collect data from the MDT staffings to track outcomes and trends for MDT staffed children and youth. The MDT leads also assumed responsibility for entering into a Qualtrics data system information from approved shelter authorization forms to help identify trends and placement needs of children who experience a shelter stay.

DHS further reported the following points about the MDT process in the February 2021 Semi-Annual report:

- The MDT process brings a higher level of oversight and accountability from regional leadership, as well as helping [child welfare] field staff feel supported by regional leadership's presence in the MDT meeting and as active participants in the MDT process.
- The MDT process elicits more robust information in shelter authorization requests, which leads to a more complete picture of the youth's needs and a better starting point for the MDT discussion for that particular youth.
- The MDT process resulted in increased unpacking of previous denials and rule-outs of family and kinship placements.

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<sup>37</sup>As noted in the permanency section below, DHS has specifically designated youth included in current and future cohorts of the 6.4 measure for regional MDT staffings.

- The MDT process gives CW field and program support staff a better understanding of the needs of this population of youth, including family history, behavioral context, and the youth's strengths. This helps to better determine how best to serve and meet each youth's specific needs.
- The MDT process leads the way towards better transition and exit from shelter care through discharge planning, although work still needs to be done in this area going forward.

The Co-Neutrals recognize the importance and value of the department's growing efforts to systematically conduct multidisciplinary assessments and connect children with the services and placements that can meet their needs. This is particularly important for children who, as discussed in several past Commentaries, have a record of chronic instability and multiple placements, including multiple shelter stays.

### **Efforts to Prevent Shelter Placements**

Starting in the last report period, DHS also turned its attention to new strategies focused on preventing children from being placed in a shelter. DHS concluded that additional efforts were needed to effectively plan for the eventual discharge of children from higher-level congregate care to support a transition to a placement – family-based, if possible – that can meet their therapeutic and other needs. Based on their own case record review, the Co-Neutrals concurred with DHS that this is a specific area of practice that requires new efforts to help prevent shelter placements.

DHS established new protocols to better plan and prepare for children who are discharging from inpatient and other higher-level placements, which are often time-limited stays. The department has redefined the roles of DHS' liaisons in the SPPU program who are assigned to higher-level facilities to help guide more proactive discharge planning with each child's casework and treatment team. The goal is to better identify a child's optimal family-based placement and reinforce placement stability through upfront discussions about the child's and family's needs and with enhanced services and supports before or upon placement, as required. As noted above, the new regional MDTs will also play a role in this effort moving forward.

DHS understands that it must continue to invest resources and efforts into developing therapeutically supported family-based placements and identified its new EFC program as a priority strategy to further reduce and prevent shelter nights. Another key and necessary priority is the department's commitment to establish a systematic practice that timely assesses a child's behavioral, mental health and other specialized needs before they cycle through multiple placements that are neither prepared nor supported adequately to meet the child's individual, therapeutic needs. Efforts regarding the early identification of a child's specialized placement and service needs is reviewed in the therapeutic foster care section above.

### **E. Child Maltreatment in Care**

Over the last six years, DHS has improved its child welfare system and practice to better protect the safety of children in DHS' custody and reduce maltreatment in care (MIC). Comprehensive and necessary work continues to safeguard and promote the health and well-being of children in DHS' care. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for the two safety measures for children in DHS custody: Metric 1a,

MIC by a resource caregiver, and Metric 1b, MIC by a parent. For the second consecutive period, DHS achieved the Target Outcome for Metric 1b, MIC by a parent. Further, DHS reported this period that the number of children in care who experienced maltreatment by caregivers in institutional settings decreased by 58 percent in the last year alone and reached a record low.

However, this period DHS also reported an increase in the prevalence of maltreatment among children in care in family-based settings, which offset the positive gains the department achieved in this performance measure through enhanced safety for children placed in institutions. As outlined below, DHS continued this period to conduct comprehensive record reviews of every incident of maltreatment in care in a family-based setting to identify where practice improvements are needed to achieve better safety outcomes in foster homes. This period the department also undertook new efforts to improve the quality of caseworkers' monthly visits with foster parents and the children placed in their homes. Through separate case record reviews, DHS and the Co-Neutrals identified deficiencies in the safety assessments completed during these visits as a prominent, contributing factor to the risk of maltreatment in foster homes. In order to reduce maltreatment in care in family-settings, the department must be very focused in its efforts to strengthen child safety, particularly in foster homes.

***Child Safety: Abuse and Neglect by Resource Caregivers While Child is in the Legal Custody of DHS, Metric 1a***

DHS tracks and reports publicly on a monthly basis the number of children abused or neglected by a resource caregiver. DHS and the Co-Neutrals adopted the federal metric applicable at the time, "Absence of Child Abuse and/or Neglect in Foster Care," which reports the percentage of all children in foster care during a 12-month period who were not victims of substantiated maltreatment by a foster parent or facility staff.<sup>38</sup>

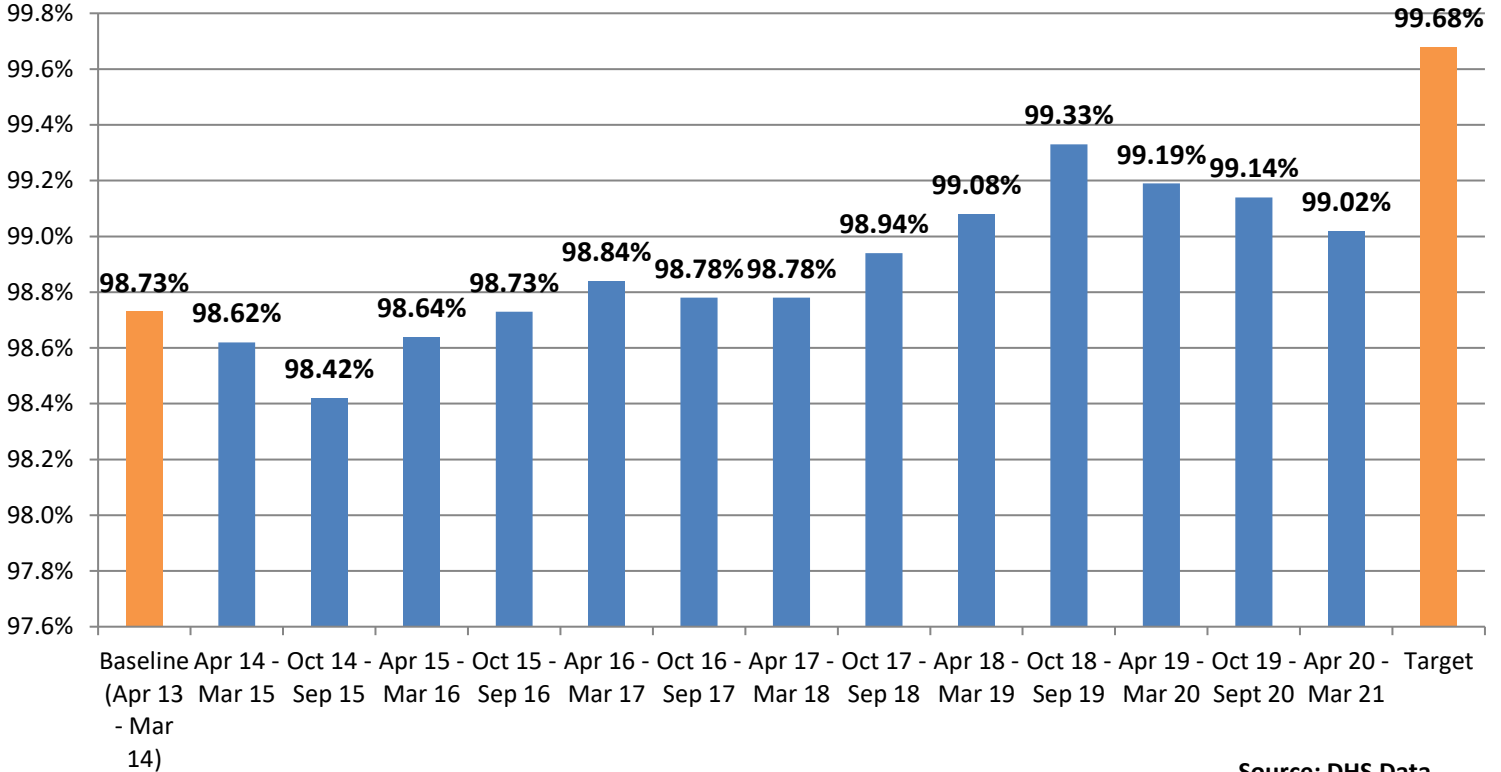
For this metric's current measurement period, April 1, 2020 to March 31, 2021, DHS reported that 115 children out of 11,685 in DHS custody were abused or neglected while in care. This represents a rate of 99.02 percent of children in DHS custody during the period who were safe in care. For DHS to have met the Target Outcome of 99.68 percent of children safe in custody, DHS would have had to protect an additional 78 children from maltreatment by a resource caregiver.

As shown in Figure 14 below, during the baseline period of April 2013 to March 2014, DHS reported that 98.73 percent of children in DHS custody were not victims of child maltreatment. Over the eight subsequent reporting periods following the baseline period, DHS' safety performance did not substantially or sustainably progress toward the Target Outcome. However, as Figure 14 below shows, over the last six periods including the current period under review, DHS has reported significant progress above the baseline performance. Moving forward, it is critical that the department effectively implements strategies to prevent maltreatment in care in family-based settings to make progress toward the Target Outcome.

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<sup>38</sup> In October 2014, the federal Children's Bureau changed the metric it uses to assess state child safety in care. The new federal metric combines maltreatment in care by resource caregivers and by parents, with some additional adjustments to the methodology. For consistency and comparability, the Co-Neutrals and DHS continue to use the two metrics and methodology originally established in the Metrics Plan.

**Figure 14: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers**



Source: DHS Data

In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment monthly. Over the same 12-month period, April 1, 2020 to March 31, 2021, DHS reported 124 substantiations of child abuse and neglect by a resource caregiver. Of these 124 substantiations, 110 (89 percent) involved children in family-based foster care settings, while 14 (11 percent) involved children in institutional placements.<sup>39</sup>

***Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b***

The Co-Neutrals adapted the methodology utilized in the preceding section, Abuse and Neglect by Resource Caregivers, to measure abuse and neglect by parents while a child is in the legal custody of DHS. This includes the significant population of children who remain the legal responsibility of DHS but who reside in, or have been placed back in, their homes of origin for trial home visits. In Oklahoma, children can experience trial home visits for months before judges formally close children’s cases, and DHS recognizes the importance of closely monitoring child safety during this time.

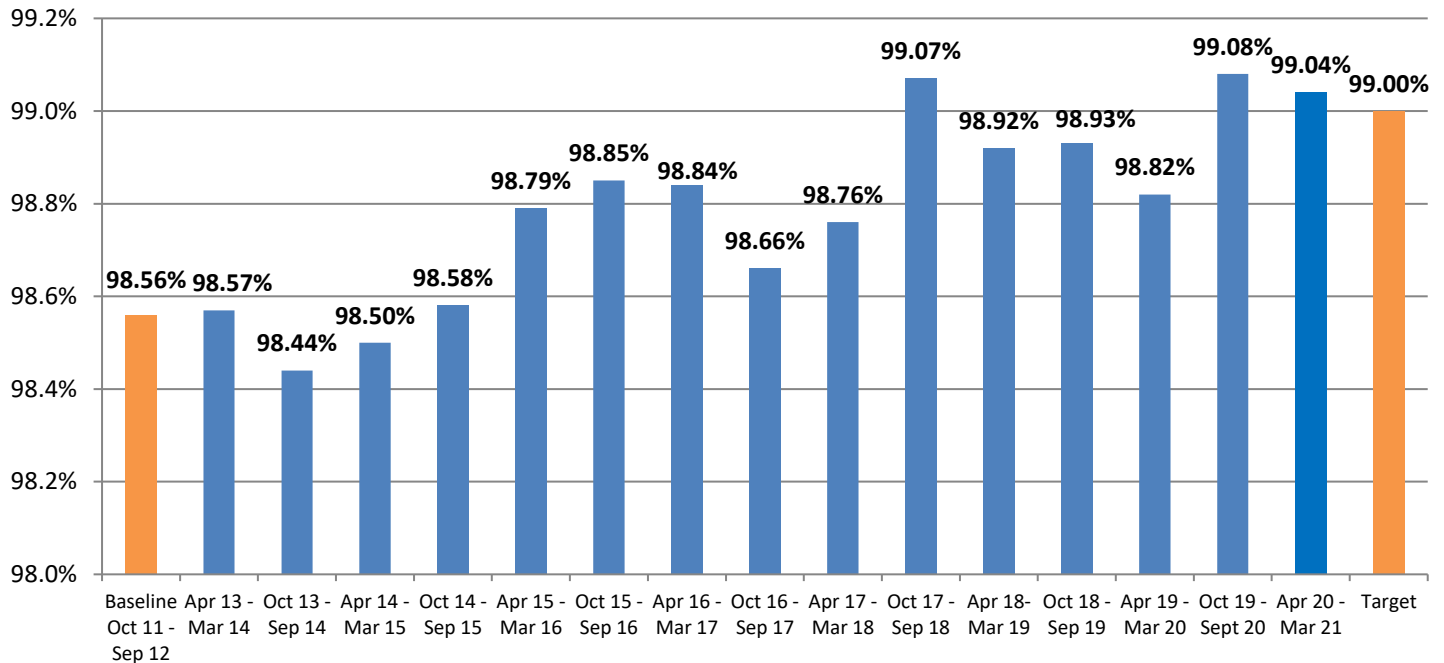
The metric for “Abuse and Neglect by Parents While Child is in the Legal Custody of DHS,” measures performance this way: Of all children in the legal custody of DHS during the reporting period, the number and percent of children who were not victims of substantiated or indicated maltreatment by a parent and

<sup>39</sup> Nine of the 124 substantiations reported in the monthly data are not included in the Metric 1a federal measure adopted by DHS and the Co-Neutrals because, according to the federal methodology in place at the time the Metrics Plan was finalized, both the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated by DHS) must exist in the same 12-month federal reporting period.

the number of children who were victims over the 12-month period.

For this report period, April 1, 2020 to March 31, 2021, DHS served 11,685 children in custody, 112 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 99.04 percent against a target of 99 percent.<sup>40</sup> As shown in Figure 15 below, for this report period DHS met and exceeded the Target Outcome of 99 percent for the second consecutive period.

**FIGURE 15: 1B – ABSENCE OF MALTREATMENT IN CARE BY PARENTS**



Source: DHS Data

### Comparative Maltreatment in Care Rates by Placement Types

The Co-Neutrals reviewed whether children are maltreated by a resource caregiver more often in certain placement types through an analysis of Maltreatment in Care (MIC) rates for each placement type (see Table 8 below). The Co-Neutrals used the method that the United States Department of Health and Human Services Children’s Bureau adopted to measure how often MIC occurs, which calculates a rate of maltreatment based on the days children are in child welfare custody. The rate signifies, for every 100,000 days that a group of children spent in custody, the number of MIC substantiations those children experienced. In the Co-Neutrals’ analysis, lower MIC rates mean that children experienced less maltreatment by resource caregivers in that placement type, while higher rates mean children experienced more maltreatment by resource caregivers while residing in that placement type.

<sup>40</sup> DHS’ data excluded 20 substantiations of maltreatment of children by their parents while in DHS custody from a total of 132 substantiations because of the same federal exceptions applicable in Metric 1a. Thirteen are excluded because the referral date and findings date do not exist in the same 12-month reporting period and seven are excluded because the children involved were victims counted in prior referrals during the same period.

**TABLE 8: RATE OF MIC BY PLACEMENT TYPE**

Placement Type	Current Period (Apr '20 to Mar '21)		Last Period (Oct '19 to Sept '20)		One Year Prior (Apr '19 to Mar '20)		Period of Best Performance (Oct '18 to Sept '19)		Two Years Prior (April '18 to Mar '19)	
	# Of Children Maltreated	MIC Rate	# Of Children Maltreated	MIC Rate	# Of Children Maltreated	MIC Rate	# Of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate
DHS Traditional Foster Homes	35	6.7	29	5.2	30	5.3	22	3.9	35	6.2
Private Agency Traditional Foster Homes	9	1.9	10	2.1	5	1.1	9	1.9	17	3.6
Kinship Relative Foster Homes	46	4.9	38	4.0	25	2.6	26	2.7	37	3.7
Kinship Non-Relative Foster Homes	10	2.9	17	5.0	22	6.5	14	4.3	12	3.8
Therapeutic Foster Care Homes	6	13.3	9	19.9	3	6.5	1	1.9	3	5
Other Family Homes	4	2.9	0	0.0	0	0.0	2	1.2	7	4.2
Congregate Care	14	7.9	24	13.0	35	18.6	44	23.5	35	18.3
<b>Total</b>	<b>124</b>	<b>4.7</b>	<b>127</b>	<b>4.7</b>	<b>120</b>	<b>4.4</b>	<b>118</b>	<b>4.3</b>	<b>146</b>	<b>5.2</b>

Source: DHS Data

When compared to the last 12-month report period, the maltreatment rate for children in DHS custody remained the same at 4.7 and importantly stayed below the 5.2 percent rate reported two years prior for the period of April 1, 2018 to March 31, 2019. Over the last two years, DHS has achieved substantial progress in reducing MIC in congregate settings. The rate of maltreatment in institutions decreased by 39 percent (13 to 7.9) from the last 12-month period reported just six months ago, by 58 percent (18.6 to 7.9) from the 12-month period reported one year ago (April 2019 to March 2020) and by over 65 percent (23.5 to 7.9) since the period when DHS reported its lowest overall maltreatment rate of 4.3 as shown in Table 8 above.

In contrast, over the last year and a half and since the period ending September 2019 when DHS reported its best safety performance under this measure, the department has reported an increase in the number and rate of MIC substantiations in family-based settings. These increases are seen primarily in kinship-



relative, DHS traditional and TFC homes. The data shows that the maltreatment rate in TFC homes is the highest of all placement types but decreased from 19.9 last period to 13.33 this period.<sup>41</sup> As noted above, DHS has not shown improvement in this measure's performance outcome despite the substantial progress made to reduce maltreatment in congregate settings because of the increase reported in MIC substantiations in family settings.

### **Core Strategies to Reduce MIC in Family-Based Placements**

Over the past six years, DHS and the Co-Neutrals have conducted detailed, qualitative case record reviews of every substantiated child maltreatment investigation to understand the causes of child maltreatment and assess the department's efforts to prevent it. Records accessed for these reviews include contact notes documented from monthly visits with the foster families and children in care involved in the referral; resource home records including home assessment and approval documents; and referral histories of the substantiated resource home.

Due to temporary vacancies and staff changes, DHS experienced some delays this report period in completing these MIC case reviews but, as of this report writing, has since filled the necessary vacancies on its quality assurance team and is again conducting these reviews at a more-timely pace. These qualitative reviews are a critical component of DHS' core strategies to reduce the rate of maltreatment in foster homes. Based on the finding of these reviews, DHS assesses what areas of case practice require further improvement to prevent maltreatment in foster homes.

From the beginning, these reviews identified three primary case practice concerns that contribute to child maltreatment in some of the reviewed foster homes. These three practice concerns are:

1. **Referral Histories:** foster homes with referral histories that contain screened- out, ruled out, or unsubstantiated referrals for the same or similar abuse/neglect allegations that were eventually substantiated or that revealed patterns of concerning conditions in foster homes;
2. **Quality of Visits:** some caseworkers not thoroughly assessing and/or addressing child safety and caregiver discipline during monthly visits; and,
3. **Home Approval:** foster homes with concerning child welfare, criminal or personal histories that raise questions about the safety of certain new foster homes.

In response to these identified concerns, in 2015 DHS began to develop a set of core strategies designed to strengthen caseworkers' assessment and assurance of child safety in each of these areas. Later, in April 2018, DHS developed and began to implement an expanded set of MIC core strategies to give caseworkers sufficient training, guidance, and resources to improve the quality and efficacy of these safety-focused case practices. The strategies focus on establishing timely and effective feedback channels to field staff on key findings from reviews of maltreatment cases; enhancing annual caseworker training on the main

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<sup>41</sup>As detailed in the TFC section above, the number of placement days in TFC homes has continued to decrease over the last several years. As such, the relatively low number of placement days in TFC homes compared to all other common placement types makes the TFC-home setting more susceptible to significant changes in the MIC rate. MIC substantiations in TFC homes did not occur in any of the new EFC homes but were exclusively concentrated in regular treatment foster homes managed by private agencies.

contributing factors to maltreatment in foster homes and providing clear instruction on the case practices necessary to identify and mitigate safety threats; and using enhancements in the KIDS system to do so. These enhancements to the agency’s child welfare information management system were implemented to improve information sharing among a foster home’s caseworker and children’s caseworkers to ensure pertinent safety information is known and monitored by the relevant, involved workers. The expanded core strategies reflect a comprehensive effort by DHS to strengthen child safety and agency practice. Through the current report period, DHS continued to refine these strategies and implement additional system-wide efforts that are designed to address any identified gaps in the department’s safety protocols and practices.

**Improving Case Practice from MIC Qualitative Review Findings**

In its expanded core strategies, the department committed to enhance its quality assurance work and establish a structured information sharing process to ensure key findings from DHS’ maltreatment case record reviews are discussed timely with supervisors and caseworkers. As noted above, DHS’ central office Quality Assurance and MIC teams review all the substantiated maltreatment referrals in foster homes, as well as a monthly sample of unsubstantiated investigations to assess ongoing practice issues that contribute to child maltreatment in foster homes. The completed case reviews are sent to the relevant district director and foster care field manager. The reviews document any identified case practice concerns that local supervisors are then required to review timely with their assigned permanency and foster care workers so that frontline staff can strengthen their safety-focused casework practice moving forward.

For the current data report period of April 2020 to March 2021, there were 64 substantiated MIC investigations in a foster home setting. As shown in Table 9 below, DHS’ and the Co-Neutrals’ review of these substantiated referrals continued to reveal areas of concern, with quality of visits remaining, by far, the most frequently identified area of concern. Forty-three (67 percent) of the 64 family-based substantiated MIC referrals presented practice concerns regarding the quality of caseworker visits.

**TABLE 9: MIC INVESTIGATION CASE REVIEW, APRIL 2020 – MARCH 2021**

Area of Concern	Of all 64 substantiated referrals reviewed	
Quality of Visits	43	67%
Referral History / Totality of information	17	27%
Unapproved person in the home	17	27%
Home approval	12	19%
Foster Parent Support	8	13%
Child with special needs, challenging behavior	6	9%
DHS partners not communicating	5	19%

Source: DHS Data

## **COVID-19**

The MIC data used for this report is for the months April 2020 through March 2021, which coincides fully with the timeframe that the state of Oklahoma and the federal government declared and observed a state of emergency due to the COVID-19 pandemic. As previously reported, the department responded quickly to help prevent the spread of COVID-19 and began conducting virtual monthly visits with foster parents and children in custody, except for emergent situations such as abuse and neglect investigations when face-to-face contact with a child is required. While face to face visits resumed in June 2020, the department has continued to allow virtual monthly visits when it is reported that a child in care and/or a member of their foster family is COVID-19 positive or quarantined because of exposure to the virus. DHS reported that conducting virtual visits significantly limited caseworkers' ability to complete safety assessments of children placed in foster homes. Virtual visits do not allow caseworkers to follow all the pre-pandemic protocols that require staff to see and talk to each child privately, to fully observe interactions between children and their caregivers, and to complete unannounced visits.

