

Co-Neutral 19th Commentary

March 2023

Compromise and Settlement Agreement

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

Table of Contents

I. Introduction 5

II. Context Data of Children in DHS Custody 16

III. FINAL REPORT: For the 23 Non-Impacted Performance Area Measures - Performance Data Outcomes, Assessment of Progress and Good Faith Efforts..... 20

A. Foster Care 20

B. Caseworker Caseloads and Supervisor Workloads 39

C. Shelter Use 64

D. Child Maltreatment in Care..... 78

E. Caseworker Visitation 109

F. Placement Stability..... 112

G. Permanency..... 128

IV. Delayed Performance Area Measures: Performance Data Outcomes and Assessment of Progress..... 145

A. Therapeutic Foster Care 145

B. Permanency (6.2, 6.4 Metrics) 162

Figures

Figure 1: Number of Children in DHS Custody at the End of the SFY - 2004 to 2022 17

Figure 2: Children in Custody on June 30, 2022 by Age Group (Total = 6,660) 18

Figure 3: Children in Care on June 30, 2022 by Length of Stay (Total = 6,660) 19

Figure 4: Children in Care on June 30, 2022 by Placement Type (Total = 6,660) 20

Figure 5: New Foster Care Homes Developed by Month, July 2021 – June 2022 27

Figure 6: New Foster Homes by Type, July 2021 – June 2022 (N=552) 28

Figure 7: Caseloads: Percent of Workers Meeting Caseload Standards..... 50

Figure 8: Supervisor Workloads: Percent of Supervisors Meeting Workload Standards 61

Figure 9: 5.1 – Shelter-Nights, Children Ages 0 – 1..... 69

Figure 10: Metric 5.2 – Shelter-Nights, Children Ages 2 – 5 69

Figure 11: Metric 5.3 – Shelter-Nights, Children Ages 6 – 12 70

Figure 12: Metric 5.4 – Shelter-Nights, Children Ages 13 and Older 71

Figure 13: 1b – Absence of Maltreatment in Care by Parents..... 93

Figure 14: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers..... 94

Figure 15: Metric 3.1 – Frequency of Visits by All Workers..... 110

Figure 16: Metric 3.2 – Frequency of Primary Worker Visits..... 110

Figure 17: Metric 3.3b – Continuity of Primary Worker Visits Over Six Months 111

Figure 18: Metric 6.3 – Re-entry within 12 Months of Exit 134

Figure 19: Metric 6.5 – Permanency Performance..... 135

Figure 20: Metric 6.6 – Permanency Performance 139

Figure 21: Metric 6.7 - Permanency Performance..... 144

Figure 22: Therapeutic Foster Homes by Month, July 2021-June 2022 146

Figure 23: Metric 6.2a - Permanency within 12 Months of Removal.....	165
Figure 24: Metric 6.2b – Permanency within 2 years of Removal.....	175
Figure 25: Metric 6.2c – Permanency within 3 years of Removal.....	177
Figure 26: Metric 6.2d – Permanency within 4 years of Removal.....	179
Figure 27: Metric 6.4 – Permanency Performance.....	180
Figure 28: 6.4 Permanency Outcomes To-Date for Upcoming Report Periods.....	181

Tables

Table 1: Summary of Target Outcomes.....	10
Table 2: Traditional Home Closure Reasons, July 2021 – June 2022.....	33
Table 3: End of Period, Point in Time Caseload Compliance.....	39
Table 4: Pinnacle Plan Caseload and Workload Standard Commitments.....	40
Table 5: Caseload Compliance Calculations and Baseline Outcomes.....	40
Table 6: Workload Spikes and Caseload Compliance, Fall 2016, 2017 and 2018.....	46
Table 7: Worker Caseloads Capacity and Compliance as of June 30, 2022.....	51
Table 8: Nights in Shelters by Age, January – June 2022, and Change from Baseline.....	64
Table 9: Pinnacle Plan 1.17: Baseline and January – June 2022.....	72
Table 10: Children in Care Who Were Abandoned, SFY18 – SFY22.....	74
Table 11: Children in Shelters with Abandonment, January – June 2022.....	75
Table 12: Rate of MIC by Placement Type.....	96
Table 13: Percent Of Days and MIC Substantiations By Placement Type.....	97
Table 14: MIC Investigation Case Review, April 2021-March 2022.....	99
Table 15: Analysis of Quality Visits in MIC Case Reviews, April 2021-March 2022.....	101
Table 16: Placement Stability Baselines, Targets, and Current Performance.....	114
Table 17: Percent of Children Whose First Countable Placement is a Kinship Home.....	124
Table 18: Metric 6.1 – Permanency Performance.....	129
Table 19: Metric 6.5 - Early Periods with Outcomes Below Baseline.....	136
Table 20: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type.....	140
Table 21: Total Children Served in EFC, July 2021 through June 2022.....	151
Table 22: Children Served in EFC by Age Group, July 2021 through June 2022.....	152
Table 23: EFC Verification – 50 Cases Open from January through June 2022.....	158
Table 24: Comparison of Federal and Oklahoma Measures for Timely Permanency.....	164
Table 25: Measure 6.2a, Permanency Rates by Report Period.....	165
Table 26: Measure 6.2b, Permanency Rates by Report Period Children Who Achieved Permanency within 2 years (<i>Most Recent on Left Side</i>).....	176
Table 27: Measure 6.2c, Permanency Rates by Report Period Children Who Achieved Permanency within 3 years (<i>Most Recent on Left Side</i>).....	177
Table 28: Measure 6.2d, Permanency Rates by Report Period.....	178
Table 29: Permanency of 6.4 Youth with a Removal Condition of Abandonment.....	183
Table 30: 6.4 Youth with a Disability.....	183
Table 31: 6.4 Youth with a Mental Health Diagnosis.....	184

Appendix

Appendix A: “Agreement To Amend The Compromise And Settlement Agreement And Partially Suspend Good Faith Reporting On Selected Performance Area Measures.”190

Appendix B: Metric Plan Baselines and Targets (Updated September 2015)197

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 brought against the state of Oklahoma on behalf of children in the custody of DHS. 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.”

DHS, with the assistance of state leaders, advocates and other stakeholders, developed the Pinnacle Plan in 2012, detailing 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 required DHS to identify performance baselines and Target Outcomes to measure the state’s progress in core performance areas, which are grouped in the following 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 that 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 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 performance areas, with corresponding baselines and targets, established by DHS and the Co-Neutrals, and as updated.¹

¹ 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. The CSA also requires the Co-Neutrals to provide commentary and determine 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

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.

The CSA further 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.

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, the Parties 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-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.

COVID RECOVERY AGREEMENT

The onset of the pandemic in 2020 adversely impacted some of the department’s ongoing practices. The Parties developed a joint “COVID Recovery Period Agreement” (the “Covid Recovery Agreement” or “CRA”), which the Court approved on December 14, 2021, modifying certain aspects of the original Settlement Agreement. The CRA acknowledges that unforeseen effects of the COVID-19 pandemic significantly impacted DHS’ efforts and performance outcomes for seven “Delayed Performance Area Measures”:

- TFC Performance Area Measure 2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period;
- TFC Performance Area Measure Net Gain/Loss in TFC homes for the reporting period;
- 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;
- 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;
- 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;

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.

- 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;
- 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.

The CRA describes the remaining 23 performance area metrics as the “Non-Impacted Performance Area Measures.”

The CRA establishes an 18-month “COVID Recovery Period” that covers the previous two and current 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 the Co-Neutrals would suspend judgment with respect to DHS’ efforts for the seven Delayed Performance Area Measures.

During the COVID Recovery Period, the CRA requires the Co-Neutrals to continue to determine and report whether DHS is making good faith efforts to achieve substantial and sustained progress toward each of the 23 Non-Impacted Performance Area Measures. The Co-Neutrals’ Commentaries also continue during the COVID Recovery Period 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. The report on the Delayed Performance Area Measures is presented in Section IV of this Commentary. (See Appendix A for the CRA).

To terminate DHS’ responsibilities and obligations for the 23 Non-Impacted Performance Measures, the Co-Neutrals must make a determination that DHS has, for a period of at least two consecutive years, made good faith efforts to achieve substantial and sustained progress toward each and every Target Outcome.

The Co-Neutrals’ Finding: The Final Report for the 23 Non-Impacted Performance Area Measures

In this Nineteenth Commentary, covering report period January 1, 2022 to June 30, 2022,² 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. In accordance with the CSA, including subsequent amendments and modifications to the CSA described above, the Co-Neutrals present Section III of this Commentary Nineteen as the Final Report for the 23 Non-Impacted Performance Area Measures. As detailed throughout Section III of this Commentary, the Co-Neutrals have found that for a two-year continuous period, including this six-month report period, DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for each of the 23 measures assessed in this Commentary. This finding terminates DHS’ responsibilities and obligations for the 23 Non-

² In numerous instances, as described in this Commentary, data and information are only available through March 31, 2022 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). 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.

Impacted Performance Measures, though DHS has agreed to continue to report publicly on its performance.³

To terminate DHS' responsibilities and obligations for the remaining seven Delayed Performance Area Measures, the Co-Neutrals must make a determination that DHS has, for a period of at least two consecutive years, made good faith efforts to achieve substantial and sustained progress toward each and every Target Outcome.⁴

Years of investment by the Oklahoma Legislature, support from the state's governors and DHS' relentless efforts to create a safer and more effective child welfare system have created a substantially improved system for children in many areas. These improvements owe to the work of thousands of dedicated individuals across the State and, without question, the dynamic leadership within DHS by individuals who are skillful, focused and mission driven. In addition, none of this would be possible without the commitment and dedication of Oklahomans who step up routinely to serve as foster parents for children in care, as well as the many relatives and friends of children who agree to serve as surrogate caretakers.

At the beginning of this reform in 2012, data and information revealed: only 27 percent of caseworkers met their workload standard; caseworker turnover was as high as 70 percent in some parts of the state; caseworkers drove for hours with children in state cars as they waited, often fruitlessly, to secure family and needs-based placements; children of all ages, including infants and toddlers, were placed in shelters without hesitation and languished for months; caseworkers often did not assess child safety during visits with children; DHS frequently did not begin to investigate reports of suspected abuse and neglect of children residing in congregate care facilities until more than a month after receiving notice of the allegations, often leaving children in harm's way; DHS frequently did not disclose numerous instances of abuse and neglect of children in state custody, artificially suppressing the prevalence of harm and risk to children in state custody. It was, in many respects, a dangerous system for children with limited transparency and a negligible capacity to self-diagnose and remediate problems.