Further, in its August 2021 Semi-annual Report (page 19), the department observed and reported that, "Fewer reports of abuse and neglect were made by [child welfare] specialists during months where a larger percentage of virtual visits were conducted. Additionally, in the months that [child welfare] staff performed higher numbers of virtual visits there appeared to be spikes in the number of victims in the months following these provisions." As is widely recognized, DHS also underscored that the pandemic created significant stress, particularly for those families who experienced trauma and grief and the loss of employment, childcare, and family services, including mental and behavioral health counseling. DHS made efforts to increase communication with foster families and provided additional financial and childcare support, as described in the Foster Care section above, to help mitigate some of the negative impacts of the pandemic. In fact, in the records of at least five MIC investigations substantiated this data period, the Co-Neutrals found specific notations that the foster family reported significant stress in their home due to the virus causing the loss of family members and friends and employment/financial hardships.

### **Quality of Visits**

Notwithstanding the impact from casework changes made in response to the pandemic, DHS leadership acknowledges that work remains to improve the skill level of caseworkers to conduct probative visits and complete the necessary safety assessments to promote child safety in family-based settings. Over the last two years DHS has consistently identified strengthening the quality of visits as the most prominent opportunity area to prevent maltreatment in foster home settings. In response to these findings, DHS has heightened its focus and efforts to improve the quality and consistency of worker visits with foster parents and children placed in foster care.

More specifically, DHS issued new guidance on quality visits in October 2018, developed regional plans to improve quality visits during the first part of 2019 and, in November 2019, changed in the KIDS data system the set of questions and issues permanency caseworkers must review and document for every monthly contact with children in custody and the foster parents with whom they are placed. The questions replicate those included in the "Assessment of Child Safety" (AOCS) that the department

reviews and assesses when making removal and reunification decisions regarding children and their birth families. Prior to November 2019, the child safety section for each monthly contact with a child in a foster home only required a worker to: confirm if the child was seen alone and provide an explanation if a child was not seen alone (this is still required); and describe generally the methods, purpose, and frequency of discipline, as well as supervision and sleeping arrangements. The monthly visits guide in each child's KIDS record now requires that caseworkers address four questions and provide detailed descriptions of the types of issues, conditions and family dynamics that should be assessed in answering each question. The questions are listed in every monthly contact entry in KIDS as follows:

- **Child Functioning: How does every child in the home function on a daily basis?**
  - Describe vulnerability, special needs, physical and emotional health, child development status, school performance, peer/social/sibling relationships, role within the family, attachment to [foster parent(s)],<sup>42</sup> mood and behavior, age-appropriate functioning, response to CW intervention, fearfulness, supports, and sexual reactive or acting out behavior, and verbal and social skills. Ensure sleeping arrangements are safe and appropriate.
- **Discipline: Describe the disciplinary approaches used by the [foster parent(s)] and under what circumstances?**
  - Describe methods of discipline used, frequency and purpose of discipline by including examples of appropriate purposes such as providing direction, managing behavior, and/or teaching, emotional state of each [foster parent] when disciplining, each child's perception of discipline methods, [foster parent(s)] agreement on discipline, each [foster parent's] view of his or her own discipline experience, cultural implications and if the discipline is based on reasonable expectations of the child and whether it works.
- **Parenting: Describe the overall family values and cultural influences with the family and the overall typical and pervasive parenting practices used by the [foster parent(s)].**
  - Discuss each [foster parent(s)] knowledge and expectations related to child development and parenting, each [foster parent(s)] perceptions of each child, and the tolerance and interaction between each [foster parent] and each child. This includes a description of the protective capacities of each [foster parent] and whether or not they are sufficient to keep the child safe.
- **Adult Functioning (Document each [foster parent] separately): How does the adult(s) function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent on a daily basis?**
  - Describe how the [foster parent] feels, thinks, and acts on a daily basis with focus on functioning and coping skills. Describe the [foster parent's] coping and stress management abilities, self-control in relationships, problem solving abilities, judgment and decision making, home and financial management, employment history, domestic violence, behavioral and physical health and capacity, social and familial support, and cultural norms.

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<sup>42</sup> The official text in KIDS and the Assessment of Child Safety refers not to the foster parent(s) but instead to the PRFC(s) or the Person Responsible for the Child. For consistency, DHS uses "PRFC" in these safety questions and staff have been instructed and provided guidance on the context and when the PRFC refers to a foster parent (i.e., monthly contacts in a foster home) and when PRFC refers to a child's parent (i.e., assessing during monthly contacts with a child's parent if a family is ready for trial reunification).

DHS developed a How-To guide to help staff review these key questions as they conduct safety assessments during their visits and remind them that each child in custody and foster parent must be interviewed separately to answer each of the four questions.

DHS again for this report period probed deeper into all 64 family-based substantiated MIC referrals to understand the specific aspects of visits that offer opportunities to mitigate the risk to children’s safety. As outlined in Table 10 below, DHS identified eight recurring elements of quality visits that require case practice improvements. The top four concerns with visit quality are: a lack of discussions about other persons (not approved household members) who spend significant time in the home; a lack of unannounced caseworker visits, which are required every three months with children placed in foster homes; a lack of discussion about discipline practices; and safety not being addressed with children or foster parents.

**TABLE 10: ANALYSIS OF QUALITY VISITS IN MIC CASE REVIEWS, APRIL 2020 – MARCH 2021**

Aspects of Quality Visits Assessed	Frequency	Percent of 64 substantiated referrals reviewed
No discussion about other persons in the home	39	61%
Safety not addressed with children or foster parents	31	48%
Insufficient discussion about discipline practices	25	39%
No unannounced visits	18	28%
Lack of attempt to gather info from pre/nonverbal children	8	13%
No discussion with foster parent as to children’s services	6	9%
Contradicting info not addressed	4	6%
Infant not observed unclothed	3	5%

Source: DHS Data

In the last month of this report period (June 2021), DHS began to train all permanency planning supervisors across the state on a new Quality Visit Review tool that guides supervisors through a series of questions to assess the specific elements of quality visits listed above in Table 10, as well as other safety related questions. Supervisors are required to complete a review of two documented visits every month for each permanency caseworker assigned to them.<sup>43</sup> To track completion of these quality visit reviews, along with the findings and any practice trends, DHS created a Qualtrics data system where supervisors record their observations. Most importantly, supervisors must share and discuss their completed reviews with each caseworker, each month to help ensure a robust transfer of learning regarding quality visits and thorough safety assessments. The Quality Visit Review tool includes the following questions that supervisors must answer and enter into the Qualtrics database:

<sup>43</sup> Supervisors who are assigned more than five caseworkers (the workload standard) are allowed to complete one quality visit review each month for every assigned worker.

- Were the child(ren) seen and interviewed separately from the caregiver, in a location conducive to freely discussing safety if age appropriate?
- Were infant(s) observed fully unclothed?
- Were attempts made to gather information from and about the safety of non/pre-verbal child(ren) during the worker visit?
- Was a walkthrough of the entire home conducted? And, were the child(ren)s sleeping arrangements observed?
- Did thorough discussions about discipline practices to include frequency, method, reason, purpose and effectiveness occur with the child(ren) in the home? The same question is asked regarding if there was a discussion with the resource parents about discipline.
- Was safety sufficiently addressed with the child(ren) in the home to include what safe looks like?
- Were there discussions with the children regarding other individuals living in the home, visiting the home, and/or providing care for the child(ren)? The same question is asked regarding if there was a discussion with the resource parents about other individuals in the home.
- Were the needs of the caregiver(s) discussed/assessed and additional supports provided if needed?
- Was any contradicting or concerning information obtained sufficiently addressed?
- Are unannounced visits being conducted at least once per quarter?

Quality monthly contacts with children in custody and their resource parents are critical to promote child safety. Understanding this, DHS leadership required that supervisors begin in August 2021, after the end of the review period, to complete the Quality Visit Review tool in the Qualtrics data system. The Co-Neutrals will assess and report on this effort in the next Commentary.

### **Heightened Attention to Potential Issues of Concern in Foster Homes**

In September 2018, DHS implemented an alerts system in KIDS that allows all caseworkers to track any safety-related issues or identified stressors in a home that require increased monitoring, support and/or engagement by staff. In its review of confirmed maltreatment investigations, DHS has identified that, in some cases, a lack of information sharing about concerns in a foster home between the resource home worker and the child’s permanency or adoption worker resulted in critical safety risks going unaddressed. As a result, DHS reported a primary purpose of the resource home alerts system is to increase communication between the different caseworkers to ensure all workers are informed of and monitoring any concerns in a foster home.

DHS has coached staff on the type of issues or concerns that warrant an alert, such as:

- A resource parent is under a high amount of stress and needs additional support;
- A resource parent has a history of substance abuse or other challenges that may affect their protective capacities; or
- Indicators that an unapproved individual may be living in the foster home.

Every month, district directors receive a KIDS-generated report (Y1042) that shows all foster homes with an open resource alert. At the same time, the district directors receive a request to review the Y1042 and

provide the report to caseworkers in their district who have an assigned child placed in a home with an open alert. Further, each time a child is newly placed in a foster home, a Resource Information Sheet with details about the home is generated for the child's caseworker: this sheet includes information about any open or past, resolved resource alert.

DHS reported that between July 2020 and June 2021, department staff opened 201 new resource alerts, of which 132 were also resolved within the same 12 months and 69 remained open as of June 30, 2021. DHS continued to monitor these homes for a number of issues including to ensure: specific unapproved individuals were not spending time in the home; foster family members with medical marijuana cards do not use this substance in the home; and that the specialized needs, including medical, of a foster family and/or the children placed with them are met.

In general, the alerts focus primarily on issues that may represent safety risks, including unapproved individuals caring for or having regular access to a child in custody, the use of discipline and the potential misuse of drugs or alcohol in the home. The resource alert report shows that DHS has closed homes and/or denied finalizing pending foster home approvals when the department was unable to resolve concerns that present a safety threat. In other cases, the alerts highlight concerns that can be and have been resolved with additional supports to foster parents who may have specialized needs or are experiencing elevated stress from fostering or other life experiences.

In November 2020, DHS formally added resource alerts to the screen-out consultation guide in KIDS, lifting up resource alerts as an option to monitor and address any remaining concerns identified during this joint staffing. The department reported in its August 2021 Semi-annual report that it is in the process of also adding a resource alert as a follow-up action to consider during the 10-day staffing conducted when a MIC referral is accepted for investigation. Last report period, the department also delivered virtually to all foster care supervisors and field managers in all five regions a two-hour refresher training, *Resource Alerts – Everything You Need to Know*, on how to oversee and manage resource alerts to decrease risks in family-based settings.

### **Reducing the Incidence of Foster Homes with Concerning Referral Histories**

The Co-Neutrals' and DHS' past reviews of foster homes that were substantiated for maltreatment identified the existence of referral histories that contained previously screened out, ruled out, or unsubstantiated allegations in some instances. These referral histories often presented a pre-existing, documented pattern of safety risks to children in the home that were either overlooked or not considered in their entirety. As part of DHS' original MIC core strategies developed in 2015, DHS began to require screen out consultations, which are multi-staff joint reviews following DHS' decision not to accept for investigation, but instead screen out, an abuse/neglect referral for a child placed in a foster home.<sup>44</sup> During this review, foster care and permanency staff are required to assess the foster home's referral history and any other information that may reveal safety concerns and require follow up action by the department. The purpose of the screen out consultation, as well as DHS' long-standing 10-day staffings

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<sup>44</sup> The department's statewide CPS program staff review all screened-out referrals involving children in DHS custody. DHS documents this review and notes whether the CPS team concurs that the screen out decision adheres to policy or if CPS staff disagrees with and overrides the screen-out disposition, in which case the referral is assigned for investigation.

that are conducted after DHS initiates an investigation of maltreatment in care, is for caseworkers and supervisors to identify any safety risks in a home and take prompt and appropriate action to mitigate unreasonable risks of harm for children.

DHS reported that 100 percent of the required 308 screen out consultations were completed during the six-month period of October 2020 to March 2021. As reported in prior Commentaries, the Co-Neutrals have observed through case record reviews that caseworkers and supervisors are consistently completing these post-referral reviews. At the same time, DHS determined that the department must provide support and guidance to field staff to strengthen the quality of this safety-driven practice, beyond ensuring completion of the screen out consultations. To aid in this effort, DHS embedded a screen out consultation guide in KIDS, which requires staff to assess the following information about the foster home: the number and content of referrals and investigations involving the home, the number and content of Written Plans of Compliance (WPC) involving the home, and any safety issues in the home. Most importantly, the guide requires staff to document their justification for keeping a child in the home or, conversely, removing a child following a screened-out referral. If it is decided that it is in the best interest of the child to stay in the home, staff must document whether a Written Plan of Compliance is necessary to secure child safety, and any additional supports that will be placed in the home to mitigate any identified risk and promote safety for a child. As noted above, DHS added resource alerts as a follow-up option to consider during a screen out consultation.

DHS reported that a case review of screened-out referrals and other MIC cases completed in January 2020 revealed that caseworkers assigned to foster homes (both DHS and private agency staff) do not consistently follow up to address concerns or policy violations surfaced from these reports. In the same month, January 2020, DHS established a new practice by setting a 10-day deadline for DHS and agency staff that manage private traditional and TFC homes to address any identified concerns with the foster family and report back the outcome.

In May 2020, the child welfare director sent a formal memorandum to all child welfare staff detailing new follow-up actions required when DHS' hotline screens out a referral as not rising to the level of abuse/neglect but does identify a policy violation in the allegations presented. For these referrals, the assigned foster care worker must, among other new requirements: initiate face-to-face contact with the alleged victim and foster family within five business days of receiving notification of the screened-out referral from the hotline; contact the person who made the report to gather additional information when needed; gather information from other people with pertinent knowledge about the reported allegations (i.e., the child's therapist or teacher); and present this additional information during the screen out consultation so that well-informed decisions about any outstanding, necessary corrective actions can be made during the consultation. In December 2020, DHS developed a report through KIDS that tracks referrals screened-out as policy violations to help ensure that timely contact with the child is completed as newly required.

DHS reported that it conducts monthly, individual safety calls with private agencies that receive a screened out or investigated referral and the agency's home is identified for action steps or follow-up during the screen-out consultation or 10-day staffing. These safety calls are also held when there is a home with an active resource alert, policy violation, active WPC or other pressing concern identified by DHS or the agency to resolve any barriers to addressing safety issues in a home.



Each of these efforts outlined above to intervene and address any concerning allegations or policy violations presented in a resource family’s referral history is an important strategy. At the same time, DHS must continue to assess where additional efforts are required since the case reviews of family-based MIC substantiations still show that a significant number (17 of 64) of the foster homes involved in child maltreatment had concerning referral histories. Further, the case reviews showed that 14 of the 64 substantiated foster homes had a previous referral that contained the same type of allegation that was substantiated in the current investigation under review.

As DHS staff employ the various strategies designed to assess safety in a foster home, including screen out consultations, 10-day staffings and resource alerts, department leadership and casework supervisors must also ensure that staff take the necessary and precautionary follow-up steps to intervene and timely remove the safety threats identified in the placement or remove the child from the resource home.

### **Improving the Foster Home Approval Process**

For the past four years, DHS’ MIC core strategies have focused on improving the department’s practice of assessing and approving new foster homes through the Resource Family Assessment (RFA) Action Plan. The Co-Neutrals previously reported on DHS’ efforts to implement the plan, which include training for staff and supervisors to enhance their assessment skills and use of new resource home review tools; the development of new training for all resource staff on conducting thorough home assessments; guidance on higher-level reviews and approval of homes with concerning histories; and ongoing, quality assurance through resource home case reviews. Expanding on the original action plan, DHS provided additional training to staff (DHS and private agencies) focused on updated protocols and ensuring all required records about a prospective foster family are obtained and assessed for safety, including criminal and child welfare history checks and mental and behavioral health history. Each of the ten field managers who lead foster care field operations across the state implemented action plans to improve the quality of resource family assessments with a focus on the practice areas in most need of improvement. Many of the plans focused on the same issues, including ensuring that staff are thoroughly completing background checks; appropriately using the new RFA tools to complete all safety reviews; and, properly obtaining approval for policy exceptions, when required, to approve a home.

As part of the RFA action plan, DHS’ Contract Performance Review (CPR) team reviews samples of resource family assessments completed for newly approved foster homes and provides feedback to foster care staff. In April 2020, DHS revised the review tool and process used to assess new home approvals based on these goals:

- Streamline the overall process and establish a fixed number of resources to be reviewed on a quarterly basis (65 per quarter: 20 private agency, 35 DHS kinship and 10 DHS traditional homes for a total of 260 each year)<sup>45</sup>;

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<sup>45</sup> DHS increased from 30 to 35 the number of newly approved DHS kinship homes (relative and non-relative combined) reviewed by the CPR quality assurance staff each quarter and decreased from 15 to 10 the number of DHS traditional homes reviewed. DHS reported in its August 2021 Semi-annual report that it made this change during this report period, “based on data that shows a higher incidence of MIC in kinship placements, as well as bringing the sample into closer alignment with the overall number of CWS resource types.” This is another example of DHS proactively managing by data, using information and insights gleaned from the information to more efficiently target its system improvement work.

- Focus the review on the safety and quality of the assessment, with focus on more than compliance;
- Create a tool for ease of use by the field for follow up and to support entering the scored information into a Qualtrics survey to provide data; and,
- Establish a feedback loop and process for [DHS and private agency] leadership to ensure all identified follow-up occurs timely.

After completing the first quarterly set (April through June 2020) of new foster home reviews using the new review tool, the CPR team identified these leading concerns: resource home staff not searching all known names of a prospective resource; missing references; and timeliness of resolving resource exceptions. Based on this analysis, DHS built an action plan with the following steps: ongoing training of staff on conducting records checks; development of a tool that presents policy requirements on gathering references and outlines information on quality references; and, tracking in KIDS resource home approval exceptions to help ensure timely resolution.<sup>46</sup> DHS also enabled KIDS to track resource exceptions beginning in November 2020 and trained staff through six virtual sessions in November and December 2020 on how to record these home approval exceptions, as well as the new required documentation regarding policy violations revealed through screened out referrals in foster homes.

In its August 2021 Semi-annual report, DHS reported the findings from its CPR team’s review of 130 resource family assessments approved during the first and second quarters of SFY21 (July through December 2020). These qualitative reviews identified these top three areas requiring improvement:

- 30 (23 percent) were missing a required reference or an approved exception for a reference, which was commonly for a reference from a former employer;
- 24 (18 percent) did not accurately and fully assess the family in some way; and,
- 21 (16 percent) had concerns that were not addressed prior to approval, including the families’ protective capacities and financial stability.

DHS also reported improvements with fewer (down to six from 11) home assessments showing incomplete background searches on all known names used by individuals in the home (i.e., married and maiden names).

The department reported that in-person and virtual trainings continued this report period (January through June 2021) to enhance the skill set of staff completing the resource family assessments and of the supervisors and field managers who review and approve the family assessments. DHS reported that due to COVID-19, it cancelled, starting in March 2020, the *Assessing Concerns in Resource Homes* training and did not resume this training until September 2021. This training, which is required for all new resource home staff (including private agencies), is designed to help frontline workers determine the appropriate level of intervention required when concerns are present in a foster home. DHS reported that its Foster Care and Adoption programs team made clear during this time when the training was cancelled that program staff were available to consult with caseworkers regarding any concerns identified in a foster home. It is essential that new resource and permanency planning caseworkers receive early training and

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<sup>46</sup> DHS may temporarily approve a new foster home by granting a resource exception if the applicant is unable to meet a particular approval requirement, such as presenting required documentation from school personnel during summer vacation months. However, staff are required to resolve the exception within an established timeframe.

guidance on how to identify potential safety issues in their assigned foster homes as well as on how to intervene and prevent maltreatment at the earliest sign of a potential safety threat.

### **DHS' Efforts to Reduce Child Maltreatment in Institutional Settings**

As shown in Table 8 (Rate of MIC by Placement Type) above, DHS has continued to report marked progress in reducing the rate of maltreatment of children placed in congregate facilities. Over the last two years, DHS has substantially reduced the number of children maltreated in congregate settings by 68 percent, down to 14 children substantiated this report period compared to 44 child victims for the period ending September 2019. Importantly, this is a 42 percent reduction since the last period ending September 2020 when 24 children were maltreated for the period. For the last six months of this report period (October 2020 through March 2021) DHS reported a total of seven children were maltreated in an institutional setting.

Since 2015, DHS has implemented a system of expanded and strengthened oversight, monitoring, and engagement with higher-level congregate institutions to reduce the risk of maltreatment of children and youth in those settings. Through a set of protocols, DHS initiates and enforces corrective actions to mitigate any identified safety concerns in an institution. For those institutions with confirmed child maltreatment, DHS committed to engage in heightened monitoring and oversight to ensure the timely and full resolution of safety concerns. DHS also committed through new contract requirements to ensure that all group home facility staff are trained on Managing Aggressive Behaviors (MAB), a model of positive youth development selected by DHS to prevent the use of child restraints and de-escalate behavioral challenges presented by children and youth.

### **Heightened Monitoring of Facilities with Prior Child Maltreatment**

DHS, through its SPPU team, committed in 2015 to undertake heightened monitoring of institutions with the highest number of maltreatment substantiations. Heightened monitoring of a facility includes, among other activities, regular announced and unannounced on-site visits by DHS; quarterly audits with facility leadership to review agency data and performance; bi-weekly heightened monitoring meetings within DHS to track safety and progress on risk mitigation; and a formal accountability process when improvements are not implemented by established deadlines. For each facility subject to heightened monitoring, DHS develops a Facility Services Plan (FSP), which tracks and monitors a facility's maltreatment referral history and all identified child safety risk factors. The Co-Neutrals have observed that, within the FSPs established for facilities subject to heightened monitoring, the assigned liaison recorded their observations from frequent visits to the facility and documented issues that required attention, along with follow up action to address any concerns.

Over the last year, DHS' SPPU team has made a concerted effort to build its communications and collaboration with the facilities where it places children for higher-level care. The department seeks input from congregate care providers on how DHS can positively work with the facilities as they strive to address any shortfalls in safety or programming identified by DHS. Based on feedback received from providers, the department now refers to its heightened monitoring team and process as the "Support and Development Team (SDT) and SD process." In its February 2021 Semi-annual report, DHS noted this about the newly titled SD process:

The SDT began the process of identifying key focus areas early in the support and development (SD) process. The SDT utilizes provider feedback, survey results, MIC information, and on-site observations to determine the early focus areas. This provides the SDT the opportunity to begin some initial work prior to completing the full program assessment. NRCYS<sup>47</sup> removed the recommendations section from the final assessment sent to providers. NRCYS still sends the assessment's recommendations section to SPPU. This change allows providers the opportunity to review the assessment and develop their own support steps. SPPU also shifted the focus during the SDT process to concentrate on what led to the MIC and supporting programs around this area. When other areas are identified which are not directly related to MIC, the SDT provides consultation and feedback to the provider and the provider's SPPU team; however, these areas do not become a focus of the SDT process. This will help providers move quickly through the SDT process and allow SPPU to focus on supporting more providers.