Since that time, Oklahoma has become a model child welfare system in some important respects. DHS has demonstrated its commitment to being a self-correcting child welfare agency that continuously assesses its data, information and feedback from stakeholders. That information has enabled DHS to develop a comprehensive suite of core strategies and practices focused on improving each of the Non-Impacted Performance Measures, and DHS has dynamically and routinely enhanced those strategies to

³ DHS committed in the CRA that it will continue to report to the Co-Neutrals and the 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.

⁴ The CRA 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."

respond to changed conditions over time. The Co-Neutrals, without reservation, are of the view that Oklahoma has substantially and sustainably improved its child welfare system to better protect, support and serve children in state custody with respect to each of the 23 Non-Impacted Performance Area Measures.

Some of the highlights of DHS' improvements include:

- achieving close to 100 percent caseload compliance statewide;
- building the department's capacity to recruit, support and retain family-based placements for children, including traditional and kinship foster homes;
- transparently reporting maltreatment in care
- eradicating the use of shelters to house the youngest children and significantly decreasing the use of shelters for children of all ages;
- establishing through law and policy requirements to timely screen, respond to and investigate all reports of child abuse and neglect, including for children in congregate care;
- heightening oversight and provider accountability to promote safe care of children placed in higher-level settings; and
- establishing multiple-level caseworker and supervisor trainings, guidance and efforts to prioritize safety, stability, well-being and permanency for children in care.

Further, and of critical importance, DHS' data management team has made remarkable progress since the settlement of this litigation, particularly in strengthening its ability to gather, leverage and evaluate information accurately and to support data-driven management decisions and case practice improvements. In fact, Oklahoma was one of only three states to receive approval from the federal Children's Bureau for its Data Quality Plan, which now serves as an example to other states working toward approval of their plans under the federal Comprehensive Child Welfare Information System requirements.

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

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
Non-Impacted Performance Area Measures			
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: 99.01% Target: 99.68%	Yes	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: 98.98% Target: 99.00%	Yes	Yes
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	No Outcome: 552 Target: 805	Yes	Yes
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	No Outcome: -327 Target: 73	No	Yes
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

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
3.2: 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: 95.0% Target: 90.0%	Yes	Yes
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: 57.0% Target: 65.0%	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: 77.2% 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: 64.6% Target: 68%	No	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
4.1c: 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: 41.0% Target: 42%	Yes	Yes
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: 80.8% 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 ages 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 ages 6 years to 12 years.	No Baseline: 20,147 Outcome: 4,887 Target: 0	No	Yes
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	No Baseline: 20,635 Outcome: 9,399 Target: 8,850	No	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: 36.6%; (149 non-compliant youth) Target: 90%	Yes	Yes; Since the baseline, reduced by 55% the number of shelter-nights for this oldest age group, reduced by 57% the number of teens counted in the denominator and reduced by 62% the number of children non-compliant with this measure.
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: 89.4% Target: 90%	Yes – for children ages 12 and under	Yes – for children ages 12 and under
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: 5.9% Target: 8.2%	Yes	Yes
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: 71.3% Target: 75%	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
6.6: 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: 95.8% 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
Caseworkers	Yes Baseline: 27% Outcome: 97.8% (PIT) 90.6% Quarterly Target: 90%	Yes	Yes
Supervisors	Yes Baseline: 58.8% Outcome: 91.8% Target: 90%	Yes	Yes
Delayed Performance Area Measures			
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period and number of children served in EFC therapeutic family placements. ⁵	Outcome: 29 TFC/ITFC homes; 128 ⁶ children in EFC therapeutic family placements Target: 67 TFC/ITFC; 270 EFC placements	Yes	No Finding During COVID Recovery Period

⁵ As explained below in the Therapeutic Foster Care section of this Commentary, DHS is developing foster homes for children in need of therapeutic care through its new Enhanced Foster Care (EFC) program to supplement DHS' development of new TFC/ITFC homes and to fulfill the department's commitment under this measure.

⁶ For the period of July to December 2021 (the first half of SFY22), the Co-Neutrals verified 97 EFC child placements. For the second half of SFY22, the Co-Neutrals did not review the case records of all children served in the EFC

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: 9 TFC/ITFC homes; Target: 30 TFC/ITFC homes	Yes	No Finding During COVID Recovery Period
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: 30.5% Target: 55%	No	No Finding During COVID Recovery Period
6.2b: The number and percent of children who entered their 12 th 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: 47.9% Target: 75%	No	No Finding During COVID Recovery Period
6.2c: The number and percent of children who entered their 24 th 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: 47.6% Target: 70%	No	No Finding During COVID Recovery Period
6.2d: The number and percent of children who entered their 36 th 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: 56.7% Target: 55%	Yes	No Finding During COVID Recovery Period

program from January to June 2022 but instead a sample of 50 children served in the EFC program during that period. The Co-Neutrals verified the EFC placements for 31 of these 50 children reviewed, for a total of 128 verified EFC placement for SFY22.

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: 41.4% Target: 80%	No	No Finding During COVID Recovery Period

Methodology

The Co-Neutrals conducted a comprehensive series of verification activities to evaluate DHS’ efforts and progress. 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.

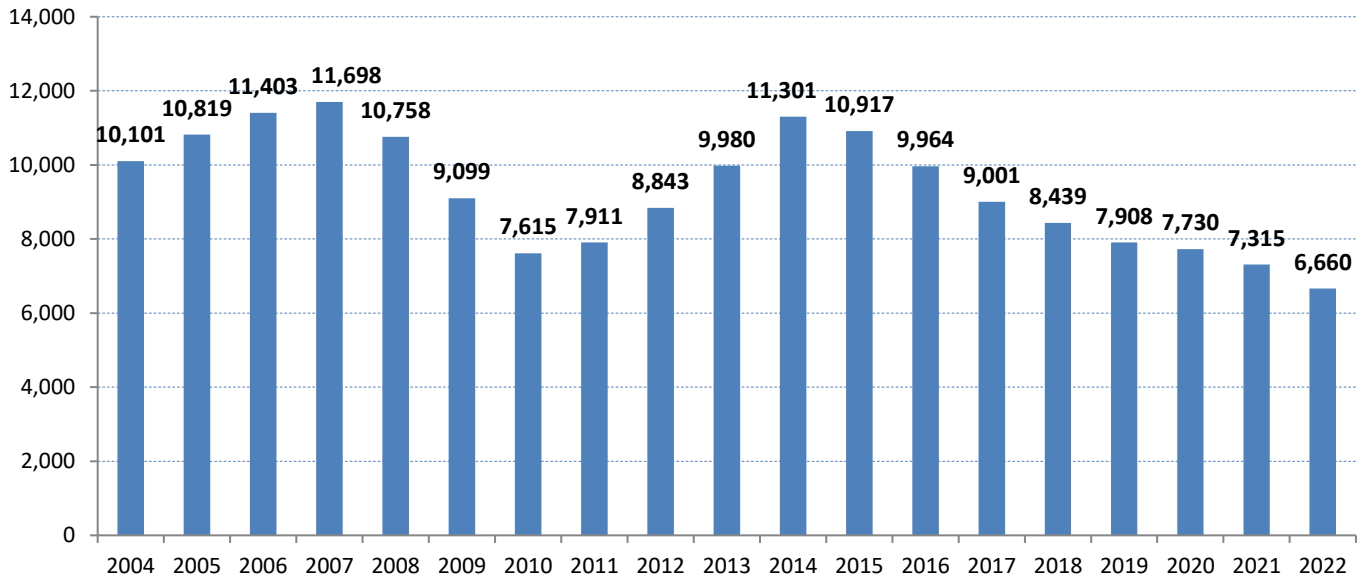
The remainder of this report includes:

- Context Data of Children in DHS Custody (Section II);
- Non-Impacted Performance Area Measures: Performance Data Outcomes, Assessment of Progress and Good Faith Efforts (Section III);
- Delayed Performance Area Measures: Performance Data Outcomes, Assessment of Progress (Section IV); 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 last six years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Eight years later, on June 30, 2022, there were 6,660 children in DHS custody, a 42 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 THE SFY - 2004 TO 2022



Source: DHS Data

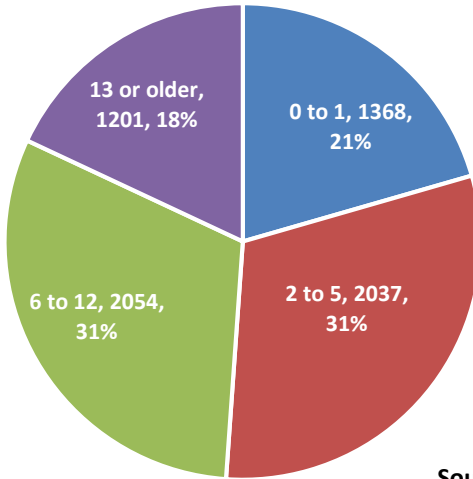
Demographics

DHS data show there were 6,660 children in custody on June 30, 2022, while there were 6,880 children in custody on December 31, 2021.⁷ During the reporting period from January 1, 2022 to June 30, 2022, 1,663 children entered care and 1,883 children exited care.

Young children aged zero to five years made up the largest portion (3,405 or 51 percent). Children aged 6 to 12 years comprised 31 percent (2,054) of the population in care, and 18 percent (1,201) were 13 years or older, as detailed in the following chart.

⁷ In the prior commentary, the Co-Neutrals reported 6,892 children in care on December 31, 2021. Due to data entry lag and merged identifying numbers, OKDHS data now indicate 6,880 children in care on December 31, 2021. These types of adjustments are common in child welfare administrative data.

FIGURE 2: CHILDREN IN CUSTODY ON JUNE 30, 2022 BY AGE GROUP (TOTAL = 6,660)



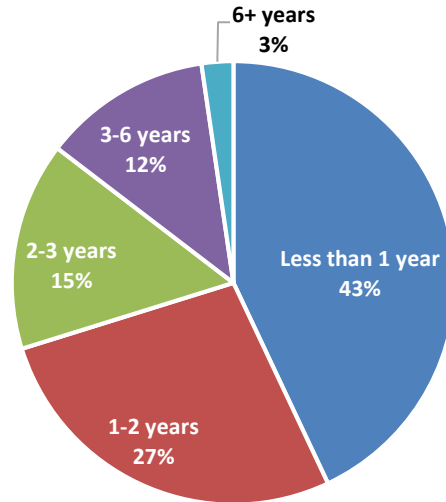
Source: DHS Data

With regard to gender, the population was split almost equally — 51 percent male and 49 percent female. With regard to race, the population of children was 37 percent White, nine 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, 17 percent of children identified with Hispanic ethnicity (and can be of any race).