Notwithstanding DHS' adjustments under the newly named SD process, the department reported it will continue to employ enhanced assessments and support with facilities that present a safety concern as evidenced by the substantiation of maltreatment, an over-reliance on physical restraints, or programmatic challenges.

In January 2021, DHS was supporting two group homes through the SD process based on each facility having a substantiated MIC incident between August and September 2020. One of these groups homes serves youth with the most severe behavioral and treatment needs. During this report period, DHS reduced the number of youth in custody placed at this facility from 16 to 12 and supported the group home to maintain the same staffing levels in an effort to better and more safely meet the high needs of these children.

During this period, DHS identified two additional group homes for SD based on MIC substantiations confirmed between January and March 2021. The Co-Neutrals have reviewed and discussed each of these settings with DHS leadership, analyzed relevant data and information, and will provide in the next Commentary an update on DHS' progress to work with these facilities selected for heightened monitoring and address any identified safety concerns.

### **Comprehensive Protocol Following an Investigation**

Under the core strategies, DHS designed a comprehensive protocol that strengthened the action steps DHS and facilities are required to take during and following an investigation of maltreatment or when any issue of concern is identified. The protocol established a series of deadline-driven actions to ensure facilities effectively implement corrective action to promptly remedy child safety concerns. The Co-Neutrals have observed in numerous case records that SPPU facility liaisons monitor and enforce

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<sup>47</sup> NRCYS is the National Resource Center for Youth Services at the University of Oklahoma. Since DHS began heightened monitoring, it has charged NRCYS with developing the program assessments of the facilities identified for this intensified, focused review. In partnership, DHS, NRCYS and the facilities then develop actions plans to address identified areas that require corrections or further development.

corrective action plans (CAP) and facility action steps (FAS). The reviews have also identified that DHS appropriately initiates a CAP following an investigation to address any employee-specific concerns identified.

DHS also committed to develop Facility Action Step (FAS) plans to address facility-wide (or agency-wide) behaviors or conditions of concern, including contract compliance, lack of training, low staffing levels, over-use of restraints, or overall non-therapeutic environments. SPPU's heightened monitoring efforts and corresponding action plans generally have improved facility-wide concerns at selected institutions as is evidenced by the substantial reduction in maltreatment reported in these settings.

### **Expanded Core Strategies in Facilities**

In April 2018, DHS issued staff instructions on the new placement protocols for group homes as part of the department's expanded core strategies to improve safety of children placed in higher-level settings. The first protocol addresses the placement of a child in a group home subject to heightened monitoring. Any group home subject to heightened monitoring may have unresolved safety and quality of care concerns that DHS must consider when making placement decisions. As a result, DHS must assess whether it is prudent to stop any new placements, as done in the past, at any group home subject to heightened monitoring if safety concerns have not been sufficiently mitigated. Should DHS determine that it is in the best interest of a child to be placed in a group home subject to heightened monitoring, DHS agreed to develop and monitor a safety plan to secure the child's safety once placed.

The second protocol aims to strengthen the placement process for children with known problematic sexual behaviors to help ensure that they are placed safely in care and do not expose other children or themselves to an increased safety threat. Similarly, any child with known problematic sexual behaviors who is placed in a facility must have an individualized safety plan upon placement. Central to these safety plans is a description of the level of supervision the child requires to maintain their own safety and the safety of other children.

### **Changes in the SPPU Program**

Last year, DHS made adjustments to its SPPU program. First, the SPPU program and its staff were moved under the newly established Deputy Child Welfare Director for Placement Programs, where DHS has consolidated all placement related programs. Second, DHS realigned the work of its SPPU liaisons who are assigned to work individually with each congregate facility where DHS places children in custody. The department now assigns two SPPU liaisons to each facility. The first is a Support Liaison who helps the facility to meet the needs of each child and prepare for their transition out of their treatment program. DHS also assigns to each facility an SPPU Safety Liaison who is responsible for monitoring any maltreatment referrals and continuously assessing their facilities for any patterns or areas of concern that need to be addressed, as well as monitoring safety plans and contract commitments. DHS reported that this adjustment has improved communications between SPPU and facilities regarding their direct care practices.

DHS also reported that throughout the period of January through June 2021, the department continued to contract with NRCYS to provide training and program development support to congregate care providers. The following is a list of some the trainings provided:

- Systematic Training to Assist in the Recovery from Trauma (START), Online
- The Lens We Work Through: Identities, Barriers, and Privilege, Online
- Group Home Administrators Meeting, Online
- Qualified Residential Treatment Program (QRTP) Preparation Meeting, Tulsa
- START Training of Trainers (TOT), Online
- Support and Development Focus Group, Online
- Human Trafficking 101, Tulsa
- Court Appointed Special Advocate (CASA) Training – Gender Expansive Youth, Tulsa

Finally, one particular focus of DHS' current SD program is providing consultation services focused on reducing the use of physical restraints and building strong supervisors and a culture of collaboration with youth residents in congregate care settings. DHS has secured the services of an expert in this area who is working directly with several providers to implement the recommended program adjustments.

## **F. Caseworker Visitation**

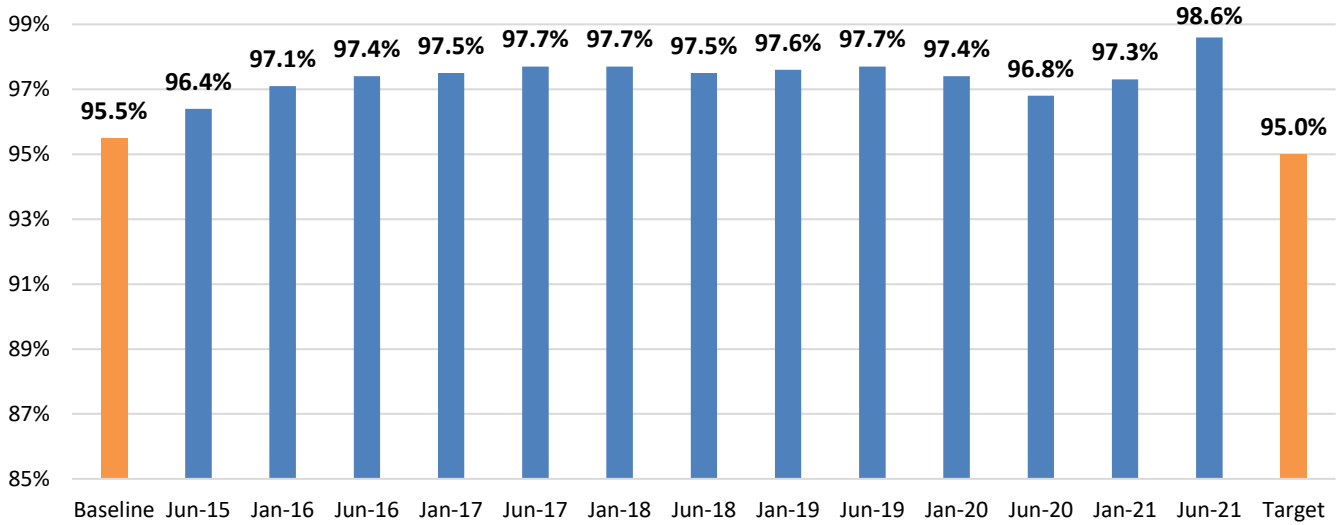
Quality visits by the same caseworker with the same child are fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children. DHS reports on two performance areas related to caseworker visits: the frequency of caseworker visits, which is defined as the number of required monthly visits completed with children in care; and, the continuity of visits by the same caseworker. For frequency of visits, DHS reports on the following:

Metric 3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.

Metric 3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.

Regarding Metric 3.1, DHS reported that caseworkers made 86,521 (98.6 percent) of 87,707 required visits with children during the reporting period of July 1, 2020 to June 30, 2021, again showing that DHS has achieved the Target Outcome of 95 percent for every period since the beginning of this reform. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 3.1.

**Figure 16: Metric 3.1 – Frequency of Visits by All Workers**



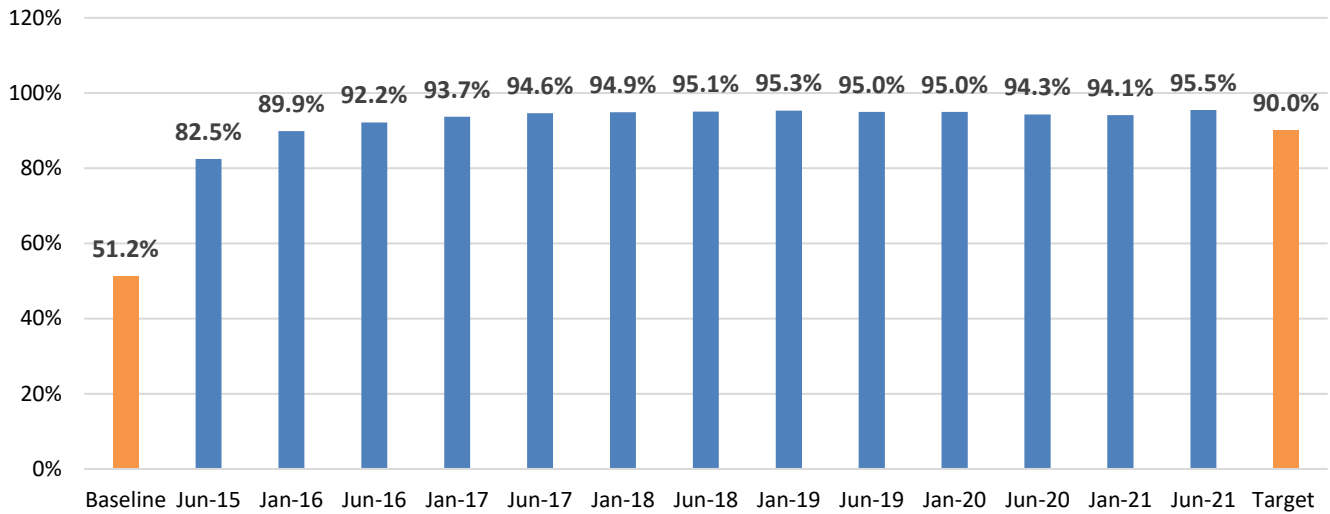
**Source: DHS Data**

The established 3.1 measure for monthly visits requires that the visits be completed in-person, face-to-face. DHS in response to the pandemic called for monthly visits to be conducted virtually from mid-March until June 1, 2020 to protect children, families, and staff from the spread of the virus. Further, also in response to the pandemic, the Children’s Bureau under the federal Administration for Children and Families issued guidance establishing that child welfare agencies may conduct child visits through video conferencing to meet the federal requirement for monthly visits in the residence of a child in custody. DHS resumed the regular statewide practice of face-to-face monthly contacts on June 1, 2020. However, the department has and continues to allow virtual monthly contacts as needed based on reports of confirmed COVID-19 cases. Of the total 86,521 visits completed under this measure during this report period, 6,248 (seven percent) were completed virtually.

**Metric 3.2**

The second indicator, Metric 3.2, measures monthly required visits made by primary caseworkers only. To improve casework practice, DHS committed to end the use of secondary workers across the state by January 2014. During the current report period (July 1, 2020 to July 30, 2021), DHS reported that primary workers made 81,339 (95.5 percent) of the 85,214 required monthly visits with children in DHS custody. For monthly visits conducted by primary workers only, the baseline for DHS’ performance was 51.2 percent and the final target of 90 percent for this metric was due on June 30, 2016. DHS has surpassed the final target for this metric for eleven consecutive periods, including the current one.

**FIGURE 17: METRIC 3.2 – FREQUENCY OF PRIMARY WORKER VISITS**



Source: DHS Data

DHS made the commitment to end the practice of regularly assigning secondary permanency workers to children in custody. Since the beginning of this reform, DHS has substantially shifted case practice by prioritizing the importance of having the same primary worker meet with the same child each month. This enhanced practice supports better outcomes for children through consistent case planning by the same worker to secure a child’s placement stability, safety, and permanency. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 3.2.

**Performance Metrics for Continuity of Visits, Metrics 3.3a and 3.3b**

The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same primary caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).<sup>48</sup> DHS is now in the second phase, reporting for the twelfth time its performance outcomes on continuity of visits over six months (Metric 3.3b). Metric 3.3b measures the following:

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.

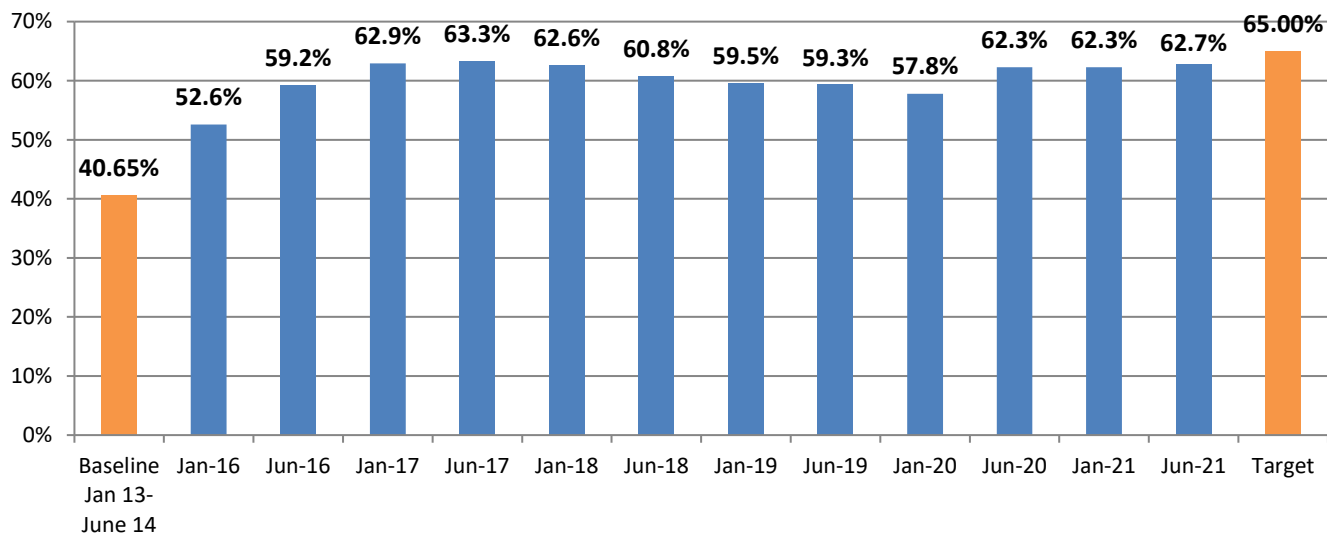
For this report period from July 1, 2020 to June 30, 2021, DHS reported that 7,147 children required at least six consecutive visits. Of these 7,147 children, 4,483 children (62.7 percent) were visited by the same

<sup>48</sup> DHS is no longer required to report on Metric 3.3a, which measured three-month continuity of visits with the same primary caseworker.



primary worker in their most recent six months in care. This performance outcome places DHS well-above the baseline set at 40.65 percent and in close range to the Target Outcome of 65 percent.

**FIGURE 18: METRIC 3.3B – CONTINUITY OF PRIMARY WORKER VISITS OVER SIX MONTHS**



Source: DHS Data

DHS acknowledges that caseworker turnover is the primary challenge to achieving the Target Outcome for Metric 3.3b and that ongoing efforts to stabilize the department’s workforce and improve retention must continue to maintain the Target Outcomes for caseload compliance as well as achieve additional progress on this continuity of visits measure. As noted in the caseload section of this Commentary, DHS continued its workforce management efforts this report period to improve caseload compliance and stability. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for continuity of visits over a six-month period.

### G. Placement Stability

Over the last several years, DHS has implemented core strategies to improve placement stability outcomes for children in DHS custody. These strategies have focused primarily on two practice goals: increasing the number of children who are placed in kinship homes as their first placement and ensuring that the needs of children and their resource caregivers are met in every foster home placement. During this period, DHS continued to hone its assessment of the department’s data and established greater accountability and leadership engagement in the implementation of practices and strategies designed to improve placement stability outcomes. As a result of these efforts described in greater detail below, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the placement stability Target Outcomes.

### **Performance Standards**

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves to measure children’s placement stability. This report reviews performance data for the period April 1, 2020 to March 31, 2021 for Metrics 4.1 a, b and c and Metric 4.2.

### **Performance Outcomes**

Metrics 4.1 a, b and c report on the number of children who experience two or fewer placements within different lengths of time in DHS custody (e.g., 0-12 months, 13-24 months, over 24 months), while Metric 4.2 reports on the number of children who experience two or fewer placements after their first 12 months in care. As detailed in Table 11 below, for this report period, DHS’ performance slightly increased in all four placement stability metrics. The department’s progress on the placement stability measures has been incremental for most periods but continues to move toward the Target Outcomes and above the starting baselines.

**TABLE 11: PLACEMENT STABILITY BASELINES, TARGETS, AND CURRENT PERFORMANCE**

Metric	Baseline Oct 2011 - Sept 2012	Performance April 2018 - March 2019	Performance Oct 2018 - Sept 2019	Performance April 2019 - March 2020	Performance Oct 2019- Sept 2020	Performance April 2020 - March 2021	Target 6/30/2016
4.1(a): percent of children in custody with 2 or fewer placements who are in care less than 12 months	70.0%	79.8%	79.5%	79.1%	79.2%	79.9%	88.0%
4.1(b): percent of children in custody with 2 or fewer placements who are in care more than 12 months but	50.0%	61.0%	63.1%	62.0%	63.4%	65.4%	68.0%
4.1(c): percent of children in custody with 2 or fewer placements who are in care at least 24 months	23.0%	33.0%	33.1%	34.1%	35.4%	36.6%	42.0%
4.2: percent of children in care more than 12 months, with 2 or fewer placements after their 12 months in care	74% (Apr. '12– Mar. '13)	79.5%	79.8%	79.6%	80.6%	81.3%	88.0%

Source: DHS Data

## Kinship as First Placement

DHS has made increasing the ratio of children whose first placement is in a kinship relative or kinship non-relative home a key strategy to improve placement stability for children in custody. After a child welfare system determines that a child must be removed from their family, placing the child with relatives or families who are familiar to them is most often in a child’s best interest when such placements are determined to be safe and able to meet the child’s needs. In addition to reducing the unease or trauma that children can experience when placed in an unfamiliar home, DHS’ data analysis shows that children are more stable and experience fewer placement moves and disruptions when placed with kinship families.

With a focus on stable first placements, DHS developed guidance and strategies to enhance the department’s efforts to identify kinship placements early in a case, starting with gathering pertinent information from any person who calls the statewide hotline to report suspected abuse/neglect and during the beginning of any investigation for children living with their families. Further, DHS has worked to address barriers to kinship as a first placement, including ensuring that caseworkers understand that they do not have to wait until a child is in DHS’ physical and legal custody to request or begin an initial assessment of a prospective kinship family.

As shown in Table 12 below, DHS established baseline data for kinship first placements during the six-month period of July to December 2016, with 34.6 percent of children being placed in kinship homes as their first countable placement. For the six-month period of January to June 2021, DHS reported that 48.7 percent of first placements were in kinship homes, up 14.1 percent from the baseline reported in 2016.

**Table 12: Percent of Children Whose First Countable Placement is a Kinship Home<sup>49</sup>**

Month	Children Placed in Kinship as 1st Placement	Children Removed during the Month and Entered in Countable Placement	% of Kinship as 1st Placement
<b>Baseline: Jul - Dec 2016</b>	878	2,540	34.6%
<b>Jan - June 2017</b>	1,001	2,598	38.5%
<b>July - Dec 2017</b>	1,009	2,264	44.6%
<b>Jan - June 2018</b>	1,049	2,138	49.1%
<b>July - Dec 2018</b>	959	2,113	45.4%
<b>Jan - June 2019</b>	974	2,045	47.6%
<b>Jul - Dec 2019</b>	936	2,107	44.4%
<b>Jan – June 2020</b>	890	1,855	48.0%
<b>Jul – Dec 2020</b>	926	1,770	52.3%
<b>Jan – June 2021</b>	760	1,561	48.7%

Source: DHS Data

<sup>49</sup> Countable placements include foster care, kinship, shelters, TFC, group homes, and tribal homes. Examples of placements that are not countable include inpatient, hospitals, or trial reunification.

To help ensure that staff, particularly CPS investigators, have sought out and assessed all kinship placement options for children entering state custody, DHS established in January 2017 that a caseworker's supervisor must document for their district directors' review and approval all efforts undertaken to identify a viable kinship placement, including the specific kinship placement options reviewed and ruled out before a non-kinship placement is approved.<sup>50</sup> DHS reported that the department has focused on supporting and guiding staff to implement this key practice as part of its Supervisory Framework. After reporting some fluctuations over the last three years, including decreases in the percentage of kinship first placements, DHS re-evaluated and established in the last report period enhanced accountability in this practice. DHS now requires and tracks that district directors and supervisors document their approval of caseworkers' efforts before approving a non-kinship placement.

DHS prioritized designating every Regional Deputy Director as their respective region's lead for placement stability strategies and practice. This move sent a signal throughout each region that improving placement stability practices and outcomes is a priority. It also reinforced and advanced the need for an integrated approach to the department's strategies for other performance areas and that could directly affect placement stability (i.e., continuum of care, shelter reduction and permanency). Further, in the last period, DHS moved statewide oversight of the placement stability practice and performance area to the two statewide program leads who oversee DHS' practices related to continuum of care and permanency.

With respect to kinship first placements specifically, DHS made changes to its "Important People in the Child's Life Family Tree Form" to align with the information district directors are asked to review with staff before approving a non-kinship placement. DHS also added to this form signature lines for the child's caseworker, supervisor, and district director to ensure leadership involvement in the search and assessment of possible kinship placements. The department reported that guidance was provided to all child welfare staff re-emphasizing the importance of gathering early in the investigation process information about each family's connections and supports, including potential kinship placements in the event a placement is needed.

DHS also sent all child welfare staff updated protocols for conducting Child Safety Meetings (CSMs), which provide an early and critical opportunity to review with families their network of kinship supports. DHS' staff guidance on CSMs states that during an in-home abuse/neglect investigation, "A CSM is held any time the child's current safety condition warrants consideration of a safety intervention by moving a child, having a parent leave the home, having a monitor move in or monitor the home." Further, DHS' protocol requires that a CSM be held within 48 hours of the investigating caseworker identifying that a safety intervention, including removal, may be necessary. DHS has directed investigating caseworkers, along with their local leadership, to include and review in the CSM the families' circle of support and build a record of this network of individuals on the Important People in the Child's Life Family Tree Form.<sup>51</sup> DHS continues its efforts to reinforce that identifying kin – relatives and other familiar people – who can

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<sup>50</sup> Before DHS makes a decision to remove and seek custody of a child, the department's required practice is first to hold a child safety meeting (CSM) to assess if there remains any opportunity to maintain the child safely with their family with supports and services from DHS and the family's available support system. If a CSM is held where a decision is made to remove a child during the meeting, and kinship options are reviewed and determined not to be an option at that time, a district director's approval for a non-kinship placement is not required.

<sup>51</sup> DHS protocol states that if the department conducts an emergency or court ordered removal without the opportunity to hold a CSM and conduct advanced decision-making and planning with the family prior to removal, a CSM still should be held within two days following the child entering DHS custody.

support children and their family early in a case (even if a child is ultimately never removed) is an important practice to reduce the number of removals where workers scramble to find and approve a kinship home in the 11<sup>th</sup> hour. This practice shift is also critical to help avoid first placements in a shelter.