As presented in the chart below, DHS’ data shows that of the children in care on June 30, 2022, 43 percent (2,863) were in care for less than one year; 27 percent (1,812) between one and two years; 15 percent (1,012) between two and three years; 12 percent (819) between three and six years; and 2 percent (154) for more than six years.⁸

⁸ Percentages in this paragraph do not sum to 100 due to rounding.

FIGURE 3: CHILDREN IN CARE ON JUNE 30, 2022 BY LENGTH OF STAY (TOTAL = 6,660)



Source: DHS Data

As the following Figure demonstrates, 92 percent of children (6,099) in DHS custody on June 30, 2022 resided in family settings, including in relative and non-relative kinship homes (42 percent⁹), with foster families (37 percent), with their own parents (9 percent), and in homes that intend to adopt (5 percent). Of children in custody, 478 (7 percent) resided in institutional settings, including hospitals, shelters 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).¹⁰

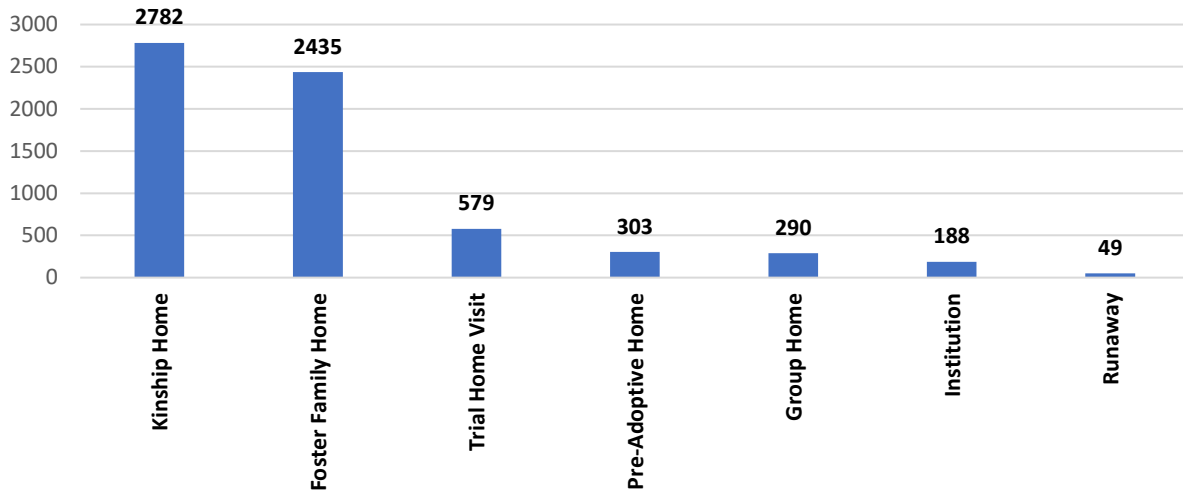
Of the 6,099 children living in family settings, 1,359 (22 percent) were less than two years old, 2,025 (33 percent) were 2 to 5 years old, 1,933 (32 percent) were 6 to 12 years old, and 782 (13 percent) were 13 years or older. Of the 478 children living in institutional settings, 2 (0.4 percent) were less than two years old, 7 (1 percent) were 2 to 5 years old, 112 (23 percent) were 6 to 12 years old, and 357 (75 percent) were 13 years or older.¹¹

⁹ The Co-Neutrals expect this portion will continue to grow as DHS reported for the six-month period of January 2022 to June 2022, 52.4 percent of first placements were in kinship homes.

¹⁰ Percentages in these paragraphs do not sum to 100 due to rounding.

¹¹ Percentages in these paragraphs do not sum to 100 due to rounding.

FIGURE 4: CHILDREN IN CARE ON JUNE 30, 2022 BY PLACEMENT TYPE (TOTAL = 6,660)



III. FINAL REPORT for the 23 Non-Impacted Performance Area Measures - Performance Data Outcomes, Assessment of Progress and Good Faith Efforts

A. Foster Care

For the 15th consecutive report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward its annual Target Outcome for new, traditional foster home development. Additionally, for this, the ninth consecutive report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward its annual Target Outcome for a net gain in traditional foster home development. These consecutive findings, in concert with the balance of the Co-Neutrals’ findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties’ COVID Recovery Agreement.

Over the past 10 years, DHS has grown its foster home infrastructure with experienced leadership, staff resources and new policies focused on growing a diverse pool of safe foster homes that are also better resourced and better supported.

Summary Review of Foster Home Performance Area Since the Beginning of the Reform

At the outset of DHS’ improvement efforts under the CSA, DHS set forth in its Pinnacle Plan a clear understanding of the compounding impact and importance of maintaining an adequate pool of foster homes, noting, “If every child has the right resource family, a reduction in abuse and neglect in care, placement instability, shelter care utilization, failed adoptions, and older youth aging out of the system without a permanent family will be achieved.” In the Pinnacle Plan, DHS also acknowledged that it had not been able to develop an adequate pool of foster homes for the number of children in care and, at the outset of this reform, committed to address numerous barriers to foster home recruitment and retention.

During the early stage of this reform, hundreds of DHS caseworkers and supervisors repeatedly told the Co-Neutrals that field staff experienced great difficulty finding foster homes available for children in care. The Co-Neutrals heard numerous accounts from staff, foster parents, advocates, and other system partners of:

- Children waiting in public agency offices immediately after the trauma of removal while staff struggled to find a placement.
- Workers driving with children in state cars for many hours, during the day and at night, while efforts were made to secure placements.
- Children removed from their families and placed far from their communities.
- Siblings regularly separated and placed apart, compounding the trauma of removal from their parents.
- Children of all ages, including infants and toddlers, placed in shelters.
- Foster parents struggling to meet the needs of children placed by DHS with little information provided about those needs and without timely services provided to enhance placement stability.

DHS committed to expand capacity to recruit new resource families; improve the approval process for families in the application pipeline; expand access to pre-service foster parent training; and enhance supports for foster families, such as offering higher monthly board rates and access to support groups, and ensuring foster parents receive at the time of placement complete information about the children who are placed in their care.

Challenges with Data Sufficiency and Accuracy

At the beginning of this reform and before assessing and reporting on DHS' efforts to implement these and other commitments to improve performance outcomes, the CSA charged the Co-Neutrals with verifying the sufficiency of the department's data for all performance areas and metrics. The foster home performance area was one of three that required a significant amount of work to correct data inaccuracies and confirm data sufficiency.¹²

Working with DHS, the Co-Neutrals sought to verify data sufficiency in the count of all new (non-therapeutic, non-kinship) traditional foster homes that the department approved during the previous fiscal year (SFY11). In submitting to the Co-Neutrals its new home data for SFY11, DHS summarized that the department opened 1,543 new resource homes between July 2010 and June 2011. The Co-Neutrals' review of this new home data revealed that DHS used a substantively different definition for new resource homes, particularly as it pertains to the CSA, and that the SFY11 data included numerous duplicates of the same homes, which artificially inflated the count of newly developed homes.¹³

¹² Two other performance areas - Maltreatment in Care and Workloads (for caseworkers and supervisors) – also required a significant amount of work to address inaccuracies and confirm data sufficiency.

¹³ The term resource home is used often and in this report for any family home that is certified to accept placement of a child in the custody of a child welfare system, including traditional, kinship, therapeutic, and adoption homes. The CSA calls for target settings, strategies, and improvement in seven performance areas. With respect to resource homes, it requires DHS to focus on just two types: traditional and therapeutic foster homes.

The CSA requires that DHS improve outcomes with respect to the “number of foster homes available for children not in need of therapeutic care.”¹⁴ The purpose is to build a robust pool of traditional foster homes that will foster and support children toward their permanency goals, which first and most often means returning home to their families. However, for over half of the new homes included in DHS’ SFY11 data, families were only interested in adoption and only willing to accept placement of children who they could adopt.

DHS assigns different resource numbers to the same home if the family serves as both an adoption and foster home or another distinct type of placement (such as TFC). The problem with DHS’ early data reporting was that the department included both the adoption and foster care resource numbers of the same home when it opened as both an adoption and foster family in the same year, resulting in a duplicate count. The Co-Neutrals also found duplicate counts of the same home (foster and adoption) if it was recorded as having opened, closed, and reopened in the same year.

After removing traditional foster homes with duplicate counts and distinguishing resource homes committed to adoption only, DHS and the Co-Neutrals concluded that out of the 1,543 homes the department first reported as new during SFY11, only 431 were homes newly available to foster children in DHS custody and 738 were adoptive homes.

DHS and the Co-Neutrals then looked to verify a baseline count of all foster homes open in DHS’ resource home pool as of June 20, 2013. The department initially reported 1,744 open foster homes after removing homes assigned only an adoption resource number. Here too, following a review and analysis of DHS’ data submissions, the Co-Neutrals identified some remaining duplicate counts of the same home. After removing the duplicates and conferring extensively with DHS to assess its resource home data and establish new criteria for counting foster homes, the Co-Neutrals concluded in March 2014 that the

¹⁴ The CSA also called for improved performance with respect to the “number of foster homes available for children in need of therapeutic care,” which is a separate performance area discussed in Section IV of this Commentary, which covers the seven Delayed Performance Area Measures.

department's foster home data was sufficient and established a baseline of 1,693 open foster homes as of July 1, 2013.^{15,16}

The significant time and effort DHS dedicated to refine and correct its data tracking and reporting and establish data sufficiency has been critical to allow DHS to understand, at any point in time, the number of traditional foster homes available to children in its care and to assess each period the number of new foster homes it needs and has developed to meet that need. This data accuracy also allows DHS to assess its progress to achieve net gains or experience net losses of foster homes as families enter and exit, through closure, Oklahoma's pool of open foster homes.

DHS also established a practice to inventory its open traditional foster homes that sit vacant for long periods (e.g. over six months) to assess if the foster parents are still interested in fostering, if they require additional supports to continue fostering, and if they prefer to close their home for a period or indefinitely, or perhaps support DHS and other foster parents in a more limited way as a respite home. DHS' periodic review of homes unavailable for placements is important to maintain a true baseline of the department's pool of open and available foster homes and to avoid dedicating critical staff time to visit or attempt to

¹⁵ The criteria for new countable non-kinship foster homes, last updated during SFY16, is as follows:

Count

1. A home certified for the first time as a foster home. This includes homes certified at the same time to be both an adoptive and foster home.
2. A home reopened or recertified as a foster home as long as the home has been closed as a foster home for more than twelve months.
3. A home newly certified as a foster home if the home is already approved as an adoptive home.
4. A home certified as a kinship home that is then reassessed and/or certified as a traditional foster home resource open for non-kinship placements.

DHS must be able to identify these converted or dually certified homes in its reporting if the home existed as a kinship home within the last 12 months. In order to count any home that is converted from either a kinship or adoptive home to a traditional or supported foster home, DHS also must certify that DHS staff has completed and documented a thorough conversion process with the foster family and that the family has accepted the placement of a child in DHS custody. This same certification must be completed to count any new homes designated as poor prognosis homes.⁴

Do Not Count

1. Any home or family already open or certified as a foster home.
2. Any home certified as a foster home open to kinship placements only.
3. Any certified foster home closed within the previous twelve months.
4. Any home designated as a respite-only home.⁴
5. Any home approved as a contracted foster home.

¹⁶ After data sufficiency was established in March 2014 for the foster home measures, DHS and the Co-Neutrals have continued to analyze semi-annual foster home data every period and work through any questions that arise. From these ongoing assessments, DHS agreed to update its criteria to confirm that foster homes that are only interested in providing short-term respite care do not count as a new home or in the baseline for each period.⁴ Further, DHS agreed that homes designated as "poor prognosis" can only be counted after accepting placement of a child in DHS custody. "Poor prognosis" homes are similar to adoption-only homes as the family is only interested in fostering children who have a poor prognosis for reunification and who will likely become legally free for adoption. In line with DHS' new resource family model discussed further below, the department no longer separately approves or designates resource homes as poor prognosis.

place children in homes no longer willing to foster. Further, maintaining an accurate baseline allows DHS to understand where its greatest strengths and needs for foster home placement options exist.

Challenges with Kinship Conversions

The Co-Neutrals' earliest detailed file reviews of newly approved homes, as well as discussions with field staff and supervisors, revealed that DHS focused a significant amount of its recruitment efforts on encouraging kinship foster families¹⁷ to become traditional foster homes and accept non-kinship children for placement. The records showed that some homes that DHS converted from kinship to traditional, making them "joint approved," appeared to be stable and safe resources prepared to accept placement of non-kinship children in their homes. However, the Co-Neutrals found cases throughout their file reviews in 2013 and 2014 that raised questions about the process and practice as some kinship homes were converted despite the records documenting the families' interest to care for kinship children only.

Further, discussions with field staff and case record reviews in 2014 confirmed that some kinship families were asked to accept for placement non-kinship children on an emergency basis, with no prior approval as a traditional home. Kinship homes in these cases were established as traditional foster homes on the day non-kinship children were placed in the homes. Many of these kinship families were not adequately prepared to take on the responsibility of providing foster care for non-kinship children, with some asking that children in DHS custody be moved shortly after placement and that their homes be closed as a traditional resource. After discussions with the Co-Neutrals regarding concerns with the process for jointly approving or converting kinship homes to traditional homes, DHS developed new criteria and a conversion process requiring a planful and intentional discussion with a kinship family to assess their readiness and capacity to parent non-kin children. DHS agreed to maintain in each converted foster home's file a specific record signed by the foster parent(s) and a DHS supervisor certifying that the family was informed of the expectations regarding foster parenting. The Co-Neutrals eventually concluded through comprehensive case reviews that DHS had trained staff on the new protocol and that staff was documenting in the case files the required conversion process with the families involved.

Contracting Private Agencies to Recruit and Manage Foster Homes – A Challenging Start

The Co-Neutrals' discussions with caseworkers and supervisors across the state shed light on the many challenges and conditions in the field that limited DHS' capacity to develop traditional foster homes. First, at the time DHS began this reform effort, the department had not established an organizational structure, with dedicated resources and training, focused squarely on recruiting new foster homes. Foster care workers who were assigned a caseload to support and manage existing foster homes (traditional, kinship, adoption, and other types) were also responsible for completing time-sensitive background checks for initial kinship home approvals. These same staff were responsible for helping to locate foster homes available for children waiting for a new placement while also being responsible for recruiting new foster homes. Caseworkers and supervisors explained that the additional responsibility to plan for foster home recruitment activities in the community inevitably was relegated to the bottom of their to-do list as they attended to more urgent daily needs first, such as requests from foster parents or permanency caseworkers needing assistance with child placements.

¹⁷ Kinship foster care means continuous care provided for a child requiring out-of-home placement by a relative or other responsible adult who has a bond or tie with the child, or a family relationship role with the child's parent(s) or the child, prior to the child's entry into foster care.

From the beginning of the reform, DHS' chief strategy and plan was to privatize the development and support of traditional foster homes, rather than build an adequate recruitment team and operational structure within the department. However, DHS planned to continue to manage internally and utilize its existing pool of already developed traditional foster homes, as well as approve and manage all kinship foster homes. DHS planned further to delegate the recruitment and development of all new traditional foster homes to private agencies contracted through a Request for Proposals (RFP) bidding process. The Co-Neutrals and DHS discussed at length in 2012 that this type of public-private foster care system would require close coordination between DHS and the private agencies it selected through the bidding process.¹⁸

DHS first selected 10 agencies for the new foster care contracts (out of 129 proposals received) but then cancelled those 10 contracts just a few months later having concluded that the RFP and contract language DHS prepared was too prescriptive and compromised the private agencies' flexibility and ability to achieve Oklahoma's long-term goals for new foster home recruitment. Private agencies had raised these same concerns before the contracts were awarded. It was not until August 2013, almost one year later than the state's original commitment, that DHS awarded new contracts through a revised RFP and then selected only four agencies to provide foster care services statewide. New home development progressed slowly as DHS had not effectively planned to transition all new recruitment work to the private agencies. As a result, the agencies were not prepared to begin recruiting homes immediately, needing time to set up their recruitment operations. Once the private agencies began to recruit and move families through the approval pipeline, the agencies reported that many DHS processes were cumbersome and that some barriers to home approval remained unresolved for extended periods of time. These barriers included unreasonable delays in receiving criminal background check results from DHS and delays in DHS' review of private agency foster home studies,¹⁹ which hindered the prompt approval of new foster homes during the first year the new contracts were in place. The private agencies and frontline staff also reported that a lack of well-coordinated, consistent communication between DHS and its field offices created confusion for caseworkers who needed greater clarity on how to access the traditional foster homes opened and managed by the private agencies.

As a result, DHS established a barrier buster workgroup and took steps to proactively identify and address systemic barriers to prompt foster home approval. Those efforts led to a range of changes, including DHS' contract for an electronic fingerprinting service to reduce wait times that persisted in its manual fingerprinting process.

While DHS' coordination and communication efforts (internally and externally) began to improve, there were growing concerns among the Co-Neutrals and DHS regarding the department's pace and capacity to develop an adequate pool of foster homes as the number of children in custody grew rapidly. The Co-Neutrals urged DHS to expand its contracted foster home development work to additional qualified providers. In November 2014, the Co-Neutrals issued a Remedial Order pursuant to their authority under the CSA directing DHS to develop a plan and a set of core strategies using all of its available tools to timely, substantially, and sustainably increase the number of available foster homes and achieve its annual foster

¹⁸ DHS' plan was to complete the bidding process by September 30, 2012; however, DHS did not release the RFP until October 29, 2012 with a proposal deadline of December 3, 2012.

¹⁹ At the time, no private agency foster home was approved until DHS staff reviewed and authorized utilization of the home.

home Target Outcomes. The Co-Neutrals directed DHS to assign a senior staff person to continually assess the department's progress and any barriers to achieving its new home targets.

Over time DHS developed its current comprehensive structure to recruit, support, and manage traditional foster homes, which ultimately resulted in contracts for traditional foster homes with 16 private agencies. Further, in line with the directive for DHS to use all tools available, department leadership began during the second half of calendar year 2015 to build and staff its own, internal foster home recruiting program to work in partnership with the private agencies to maximize Oklahoma's capacity to develop and support a diverse pool of traditional foster homes in the state. The department currently maintains 10 DHS recruitment units across the state that are supported by a dedicated leadership team focused on both implementing regionally targeted recruitment plans in the field as well as advancing case practice and programmatic improvements statewide to support and retain foster homes.

Resource Home Model – A More Efficient, Needs-Based Approach

As noted above, DHS had long identified and managed separately homes opened as traditional foster care resources versus those approved as adoption homes only. Early in the reform, the Co-Neutrals discussed with DHS leadership that this bifurcated system created multiple inefficiencies. For example, DHS had assigned adoption caseworkers to manage hundreds of open adoptive homes, including making quarterly visits and conducting time-consuming annual family reassessments despite a sizable percentage of these homes remaining persistently vacant and not willing to accept placement of the Oklahoma children awaiting an adoptive home, particularly older children. Adoption homes would stay vacant as the families waited for DHS to present a child who met their specific, requested characteristics (e.g., an infant or a girl aged three or younger) and who was legally free for adoption or had no prospect of returning to their family of origin.

In fact, another of DHS' longstanding efforts to recruit new foster homes was to ask families already approved by the department as an adoption resource to convert to a traditional foster home. Adoption homes that converted and agreed to be open to foster or adopt would have an additional caseworker from the foster care unit assigned to manage the same home, now assigned two caseworkers, creating further inefficiencies with DHS' limited staff resources and caseloads.

The Co-Neutrals stressed to department leadership that their experience has shown that child welfare systems can operate more efficiently through an integrated practice, known as a resource family model. This model recognizes that most children adopted from child welfare systems, including Oklahoma's, are adopted by their foster families and allows agencies to guide and support families from their initial inquiry through the end of the home approval process, without the family having to declare an interest in foster care or adoption only. A critical component of the model requires resource home recruiters (private agency and DHS) to discuss with prospective families the characteristics of the children in Oklahoma's custody (i.e., older youth, as well as younger children, sibling groups, etc.) who need placements. Further, in this model, families are provided with information that clarifies that it is through fostering children and youth in the state's custody that most families have the opportunity to adopt.