DHS also now requires that progressively higher leadership review kinship placement denials for youth ages 16 and 17. The review's purpose is to ensure full consideration is given to youth's protective capacities to remain safe in a kinship home that may serve as the child's preferred and/or best placement if needed supports are provided. Such kinship placement denials are first reviewed by a district director and field manager. If the denial is upheld, it is sequentially elevated for review by the Regional Deputy Director, the Foster Care and Adoption Deputy Director and finally the Assistant Child Welfare Director. During this review period, the department reported that it began to systematically send to the regional placement stability leads any elevated kinship approvals to ensure all additional supports deemed necessary to stabilize the approved placement are provided, including making an EFC referral and/or updating the youth's individual service plan.

### **Efforts to Stabilize First Placements**

Since January 2017, DHS has focused on two specific efforts to help stabilize a child's first placement in a foster home, which includes foster homes of all types: the "two-day call" and the Initial Meeting. Following a child's first placement in care, DHS requires caseworkers to call the foster family within two days of placement as a mechanism to help ensure a child's needs are being met and that the resource family feels supported. Further, DHS has had a standing requirement that an Initial Meeting be held shortly after a child is newly placed in DHS custody.<sup>52</sup> The purpose of the Initial Meeting had long been to bring together the child's parents and resource parents to help the child feel safe and comfortable and discuss the child's needs. The meeting is intended to include the child's parent(s), the foster family, the child's permanency worker, the foster family's resource worker and the CPS worker. DHS has made it a priority to clarify with caseworkers the mandate and importance of completing the Initial Meetings and added a new requirement that during the Initial Meeting, DHS must develop a Child and Resource Family Support plan. The support plan includes any individualized services and/or supports identified as important to ensure stable placements for children.

Shortly after DHS began use of its placement stability strategies to implement the two-day call and Initial Meetings for a child's first placement, the department established baseline data for the completion rate of these practices. For the two-day call, DHS reported a starting baseline of 13 percent of the newly required calls completed for the three-month period of February to April 2017. For the last three months of this period (April to June 2021), DHS reported that 81.7 percent of the two-day calls were documented as complete for a child's first placement which represents marked improvement above the baseline but a decline from the end of the last period (October to December 2020) when the completion rate was 86 percent. However, DHS reported that this decrease for the period appears mostly due to missing documentation. The department reported that a new change in the documentation requirements for the two-day call resulted in documentation errors causing a decrease to 75.6 percent in the completion rate data for the month of April 2021, down from 91.9 percent for the month of March 2021. The regional

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<sup>52</sup> Previously the requirement was for the Initial Meeting to be held within seven days, which was subsequently changed to within 10 business days. During the last report period, DHS again modified the required timeframe to complete an Initial Meeting to within 30 calendar days after a child is placed in a new family-based foster home.

placement stability leads were charged with using the weekly Placement Stability Missing Efforts Report to identify documentation challenges. By June 2021, DHS' completion rate rebounded to 88 percent for this placement stability outreach and support call to foster parents.

For Initial Meetings, DHS reported that only 11 percent were completed during the same three-month baseline period of February to April 2017, which confirmed DHS' earlier assessment that these meetings, although a long-time requirement, were not a common practice in the field. In comparison, DHS reported during this period (April to June 2021) that 75 percent were completed, which is in close range of the Initial Meeting completion rate reported at the end of last report period. A 75 percent Initial Meeting completion rate represents an almost 600 percent improvement above the 2017 baseline of 11 percent. Still, DHS understands that work remains in this area given the importance of full, quality completion of Initial Meetings and the Child and Family Support Plans developed during these discussions.

### **Initial Meeting Practice and Requirements**

In February 2020, DHS made two significant changes to the department's protocols for conducting Initial Meetings with the goal to better support the work of DHS' staff and accommodate families, and thereby improve their performance in this area. The changes were based on DHS' review of the data, as well as internal discussions about what practice would best meet the needs of children, their parents, resource parents, and DHS caseworkers. First, DHS reassigned to permanency planning caseworkers the lead role for coordinating all Initial Meetings. Previously, CPS caseworkers had the lead for bringing together all the required Initial Meeting participants (internal and external to DHS) to conduct an Initial Meeting if the CPS worker's investigation resulted in DHS placing a child in its custody. DHS determined that the placement stability and permanency focused goals of the Initial Meeting practice aligned better with the work of the permanency planning specialists, particularly since Initial Meetings are now required not only for first placements but after any subsequent family-based placement as discussed further below.

As discussed in previous reports, in November 2018, DHS began to require that an Initial Meeting be completed for any new family-based placements for children already in care. Prior to this, DHS implemented this strategy only for children entering a first placement. DHS selected May 2019 as the month to establish baseline data for this expanded practice. During May 2019, there were 448 children who required an Initial Meeting following a subsequent family-based placement, and Initial Meetings were documented for 23 percent (103) of these new child placements. By the end of this period, June 2021, the completion rate had improved to 55 percent, which was the same completion rate reported at the end of last report period, December 2020. However, for the month of April 2021, during this report period, DHS' data showed that 71 percent of Initial Meetings were completed for subsequent family-based placements. DHS will need to assess the significant month to month variation in this completion rate to understand and improve the practice of completing Initial Meetings in subsequent family-based placements.

DHS reported that after implementing these new protocols, the department found that additional staff guidance was necessary to reinforce that prior to completing an Initial Meeting, caseworkers must discuss, identify, and meet any immediate needs of newly placed children and their foster parents through other standing practice requirements, including the two-day call with foster parents and caseworker visits, discussed earlier. DHS has made efforts to assess the quality of the department's Initial Meetings practice

across the state and further guide staff in understanding and carrying out the key elements and goals of the practice. In the department's August 2020 Semi-Annual report, DHS noted that reviews of Initial Meetings, which are ongoing, revealed that, "Region 1's Initial Meetings are consistently on target with documenting the purpose as intended and uploading support plans into KIDS." This finding further corroborates the positive impact of having each Regional Deputy Director lead the implementation of the department's placement stability strategies (previously only Region 1 had self-designated its Regional Deputy Director as the placement stability lead). DHS also reported that the reviews showed a noticeable improvement across all regions in the child's parents and foster parents meeting and teaming to support placement stability, and the number of support plans created and documented in KIDS. DHS attributes this progress to ongoing, monthly efforts to review the quality of Initial Meetings and provide direct feedback to caseworkers, supervisors, and regional leadership.

During this report period, DHS completed a six-month qualitative review and assessment of 302 Initial Meeting consultations - 148 first family placement Initial Meetings and 154 in subsequent placements. The reviews were conducted jointly by DHS Quality Assurance staff and the assigned permanency planning caseworker and supervisor to identify strengths and areas needing improvement with a focus on the quality of the Child and Resource Family Support Plan developed during each Initial Meeting. The feedback provided by the Quality Assurance staff is also shared with the assigned district director. In its August 2021 Semi-Annual Report, DHS summarized the results of this qualitative review as follows:

Implementation of this new process resulted in 148 IM review consultations and 154 subsequent IM review consultations for a total of 302 review consultations statewide. The information collected from the IM review consultation process resulted in opportunities for enhancement as well as positive trends. Notable highlights in practice indicate that when an IM is facilitated by a Family Meeting (FM) facilitator, the quality information gathered and documented in the support plans improved.

There continues to be a need for enhancement surrounding engagement and conversations with parents, children, and resource parents. Most of the documentation in support plans contain blank sections, information is surface level, and not all of the children for whom the IM is held are addressed. It also appears there is opportunity for follow-up discussions to gather more in-depth information to determine child and foster parent needs in order to potentially stabilize placements. This practice trend will be monitored as the Family Meeting Continuum (FMC) continues to be implemented in Regions 1 and 2 through fidelity reviews completed by the FMC coordinator.<sup>[53]</sup>

### **Tracking Implementation of Placement Stability Strategies**

To support caseworkers' real-time tracking of the placement stability practices needed for new child removals, DHS developed a report (yi867b) that runs each night and offers caseworkers a daily tracking tool. Once the practices have been completed and properly documented, the case no longer appears on

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<sup>53</sup> Below, in the Permanency Section of this Commentary, there is information that describes DHS' new practice of assigning family meeting facilitators to advance family engagement and implement an enhanced Family Meeting Continuum.



the report. DHS uses another form of this report (yi867) as a management tool to assess DHS' monthly progress toward increasing the rate of completion of each of the stability practices. The department's placement stability team sends to regional leadership a data report that shows how their region compares to statewide completion rates of the two-day calls, kinship first placements and Initial Meetings for first and subsequent family-based placements. The reports also show completion rates broken down by each district within the region.

Further, DHS continued to use its One-Move report to track all children who experienced a move from their first to second placement to better understand the specific reason for the placement move. With an ongoing focus to increase the number of children whose first placement is with a kinship family, DHS is guiding staff to record any barriers that prevented a child from being placed in a kinship home as their first placement when their record shows that their second placement is with a kinship family. DHS is seeking to assess if additional upfront efforts could have been made to secure a stable kinship first placement, such as the use of EFC services and supports.

### **Placement Stability Training**

Last year, DHS in collaboration with the University of Oklahoma finalized and made available a new online placement stability training which focuses on: engaging families early in a case to support first and ongoing kinship placements; selecting the best placement for a child; conducting quality two-day calls and Initial Meetings; and assessing and addressing each foster family's support needs continuously; using the placement stability guidance documents and tools; and, documenting placement stability practices as required. DHS made the training available to all child welfare staff for mandatory completion.

## **H. Permanency**

To achieve permanency for children in DHS' custody, the department has implemented core permanency strategies for children with the goal of reunification; for children who are legally free with a goal of adoption but do not yet have a permanent family identified; for children who are legally free and have an identified permanent placement; and, for older legally free youth without an adoption goal at risk of aging out of foster care.

### **Timeliness of Children's Permanency, Metrics 6.2 (a-d)**

The four 6.2 Metrics (a, b, c and d) measure DHS' progress to achieve timely permanency for children who entered DHS' custody at a designated time and who achieved permanency in 12, 24, 36 or 48 months from the child's removal from their family. Because the 6.2 Metrics are Delayed Performance Area Measures under the Covid Recovery Agreement, the Co-Neutrals will not render a judgment regarding DHS' efforts to achieve substantial and sustained progress toward the Target Outcomes for these measures. As noted above, the modifications to the CSA are meant to allow time for the department, as well as its child welfare partners, including the courts, to recover from the systemic impacts of the pandemic on the timely achievement of permanency for children in DHS' custody.

Permanency is one performance area under this reform where DHS does not independently make the final decision regarding a child's permanency outcome. Every permanency decision or recommendation the department makes must be approved by the courts and according to the courts' schedules. As noted below, DHS found in its permanency data analysis completed last report period that a common thread

among children who achieved super timely permanency within seven months was the timeliness of their court hearings and for many children this review period, their permanency was delayed as the pandemic caused court hearing backlogs and continuances across the state.

As with the last report period, DHS identified children who achieved permanency within three months after the end of the period and had a COVID-19 related court continuance that delayed the child achieving permanency within this 12-month report period of April 2020 to March 2021. The number of children who experienced court delays affected by the pandemic, and the resulting impact on the performance outcomes for the 6.2 measures are detailed below under each Metric. Still, DHS reported for all 6.2 measures and permanency exits combined an overall increase during SFY21 compared to SFY20 in the total number of children who achieved permanency through reunification (up four percent) and guardianship (up two percent). Conversely, DHS reported a decrease of seven percent in the total percentage of children who exited care through adoption.<sup>54</sup>

For the same two fiscal years, SFY20 and SFY21, DHS also reviewed its child welfare data for the number of children who became legally-free for adoption and the number of children who entered trial adoption. In a child's case plan progression to permanency through adoption, the child must first become legally-free as the result of a court ruling to terminate parental rights to the child. In Oklahoma every parent has the right to a jury trial before a petition for termination of parental rights is granted and the department reported that the state has experienced significant delays convening jury trials because of the pandemic. Further, even as the court system strives to resume a more normal, pre-pandemic schedule, DHS reported that the backlog in court hearings, as well as ongoing continuances, caused by the virus still linger prominently, consequently causing delays in DHS' requested hearings to terminate parental rights and finalize adoptions.

DHS reported that in the 12 months (April 2019 – March 2020) prior to the pandemic and prior to this data reporting period, the monthly average number of children who became legally free for adoption was 157. For the following 12 months (April 2020 – March 2021), which coincide exactly with the first full 12 months of the pandemic as well as with this data reporting period, the monthly average number of children who became legally-free decreased by 30 percent to 110 children each month. Similarly, for the same 12-month period comparison, DHS reported a 30 percent decline (168 to 118 children) in the monthly average number of children who entered trial adoption and, consistently, records showed a 29 percent decline (165 to 117) in the number of children who achieved permanency through a finalized adoption.

As detailed further below, this is the first report period in over five years that DHS' performance outcome for measure 6.2b (permanency between 12 to 24 months) dipped below the baseline and the data clearly shows this was primarily the result of a significant decline in the percentage of children who achieved permanency through adoption. For Metric 6.2c, while DHS did not report an outcome this period below the baseline, it did show a similar, marked decline caused by a decrease in adoption exits.

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<sup>54</sup> The permanency exits data DHS reviewed for SY21, for this comparison to SFY20, was pulled on June 22, 2021 with eight days left in the fiscal year.

## National Standards for Timely Permanency

As previously reported by the Co-Neutrals, when the Target Outcomes for the 6.2 Metrics for timely permanency were established under the Pinnacle Plan in 2014, there were no similar national standards for these performance measures. DHS and the Co-Neutrals sought to establish progressive Target Outcomes for timely permanency that the department could strive to achieve for children in Oklahoma’s custody. Since that time, the Children’s Bureau, which is part of the United States Department of Health and Human Services’ Administration for Children and Families, completed Child and Family Services Reviews to assess the performance of state child welfare agencies with respect to child safety and numerous other well-being outcomes for children in a states’ custody, including timeliness to permanency. Based on the results of these reviews and other normalizing factors, the Children’s Bureau published national standards that predominantly reflect the average level of performance of all reporting states, including the outcomes of the states across the nation that struggle to achieve timely permanency. As such, the national standards do not represent what may be considered the reasonably optimal permanency outcomes for children and families, but they do offer a mean against which the federal government measures and establishes a minimum standard for each state’s performance. As shown in Table 13 below, the Metric 6.2 Target Outcomes established for DHS at the start of this reform are significantly higher compared to the equivalent federal standards for timely permanency. Timeliness to permanency within 24 to 36 months (6.2c) and within 36 to 48 months (6.2d) are combined into the federal measure of timeliness to permanency for any child in care for 24 months or longer.

**Table 13: Comparison of Federal and Oklahoma Measures for Timely Permanency**

Federal Measure (Equivalent OK measure in parenthesis)	Oklahoma Metric Target Outcome	Oklahoma Performance Outcome this Period	Federal CFSR National Standard
<b>Permanency within 12 months (6.2a)</b>	55%	31.6%	40.5%
<b>Permanency within 12-23 months (6.2b)</b>	75%	41.5%	43.6%
<b>Permanency for children in care 24 months or longer (6.2 c and d combined)</b>	6.2c - 70% (24-35 months)	6.2c – 54.0% (24-35 months)	30.3%
	6.2d - 55% (36-48 months)	6.2d – 55.7% (36-48 months)	

Source: DHS Data

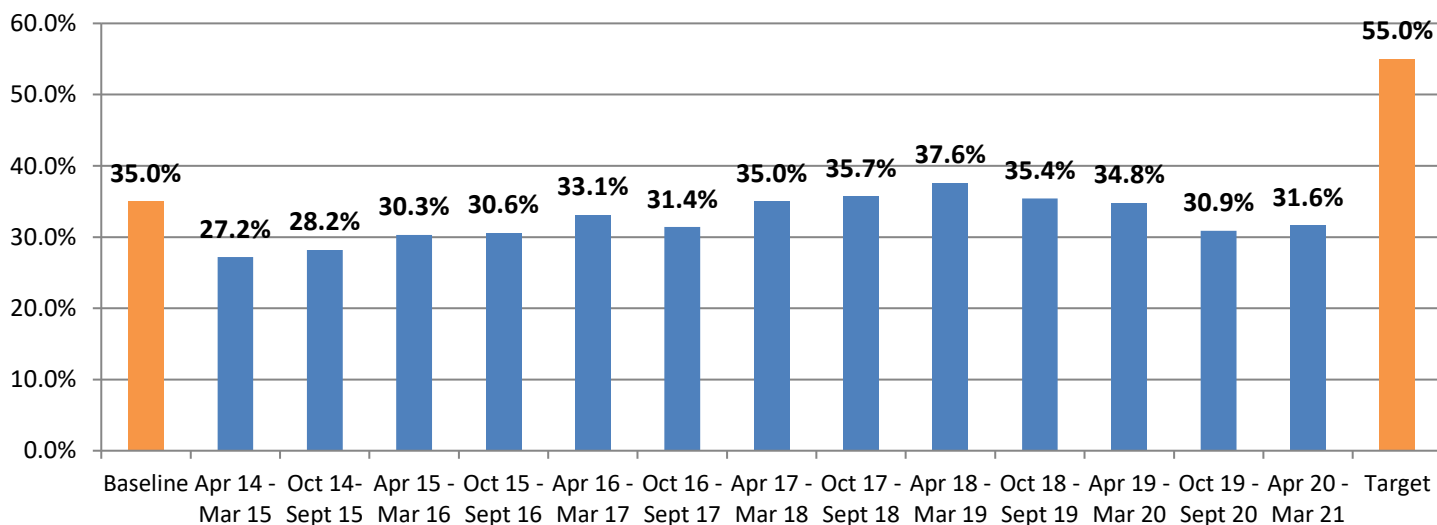
DHS’ current permanency outcomes in the context of the current national standards show that DHS has made significant progress for Metrics 6.2 c and d compared to states across the country, exceeding the equivalent national standards. For Metrics 6.2 a and b, permanency within 12 and 24 months, DHS’

performance outcomes for this report period are below the national standard. The following summaries and tables detail the baseline, performance-to-date and Target Outcome for each of the 6.2 Metrics.<sup>55</sup>

**Metric 6.2a, Permanency within 12 months of removal**

As with other measures reviewed in this Commentary, the COVID-19 pandemic impacted the performance outcomes for 6.2a this report period. Specifically, DHS presented data and case records that showed court hearing continuances caused delays to permanency exits under this measure. DHS reported that of the 1,982 children who entered foster care between October 1, 2019 and March 31, 2020, 626 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 31.6 percent for Metric 6.2a.

**FIGURE 19: METRIC 6.2A - PERMANENCY WITHIN 12 MONTHS OF REMOVAL**



Source: DHS Data

As Oklahoma experienced the early impact of the pandemic, the state’s courts and providers who offer services to support families toward reunification were closed or offered limited services from mid-March through May 2020 and only began to resume operations in June 2020, after which the COVID-19 virus continued to cause interruptions to a full, normal schedule. As DHS explained, the department experienced “lost months” to achieve timely permanency.

If DHS were to extend the 12-month permanency deadline to 15 months to account specifically for COVID-19 related court continuances and delays for the 1,982 children in the 6.2a cohort this period, an additional 55 children would show as achieving timely permanency. Twenty-five of these 55 children entered trial reunification and the other 30 children exited DHS custody to final permanency between 13 and 15 months after removal. Without these 55 virus-related court delays, DHS’ performance outcome would have increased to at least 34.4 percent. DHS reported that early into the pandemic, the department

<sup>55</sup> The Co-Neutrals counted in the 6.2 Metrics children who in their 12<sup>th</sup> month of care entered trial reunification as having achieved permanency.

did not give standard guidance to staff to document when a court continuance was caused by the virus, indicating that additional court and permanency delays could have been COVID-19 related. However, at minimum, DHS’ casework staff identified 55 children who could have exited within 12 months had their court hearing not been postponed because of the pandemic. That said, even with adding in the exits from care of the 55 youth whose permanency was delayed because of COVID-19, DHS’ performance outcome for measure 6.2a would still be below the baseline of 35 percent for this report period.

**DHS’ 6.2a Permanency Strategies, Efforts and Outcomes**

Most children who achieve permanency within 12 months of removal do so through reunification and the percentage of children whose permanency is achieved through reunification diminishes sharply each year. Of the 626 children in the 6.2a cohort who achieved permanency within 12 months this period, 513 (82 percent) were reunified with their families. The reported percentage of permanency exits through reunification dropped to 50 percent between 12 and 24 months as detailed in the 6.2b section; and further decreased to 20 percent once a child entered their third year in custody as shown in Metric 6.2c below. As a result, DHS understands the critical need to have a strong case practice that engages parents early and often to return children to their own homes as soon as safely possible and thereby achieve substantial and sustained progress under Metric 6.2a.

**Table 14: Measure 6.2a, Permanency Rates by Report Period  
Children Who Achieved Permanency within 1 year (Most Recent on Left Side)**

	12-Month Data Report Period End				
	Mar-21	Sept-20	Mar-20	Sept-19	Mar-19
<b>Reunification</b>	82% (513)	83% (554)	77% (542)	77% (609)	75% (597)
<b>Adoption</b>	6% (38)	8% (52)	14% (95)	10% (81)	11% (89)
<b>Guardianship/Custody to Relative</b>	12% (75)	9% (63)	9% (64)	13% (105)	13% (106)
<b>Permanency Total</b>	100% (626)	100% (669)	100% (701)	100% (795)	100% (792)

Source: DHS Data

Since the beginning of Oklahoma’s child welfare reform effort and through this report period, DHS has struggled to achieve substantial and sustained progress above the starting baseline and toward the Target Outcome for timely permanency within a child’s first year in custody. In Commentary 15, the Co-Neutrals reviewed the department’s reported efforts over the four years between July 2016 and June 2020 to implement numerous strategies focused on engaging and supporting parents who were working to reunify with their children and to achieve this goal within 12 months. As detailed in Commentary 15, DHS had demonstrated over this extended timeframe a clear understanding that a practice of early and meaningful parent engagement is essential to safely reunify children with their families within a year’s time. However, for the period reported on in Commentary 15 (January 2020 through June 2020), the Co-Neutrals found that DHS had not made good faith efforts to identify the barriers that contributed to a declining, below-baseline performance and that the department’s implementation and timely assessment

of its selected strategies to improve practice for better outcomes on Metric 6.2a had been insufficient and ineffective.

For the last report period, the Co-Neutrals found that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.2a by advancing three key actions. First, DHS strategically reviewed and diagnosed its permanency data and cases to assess the issues that prevent DHS from making significant progress on permanency outcomes within 12 months. Second, DHS developed and began to implement efforts to address these identified barriers through practice improvements. And third, the department began to establish mechanisms to continuously track and monitor progress in the field to implement the specific practice improvements identified as necessary to advance timely permanency within a child's first year in custody.

### **Diagnosis of Metric 6.2a Data and Cases to Assess Barriers to Permanency**

Because reunification is the primary form of permanency within a child's first 12 months in care, DHS analyzed during the last review period all children who entered trial reunification between January 2020 and September 2020. DHS in its summary of this analysis reported, "Data shows that of children exiting to reunification, they are most likely to return home within the 1<sup>st</sup> month, at month 7 or after the 22<sup>nd</sup> month. Since there is a clear distinction that after the 7<sup>th</sup> month in care, the likelihood of returning home sharply declines until you reach almost two years, a further review was completed on children that returned home within 7 months to see if certain indicators impacted likelihood for these 'super' timely reunifications."