After much deliberation, DHS decided to undertake a major system change and establish by October 2016 a unified resource family model. This integration of DHS' foster and adoption resource programs involved a significant, time-consuming effort to retrain staff and shift entrenched practice norms and operational structures. However, with focused leadership and ongoing guidance and support for caseworkers and

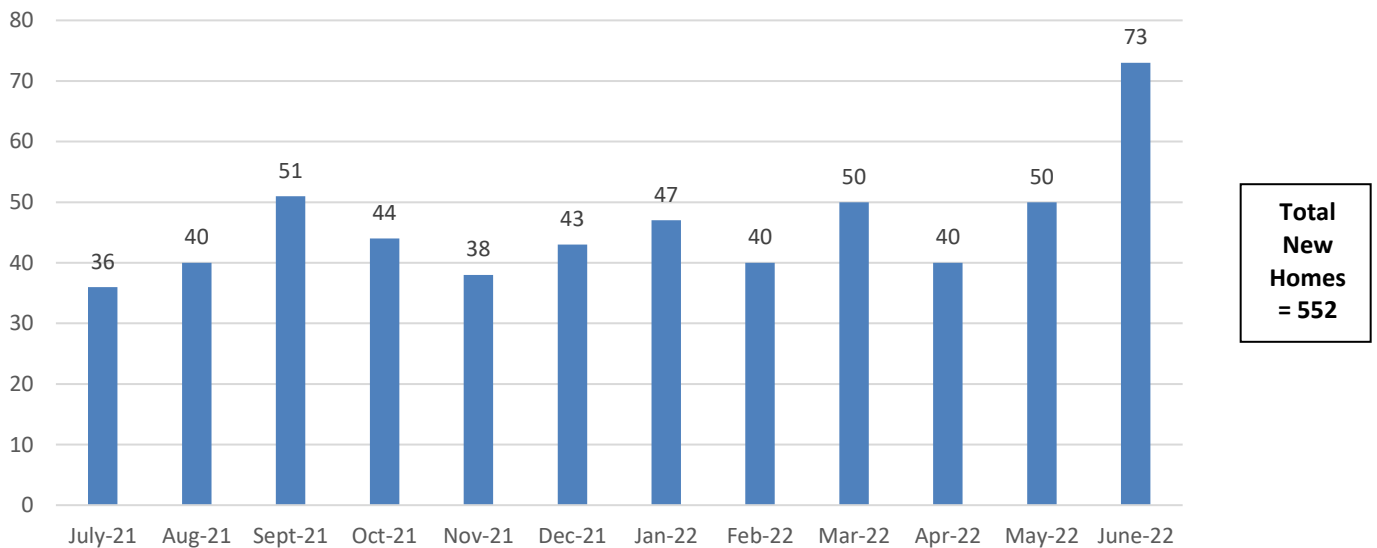
foster families, DHS’ resource family model has created efficiencies to recruit and manage resource homes, maximize casework assignments, and help match children to families who will support their needs and permanency goals.²⁰

In the department’s comprehensive efforts over the last 10 years to build a strong foster care system, DHS has implemented numerous other changes and core strategies. Taken together, the state has enhanced Oklahoma’s foster home recruitment and approval processes, expanded foster parent training opportunities and supports, and continuously gathered feedback from foster parents for ongoing improvements in case practice and foster home retention.

Current Report Period: Foster Care Target Outcomes, New Foster Homes, and Net Foster Home Gains

For SFY22, DHS committed to developing 805 new traditional, non-kinship foster homes. During the full 12 months of July 2021 through June 2022, DHS and its private agency partners recruited a total of 552 new traditional homes, which is 68.6 percent of the Target Outcome.

FIGURE 5: NEW FOSTER CARE HOMES DEVELOPED BY MONTH, JULY 2021 – JUNE 2022



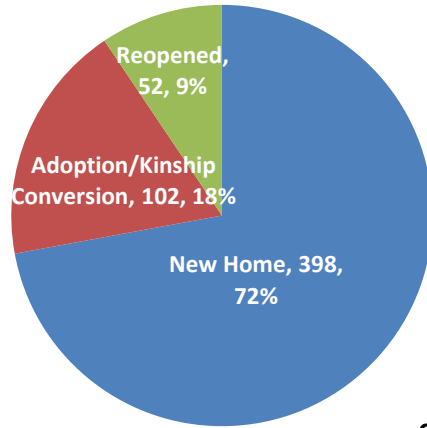
Source: DHS Data

Of the 552 new foster homes approved during this 12-months of SFY22, 398 families (72 percent) were newly recruited by DHS and the private agencies; 102 homes (18 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 52 (nine percent) were DHS resource homes²¹ that were closed for more than a year and reopened during this report period.

²⁰ DHS still approves on a limited basis some families as adoption-only if the family agrees to accept placement of older children, sibling groups of three or more, and children with special needs.

²¹ DHS resource homes that are reopened could have been previously approved as several distinct types of DHS resources, including traditional, kinship, emergency foster care, TFC, and Developmental Disabilities Services (DDS) homes.

FIGURE 6: NEW FOSTER HOMES BY TYPE, JULY 2021 – JUNE 2022 (N=552)



Source: DHS Data

Net-Gain Target and Performance

DHS’ net-gain Target Outcome goal for SFY22 was 73 foster homes. At the beginning of the fiscal year on July 1, 2021, the department had 2,030 open foster homes. As of June 30, 2022, DHS’ data showed that 834 of the 2,030 foster homes open at the beginning of SFY22 had closed, and 80 of the 552 new homes opened during the period had also closed by June 30, 2022 for a net loss of 327 homes during the 12-months of SFY22.

The state’s recruitment of new homes from July 2021 through June 2022 and its net gain performance during this period reflect the serious challenges that Oklahoma and many other states have confronted in the wake of the pandemic. Oklahoma, however, has benefited from years of capacity building. As of July 1, 2022, DHS had 1,703 open foster homes to support family-based placements for 6,660 children in DHS custody. Nine years earlier during the early part of this reform, DHS had 1,693 open foster homes when the department was struggling to secure foster homes placements for 9,980 children in custody. Significantly, since that time, DHS has made intentional efforts to utilize family prevention services to enable children to remain at home safely, rather than to remove children from their families and place them in foster care. As a result, fewer children entered custody over time. As of the writing of this report, there were 3,320 fewer children in custody than in 2013, with a foster home pool slightly larger than at the outset of the reform.

One way to think about these changed circumstances over time is to compare the availability of non-relative foster homes in 2013 to 2022. On July 1, 2013, DHS had one non-kin foster home available for approximately every 6 children in care. On July 1, 2022, DHS had one non-kin foster home available for approximately every 4 children in care. And the relative availability of non-relative foster homes is even stronger than this analysis suggests because DHS has markedly increased the percentage of children who are placed in kinship foster homes over time. In 2016, when DHS began its concerted efforts to approve kinship families as a child’s first placement in DHS, the baseline of all first placements in a kinship home was 34.6 percent. For this report period, DHS’ data shows that 52.4 percent of all children’s first placements were with kinship families (a 51.4 percent increase), and the department’s leadership remains

focused on growing this percentage. As a result, DHS has developed a much greater capacity to place children in family-based placements, both kin and non-kin, than it had at the beginning of the reform.

With the goal of developing 805 new traditional, non-kinship foster homes, DHS committed to develop 402 new homes with its internal foster care recruitment team and an additional 403 homes with its 16 contracted agency partners. Between July 2021 to June 2022, DHS developed 256 new homes, representing 63.7 percent of its internal target of 402 new homes for the full fiscal year. DHS' partner agencies developed 296 new homes during SFY22, which is 73.4 percent of the agencies' combined 403 new home target for the full year.

For SFY22, DHS' 16 agency partners were assigned individual targets to reach their combined target of 403 homes. Seven of the contracted agencies reached at least 75 percent of their assigned new home targets for SFY22; another seven reached between 50 and 75 percent of their full year goals; and the remaining two agencies developed less than 10 percent of their individual targets.

While DHS was able to sustain strong new home approval numbers over the last two years despite and during the most acute phases of the pandemic, DHS and its partner agencies reported that some COVID fatigue and other related challenges strained the department's ability to achieve a higher percentage of its overall new home target this report period. With respect to the recruitment of new foster families, DHS noted in its August 2022 Semi-Annual report (page 40) that, "[Partner] agencies report an increase in families moving slowly through the certification process. This is thought to be a result of the pandemic's lingering effects. Families appear to be weary and often lack urgency to complete the necessary requirements to achieve their certification. Agency partners are mindful of this and work to keep these families engaged, even if they are doing so at a slower pace than is ideal." Further, DHS reported that its recruitment teams and those of the partner agencies have navigated "short-term and long-term staffing shortages throughout the year, with Region 2 being reduced to half of the normal staffing levels."

As of the writing of this report, DHS leadership informed the Co-Neutrals that caseload capacity among its recruiters is strong again. Furthermore, after the conclusion of this report period, to help Oklahoma move its recruitment efforts forward effectively, one of the department's two statewide and highly qualified Assistant Child Welfare Directors took the lead to support DHS and the private agency recruitment teams and bring renewed energy, focus, and high-level barrier busting when needed to advance new home development. The Assistant Child Welfare Director²² enlisted the support of national foster care recruitment experts to provide technical assistance to its internal recruitment teams, private agency recruiters and foster parent partners. This is an important initiative as Oklahoma seeks to move past the effects of the pandemic on foster home development, implement new recruitment strategies and engage with community partners to develop a robust pool of family-based placements for children in its care.

Collaborative Efforts to Recruit and Support New Foster Homes

DHS reported its foster care leadership team continued this period to hold individual recruitment progress collaboration meetings with each partner agency that struggled to make progress toward their assigned

²² As of the writing of this report, the Assistant Child Welfare Director has been appointed to serve as Oklahoma's Child Welfare Director and has pledged that enhanced foster home recruitment efforts will continue to be a high priority for DHS.

SFY22 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. Additionally, DHS initiated a new effort in February 2022 to review monthly with each private agency all homes they projected to submit to DHS for new approvals to assess whether the homes are on track for submission to DHS by the end of the month and maintain an accurate count of the new home development pipeline.

Similarly, DHS recruitment supervisors meet weekly with their assigned recruiters to discuss the families they are managing toward new home approval. The meetings are intended to discuss and address any potential barriers. These recruitment supervisors also participate in bi-weekly group meetings with the supervisors of all 10 DHS recruitment units and the department's statewide recruitment lead (a field administrator) to maintain awareness of any trends or barriers to new home approvals and develop necessary actions to help achieve the Target Outcomes.