DHS reviewed numerous data points for the 594 children reviewed who returned home within seven months. From this more detailed review, DHS highlighted the following key points:

- The factor that has the biggest impact on super timely reunifications is the number of permanency caseworkers assigned to a child's case. DHS reported, "Of children who reunified with one assigned worker, they have an 85% likelihood to be super timely and that drops over 30% with just one worker change and 50% with two worker changes."
- For children whose parents' safety assessments do not involve substance abuse, they are much more likely to experience super timely reunification within seven months.
- Of the children who were in care for at least 60 days, those who had a family meeting within their first 60 days in care had a slightly higher likelihood of returning home super timely compared to children who did not.

In addition to this data analysis of children who returned home within seven months, DHS conducted a case record review of 74 children from the 6.2a and b cohorts for the period that ended March 2020. Fifty-eight of the children were from the 6.2a cohort and were reunified within 12 months and 16 children were part of the 6.b cohort and reunified within 13 months, barely missing the 12-month permanency goal for measure 6.2a. In the final summary of this analysis, DHS reported:

While the sample from the review was small, the qualitative information gathered has greatly assisted DHS in confirming where our enhanced efforts need to continue in order to achieve timelier permanency for our families. Parent engagement is paramount, it is what drives a case to a successful outcome. One single aspect of parent engagement that was learned from the case reviews is that

early parent engagement is critical. It starts from day one and must continue for the duration of the case.

One case in point: DHS identified that the majority (37 children or 64 percent) of the 56 children reviewed who successfully reunified within 12 months had parents whose substance abuse was a factor in the decision to remove the child from their parent(s) custody. While DHS highlighted in the above-noted data analysis of 594 children that cases involving substance abuse had a lower probability of returning home super timely - around the seven-month mark - this case analysis found that when good parent engagement was initiated and encouraged early in the case by the permanency worker, DHS can more effectively identify parents who are eager to accept the department's help to remove the safety threats presented by their substance abuse and subsequently reunify families within 12 months.

DHS reported several other notable findings from this review, including timely court hearings were held for 55 (95 percent) of the 58 children reviewed who reunified in 12 months; and, for the 16 children from the 6.2b cohort who barely missed the goal of reunification within 12 months, the department found that parent engagement was delayed in some cases by six months after removal.

These two analyses built upon previous DHS data and case reviews that highlighted the importance of parent engagement and revealed an extensive gap between the department's intended and actual practice to engage birth families early and consistently and to complete monthly visits with birth parents as required. One and a half years ago, DHS informed the Co-Neutrals that the department had found substantial, statewide underperformance in caseworkers completing their required monthly visits with birth families. Despite DHS' reporting that it had begun messaging to staff in October 2019 the importance and expectations regarding caseworker/parent visits and parent engagement, DHS still reported that by the end of January 2020 only 42 percent of required monthly caseworker visits with parents were completed.

### **Reassessment of Strategies and Practices to Support Timely Reunification**

As a result of the low completion rate of caseworker/parent visits and the findings from the two diagnostic data and case reviews noted above, DHS during the last report period focused on reassessing current strategies and practices designed to achieve permanency, particularly reunification, within 12 months and committed to hone and develop new efforts deemed necessary to achieve this goal.

#### **Monthly Visits with Birth Parents**

First, to help ensure greater accountability for caseworker/parent visits, the department established a 95 percent completion target<sup>56</sup> for these monthly contacts to maintain focus on this practice that is fundamental to parent engagement. Three times a month DHS generates and shares with supervisors, district directors and the leadership of each region a Parent Visit Report, with includes summary charts that show statewide, regional and district level data on the percentage of all parents visited and the percentage of cases with all parents visited.

The Parent Visit Report shows a total percentage of all documented parent engagement efforts, including attempted, completed, and parents with documented contact exceptions. While completing contacts with

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<sup>56</sup> DHS reported that the 95 percent target is the total percentage accounting for all parent visits completed, attempted and exceptions combined.

parents is the desired goal, DHS reported that it included attempted contacts in the total percentage to monitor all casework efforts to engage a parent, including efforts to identify, locate and visit parents.<sup>57</sup>

To support caseworkers and make clear the priority of completing visits with parents, DHS reported it delivered a series of communications to supervisors and directors on how to use the parent visit reports to manage and coach staff toward the compliance targets and conduct case staffings to review quality family engagement. Leadership reported that supervisors and district directors were provided information about how to document a quality visit, including virtual visits when deemed necessary to follow COVID-19 safety protocols.

Importantly, DHS also developed new reporting requirements for monthly parent visits. During this review period, in March 2021, DHS began to require all permanency caseworkers to document and submit to their district director an explanation for any monthly parent visit not completed and/or not documented as attempted or as an exception.<sup>58</sup> DHS reported that its leadership team receives and reviews monthly the parent visits reports, as well as the explanations of missed visits to identify any district that may need additional coaching and accountability measures as well as those that should receive positive recognition for significant progress toward the 95 percent completion target. In its August 2021 Semi-annual report (page 70), DHS reported:

The statewide total of worker/parent contact efforts in April 2021 was the highest ever reported, with 94.7 percent of parents having a completed contact, attempted contact, or contact exception documented. For comparison, total contact efforts in December 2020 was 76.3 percent with only 5.6 percent improvement over the previous three months. The explanations for missed worker/parent contacts February 2021 – April 2021 reveal that approximately 75 percent were due to documentation error and 25 percent were due to no attempts made. The explanations for missed worker/parent contacts in May 2021 attributed to documentation errors decreased, while those visits not attempted increased. District leadership follows up with the assigned CW supervisors and staff to address the parents with no attempted contact. Resources, such as virtual KIDS training and PP programs assistance, are utilized to reduce documentation errors.

### **Family Meeting Continuum**

Beyond the required monthly visits with the child's parents discussed above, DHS requires casework staff to convene various meetings with parents after a child's removal – some must occur within days, some within weeks and some further out and on regular intervals. These meetings, along with the monthly required visits, are intended to allow DHS, in collaboration with a family, to assess the safety concerns that must be addressed; identify the family's service and support needs; and ensure that a workable service plan is in place that supports the family's timely progress toward reunification when possible.

Last report period, DHS closely reviewed the efficacy of the timing and sequence of its continuum of family meetings to ensure the sequence and cadence of these gatherings help maximize the opportunities for

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<sup>57</sup> Exceptions to required monthly parent contacts include: a parent who is incarcerated for an offense resulting in the death penalty or a court order for no visitation.

<sup>58</sup> The Co-Neutrals have discussed with DHS the need to closely monitor the number and percentage of visits recorded as attempted to ensure that reasonable efforts are being made to complete attempted visits as required.



the department and families to work towards timely reunification, particularly within 12 months. DHS found in its assessment that the time frames were not frequent or early enough. Previously, DHS' timeline called for the first family team meeting to occur 60 days post-removal with the next family team meeting scheduled four months later. Further, it was during this first family team meeting - targeting around the 60-day mark – when caseworkers were to finalize with a family their Individual Service Plan (ISP). A family's ISP outlines the actions and services the family will complete to address the safety threats that resulted in their child's removal. DHS adjusted the timeline of the continuum and now requires that the first family team meeting occur no later than 30 days post-removal and every 60 days thereafter during a child's first year in custody, and the ISP target deadline to finalize each family's ISP is by 30 days post-removal. It is important to distinguish between family team meetings and parent visits, which, as noted above, are required monthly. The first caseworker/parent visit is required within 14 days post-removal, and parent visits with their child(ren) are required, when appropriate, at least weekly during the first 90 days post-removal.

Again, understanding that reunification is the primary permanency goal and exit type within a child's first year in care and that the state's data reveals the likelihood of reunification diminishes precipitously after 12 months, the timing and quality of these meetings must support early and frequent family engagement. To support quality discussions and collaboration with parents during family meetings, DHS has designated and trained facilitators with a goal of having every family assigned the same facilitator who will establish an understanding of a family's dynamics. DHS first piloted this one family-same facilitator practice in Region 4 and reported that having the same facilitator led to conversations that "elicited more and better information" and were designed to be "solution-focused in nature in order to achieve timelier permanency."<sup>59</sup> DHS reported that based on staffing capacity, the department next moved to fully implement this one family-same facilitator practice region-wide in Regions 3, 4 and 5. In Regions 1 and 2, DHS started in two districts in each region and, during this report period, expanded to four additional districts in these two regions. DHS reported it will continue to add the remaining eight districts in Regions 1 and 2 as it identifies additional facilitator capacity.<sup>60</sup>

During this report period, DHS continued to create a staffing and operational structure (facilitators, an FMC lead and supervisors, and an FMC planning group and sub-groups) to implement this family engagement effort. These efforts include: training staff; having the FMC lead complete and enter into a Qualtrics data system a qualitative review of at least five family meetings per week using new fidelity review tools; building the practice through sub-groups focused on additional training needed for staff and community partners; and, seeking input from families through parent surveys. In April 2021, the department also developed a report generated from data in the KIDS system that shows all completed family meetings and highlights any that are overdue based on a previously identified due date. The report also tracks parent participation in these meetings. To build accuracy in this family meeting report, DHS added Family Meeting Continuum as a purpose type that caseworkers can select when entering their contact notes for each family meeting. DHS acknowledged that this new FMC practice, with more frequent family meetings and designated facilitators, requires the ongoing focus of program and field leadership to ensure its success.

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<sup>59</sup> DHS February 2021 Semi-Annual Report, page 64

<sup>60</sup> In Regions 1 and 2 districts that do not have designated family meeting facilitators, each family's permanency worker facilitates their family meetings.

## **Family Time**

During this report period, DHS began efforts to implement statewide a new “Family Time” practice to promote early, frequent and intentional quality visits with children in custody and their families. The Family Time practice model charges staff to consider establishing the least restrictive supervision for these visits at the outset of a permanency case, including unsupervised visits as soon as the department assesses that such visits can occur safely. Initiated first as a pilot in Tulsa, DHS expanded Family Time training to all other areas of Region 5 by mid-January 2021. The department then moved to train new regional Family Time teams, as well as the family meeting facilitators, from the other four regions at the last training held for Region 5 on January 13, 2021. The regional staff from Regions 1, 2, 3 and 4 who received the training are now, as of this report writing, in the process of training permanency and foster care staff in their respective regions. In April 2021, DHS presented information about Family Time to tribal partners and has developed a Family Time brochure that can be shared with the courts and other partners. DHS’ brochure highlights research findings that report children with more frequent contact with their parents:

- exhibit fewer behavioral problems and show less anxiety and depression;
- are more likely to have higher well-being ratings;
- adjust better to out of home placement; and,
- are more likely to reunify with their families with shorter lengths of stay in custody.<sup>61</sup>

The department has looked for additional means to engage and meet the needs of birth families with children in DHS custody. In August 2020, DHS launched a new section of the [okdhs.org](http://okdhs.org) website dedicated to parents, consolidating in one place program content from all DHS programs, as well as community resources outside of DHS, that specifically address issues important to or about parents. DHS reported that it consulted with parent partners to obtain their input in the development of the website. In August 2020, the department also launched its first Parent Newsletter, which DHS now produces and emails to parents monthly.<sup>62</sup> DHS reported the newsletter features content relevant for the time of year, such as providing in the August editions back-to-school information and suggestions on how parents can stay involved in their child's education. In these newsletters, DHS also includes highlights and stories from parents willing to share their success stories regarding how they reunified with their children. The department also reported that the newsletters are shared with all child welfare staff and the courts to ensure court professionals directly involved with parents’ reunification efforts are informed and can respond to questions that the parents may have about the newsletters’ content.

## **Detailed Tracking of Variables that Impact Timely Reunification**

As detailed above, DHS’ review last period of 594 children who reunified with their families between January 2020 and September 2020 identified several common variables that appear to impact a child’s likelihood of returning home timely and within 12 months. Based on this review, DHS developed a data management tool to monitor every child in a 6.2a cohort against six factors. The six factors that DHS began to track and monitor during this report period are: 1) the number of primary workers that have been assigned to a child; 2) if substance abuse is a contributing factor in the family’s case; 3) the date and type of the most recent visit with the parent; 4) the date of the last and next family meeting; 5) the date

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<sup>61</sup> DHS’ Family Time brochure attributes these research references to: Cantos & Gries, 1997 and Hess, 2003.

<sup>62</sup> DHS reported that caseworkers are reminded monthly, when they are sent a copy of the newsletter, to confirm and document parent email addresses in KIDS.

of the most recent Initial Meeting, which are designed to support the foster parent and child in their current placement and bridge a connection with the child's family; and, 6) the date of the last Permanency Safety Consultation (PSC). DHS reported that starting in March 2021, this new 6.2a monitoring report is produced every month for review by every region's deputy and district directors. The report identifies children who have multiple flags, which, based on the indicators DHS selected, include a past due family or Initial Meeting or a child experiencing changes in their assigned permanency worker. District directors are required to hold follow-up meetings with their supervisors to establish heightened accountability for children in the 6.2a cohorts and guide staff to provide their best customer service to children and families striving to reunify within 12 months and those who may require additional support to break through barriers that could stall timely reunification.

### **Permanency Safety Consultations**

Permanency Safety Consultations (PSCs), which the department began to implement five years ago, remain a DHS strategy to help caseworkers and the department track and assess barriers and opportunities to achieve timely permanency for children with a goal of reunification. However, reunification outcomes can only be bolstered by convening PSCs if the vitally important work of parent engagement and support is conducted early, often, and before and after each PSC occurs.

PSCs are structured case conferences (internal to DHS) convened at regular intervals to assess through a team approach the viability of a child's safe reunification with his or her family. These staff conferences that include supervisors and district directors are designed to systematically assess each family's progress in addressing the safety concerns that resulted in the removal of their children and to review DHS' case practice to support parents' reunification efforts, as well as any opportunities or barriers to permanency. DHS holds the first PSC 90 days post-removal and every 90 days thereafter as long as a child's case plan goal remains reunification.

As the department has focused on expanding parent engagement and holding itself accountable in this area, DHS made changes to its PSC form to guide more specific discussion related to quality parent engagement and parent-child visitation. The PSC form was also updated to review: the possibility of guardianship or a concurrent case plan goal; increased utilization of the safety threshold in safety recommendations; and increased accountability and intentionality of action items established during a PSC.

During this report period, DHS undertook efforts to ensure PSCs are completed timely. As noted above, PSC timeliness was added as a factor that is flagged on the 6.2a Monitoring Report if past due. DHS reported that as of December 7, 2020, 622 children were overdue for a PSC and this past due number was reduced to 62 by the end of this report period on June 28, 2021.

### **Proactive Efforts to Achieve Permanency Through Guardianship**

During the report period, DHS further expanded efforts to train and guide staff to regularly consider guardianship as a permanency option, including for children who may have a case plan goal of reunification or adoption. As noted above, DHS also now directs staff to assess during PSC discussions if guardianship may serve a child's and family's best interest, even though PSCs are primarily convened to focus on progress toward the goal of reunification. Similarly, DHS now systematically reviews if guardianship is the best permanency option for children identified as being in Quad 3 status, meaning

they are not yet legally-free for adoption but are placed in a kinship foster home and have a goal of adoption. DHS reported that for Quad 3 children who had not had a family meeting in the past six months, a family meeting is held to review guardianship opportunities. For Quad 3 children in care for nine or more months and placed in a kinship home, monthly emails are sent to regional leadership as a reminder to consider guardianship for permanency.

Further, DHS reported that staff are now required to answer two guardianship questions in KIDS when completing adoption criteria staffings for a child and must identify if the caseworker has discussed guardianship with the family connections in a child's life.

In partnership with the Foster Care Association of Oklahoma (FCAO), DHS in March 2021 made available to all child welfare staff a video session that features a discussion on frequently asked questions about guardianship. DHS reported that all permanency and foster care and adoption staff were required to review this training video by the end of the period. This training video prompted staff to request a live, interactive video session to ask their own case specific questions about guardianship. The first session was held in May 2021 and now continues monthly. Other guardianship training sessions were held with family meeting coordinators, regional supervisors and tribal partners and a guardianship presentation was scheduled for the annual conference of the District Attorney Council held in July 2021.

Further, as previously reported, DHS increased last year the subsidy rates that it provides to families who establish legal guardianship with a child in DHS custody to be consistent – for the first time - with those provided to families who foster a child in DHS custody.

Showing some progress in this area, the number of children in the 6.2a cohort who achieved permanency through guardianship during this data period increased from 34 to 53, compared to the performance outcome data reported one year ago for the 12-months ending March 2020.

### **Working with Court Partners**

As previously reported, DHS has sought to improve its collaboration with its court partners through a court improvement project and an overall expansion of efforts to enhance communications with judges and their staff. DHS made available to its court partners judicial dashboards that provide court and other related data on child cases, including time to adjudication, first placement hearing, time to permanency exit, and termination of parental rights. The data in the dashboards can be reviewed to assess performance outcomes for each jurisdiction. Last review period, the department sent an email to court partners regarding the dashboard's functions and how to utilize it to look at their district's outcomes. DHS also asked each of its district directors to contact their respective district judges to review opportunities to improve permanency outcomes and facilitate positive court relationships. To support district directors in this effort, DHS leadership developed judicial talking points focused on the following areas, among others:

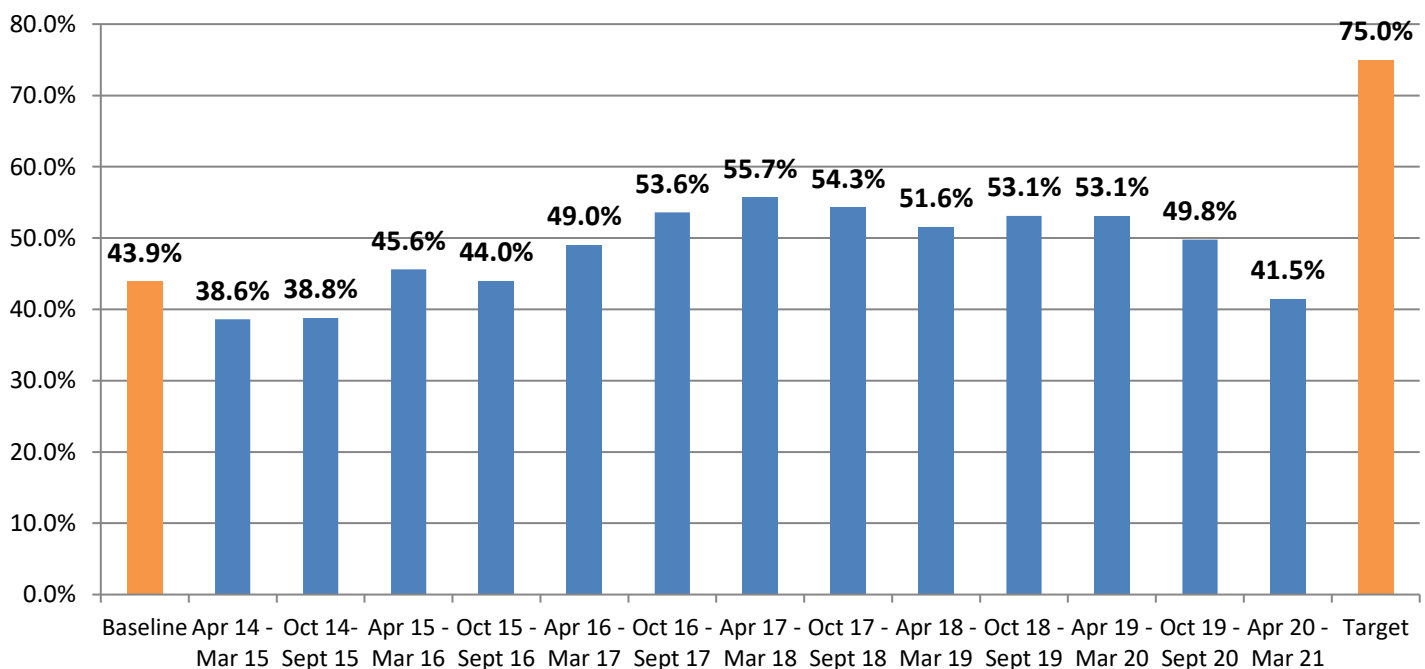
- Reviewing the judicial dashboards and how judges and their staff can use this data tool to assess their performance and compare it to other jurisdictions.
- Establishing better communication and accountability between DHS and the courts, including sharing observations about practice trends among DHS staff and the courts that may impact permanency outcomes, positively or negatively.

- Ensuring that judges understand DHS’ process and practice for assessing safety and deciding when to recommend reunification or other permanency options for a child and their family.
- Exploring options to schedule more timely court hearings if DHS is ready to advance a child’s final permanency exit well before the next pre-scheduled permanency hearing.

Over the last year, DHS has made changes to its family engagement practices, including heightened accountability measures within the department, to advance timely reunification within 12 months. As many of these efforts are new and being implemented in the context of a pandemic, as well as a major shift to remote working, department leadership has continued to track and review the progress of families seeking to reunify with their children in the first year and has worked to identify and remove any barriers within the department’s control. DHS leadership has also guided staff to engage with, problem-solve and support families in order to make progress in this vitally important work.

**Metric 6.2b, Permanency within two years of removal:** DHS reports that of the 1,297 children who entered foster care between October 1, 2018 and March 31, 2019, and stayed in foster care for at least 12 months, 538 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 41.5 percent for Metric 6.2b. The starting baseline for this metric was set at 43.9 percent, and the target is 75 percent. As shown in Figure 20 below, this is the first report period in over five years that the performance outcome for this measure declined below the starting baseline.

**FIGURE 20: METRIC 6.2B – PERMANENCY WITHIN 2 YEARS OF REMOVAL**



Source: DHS Data

Adoption has long been the primary permanency outcome for children in the 6.2b cohort as indicated by the data outcomes shown in Table 15 below. However, this report period there was a shift as the majority

(271 or 50 percent) of the 538 children in this cohort who achieved permanency were reunified with their families. The percentage of children who achieved permanency through reunification increased by 11 percent this data period. As reported in the Co-Neutrals' last Commentary, there were 63 children who entered this 6.2b cohort due to a court continuance delay and exited to permanency through reunification within 13 to 15 months after removal. Without the court delays caused by COVID-19, most of these children would have been reunified timely as part of last report period's 6.2a cohort but instead were reported as part of the increased number of children exiting to reunification in this period's 6.2b cohort.

Even with these additional reunification exits moved into this data period's 6.2b cohort, DHS still reported a decrease of 8.3 percent for this measure resulting primarily from a significant decline in the number and percentage of children who were adopted. The department reported that 227 (42 percent) out of the 538 children in the 6.2b cohort who achieved permanency exited through adoption this report period, which represents a 10 percent decrease from the last report period.