DHS and its partners also maintained joint efforts to monitor families whose progress appeared to have stalled during the approval process to resolve any organizational barriers. DHS reported that the department continued this period to survey families who were in the foster home approval process for more than 90 days to understand the reasons for any agency specific delays. Consistent with the previous five report periods, the surveys continued to show no ongoing systemic barriers or concerns. DHS has made these surveys a permanent strategy 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.

Expanded and Targeted Recruitment Strategies

DHS requires that each of the contracted agencies and the department's 10 foster care units, which are distributed across the state's five regions, must update their individual, targeted recruitment plans 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.

Due to the pandemic and the 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 recruitment efforts and expanded their use of virtual platforms, social media, and other virtual community outlets. In the spring of 2021, DHS began to resume in-person recruitment activities and continued through this fiscal year to increase outreach activities directly in communities, with DHS reporting that recruitment staff attended more than 450 events statewide since July 2021. (February 2022 Semi-Annual report, page 101)

Simultaneously, DHS has continued to expand its virtual and online recruitment opportunities and implement new ways to maximize its use of technology for new home development. During this report period, DHS' recruitment team began to use and distribute QR codes in its recruitment outreach materials. These QR codes are commonly used by commercial advertisers and organizations promoting distinct causes to reach and provide more information to individuals with a click of their smartphones. Families who may view DHS' foster home recruitment materials posted in their communities and be interested in learning more can scan the QR code with a smartphone camera and connect to DHS' recruitment program and recruiters.

Given the increasing amount of time that the public spends on social media sites, DHS has a designated team to manage and improve the Oklahoma Fosters social media pages. In its August 2022 Semi-Annual report, DHS reported that during this period, this team developed a new post—*The Road to Fostering*—that, as DHS describes, presents “a series of slides detailing the application process in small, bite-sized pieces on the steps to become a foster parent.” DHS further highlighted that this new recruitment post, which includes links to a local recruiter, received 500 shares and, according to Facebook analytics, reached 50,000 people. This is one of several recruitment posts that include information regarding fostering teens and Frequently Asked Questions.

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

Understanding the unparalleled value of foster parents as word-of-mouth recruiters, DHS and its agency partners continued efforts to identify new opportunities to include foster parents in recruitment activities, including through virtual formats, in-person gatherings and media interviews. Similarly, DHS reported that it asks families in the process of becoming a new foster home if they have friends or family who might also be interested in fostering.

To further expand this effort of foster parents as recruiters, during this report period (in May 2022) DHS launched a new incentive program offering a \$1,000 payment each to both a recruiting foster family and the family they recruit once the new family completes the approval process and takes placement of a child. After one year as a new foster home, both the recruiting and new family will receive another retention-focused payment if certain requirements are met.

Application Process and Training

Before the pandemic, DHS worked 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, beginning in mid-March 2020, in-person training and direct contact with many members of the public. DHS’ OK Benefits foster parent portal has become the preferred avenue for prospective foster families to submit their resource family applications and will continue to support new families through the application and approval process.²³

To significantly reduce administrative burdens previously placed on foster parents, as well as department staff, DHS during SFY19 streamlined the longstanding requirement that foster families annually complete a full resource family assessment, which entailed completing the same forms and

²³ As discussed in greater detail in the MIC section of this Commentary, DHS under this reform made comprehensive changes to its resource family approval process, including strengthening the assessment of each family’s protective capacities and background information, establishing greater accountability among supervisors and managers to review and approve homes, providing staff the tools to implement enhanced reviews, and implementing an ongoing, robust quality assurance process for new home approval reviews.

reproducing many of the same documents required upon initial approval. DHS now requires that foster parents complete an annual, condensed update, which still reviews any new or potential safety concerns, including updated background checks, or changes in the home environment, but eliminates the annual requirement to repeat a comprehensive new approval process.²⁴

With respect to pre-service training, DHS reported that within the six-month period of January through June 2022, 1,147 prospective resource parents enrolled in online training and 621 individuals completed the training. At the end of the period, 270 were in the process of completing the online training and 292 withdrew from the training.²⁵ DHS tracks and reviews the reasons why individuals withdraw from pre-service training to identify and address any systemic barriers. DHS reported that the 292 family members who decided not to complete their online training noted a variety of reasons, including 34 who reported personal reasons such as health issues or moving out of state; 71 who reported the child they were intending to foster returned home or was moved from their resource home; and 29 who withdrew their resource home application. Ninety-eight individuals did not follow up with their trainer and ceased communication. Another 11 individuals decided to transfer to in-person training.

In July 2020, DHS resumed in-person training to accommodate applicants who could not complete online training due to literacy, technology, and language barriers. DHS reported that it held 32 in-person sessions between January and June 2022, supporting 347 additional individuals to complete their pre-service training.

Efforts to Understand and Reduce Closures Rates

Understanding that 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 gather information directly from foster parents about their experiences to broaden and strengthen its customer service and support for foster parents and improve foster home retention.

As shown in Table 2 below, 937²⁶ homes closed over the 12 months of SFY22. As is frequently recorded as a closure reason, 231 (24.7 percent) families closed their homes after finalizing an adoption through DHS. Two hundred sixty-six families (28.4 percent) reported closure was due to their no longer having a desire to foster or adopt. For 272 homes (29 percent), the closure reason was outside the department's control, such as families experiencing an illness, a geographic relocation, or other changes in their family dynamic. Seventeen families (1.8 percent) reported closing their homes because they were displeased with the

²⁴ DHS requires foster families to complete the more comprehensive reassessment process every three years, instead of annually.

²⁵ DHS reported that the number of pending, completions and those continuing is greater than the number of individuals who enrolled during the period due to some enrollments prior to January 1, 2022.

²⁶ DHS recorded a total of 937 foster home closures during SFY22. As noted above, the Co-Neutrals calculated the closure of 834 homes that were open at the start of the period and 80 homes that were included in the count of new homes developed during the period. The additional 23 foster homes included in DHS' total count of 937 closures were opened during the same, current period but did not meet the criteria established for counting new homes. While these additional home closures do not impact DHS' net gain analysis, the department includes all home closures in their review of home closure reasons.

process of fostering. DHS decided to close 86 (9.2 percent) of the homes, including 29 home closures resulting from abuse/neglect investigations.

TABLE 2: TRADITIONAL HOME CLOSURE REASONS, JULY 2021 – JUNE 2022

Closure Reason	#	%
Resource Request- No Desire to Foster/ Adopt	266	28.4%
Adoption Services Completed	231	24.7%
Resource Request-Family Dynamic Changed	168	17.9%
Resource Request-Moving	62	6.6%
Agency Decision	57	6.1%
Resource Request-Medical/ Illness	42	4.5%
Agency Decision- Referral/ Investigation	29	3.1%
Resource Request-Providing Other Type of Care	25	2.7%
Other	21	2.2%
Resource Request- Displeased with Process	17	1.8%
Resource Request-Placement Prefer Not Met	6	0.6%
Resource Request-Unable to Meet Child's Need	6	0.6%
Agency Transfer	5	0.5%
Child Specific- ICPC Case Closed/ Convert to Other	2	0.2%
TOTAL	937	100.0%
<i>Data Source: Net Gain & Y1035</i>		

The Co-Neutrals reviewed case records of 341 foster homes that closed during this period to assess if any more specific reasons were documented as prompting these families to discontinue fostering children. The home closure categories selected for this review are those highlighted in blue in Table 2 above. The Co-Neutrals reviewed any contact notes recorded during the six months prior to each home’s closure to assess if the family reported any practice or system-related issues impacting home closure.

Overall, the Co-Neutrals found no significant concerns regarding DHS’ practice or system-level issues that contributed to families deciding to close their homes. Families reported they were fatigued, had experienced a variety of changes in their own family dynamics, wanted to focus on their own birth or adopted children, and were experiencing time and other family pressures.

No Desire to Foster/Adopt

The largest category of home closure reasons DHS staff recorded this period was No Desire to Foster/Adopt (266 total). In their record review, the Co-Neutrals found the following:

- 127 homes noted no significant concerns, but still no longer desired to foster or adopt
- 37 noted a lack of time or stress caused by fostering
- 35 noted just wanting a break from fostering
- 24 noted various reasons for wanting to focus on their own birth/adoptive family
- 25 noted recently finalizing an adoption or guardianship of a child in care
- 20 noted changes in the family's schedule or other dynamics
- 15 noted DHS/private agency concerns with the home
- 6 noted concerns after allegations/referrals
- 3 noted concerns with the caseworker by the family
- 3 noted the COVID pandemic
- 1 noted process concerns

As reflected in Table 2 above, DHS staff marked 17 homes as closing because they were displeased with the process. Among these 17 homes, four homes noted concerns with the requirements for monthly visits or to support a child moving toward reunification: only three noted practice concerns with DHS. The Co-Neutrals also reviewed records for another smaller category of closure reasons where families identified that their placement preference was not met. For the six homes identified as not having their placement preferences met, each family had very specific placement requests (age, gender, etc.) and continuously rejected DHS' placement requests. Among all 341 home closures reviewed by the Co-Neutrals, most families reported there were no concerns of note with DHS or their private agency, only that they no longer had a desire to foster.

Surveying Foster Parents

As noted above, DHS gathers direct feedback from foster parents. Last year, the agency shifted its focus from surveying foster parents who had closed their homes to surveying current foster parents to proactively address concerns and issues identified by foster families. Using a new survey developed with the University of Oklahoma, DHS now reaches out annually to all foster parents, surveying each quarter one-fourth of all families whose foster homes are open, including traditional, kinship, TFC, and Intensive Therapeutic Foster Care (ITFC). 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 and available for placements. The survey also 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. Again, as noted above, the Co-Neutrals' review of 341 families who closed their homes during this period found no significant concerns regarding DHS practice or system-level issues that contributed to the families deciding to close their homes.

For this six-month report period of January to June 2022, DHS sent the annual survey to 1,641 foster parents and received 390 responses (24 percent). Importantly, the department reported that it is assessing ways to increase foster parents' response rate to this survey to maximize its understanding of any potential customer service opportunities to improve foster home retention as well as the experience

of foster parents and the children placed in their care. DHS was able to increase the response rate from the last two-quarter report period (July – December 2021), when 19.5 percent (330 out of 1,691) of foster parents completed their surveys.

Among the 390 survey responses completed this period, 67 percent are from DHS managed foster homes and the remaining 33 percent are from contracted agency homes. DHS summarized the responses as follows:²⁷

The length of time as a foster parent:

- 61.6 percent were resource parents for less than two years.
- 37.7 percent for longer than two years through seven years.
- Less than one percent were resource parents for greater than eight years.

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

- 26.1 percent responded with “a lot”
- 41.7 percent responded with “some”
- 17.8 percent noted “only a little”
- 14.4 percent indicated “not at all”

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

- 31.5 percent responded “extremely adequate”
- 40.8 percent responded “somewhat adequate”
- 8.6 percent were neutral at “neither adequate nor inadequate”
- 12.1 percent responded “somewhat inadequate”
- 7 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:

- 34.3 percent noted “strongly agree”
- 36.3 percent noted “somewhat agree”
- 14.2 percent noted “neither agree nor disagree”
- 9.7 percent “somewhat disagree”
- 5.5 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:

- 20.5 percent marked "strongly agree"
- 31.9 percent marked "somewhat agree"
- 18.1 percent were neutral with "neither agree nor disagree"
- 17.7 percent marked "somewhat disagree"
- 11.8 percent marked "strongly disagree"

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

- 75 percent responded with "yes"
- 25 percent responded with "no"

²⁷ DHS August 2022 Semi-Annual report, pg. 42.

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.

Last year, 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 [is] provided to the foster parent interested in placement and includes 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.²⁸

Working with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), DHS continues to promote to foster parents in every region the statewide availability of Mobile Crisis Response Teams. These professionals will respond to foster parents' calls for on-site assistance to help stabilize and de-escalate a mental or behavioral health crisis that a foster child may experience and, beyond the immediate emergency, will provide follow-up evaluations, crisis planning and referrals for ongoing therapy and supports as needed. This service is vitally important as foster parents often experience challenges with managing the behaviors of some foster children and without the necessary supports for the children and foster parents, these challenges can lead to placement disruptions and foster home closures. Previously and throughout the first six years of this reform, Mobile Crisis Response Teams were limited to certain areas of the state but now DHS is able to access this service for its families in every DHS region.

Over the last several years, DHS and ODMHSAS have expanded their efforts and commitment to work together, collaborating to provide enhanced and better coordinated behavioral and mental health services to children in custody, along with their foster, adoptive, and birth families. ODMHSAS now sends weekly to DHS the list of children in care who received Mobile Crisis Response services. For this report period (January through June 2022), Mobile Crisis Response was used for 241 children and youth in DHS custody. By receiving this information each week about the children who were provided crisis response, the child welfare caseworkers assigned to these children and their foster homes can follow-up and provide any additional and ongoing support needed. This follow-up work includes DHS assessing if a child and their foster parents could benefit from participating in the Enhanced Foster Care (EFC) program.

As discussed in much greater detail in the Section IV discussion of Therapeutic Foster Care in this Commentary, which reviews the Delayed Performance Areas for this report period, EFC provides a

²⁸ DHS February 2021 Semi-Annual report, pg. 104.

multitude of enhanced supports to children and their foster families who require additional help to cope with and manage a child's behavioral, mental, emotional, and other specialized needs and challenges. These additional supports include individualized therapeutic services for the child and foster parents, elevated case management and coordination with a treatment team, additional foster parent training and an added payment of \$400 a month for each EFC approved child. The EFC program is designed to provide traditional and kinship foster parents the assistance they may need to provide therapeutic care to children placed in their homes in order to stabilize placements, help children heal and reduce the stress foster parents may experience in caring for children with higher level needs.

To respond to foster parents' feedback about wanting to be more informed and involved in the court process, last year DHS also developed a Resource Parent Report to the Court form 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 collaborate with foster parents to provide the information 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 with their new caseworker and ensure they are doing well as a new resource family.

Several years into this reform effort, starting in 2015, DHS developed and implemented an internal campaign known as "Support is Everyone's Job," to train every member of DHS' child welfare staff – not just foster care workers – to recognize the key role each of them plays in creating a positive and collaborative relationship with Oklahoma's foster parents. Current DHS leadership reported that it is preparing to engage proactively again the full division to appreciate their individual roles in supporting foster families and also to help recruit new families.

Additionally, during this report period DHS partnered with the Oklahoma Foster Care and Adoption Association to develop a foster parent peer mentor program to help new resource families understand the complexities and nuances of fostering a child and working with DHS, the courts, birth parents and other community partners. The program started as a small pilot and the Child Welfare Director shared early reports that the program is receiving positive feedback and will be expanded statewide.

Foster Parent Support Groups and In-Service Training

In collaboration with the University of Oklahoma's National Resource Center for Youth Services (NRCYS), DHS built a network of 24 foster family support groups covering 32 counties in all five DHS regions. However, due to the pandemic, in-person meetings of these groups were put on hold with a reduced, virtual schedule established online to provide some ongoing networking and peer-to-peer support to foster parents, as well as training on topics of interest to families. Last period, DHS reported that some in-person support group meetings resumed as COVID-19 protocols were relaxed. For this report period, the department noted that NRCYS coordinated three in-person support groups in Region 2 and six virtual support groups that were available to foster families in all five regions. Plans are underway to re-establish up to 15 additional in-person support groups across the state during SFY23.

In particular, the department highlighted three counties (Comanche, Stephens, and Jefferson) that hosted three virtual and six in-person support group meetings with a total of 240 foster parents attending these sessions. The nine group meetings included trainings on issues such as Trauma Informed Parenting and Understanding Family Meetings for Resource Parents. DHS reported that some foster parents shared that they like to have the option of participating in support groups in a virtual format as well as in-person.

During the period, DHS and NRCYS continued to provide on-line training for foster parents to meet their in-service training requirements. Trainings offered between January and June 2022 included Understanding Problematic Sexual Behaviors in Children and Youth; Understanding the Continuum of Care; An Introduction to STEM: From Classroom to Career; Adolescent Sexual Development: The Impact of Trauma on Attachment; and, Building Relationships with Children and their Families.

Supporting Foster Parents through the Pandemic

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 challenging times.

Through this report period, foster parents continued to confront scheduling and childcare challenges in response to COVID-19. In August 2020, DHS notified 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 beginning of SFY 22 (July 1, 2022). DHS originally offered Kith Care through the end of December 2020 and has since extended this support three times and through the end of December 2022.²⁹ 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 well as December 2020, October 2021, and December 2021 as COVID-19 relief payments. 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. As noted at the beginning of this Foster Care section, for well over two years and through most of this 10-year reform, DHS has made good faith efforts to achieve substantial and sustained progress toward the foster home Target Outcomes and expand its pool of family-based placement options for children in care. DHS has shown consistently its sustained commitment to continuously grow and improve its foster care program and place a high priority on providing foster families the supports they need to help care for and facilitate permanency for Oklahoma's most vulnerable children.

²⁹ 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 childcare provider. Due to the end of a federal childcare rule waiver, new Kith Care requests received after October 1, 2021 can be approved only when the provider is the grandparent, great-grandparent, aunt, uncle, or adult sibling not living in the resource home.

B. Caseworker Caseloads and Supervisor Workloads

Establishing manageable caseloads is a foundational requirement of effective child welfare practice. In June 2014, only 27 percent of caseworkers had caseloads that complied with the workload standard established by DHS in the Pinnacle Plan. Today, by virtue of years of good faith efforts to achieve substantial and sustained progress toward reasonable caseloads for its child welfare workforce, and manageable workloads for their supervisors, DHS has exceeded the 90 percent statewide Target Outcomes for caseworker caseloads and supervisor workloads.

Including the current report period, the Co-Neutrals have found that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for caseworker caseloads for eight consecutive report periods (four years) and toward the Target Outcome for supervisor workloads for five consecutive report periods (two and a half years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties’ COVID Recovery Agreement.

Performance – Target Outcomes

Point in Time Caseload Data – June 30, 2022

DHS reported that 97.8 percent of caseworkers’ caseloads (1,252 out of 1,280) met the performance standard on the last day of the period, June 30, 2022, which well-exceeded the Target Outcome of 90 percent and represents the department’s best caseload performance to date. DHS achieved the Target Outcome in its Point in Time (PIT) caseload data on the final day of four of the last five review periods as shown in Table 3 below.

TABLE 3: END OF PERIOD, POINT IN TIME CASELOAD COMPLIANCE

End of Period Point In Time	Dec. 31, 2018	June 30, 2019	Dec. 31, 2019	June 30, 2020	Dec. 31, 2020	June 30, 2021	Dec. 31, 2021	June 30, 2022
Compliance of all Caseload Carrying Workers	86.1% met	86.9% met	86.7% met	93.8% met	94.2% met	92.1% met	88.4% met	97.8% met

Summary Review of Caseloads Performance Area Since the Beginning of the Reform

DHS leadership reflected in the Pinnacle Plan from the outset that caseworkers must have manageable caseloads to perform the essential tasks of their job, including: investigating timely and thoroughly allegations of child maltreatment; advancing the safety and well-being of children in the state’s custody;

facilitating visitation between children, their parents and siblings; increasing children’s placement stability; and promoting timely permanency for children in care.

The CSA requires that DHS establish performance standards and targets for caseworker caseloads and supervisor workloads (CSA Section 2.10). The department committed to the following standards:

TABLE 4: PINNACLE 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	22 Families	0.0455
Adoption	8 Families & 8 Children	0.0625
Supervisors	1 Supervisor Dedicated to 5 Workers	0.2 per worker

DHS agreed to achieve a final Target Outcome of 90 percent of all caseworkers and supervisors meeting their individual workload standard as presented in Table 4 above. DHS and the Co-Neutrals recognized the caseload calculations and baseline performance for caseworker assignments as shown in Table 5 below:

TABLE 5: CASELOAD COMPLIANCE CALCULATIONS AND BASELINE OUTCOMES

Performance Outcome	Calculation of Total Case Weight	Baseline Performance ³⁰
Met	Total equal to or less than 1.0 = 100%	27%
Close (but over)	Total is above 1.0 and to equal to or less than 1.20 = 101 to 120%	8%
Over	Total is greater than 1.20 = 121% or more	65%

To identify the starting baseline for its caseload performance, DHS initially supplemented its electronic data reporting with manual counting of certain casework assignments. The Co-Neutrals found that DHS had the ability to accurately count and report the workloads of staff with only one type of primary case assignment in a single role, such as a permanency caseworker assigned only permanency cases. Through one-on-one interviews with caseworkers, the Co-Neutrals were able to verify the accuracy of this data in real-time reviews of workers’ caseload assignments against DHS’ caseload data reports.