**TABLE 15: MEASURE 6.2B, PERMANENCY RATES BY REPORT PERIOD  
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 2 YEARS (MOST RECENT ON LEFT SIDE)**

	12-Month Data Report Period End					
	Mar-21	Sept-20	Mar-20	Sept-19	Mar-19	Sept-18
<b>Reunification</b>	50% (271)	39% (279)	40% (273)	40% (313)	43% (335)	46% (407)
<b>Adoption</b>	42% (227)	52% (373)	55% (377)	53% (414)	51% (393)	47% (423)
<b>Guardianship/Custody to Relative</b>	7% (40)	9% (63)	4% (30)	7% (54)	6% (48)	7% (61)
<b>Permanency Total</b>	100% (538)	100% (715)	100% (680)	100% (781)	100% (776)	100% (891)

Source: DHS Data

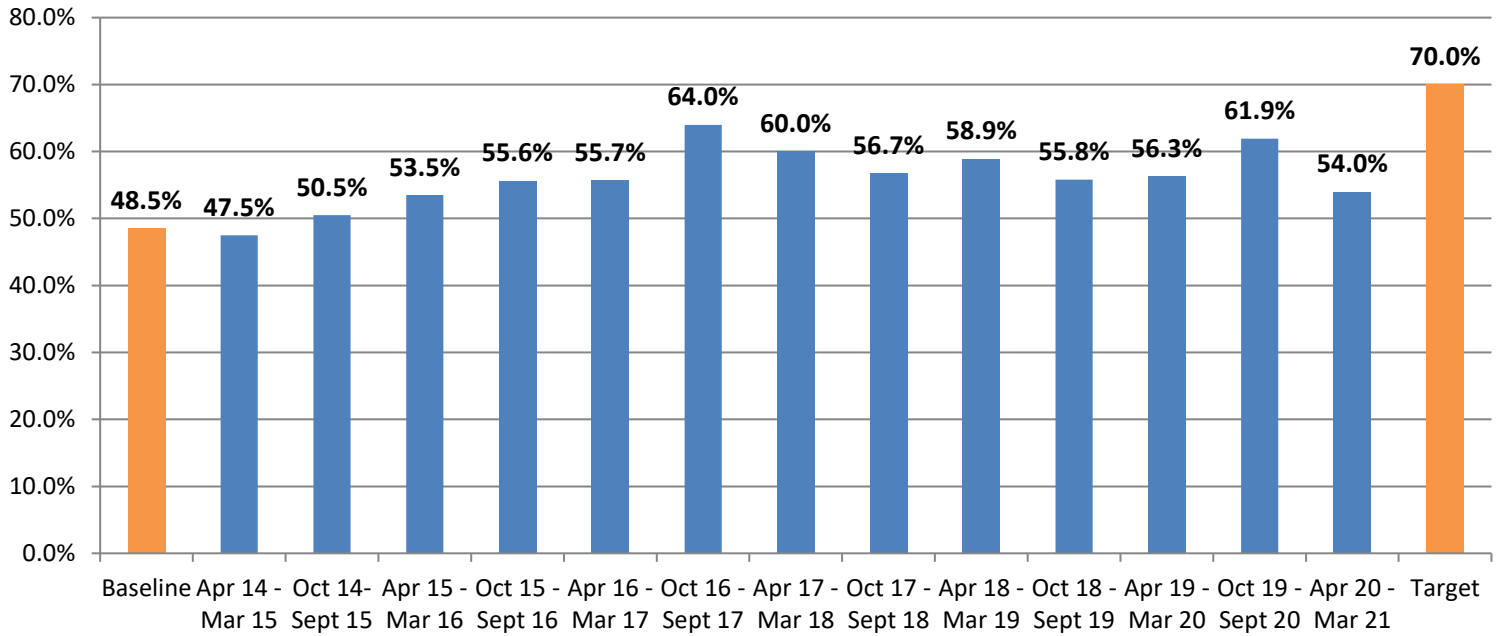
As noted with measure 6.2a above, DHS' data again showed this report period permanency exits for the 6.2b cohort, 40 children total, that were delayed by at least three months as a direct result of a court continuance attributed to the virus. Similarly, the 6.2b performance outcome this data period would increase from 41.5 percent to 44.6 percent if DHS were to include the permanency exits of these 40 children who achieved permanency one to three months after their 24 months in care (the end point for their time in the 6.2b cohort).

Every concern outlined above regarding the department's need to diagnose barriers to timely reunification and hone its strategies and field implementation are relevant for this measure as well. However, as highlighted in previous Commentaries, it has been DHS' adoption practice that allowed the department in prior periods to make progress toward the Target Outcome for Metric 6.2b as the permanency goals for children shift significantly to adoption after 12 months in care in Oklahoma as shown in Tables 14 and 15 above for measures 6.2a and b.

**Metric 6.2c, Permanency within three years of removal:** DHS reports that of the 583 children who entered foster care between October 1, 2017 and March 31, 2018 and stayed in foster care for at least 24 months, 315 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 54 percent for Metric 6.2c and a decline of 7.9 percent from last period for this measure. Here too, DHS reported permanency exits delayed into the three following months of

the period for 21 children in the 6.2c cohort this report period. Adding the permanency exits of these 21 children into the 6.2c performance data would increase the outcome to 57.6 percent.

**FIGURE 21: METRIC 6.2C – PERMANENCY WITHIN 3 YEARS OF REMOVAL**



Source: DHS Data

For this metric, permanency is achieved most often through adoption. Of the 315 children who achieved permanency during this report period, 228 (72 percent) were adopted and 62 children (20 percent) were reunified with their families. Twenty-five children (eight percent) achieved permanency through guardianship or custody to a relative.

**TABLE 16: MEASURE 6.2C, PERMANENCY RATES BY REPORT PERIOD  
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 3 YEARS (MOST RECENT ON LEFT SIDE)**

Permanency Type	12-Month Data Report Period End				
	Mar-21	Sept-20	Mar-20	Sept-19	Mar-19
Reunification	20% (62)	18% (74)	17% (70)	16% (66)	15% (58)
Adoption	72% (228)	80% (324)	77% (311)	74% (300)	80% (302)
Guardianship/Custody to Relative	8% (25)	2% (8)	6% (24)	10% (39)	5% (18)
Permanency Total	100% (315)	100% (406)	100% (405)	100% (405)	100% (378)

Source: DHS Data

As with Metric 6.2b above, DHS reported a significant decrease in the 6.2c performance outcome this period (going from 61.9% last period to 54% this period) and most of this decrease is the result of a

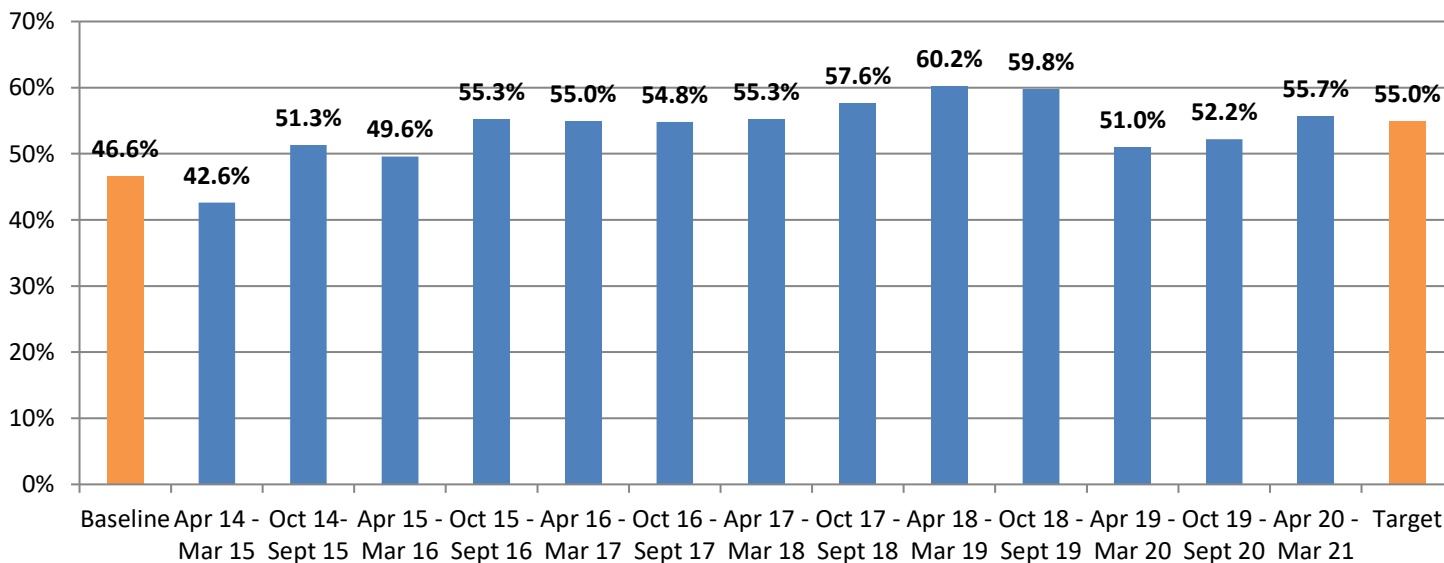
substantial decrease in the percentage and number of children who exited through adoption. Adoption is the primary exit type for this measure and cohort.

**Metric 6.2d, Permanency within four years of removal:** DHS reports that of the 300 children who entered foster care between October 1, 2016 and March 31, 2017 and stayed in foster care for at least 36 months, 167 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 55.7 percent that exceeds the Target Outcome. Of the 167 children who achieved permanency, 147 (88 percent) were adopted, 16 (10 percent) were reunified with their families and four (two percent) achieved guardianship or were placed in the custody of a relative.

DHS did not report any children in this 6.2d cohort, which is the smallest of the 6.2 measures, who experienced a pandemic related court continuance and whose permanency was delayed into the three months following the end of the period. Further, DHS reported that termination of parental rights had already occurred prior to the beginning of this data report period for most children in this 6.2d cohort and therefore, the performance outcome for this measure did not reflect the impact of jury trial delays that appear to have contributed to a decline in adoption exits reported for 6.2 b and c.

**FIGURE 22: METRIC 6.2D – PERMANENCY WITHIN 4 YEARS OF REMOVAL**

For more than half (eight) of the 15 report periods in which DHS reported verified outcomes data for Metric 6.2d, the department achieved the permanency Target Outcome for children in care between three and four years.<sup>63</sup>



Source: DHS Data

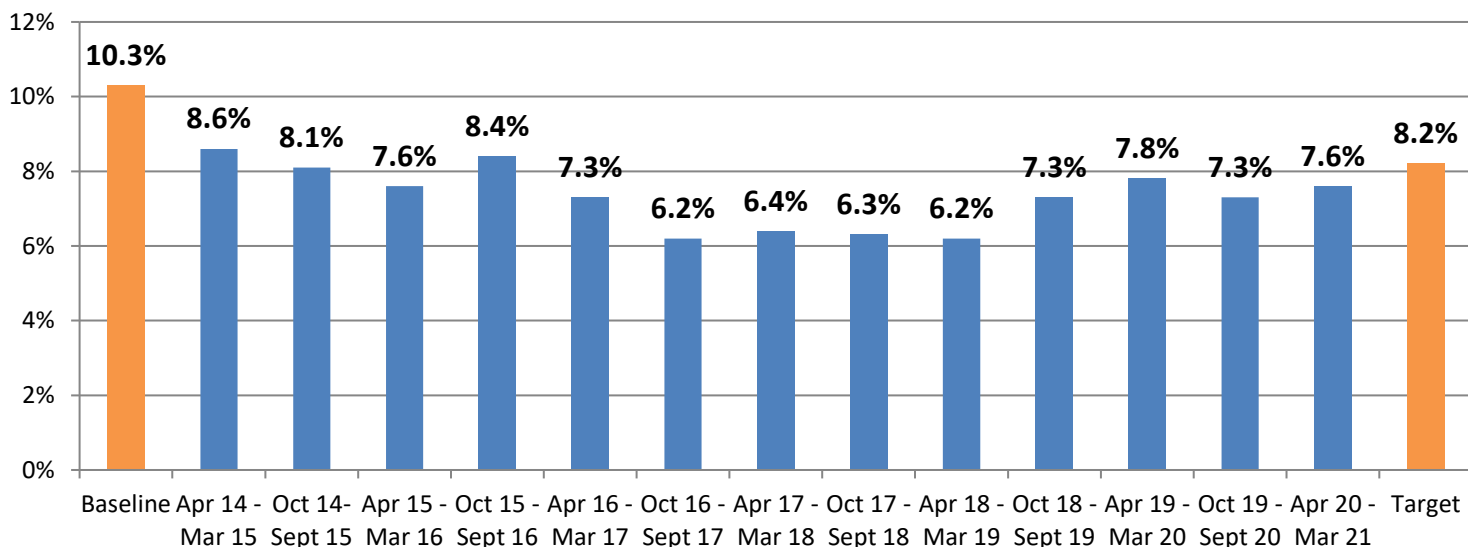
<sup>63</sup> In the first two Commentaries (and two report periods), the Co-Neutrals and DHS were still in the process of verifying DHS’ permanency data to determine data sufficiency.



### Children’s Re-entry to Foster Care within 12 Months of Exit, Metric 6.3

Metric 6.3 measures how well DHS ensures that children who achieve permanency remain with their permanent families and do not re-enter foster care in a short period of time. Specifically, Metric 6.3 measures re-entry to foster care within 12 months of a child’s discharge to permanency, not including adoption. The baseline for this metric is 10.3 percent of children re-entering care, and the final Target Outcome is no more than 8.2 percent of children re-entering care. For this period, DHS reports that of the 2,114 children who discharged to permanency (not including adoption) between April 1, 2019 and March 31, 2020, 161 children re-entered care within 12 months, which represents 7.6 percent of child re-entries. This is the ninth consecutive report period in which DHS met and exceeded the final Target Outcome of 8.2 percent for this measure. The Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3.

**FIGURE 23: METRIC 6.3 – RE-ENTRY WITHIN 12 MONTHS OF EXIT**



Source: DHS Data

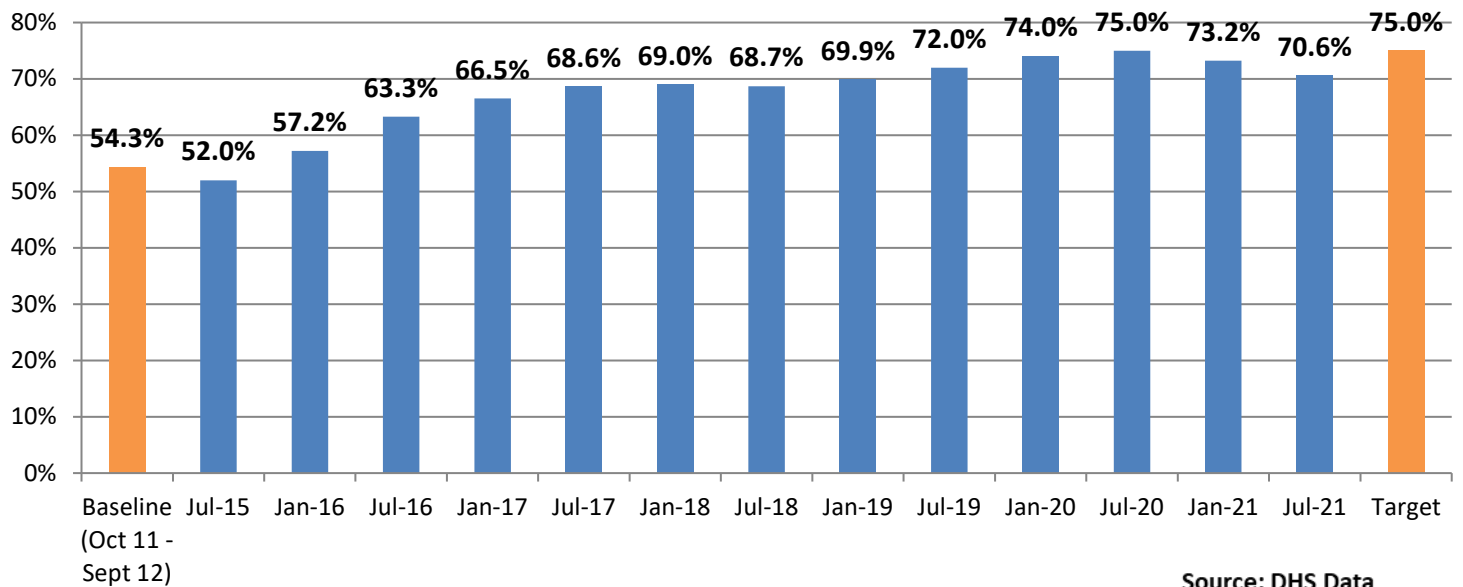
DHS attributes the requirements of the PSC practice, including the assessment and documentation of safety prior to reunification and the provision of services and supports to families during trial reunification, as key efforts to the department’s achieving the Target Outcome for reduced child re-entries into the state’s custody.

### Timeliness to Adoption for Children Who Become Legally Free, Metric 6.5

Metric 6.5 measures the timeliness to adoption for children who became legally free for adoption in the 12 months prior to the reporting period. The baseline for this metric was established at 54.3 percent with the performance target set at 75 percent. In the current report period, DHS data shows that of the 1,915 children who became legally free between April 1, 2019 and March 31, 2020, 1,352 were adopted within 12 months of becoming legally free for a performance outcome of 70.6 percent. Under this reform, DHS has made steady progress and met the Target Outcome for this measure in the period reported one year ago. Consistent with other measures that rely on timely adoptions for better performance outcomes, DHS

reported a 2.6 percent decrease this report period on this Metric. At the same time, the department remained 16.3 percentage points above the baseline and in closer range of the final target of 75 percent.

**FIGURE 24: METRIC 6.5 – PERMANENCY PERFORMANCE**



DHS reported in its August 2021 Semi-annual report, “As children became legally-free between April 2019 and March 2020, their finalization target dates were all impacted by the COVID-19 pandemic.” Of the 1,915 children in the 6.5 cohort, 110 finalized their adoption within 13 to 15 months of becoming legally-free and 37 of these 110 children experienced a court continuation due to the virus. If DHS were to include these 37 children among those who met the 6.5 adoption deadline this report period, the performance outcome would increase to 72.5 percent.

### Adoption Timeliness Accountability Teams

DHS’ Adoption Timeliness Accountability Teams (ATATs) were established to set and track target dates for adoption finalizations and address barriers to finalizing adoptions, particularly for children who have an identified adoptive family. DHS refers to children who are legally free and have an identified adoptive family as Quad 1 children. Like the enhanced tracking of children with a goal of reunification, DHS has expanded efforts to review all Quad 1 children with permanency delays. The ATAT for each region is required to assess any barriers to adoption finalization by conducting staffings for three sets of children: those designated as Quad 1 for more than 60 days; any child authorized yet not in trial adoption for more than 14 days; and any child in trial adoption for more than 30 days. These regional teams hold calls every month to discuss, document, and resolve any barriers to adoption finalization, which may result in detailed, follow-up action steps with reasonable due dates assigned. The designated ATAT lead for each region is charged with following up with district casework staff to ensure all action steps necessary to remove identified barriers and finalize an adoption are completed.

DHS notified foster and adoptive families in November 2019 that the department has a designated group of DHS attorneys who focus solely on finalizing adoptions of children in DHS custody and that these attorneys will handle their adoption legal work at no charge. A DHS adoption attorney participates in every

ATAT call to work through any issues regarding legal barriers. DHS reported that during the ATAT calls, the attorneys also discuss the option of guardianship when appropriate and provide caseworkers general legal advice that can be shared with families seeking to adopt. DHS reported that these attorneys have also been helpful to caseworkers in working with the courts and obtaining necessary documents that can be challenging to receive.

Over the span of this reform, DHS has focused on assessing and removing barriers to adoption finalizations, which is reflected in the department’s having achieved the Target Outcome in the performance data reported one year ago (period ending March 2020), before the impact of the pandemic could be seen in timely adoption outcomes. For this report period, the Co-Neutrals find that DHS made substantial and sustained progress toward the Target Outcome for Metric 6.5.

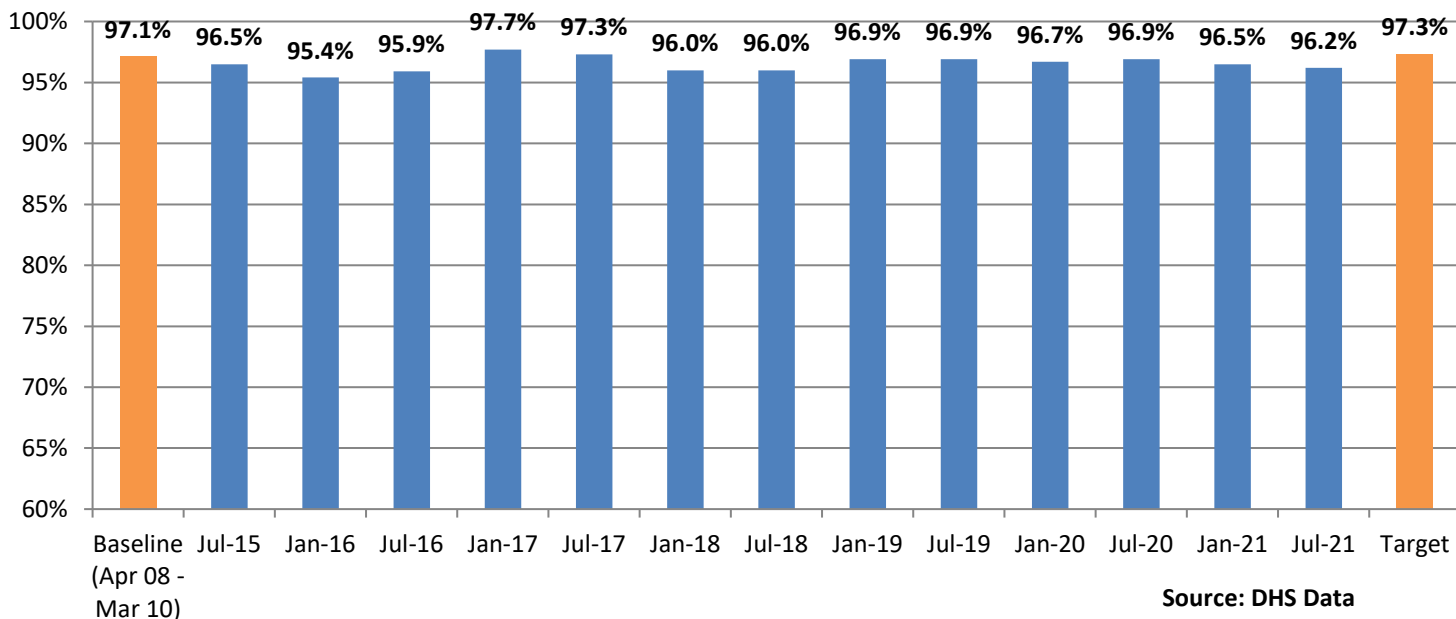
**Adoption Permanency, Metrics 6.6, and 6.7**

Permanency Metrics 6.6 and 6.7 measure how well DHS avoids pre-adoption placement disruptions and post-adoption finalization dissolutions.

**Metric 6.6 – Adoption Disruptions**

Metric 6.6 measures the percentage of adoption placements that do not disrupt over a 12-month period, of all new trial adoption placements made during the previous 12-month period. The baseline for this metric was set at a very high-performance level, 97.1 percent, and the Target Outcome was set at 97.3 percent. For this reporting period, DHS’ data shows that of the 2,017 children who entered a trial adoption placement between April 1, 2019 and March 31, 2020, 1,940 children did not disrupt from their placements within 12 months of entering trial adoption, resulting in a performance outcome of 96.2 percent. For the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent 23 of the 77 pre-adoption disruptions reported this period.

**Figure 25: Metric 6.6 – Permanency Performance**



Of the 2,017 children who entered a pre-adoptive placement, only 114 (six percent) were identified as children in Quad 2, which means the child was placed with a pre-adoptive family that did not have any relationship with the child prior to adoption placement.<sup>64</sup> In comparison, children in Quad 1 had a prior relationship with their pre-adoptive family, including as a relative or foster child in the home. As shown in Table 17 below, the percentage of disruptions for children in Quad 2 (26.3 percent) is highly disproportionate compared to the very low percentage of disruptions experienced by children in Quad 1 (2.5 percent), as well as the total percentage of disruptions (3.8 percent) reported for this period.

**Table 17: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type**

	<b>Total Children</b>	<b># of Children Disrupted</b>	<b>% Disrupted</b>
<b>Quad 1 (Previous relationship with the family)</b>	1,903	47	2.5%
<b>Quad 2 (No previous relationship with the family)</b>	114	30	26.3%
<b>Total</b>	2,017	77	3.8%

Source: DHS Data

DHS reported that it expects the rate of disruptions for children in Quad 2 to be higher than the rate of disruptions for children in Quad 1, because these children are often older with increased special needs, particularly heightened behavioral and mental health needs, and placed with families where there is no previous relationship. However, DHS reported that it is committed to ensure pre-adoptive families, particularly those preparing to adopt a child in Quad 2, receive the appropriate level of DHS staff support, and that any services required to meet any needs of the child and/or the family are in place before trial adoption begins.

Starting in March 2020, DHS began to change its adoption disclosure process, particularly for Quad 2 children, to improve the structure, quality, and consistency of these discussions. During an adoption disclosure meeting, DHS presents a prospective adoptive family with information about a child, including any special needs they may have or support services they may require. Focusing on the contributing factors that indicate a child may be more vulnerable to a Quad 2 adoption disruption, DHS has taken steps to maximize the work of its regionally based mental health consultants with respect to their participation in Quad 2 adoption disclosures. These consultants have been charged with conducting a thorough case review and participating in the adoption disclosure meetings for Quad 2 children who: have two or more behavioral health diagnoses; have had three or more removal episodes; have experienced a previous adoption disruption or dissolution; or have had 10 or more placements. DHS reported that the mental health consultants have been instrumental in supporting caseworkers assigned to resource families who are considering adopting a Quad 2 child. These families frequently have questions after participating in an adoption disclosure and are helped by the guidance and information provided by the mental health consultants.

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<sup>64</sup> Quad 2 children are legally free with a goal of adoption but do not have an identified family who will or may adopt them.

Over the last year, the department prepared and distributed to caseworkers guidance and tip sheets that include actions that assigned caseworkers must complete before, during and after a disclosure, as well as the roles and responsibilities of each person participating in this meeting. DHS also delivered numerous trainings for caseworkers on adoption competency, including best practices for adoption disclosures; providing mental health services; managing through peak challenging times in trial adoptions; and supporting families with formal and informal post-adoption services. The trainings also covered conducting quality visits to assess both the trial adoptive family's and the child's well-being and how to use DHS' new Quad 2 process map. Last report period, DHS developed and distributed to staff a Quad 2 process map to help caseworkers navigate and implement the new practices and steps DHS has established to support Quad 2 adoptions and reduce the number of disruptions.

Included in the department's enhanced practices is a team approach to implement visitation plans and include the prospective adoptive parents in the child's appointments and routines prior to the trial adoption placement. DHS created for caseworkers a form to help staff plan pre-adoptive placement visits and developed an Adoption Preplacement Visitation Plan Tip Sheet to further guide staff. DHS also developed a Quality Monthly Contact Tip Sheet to outline best practices specific to supportive monthly contacts with children and families in trial adoption.

Previous case reviews completed by DHS and the Co-Neutrals of trial adoption disruptions showed disruptions commonly occur around 90-days after placement. As a result, DHS began last period to conduct family preservation check-in calls or meetings with the family around 45 days after the trial adoption placement. DHS reported the pre-adoptive family's entire support team participates in the call/meeting during which the following areas are reviewed: day-to-day life with the child and the child's behaviors; how attachment and bonding are progressing; current stress levels in the home; and how sessions with any mental health providers are going to determine if any adjustments or new services are needed. DHS reported positive feedback from families and caseworkers who shared that it is helpful to have the team assembled to discuss everything – ongoing and new issues – and address any concerns right away.

DHS reported that due to the pandemic, there were barriers during this data report period to build attachment and a trusting foundation for Quad 2 children and their pre-adoptive families prior to placement: from virtual visits to longer waits for services, COVID-19 presented challenges for this measure as well.

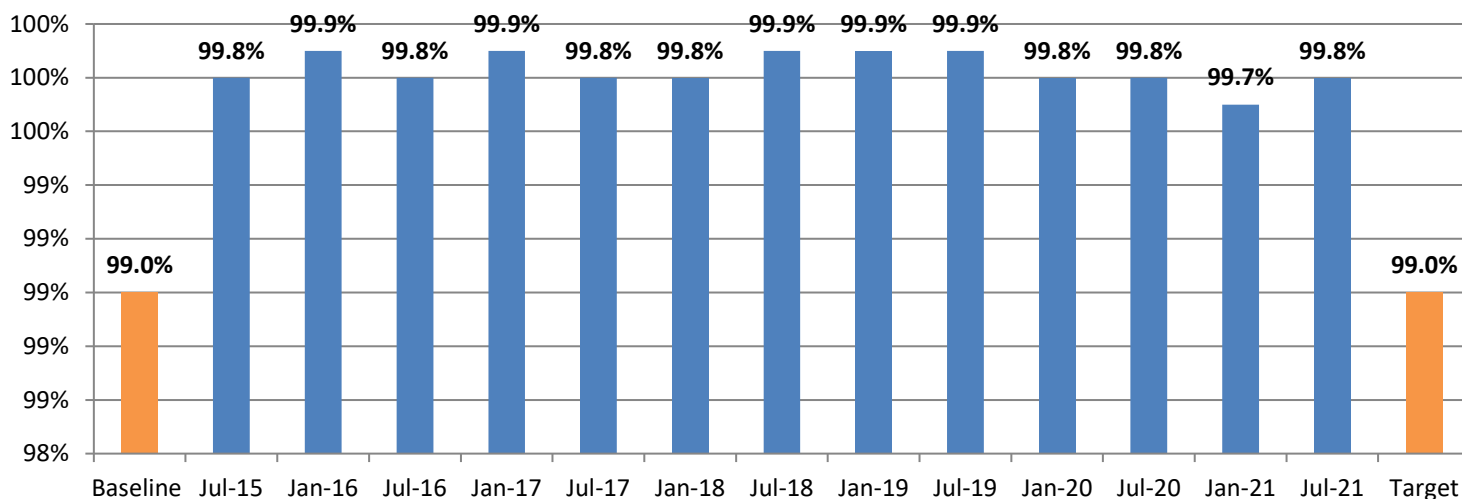
It is notable still that the number of children who are reviewed under the 6.6 measure has increased significantly since earlier in this reform effort. Six years ago, in the review period of April 1, 2014 to March 31, 2015, there were 1,297 children whose pre-adoption success was reviewed in this measure (with an outcome of 96.5 percent of adoptive placements that did not disrupt), which is significantly fewer than the 2,017 children in pre-adoptive placements reviewed in this report period with a 96.2 percent success rate. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcome for Metric 6.6.

### **Metric 6.7 – Adoption Dissolution**

Metric 6.7 measures the percentage of children who achieved permanency through adoption over a 24-month period and did not experience adoption dissolution within 24 months of adoption finalization. The baseline for this metric was established at 99 percent, and the Target Outcome was set to maintain a 99

percent performance outcome. For this reporting period, DHS' data shows that, of the 4,647 children who were adopted between April 1, 2017 to March 31, 2019, the adoptions of 4,637 children (99.8 percent) did not dissolve within 24 months of finalization. During the baseline period of October 2011 through September 2012, DHS reported on the stability of 2,979 finalized adoptions. Since then, the number of finalized adoptions reviewed under this measure has increased by 56 percent to 4,647 adoptions reviewed for this period and by over 70 percent in prior periods. Even with marked increases in the number of adoptions reviewed over the course of this reform, DHS has consistently exceeded the Target Outcome for this metric in every report period, as shown in Figure 26 below. In part, DHS attributes its success in this area to the collaborative efforts and work of its post-adoption services team and field workers. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

**Figure 26: Metric 6.7 – Permanency Performance**



Source: DHS Data

**Legally Free Children without an Adoptive Family on January 10, 2014, Metric 6.1**

DHS, under Metric 6.1, committed to move to permanency an identified cohort of children and youth who are legally free without an identified family. DHS and the Co-Neutrals established the point in time cohort of 292 children who were legally free for adoption and did not have an identified adoptive placement as of January 10, 2014. The Co-Neutrals established permanency targets for these children and youth as follows:

- By June 30, 2016, 90 percent of the 207 children who were ages 12 and under on January 10, 2014 will achieve permanency.
- By June 30, 2016, 80 percent of the 85 children who were ages 13 and over on January 10, 2014 will achieve permanency.

In July 2019, DHS ended its reporting on the permanency outcomes for the 85 youth in the older group (ages 13 and older), as none of these youth remained in DHS custody as of that time.

DHS reported that 182 (87.9 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of June 30, 2021, which brings the department in close range of the 90 percent target. At the end of the period, 15 children from the younger cohort remained in DHS custody, of which 14 have a case plan goal of adoption and one is seeking to return to their own home. During this period, DHS reported that one youth in the cohort transitioned to a relative’s home on their 18<sup>th</sup> birthday and one youth aged out while missing from care for almost two years. Years remain before the date of the 18<sup>th</sup> birthday of most of the children from the younger cohort who are still in DHS custody. December 2026 is the month/year when the last child in this cohort will turn 18 years of age. While DHS is close to reaching the 90 percent Target Outcome for this measure, DHS has committed to continue its efforts and case practices designed to achieve permanency for these and all other children who are legally free and seeking a permanent adoptive home. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the remaining Target Outcome for the 6.1 younger cohort.

**TABLE 18: METRIC 6.1 – PERMANENCY PERFORMANCE**

<b>Permanency Metric</b>	<b>Baseline</b>	<b>Permanency Target by 6/30/2016</b>	<b>Permanency Achieved as of 6/30/2021</b>
6.1: Of all legally free children not in an adoptive placement on 1/10/14, the number who have achieved permanency.	207 children: Age 12 and younger	90%	182 children (87.9%) achieved permanency

Source: DHS Data

**Efforts to Identify Permanent Families for Children and Youth in the 6.1 Cohort**

A primary strategy DHS has implemented to advance permanency, primarily with a focus on adoption, for the children in the 6.1 cohort is to assign an Adoptions Transition Unit (“ATU”) worker to help identify and secure a permanent family. During this report period, DHS changed the name of this caseworker type and program unit from ATU to Youth Transition Services (“YTS”).

YTS workers, along with the child’s permanency caseworker, review each child’s progress toward permanency and develop plans to identify permanent placements for each child and youth. YTS workers specialize in locating permanent homes for children by performing diligent searches to identify family connections and by using information gathered from discussions with children and youth to help identify potential adoptive or guardianship families. The children included in the 6.1 cohort were identified based on their status as Quad 2 children - legally free for adoption and without an identified adoption home.

DHS maintained through this period its commitment to establish a well-trained, well-supported statewide team of YTS workers and supervisors to help children without an identified placement find a permanent adoptive family. DHS assigns a YTS worker to all children in Quad 2 and has successfully committed to add and fill YTS positions as needed to meet the caseload standards for these workers. As of June 30, 2021, DHS’ caseload data showed 41 YTS caseworkers carrying at least one case, with all meeting their caseload standard.

As described in greater detail below, the YTS team has adopted the evidence-based practice model known as Wendy's Wonderful Kids developed by The Dave Thomas Foundation for Adoption to conduct targeted outreach for each child remaining in the 6.1 younger cohort and all Quad 2 children. Further, DHS requires that a behavioral health consultant participate in all Quad 2 adoption disclosure meetings for children who remain in the 6.1 cohort to help ensure stable and successful transitions from trial to finalized adoptions.

Additionally, DHS now applies the ATAT review process for the children who remain in the younger 6.1 cohort. Participants include YTS team members, the assigned caseworkers, supervisors, district directors and staff from the Development Disabilities Services (DDS) team as needed. These ATAT discussions focus on plans and action steps to identify any barriers to move permanency forward. The ATAT conferences are held every other month for the 6.1 younger cohort, while their assigned YTS worker documents monthly efforts to achieve permanency. DHS reported that another purpose for using the ATAT conference calls for children remaining in the 6.1 cohort is to track and ensure that Wendy's Wonderful Kids permanency efforts are being implemented appropriately and consistently with the model.

#### **Permanency for Older Legally-Free Youth, Metric 6.4**

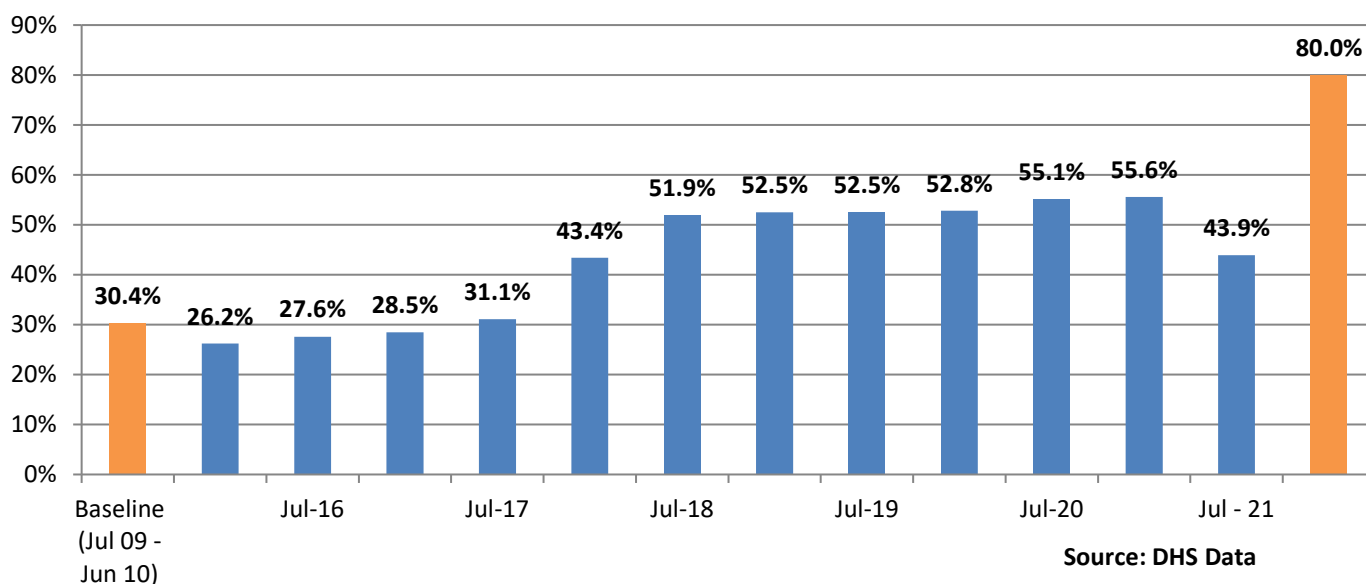
Metric 6.4 includes a cohort of legally free youth who turned 16 years of age within two years before the report period and tracks those youth to measure the percentage who exited foster care to permanency, defined as adoption, guardianship, or reunification, before the age of 18. The final Target Outcome for this metric is set only for the percentage of youth who achieve permanency. However, the outcomes for youth exiting care without permanency or who remain voluntarily in DHS' care after the age of 18 are also publicly reported to provide transparency into their overall experience. DHS' baseline for this permanency metric was set at 30.4 percent of youth exiting with a permanent family. The final target was set at 80 percent by June 30, 2016.

This 6.4 Metric is included in the Delayed Performance Area Measures under the Covid Recovery Agreement. As such, the Co-Neutrals will not render a judgment regarding DHS' good faith efforts to achieve substantial and sustained progress toward the Target Outcome for measure 6.4. The majority of youth who achieved permanency in the 6.4 cohorts reported during each period of this reform exited care through adoption. As described in detail above, the COVID-19 pandemic has had a significant impact on timely exits to adoption.

For this period, DHS reported that 123 legally free youth turned 16 years of age between April 1, 2018 and March 31, 2019. This period, 54 of these youth, representing 43.9 percent, achieved permanency while 69 youth exited out of DHS custody without achieving legal permanency. With 43.9 percent of the youth reviewed achieving permanency, this is a significant decrease from last period when DHS reported its highest performance outcome (55.6 percent) to date for this measure. The 54 youth who achieved permanency exited DHS custody as follows: 46 youth were adopted, seven youth exited through guardianship, and one youth exited through custody to a relative. Of the 69 youth who did not achieve permanency, at the time they aged out of custody, 29 were living in a family-based setting, 27 were placed in congregate care and 13 were missing from care.



**FIGURE 27: METRIC 6.4 – PERMANENCY PERFORMANCE**



As shown in Figure 27 above, DHS began with the data reported in January 2018 to show substantial and sustained progress toward the Target Outcomes after reporting no progress against the starting baseline for the first four years of this reform. This progress is the result of marked changes and improvements in the department’s practice standards and efforts to achieve permanency for older youth. This is the first report period since DHS began four years ago to positively turn around these permanency outcomes for youth in the 6.4 cohorts that the department has reported a decrease for this measure.

As detailed below, DHS completed a data analysis for this report period’s 6.4 cohort to assess the impact of five different factors on permanency outcomes. For each of the 123 youth in the 6.4 cohort, DHS reviewed the case records for these elements that appear to impact permanency: the number of moves the youth experienced from ages 16 to 18; the removal condition of abandonment; a mental health diagnosis; a disability; and an inpatient/psychiatric treatment stay. The following five tables present the KIDS data DHS analyzed for this review.

**TABLE 19: PERMANENCY OUTCOME FOR 6.4 YOUTH, NUMBER OF PLACEMENT MOVES (AGES 16-18)**

6.4 Cohort April 2020 - March 2021					
# of Moves from Ages 16-18	Permanency Achieved		Aged Out		Total
	#	%	#	%	
No Moves	32	74%	11	26%	43
1 Move	10	67%	5	33%	15
2 Moves	5	38%	8	62%	13
3 - 5 Moves	5	21%	19	79%	24
6 or More Moves	2	7%	26	93%	28
<b>Total</b>	<b>54</b>	<b>43.90%</b>	<b>69</b>	<b>56.10%</b>	<b>123</b>

Source: DHS Data

Placement stability supports better permanency outcomes for children in care and this is reaffirmed in the data shown in Table 19 above. A significant majority of youth in this report period’s 6.4 cohort who experienced no, or just one, placement move between the ages of 16 and 18 achieved permanency, while most of the youth who experienced three or more moves did not. This data shows an inverse relationship between higher numbers of placement moves and lower numbers of positive permanency outcomes: just as a lower number of placements resulted in higher numbers of children who experienced a successful permanency outcome.

**TABLE 20: PERMANENCY OUTCOME FOR 6.4 YOUTH, ABANDONMENT REMOVAL REASON**

6.4 Cohort April 2020 - March 2021					
Abandonment Removal Reason	Permanency Achieved		Aged Out		Total
	#	%	#	%	
No	46	52%	42	48%	88
Yes	8	23%	27	77%	35
<b>Total</b>	54	43.90%	69	56.10%	123

Source: DHS Data

As shown in Table 20 above, the majority (77 percent) of youth in the 6.4 cohort who entered DHS custody under the condition of abandonment did not achieve permanency before their 18<sup>th</sup> birthday. For youth who did not show abandonment in their records, their permanency outcomes are more equally distributed between those who achieved permanency before the age of 18 and those who did not.

Although older youth who entered DHS custody during this report period are not reflected in this period’s 6.4 cohort, it is notable that DHS’ leadership expressed concern to the Co-Neutrals that the department has recently experienced an increase in the number of youth who have been abandoned by their parents and enter the department’s custody for that reason, including youth not yet in DHS custody who are set to be released from a juvenile detention center or an inpatient facility. In the August 2021 Semi-annual report (page 84), DHS reported, “In most abandonment circumstances, CWS provides efforts to prevent removal and only requests custody due to the parent/legal guardian not allowing the youth to return home, an inability or unwillingness to make alternate living arrangements, or a systematic issue of ensuring the youth receives quality mental health treatment. Abandonment creates additional challenges for the youth to create trust with a new family and agree to legal permanency.”

**TABLE 21: PERMANENCY OUTCOME FOR 6.4 YOUTH, MENTAL HEALTH DIAGNOSIS**

6.4 Cohort April 2020 - March 2021					
Mental Health Diagnosis	Permanency Achieved		Aged Out		Total
	#	%	#	%	
No	51	53%	45	47%	96
Yes	3	11%	24	89%	27
<b>Total</b>	54	43.90%	69	56.10%	123

Source: DHS Data

**TABLE 22: PERMANENCY OUTCOME FOR 6.4 YOUTH, DISABILITY**

6.4 Cohort April 2020 - March 2021					
Disability	Permanency Achieved		Aged Out		Total
	#	%	#	%	
No	21	75%	7	25%	28
Yes	33	35%	62	65%	95
<b>Total</b>	54	43.90%	69	56.10%	123

Source: DHS Data

**TABLE 23: PERMANENCY OUTCOME FOR 6.4 YOUTH, INPATIENT/PSYCHIATRIC STAYS**

6.4 Cohort April 2020 - March 2021					
Inpatient, Psychiatric Stays	Permanency Achieved		Aged Out		Total
	#	%	#	%	
No Inpatient	31	63%	18	37%	49
1 Stay	10	50%	10	50%	20
Multiple Stays	13	24%	41	76%	54
<b>Total</b>	54	43.90%	69	56.10%	123

Source: DHS Data

Tables 21, 22, and 23 above highlight the challenges the department must address to secure permanent family-based placements that are well-supported and able to meet the specialized needs of children, particularly older youth, who have a mental health diagnosis, a disability and/or have experienced an inpatient stay to treat their mental and behavioral health needs. Like the challenges that exist to secure permanency for children who experience multiple placements or entered DHS custody as a result of abandonment, Tables 21, 22, and 23 above show a negative correlation between the existence of these three factors in older youths' records and their achieving permanency before aging out. DHS reported its data also showed an increase from the first to second half of this 12-month period (April 2020 – March 2021) in the number of 6.4 cohort youth who experienced the challenges presented in these five factors reviewed and acknowledged the need to find solutions to assist these youth in achieving permanency. The Co-Neutrals understand this includes effectively guiding staff to implement the numerous strategies discussed throughout this Commentary to build and support stable placements that can meet the therapeutic needs of children and timely advance their achieving permanency early after removal.

## Efforts to Achieve Permanency for Older Youth

DHS has implemented strategies to improve outcomes under this measure with a focus both on curbing the number of youth who enter this metric's cohort and on applying additional casework attention and resources to youth in the cohort who are at the greatest risk of aging out of foster care. To reduce the number of children entering the cohort, DHS has sought to achieve more timely permanency (through adoption and guardianship primarily) for legally free youth before they reach the age of 16 and to stabilize and maintain youth with their families, when safely possible, as older youth sometimes have higher protective capacities and can remain in their homes with supports and services.

As reported in past Commentaries, most youth reviewed in Metric 6.4 during prior report periods had a permanency case plan goal of planned alternative permanent placement (PAPP), not a goal of adoption, guardianship, or reunification, which most often led, in part, to the youth aging out of foster care. DHS continued in this report period to positively reduce the percentage of youth reviewed in Metric 6.4 with a PAPP case plan goal. In the review period of October 2015 to September 2016, 66 percent (81 of 123 youth) in the 6.4 cohort had a PAPP case plan goal. Since then, DHS has steadily and significantly reduced this to 24 percent (30 of 123 youth) in the current period. Nineteen of the 30 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting the correlation between these two factors and the importance of continuing to reduce the number of children assigned a PAPP case plan goal.

Importantly, DHS has continued to strengthen the reviews and requirements to change a youth's case plan goal to PAPP. At the end of the last report period, DHS established that a PAPP case plan goal for youth ages 16 and 17 must be approved by both a supervisor and district director, whereas previously only a supervisor's approval was required. Additionally, for youth 16 years of age, a regional director and assistant CWS director must also approve any newly assigned PAPP goal. DHS reported, "This new practice and expectation further heighten the importance to exhaust reasonable efforts to achieve permanency for every teen and continue to shift agency culture and practice."<sup>65</sup>

Last period, DHS assigned a YTS worker to every child with a PAPP goal. This is now a feasible option with the department's existing YTS positions as the number of children with a PAPP goal has significantly reduced. Further, YTS workers now apply the Wendy's Wonderful Kids (WWK) adoption model not only to all children who have a goal of adoption and no identified adoptive home, but also to children with a PAPP goal. As a result of DHS' commitment to build its statewide YTS structure and team of caseworkers and supervisors dedicated to achieving adoption for children with no identified permanent home, the Dave Thomas Foundation for Adoption has collaborated and shared resources with DHS to implement the foundation's Wendy's Wonderful Kids adoption model. An independent five-year evaluation by Child Trends of this child-focused recruitment model showed that children served under the program are 1.7 times more likely to be adopted than those not included in the model but for whom permanency efforts have been a challenge.

As reported in the shelter section above, DHS now requires higher level reviews of kinship home approvals that were denied when considered for placement of youth 16 or 17 years of age. The department highlights this as an effort not only to reduce shelter placements but also to reduce the number of youth who age out of foster care without a permanency resource. This effort is an important step as the Co-

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<sup>65</sup> August 2021 Semi-Annual report, page 88

Neutrals have found through case record reviews that some youth at risk of aging out will tell DHS they do not want to be adopted because they plan to live with a family member, typically someone DHS has denied approval for placement, after reaching the age of 18. Reconsidering a child's kinship placement preferences, particularly for older youth who have greater protective capacities, also reflects DHS' increasing efforts to lift and listen to the voices of children and youth in its custody. DHS reported,

The purpose is to consider the youth's placement preferences and to ensure all efforts to support the kin were identified and provided. This review happens immediately if the youth is in immediate need of placement. The youth's specific case and circumstances are always considered in the kinship assessment process, especially in regards to the youth's functioning and vulnerability, while ensuring that efforts and supports to mitigate risks are evaluated to work toward kinship placement and permanency for older youth.<sup>66</sup>

DHS reported that beginning in August 2021, just after the end of this report period, the department began to include youth 15 years old in this strategy to elevate the review of denied kinship placements. As DHS is aware, it is still essential for youth of any age for the department before placement to ensure a complete evaluation of any potential safety risks in a home and that any such risks are addressed and do not present a safety threat to the youth.

DHS also completes multi-level permanency staffings, including the district director, starting when a child reaches the age of 15. Previously, DHS conducted these permanency staffings every six months starting at age 15 through age 16, and then quarterly once the youth reached the age of 17. During this report period, DHS began holding quarterly staffings for youth ages 17 and 16, with these permanency reviews conducted every three months by the regional multidisciplinary teams that now meet weekly. The youth's permanency and YTS caseworkers, supervisors and district directors still participate in these MDT staffings.

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<sup>66</sup> February 2021 Semi-Annual report, page 78

**APPENDIX A: "AGREEMENT TO AMEND THE COMPROMISE AND SETTLEMENT AGREEMENT AND PARTIALLY SUSPEND GOOD FAITH REPORTING ON SELECTED PERFORMANCE AREA MEASURES."**

**AGREEMENT TO AMEND THE COMPROMISE AND SETTLEMENT AGREEMENT AND PARTIALLY SUSPEND GOOD FAITH REPORTING ON SELECTED PERFORMANCE AREA MEASURES**

Reference is hereby made to the Compromise and Settlement Agreement between the Parties dated December 15, 2011, and approved by the United States District Court for the Northern District of Oklahoma by Order dated February 29, 2012, Case 4:08-cv- 00074-GKF-FHM Document 778 (the "Settlement Agreement"). All defined terms hereafter used shall have the meanings ascribed to them in the Settlement Agreement.

Upon the occurrence of all signatures being affixed to this Agreement, the Parties hereby enter into and this Court approves amendments to Sections 2.10(i) and 2.15 of the Settlement Agreement to bifurcate and partially suspend Good Faith reporting on selected Performance Area Measures by and between the Parties on behalf of themselves and as representatives of the Plaintiff Class, Class Counsel, and Settling Defendant (hereafter also referred to as the "Department").

As set forth in greater detail below, the Plaintiff Class, Class Counsel, and the Department, intending to be legally bound hereby, for good and sufficient consideration the receipt and sufficiency of which is mutually acknowledged, request that the Co- Neutrals suspend their twice annual Commentary regarding the Department's overall progress to make Good Faith efforts to achieve substantial and sustained progress (hereafter, "Good Faith Assessments") in the Performance Areas of: 1) Therapeutic Foster Care, and 2) selected Permanency measures identified below.

- (1) **Covid Recovery Period.** It is AGREED by the parties that:
  - (a) Circumstances neither foreseen nor contemplated by the Parties during the drafting and signing of the Settlement Agreement have created conditions that significantly hamper the Department's efforts to positively impact the data metrics for certain performance areas. The continuing impact of the COVID-19 pandemic has drastically hindered both the Department's activities and efforts as well as those of external parties upon which the Department depends to achieve substantial and sustained progress.
  - (b) Until the impact of the COVID-19 pandemic on the Oklahoma child foster care system is more fully understood, addressed, and ameliorated, the Parties seek to hold in abeyance during a "COVID Recovery Period" the twice annual determinations of the Co-Neutrals whether the Department has engaged in good faith efforts to achieve substantial and sustained progress with regard to the following Performance Area Measures (hereafter, collectively referred to as "Delayed Performance Area Measures"):

- (i) TFC Performance Area Measure 2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period;
  - (ii) TFC Performance Area Measure Net Gain/Loss in TFC homes for the reporting period;
  - (iii) Permanency Performance Area Measure 6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency;
  - (iv) Permanency Performance Area Measure 6.2b: The number and percent of children who entered their 12th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency;
  - (v) Permanency Performance Area Measure 6.2c: The number and percent of children who entered their 24<sup>th</sup> month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within three years of removal, by type of permanency;
  - (vi) Permanency Performance Area Measure 6.2d: The number and percent of children who entered their 36<sup>th</sup> month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal;
  - (vii) Permanency Performance Area Measure 6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.
- (c) All remaining Performance Area Measures will not be impacted by or otherwise subject to the COVID Recovery Period (hereafter, collectively referred to as "Non-Impacted Performance Area Measures").
- (d) During the COVID Recovery Period, the Co-Neutrals will continue to provide Technical Assistance as well as validate, report, and comment upon the performance of the Department and its trending for all Performance Area data as it pertains to Delayed Performance Area Measures. The Co-Neutrals, however, will refrain from making any Good Faith determinations of the Department's efforts as it pertains to Delayed Performance Area Measures during the COVID Recovery Period.

- (a) During the COVID Recovery Period, the Co-Neutrals will continue to provide Technical Assistance as well as validate, report, and comment upon the performance of the Department and its trending for all Performance Area data as it pertains to the Non-Impacted Performance Area Measures. Additionally, the Co-Neutrals will continue to make Good Faith determinations of Departmental efforts in all Non-Impacted Performance Area Measures in the Seventeenth and subsequent Commentaries.
- (2) **Term.** The Parties further agree:
- (a) The COVID Recovery Period shall continue for a period of 18 months and shall be taken into account by the Co-Neutrals when they prepare and publish the Seventeenth, Eighteenth, and Nineteenth Commentaries addressing the Department's activities and efforts during the calendar periods of:
    - (i) January 1, 2021 through June 30, 2021
    - (ii) July 1, 2021 through December 31, 2021
    - (iii) January 1, 2022 through June 30, 2022
  - (b) Absent further agreement between the Parties, the Co-Neutrals shall resume their Good Faith determinations as to the Delayed Performance Area Measures for Departmental efforts beginning July 1, 2022 and shall resume publishing those Good Faith findings in the Twentieth Commentary. For Delayed Performance Area Measures that had not yet achieved two successive years of Good Faith Assessments, the Co-Neutrals will continue to make Good Faith determinations of Departmental efforts until that Performance Area Measure has achieved two successive years of Good Faith Assessments, inclusive of all assessments made prior to the initiation of the COVID Recovery Period. Upon resumption of Good Faith Assessments and after Delayed Performance Area Measures have collectively achieved two successive years of Good Faith Assessments, they will no longer be subject to any validation, reporting, comment, or Good Faith Assessment by the Co-Neutrals.
  - (c) Because of the continuing uncertainties posed by COVID 19, the Parties further agree to assess and negotiate in good faith and determine whether the reporting period in which the Co-Neutrals resume their Good Faith determinations of these Delayed Performance Area Measures should be further altered.




- (d) Should the Department continue to achieve Good Faith Assessments by the Co-Neutrals for Commentaries Seventeen, Eighteen, and Nineteen as to the Non-Impacted Performance Area Measures, those Measures will no longer be subject to any validation, reporting, comment, or Good Faith Assessment by the Co-Neutrals. Otherwise, the terms of the original Compromise and Settlement Agreement shall continue to apply.
- (3) **Final Report.** To reflect modifications made to the Co-Neutrals' determinations of Good Faith efforts and their impacts upon the publication of the Co-Neutrals' Final Report, the Parties further agree as follows:
- (a) As referenced in Section 2(d) supra, should the Department achieve successive Good Faith Assessment for all Non-Impacted Performance Area Measures in Commentaries Seventeen, Eighteen, and Nineteen, Commentary Nineteen shall be considered the Final Report for the Target Outcomes of the Non-Impacted Performance Area Measures and the Department's responsibilities and obligations under the Settlement Agreement for those measures shall terminate.
  - (b) Pursuant to Section 2.13 of the Settlement Agreement and as a demonstration of transparency and sustainability of progress, the Department agrees to report to the Co-Neutrals and Class Counsel, for a minimum period of one year after publication of the Non-Impacted Performance Area Measures Final Report, the data metrics reflecting the Target Outcomes for all Non-Impacted Performance Area Measures.
  - (c) After resumption of Good Faith Assessments by the Co-Neutrals and the Department subsequently achieving Good Faith Assessments for all Delayed Performance Area Measures over a period of two successive years, inclusive of Good Faith Assessments made prior to the COVID Recovery Period, the final Commentary reflecting such efforts shall be considered the Final Report for the Target Outcomes of the Delayed Performance Area Measures and the Department's responsibilities and obligations under the Settlement Agreement shall terminate.
  - (d) Pursuant to Section 2.13 of the Settlement Agreement, and as a demonstration of transparency and sustainability of progress, the Department agrees to report to the Co-Neutrals and Class Counsel, for a minimum period of one year after publication of the Delayed Performance Area Measures Final Report, the data metrics reflecting the Target Outcomes for all Delayed Performance Area Measures.

- (e) Should the Department submit any request for a Final Report before the conclusion of two successive years of Good Faith findings by the Co-Neutrals, such request must identify whether the Department is seeking a Final Report as to the Delayed Performance Area Measures, the Non-Impacted Performance Area Measures, or both.
  - (f) The Parties retain the right to seek an appeal, in accordance with the Settlement Agreement, as to each and any Final Report published by the Co-Neutrals as referenced above
- (4) **Settlement Agreement.** Subject to the modifications outlined above, all remaining terms and conditions for both the Settlement Agreement and the 2016 Suspension of Final Date for Pinnacle Plan remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Request in several counterpart originals on the date set forth opposite their names.

FOR AND ON BEHALF OF THE SETTLING  
DEFENDANT

By   
Justin Brown, Director, Oklahoma Human  
Services (Authorized Signatory)  
Dated 12.15.21

By \_\_\_\_\_  
Attorney General of the State of Oklahoma  
Dated \_\_\_\_\_

FOR AND ON BEHALF OF THE PLAINTIFF CLASS:

By   
Dated 01/05/2020

FREDERIC DORWART  
FREDERIC DORWART, LAWYERS  
Old City Hall  
124 East Fourth Street  
Tulsa, OK 74103

*Marcia Robinson Lowry*

By

Dated 01/4/21

MARCIA ROBINSON LOWRY  
A BETTER CHILDHOOD, INC.  
1095 Hardscrabble Rd.  
Chappaqua, NY 10514

- (e) Should the Department submit any request for a Final Report before the conclusion of two successive years of Good Faith findings by the Co-Neutrals, such request must identify whether the Department is seeking a Final Report as to the Delayed Performance Area Measures, the Non-Impacted Performance Area Measures, or both.
  - (f) The Parties retain the right to seek an appeal, in accordance with the Settlement Agreement, as to each and any Final Report published by the Co-Neutrals as referenced above
- (4) **Settlement Agreement.** Subject to the modifications outlined above, all remaining terms and conditions for both the Settlement Agreement and the 2016 Suspension of Final Date for Pinnacle Plan remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Request in several counterpart originals on the date set forth opposite their names.

FOR AND ON BEHALF OF THE SETTLING  
DEFENDANT

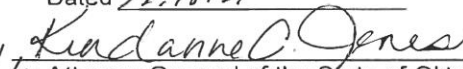
By



Justin Brown, Director, Oklahoma Human  
Services (Authorized Signatory)

Dated 12.18.21

By



Deputy Attorney General of the State of Oklahoma

Dated 12/20/21

FOR AND ON BEHALF OF THE PLAINTIFF CLASS:

By

Dated \_\_\_\_\_

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124 East Fourth Street  
Tulsa, OK 74103

**APPENDIX B: METRIC PLAN BASELINES AND TARGETS (UPDATED SEPTEMBER 2015)**

**Oklahoma Department of Human Services  
Compromise and Settlement Agreement in D.G. v. Henry**

Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals. These Baselines and Target Outcomes are currently in effect.

<b>1. MALTREATMENT IN CARE (MIC)</b>			
<b>Metric</b>	<b>Reporting Frequency</b>	<b>Baseline</b>	<b>Target</b>
1.A: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member in a 12-month period.	Semi-Annually, in the January and July monthly reports	98.73% (April 2013 – March 2014)	99.68%
1.A (2): Number of children in the legal custody of OKDHS, found to have been maltreated by a resource caregiver over the 12-month period.	Monthly	N/A	N/A
1.B: Of all children in legal custody of OKDHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	Semi-Annually, in the January and July monthly reports	98.56% (Oct 2011 – Sept 2012)	99.00%
1.B (2): Number of children in the legal custody of OKDHS, found to have been maltreated by a parent over the 12-month period.	Monthly	N/A	N/A

<b>2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES</b>				
<b>Metric</b>	<b>Reporting Frequency</b>	<b>Target SFY 14*</b>	<b>Target SFY 15*</b>	<b>Target SFY 16*</b>
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.**	Monthly	1,197  (July 1, 2013 Baseline: 1,693)	End of Year: 904 Interim Target: 678 by 3/31/15  (July 1, 2014 Baseline: 1,958)	End of Year: 1,054 Interim Targets: 12/31/2015: 527 3/31/2016: 790 6/30/2016: 1,054  (July 1, 2015 Baseline: 1,858)
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.***	Semi-Annually, in the January and July monthly reports	615	356	534
2.B: Number of new therapeutic foster homes (TFC) reported by OKDHS as licensed during the reporting period.	Monthly	150  (July 1, 2013 Baseline: 530)	150  (July 1, 2014 Baseline: 473)	172 Interim Targets: 12/31/2015: 86 3/31/2016: 129 6/30/2016: 172  (July 1, 2015 Baseline: 437)
Net gain/loss in therapeutic foster homes (TFC) for the reporting period.	Semi-Annually, in the January and July monthly reports	n/a	56	81

\* By May 30 of each year, DHS shall conduct annual trend analysis to set annual targets for the total number of new homes developed and the net gain for foster and TFC homes needed to meet the needs of children in and entering care. The Co-Neutrals also set an interim target of newly approved homes for the year.

\*\* DHS and the Co-Neutrals established criteria for counting new non-kin foster and TFC homes toward the annual targets set under 2.A and 2.B.

\*\*\* DHS and the Co-Neutrals established a methodology for counting net gains/losses of non-kin foster and TFC homes.

<b>3. CASEWORKER VISITS</b>			
<b>Metric</b>	<b>Reporting Frequency</b>	<b>Baseline</b>	<b>Target</b>
3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least 1 calendar month during the reporting period.	Monthly	95.5%  (July 2011-June 2012)	95%
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least 1 calendar month during the reporting period.	Monthly	51.2%  (July 2011-June 2012)	Final: 90% Interim – Last reported month of: FFY 2013 - 65% FFY 2014 - 70% FFY 2015 - 80% FFY 2016 – 90%
3.3(a): The percentage of children in care for at least three consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent three months, or for those children discharged from OKDHS legal custody during the reporting period, the three months prior to discharge.  Phase One: for period Jan – Dec 2012 <i>This metric is no longer reported on</i>	Semi-Annually, in the January and July monthly reports	53%  (January - June 2013)	75%
3.3(b): 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 OKDHS legal custody during the reporting period, the six months prior to discharge.  Phase Two: for period Jan 2015 until the end of the Compromise and Settlement Agreement (CSA)	Semi-Annually, in the January and July monthly reports	40.6%  (January 2013 – June 2014)	65%

<b>4. PLACEMENT STABILITY</b>			
<b>Metric</b>	<b>Report Frequency</b>	<b>Baseline</b>	<b>Target – by June 30, 2016</b>
4.1 (a): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	Semi-Annually, in the January and July monthly report -same for all placement stability metrics	70% (Oct 2011 – Sept 2012)	88%
4.1(b): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 12 months but less than 24 months, the percentage that had two or fewer placements.	Same	50% (Oct 2011 – Sept 2012)	68%
4.1(c): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	Same	23% (Oct 2011 – Sept 2012)	42%
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	Same	74% (Apr 2012 – Mar 2013)	88%
4.3: Of all moves from one placement to another in the reporting period, the percent in which the new placement constitutes progression toward permanency. (Note: the Co-Neutrals have suspended this metric.)	N/A	N/A	N/A



5. SHELTER USE			
Metric	Report Frequency	Baseline (January-June 2012)	Target
5.1: The number of child-nights during the past six months involving children under age 2 years.	Monthly  Analysis of usage every 6 months – same for all shelter metrics	2,923 child-nights	0 by 12/31/12
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	Same	8,853 child-nights	0 by 6/30/13
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	Same	20,147 child-nights	0 for children 6-7 by 7/1/14 0 for children 8-9 by 10/1/14 0 for children 10-12 by 1/1/15 unless in a sibling group of 3 or more 0 for children 10-12 by 4/1/15 unless with a sibling group of 4 or more
5.4: The number of child-nights during the past six months involving children age children 13 years or older.	Same	20,635 child-nights	Interim Target by 6/30/15 # child-nights: 13,200 80% of children 13+ in shelters will meet Pinnacle Plan (PP) Point 1.17 rules* Final Target by 6/30/16 # child-nights: 8,850
1.17: Number of children ages 13 or older in shelters that had only one stay for less than 30 days.		33.7%  (January-June 2014)	90% of children 13+ in shelters will meet PP Point 1.17 rules

\* Pinnacle Plan Point 1.17: “By June 30, 2014, children ages 13 years of age and older may be placed in a shelter, only if a family-like setting is unavailable to meet their needs. Children shall not 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. Exceptions must be rare and must be approved by the deputy director for the respective region, documented in the child’s case file, reported to the division director no later than the following business day, and reported to the OKDHS Director and the Co-Neutrals monthly.

<b>6. PERMANENCY</b>			
<b>Metric</b>	<b>Report Frequency</b>	<b>Baseline</b>	<b>Target</b>
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 <sup>67</sup> , the number of children who have achieved permanency.	Semi-Annually, in the January and July monthly reports - same for all permanency metrics	Jan 10, 2014 Cohort  292 children	90% of children ages 12 and under on Jan 10, 2014 will achieve permanency  80% of children ages 13 and older on Jan 10, 2014 will achieve permanency
6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Same	Total = 35%  Reunification = 31.4% Adoption = 1.6% Guardianship = 2%	Total = 55%
6.2(b): The number and percent of children who entered their 12 <sup>th</sup> month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Same	Total = 43.9%  Reunification = 22.3% Adoption = 18.9% Guardianship = 2.7%	Total = 75%
6.2(c): The number and percent of children who entered their 24 <sup>th</sup> month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Same	Total = 48.5%  Reunification = 13.0% Adoption = 32.7% Guardianship = 2.9%	Total = 70%
6.2(d): The number and percent of children who entered their 36 <sup>th</sup> month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Same	Total = 46.6% Reunification = 8.8% Adoption = 37.3% Guardianship = .4%	Total = 55%

<sup>67</sup> The legally free cohort for Metric 6.1 was to be set originally on March 7, 2013, the date the Metrics Plan was finalized, but due to since-corrected data challenges the cohort was established for January 10, 2014.

<b>6. PERMANENCY</b>			
<b>Metric</b>	<b>Report Frequency</b>	<b>Baseline</b>	<b>Target</b>
6.3 Of all children discharged from foster care in the 12-month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Same	10.3%  Discharged year ending 9/30/11 re-entered as of 9/30/12	8.2%
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	Same	30.43%  (July 2009-June 2010)	50% by 12/31/14  75% by 12/31/15  80% by 6/30/16
6.5: Of all children who became legally free for adoption in the 12 month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Same	54.3%  (Oct 2011-Sept 2012)	75% by June 30, 2016
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	Same	97.1%  (Apr 2008-Mar 2010)	97.3%
6.7: The percent of children whose adoption was finalized over a 24 month period who did not experience dissolution within 24 months of finalization.	Same	99%	99%

7. CASELOADS				
Metric	Report Frequency	Standard	Baseline	Target
Supervisors	Quarterly, every Jan, April, July and Oct – same for all caseloads	1:5 ratio	58.8%  (as of June 30, 2014)	90% meet standard by June 30, 2014
Child Protective Services (CPS)	Same	12 open investigations or assessments	Same Baseline for All Case Carrying Workers:  <i>27% - meet standard</i>  <i>8% - 1-20% above standard</i>  <i>65% - 21%+ above standard</i>	Same Interim Target for All Case Carrying Workers – by Dec 31, 2013:  <i>45% - meet standard</i>  <i>30% - 1-20% above standard</i>  <i>25% - 21%+ above standard</i>  Final Target: 90% of all workers meet their standard by June 30, 2014
OCA (Office of Client Advocacy)	Same	12 open investigations		
Family Centered Services (FCS)	Same	8 families		
Permanency	Same	15 children		
Foster Care	Same	22 families		
Adoption	Same	8 families & 8 children		

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