The Co-Neutrals and the parties agreed to the principle that all work counts, though DHS did not at the outset have the capacity to automatically calculate the total workload of workers who carried secondary case assignments or “mixed” caseloads of more than one type of case. DHS matured its systems over time and assigned the case weights noted in Table 4 above to determine a worker’s total caseload. To establish

³⁰The caseload baseline performance of 27 percent was established in the March 2013 Metrics Plan for the CSA.

the baseline and continue accurate reporting of caseload performance outcomes, DHS also had to remove all caseworkers from its data who are not carrying any cases and report information only for workers who are assigned cases.³¹

DHS faced immense challenges to reduce turnover, stabilize its workforce, and achieve manageable caseloads at the beginning of this reform. In its February 2013 workload analysis, DHS projected it needed the full case carrying capacity of 1,350 workers against the department's starting point of 1,030 active caseworkers as of February 2013, along with 144 vacancies. The executive branch, supported by the Oklahoma legislature, authorized an additional 176 new positions to fill, creating 320 vacant positions.³² DHS further projected the number of workers it needed to hire between February and December 2013 (78 each month) in order to meet the 90 percent caseload compliance Target Outcome by June 30, 2014.³³

DHS and Plaintiffs agreed to set the final target date for meeting 90 percent compliance statewide with the caseloads standards two years into the reform effort (by June 30, 2014) and ahead of most of the other Target Outcomes, understanding that achieving manageable caseloads is an essential building block towards a better system.³⁴ However, DHS' June 30, 2014 data showed that only 27.8 percent (322) out of 1,158 case carrying workers met the standard, while 62 percent (720) of case carrying workers had caseloads over the standard.

Despite DHS' early efforts and success in hiring, reporting 745 new child welfare specialists trained between July 2012 and December 2013, the department's high turnover rate (as high as 70 percent in some districts) created a continuous churn of personnel and a stream of vacant positions. That added pressure on an unstable and new workforce that was trying, at the time, to manage a backlog of over 1,800 overdue abuse/neglect investigations (CPS cases) and provide quality care for a rapidly increasing number of children in custody. High caseloads, especially for new workers, contributed to ongoing turnover as 40 percent of new workers (Child Welfare Specialist I) statewide left DHS between July 1, 2013 and June 30, 2014.

The June 30, 2014 workload data showed that 295 of 1,158 case carrying workers had caseloads at or over 200 percent of the standard. This included 62 workers assigned to investigate abuse/neglect investigations who carried more than double the standard of 12 cases and 148 permanency planning workers who served more than 30 children on their caseloads, more than double the standard of 15 children. Caseworkers across the state who met with the Co-Neutrals consistently expressed, during the

³¹ DHS invariably employs workers who carry no cases, including new workers who have not yet finished their pre-service training and therefore are not yet eligible to carry a case, and workers who are on temporary leaves for a variety of reasons.

³² Factoring in turnover and graduated caseloads, the February 2013 workload analysis allotted for 1,550 positions (allowing for position overfill) with a goal of reaching the full-time, 100 percent, case-carrying capacity of 1,350 caseworkers. As discussed later in this report, DHS continued to update its workload analysis and projections, which led to additional increases in the total caseworker positions authorized to fill.

³³ DHS' initial hiring projections wisely assumed its existing turnover rates and DHS' planned implementation of graduated caseloads for new workers.

³⁴ Eliminating shelter nights for the youngest two groups of children (age 0-1 and 2-5) had final target dates prior to June 30, 2014.

early years of the reform, concerns about their excessively high caseloads and the challenges of performing their duties to advance the safety, well-being, and permanency of the children assigned to them.

In its Pinnacle Plan, DHS presented a number of commitments to stem the department's high staff turnover and retain both new and seasoned caseworkers, as well as improve overall conditions to better care for and meet the needs of the children and families they serve. In addition to dedicating and filling new caseworker and supervisor positions, one of DHS' primary strategies was to implement graduated workload assignments for new workers so that they would not receive a full caseload until six months after completing the required pre-service training (CORE). DHS also provided annual salary increases during each of the first five years of the reform, starting with SFY12, to eventually augment by SFY17 the starting salary for new workers (CWSI and CWSII) by 26%, for more seasoned workers (CWSIII) by 40 percent and for supervisors (CWSIV) by 33 percent;³⁵ providing updated technology (tablets and/or smart phones) for all child welfare specialists allowing them immediate access to work emails and other child welfare applications to more effectively conduct their field work; and establishing the 1:5 supervisor to caseworker workload ratio to ensure caseworkers receive the support and guidance they need, which is important for all workers but most vital for new workers.³⁶

Graduated Caseloads

Graduated caseloads provide new caseworkers the opportunity to learn and develop their core competencies. As initially planned, DHS was to assign new caseworkers only 25 percent of a caseload for the first three months following their completion of CORE training and passing the required comprehensive skills test. After three months of successful work with 25 percent of a workload, caseworkers would then graduate to 50 percent of a caseload for the following three months, after which caseworkers assume a full caseload. Although DHS committed in the Pinnacle Plan to implement graduated caseloads as a key strategy to support and retain newly hired and trained caseworkers, DHS delayed implementation of this strategy and, in May 2014, informed the Co-Neutrals their new plan was to begin graduated assignments only after the department achieved "maximum workforce capacity" to support 90 percent caseload compliance.

Around the time that DHS communicated plans to delay implementing graduated caseloads, the Co-Neutrals met individually with 73 caseworkers, including 10 new workers who had only begun taking on cases within the prior six months, during which time they should have been assigned 25 to 50 percent of a full caseload if graduated assignments were in effect as planned. Eight of these 10 new workers already carried a caseload exceeding the full caseload standard. One new CPS worker was assigned 28 child abuse and neglect investigations within the first two months after completing their CORE training and skills test. Another relatively new CPS worker who had begun rotation to accept investigation cases within the previous 12 months had 40 investigations, more than three times the standard of 12 CPS cases. These

³⁵ DHS reported some temporary delays in the annual raises as planned, due to Oklahoma's government-wide budget constraints; however, the department eventually provided the total salary increase as outlined in the Pinnacle Plan.

³⁶ To help ensure the readiness of new caseworkers after completing their pre-service CORE training, DHS also fulfilled a commitment to require new workers to successfully complete a comprehensive competency skills test prior to receiving any caseload assignments.

workers expressed to the Co-Neutrals serious concern that, with such high caseloads, they could not adequately complete their investigations.

DHS prudently reversed course and agreed to begin to implement the new worker retention strategy of graduated caseloads during the second half of 2014 and to provide quarterly data showing each new worker's compliance with graduated caseloads. Without question, it was a significant challenge for DHS to implement graduated caseloads and support new workers early in their service, while also balancing the need to avoid overburdening and losing experienced caseworkers who DHS also needed to retain. By the end of 2015, DHS had made graduated caseloads an engrained part of its practice and incorporated the calculation of graduated caseloads into its regular caseload reporting, which allows the department to assess at any point in time its compliance with graduated assignments statewide or by worker, supervisory unit, and district office.

After two years of systematically implementing graduated caseloads at 25, 50, then 100 percent, DHS and the Co-Neutrals separately received considerable feedback from workers in the field that a 25 percent graduated caseload for new workers was often not demanding enough, while the subsequent jump from 50 to 100 percent of a caseload at six months was too much of an increase for some new workers to manage effectively. As such, in February 2018, DHS modified the graduated workload standards from 25 to 50 percent of the workload for the first three months and from 50 to 75 percent of a workload for the following three months, then assigning full caseload at six months. At the same time, DHS instructed supervisors to consider each new workers' individual skill level and development pace when making graduated caseload assignments as some new caseworkers may still need to start with a workload lighter than 50 percent.

Secondary Assignments

Another significant caseload commitment that DHS made in its Pinnacle Plan was to end the prevalent use of secondary assignments statewide by January 2014.³⁷ The Co-Neutrals verified that DHS used secondary assignments for a broad range of purposes including minor tasks such as providing a worker access to an assigned case record in order to complete administrative tasks and major tasks such as the regular visitation with children in care and/or the regular visitation with the parents from whom children were removed, as well as assuming a significant role in a CPS investigation. Ending the use of secondary assignments better positioned DHS to achieve manageable caseloads and improve case practice for children and families. For example, the agency's historic practice of assigning one set of caseworkers to a child or sibling group, and another set of caseworkers to their parent(s), inefficiently created a disjointed approach to the family when the children's goals were reunification.

Ending secondary assignments was not easy for DHS, and leadership established a deadline to end using secondary assignments by January 2015. As DHS worked to eliminate secondary assignments as a common practice, department leadership conferred with the Co-Neutrals regarding some appropriate cross-support among caseworkers, such as using task assignments including a courtesy visit outside of a primary worker's assigned region, rather than assigning full-time shared responsibility for a case, for the child or

³⁷ The Pinnacle Plan granted that exceptions for secondary assignments would be very rare and allowed only on a case-by-case basis if in the best interest of a child and family.

parent. Ultimately, however, DHS and the Co-Neutrals established that the department would account in all workload calculations any secondary assignments that involve the regular or routine responsibility of working with a child, a parent, or the family unit to help achieve permanency for a child or to ensure the safety of a child through a CPS investigation.

Early Challenges to Improve Caseloads – Remedial Order

During the first two years of the reform, as the department confronted several compounding challenges (high turnover, a growing CPS backlog, a net increase of almost 2,500 more children in custody, and delays in graduated caseloads), DHS' caseloads grew, and the agency lost ground against its baseline performance, with only 26.6 caseworkers meeting their workload standard in September 2014. Shortly thereafter, in November 2014, the Co-Neutrals issued a Remedial Order in accordance with the parties' CSA, directing DHS to take numerous actions and bring focused leadership and attention to diagnose, plan, manage, and track caseload improvement with a much more detailed, data-informed, and targeted approach.

More specifically, in 2014 the Co-Neutrals directed the department to develop a staff tracking report as a management tool. The report integrates key information, including current caseloads, the number of caseworker positions allocated and filled in each district, the number of vacant positions, and the number of workers needed to achieve 90 percent caseload compliance, while taking into account the growing number of children in care, as well as pending and forecast investigations and other relevant factors. The Co-Neutrals also required that DHS identify a set of "priority districts" with the greatest caseload challenges, vacant positions, and staff turnover.

Further, the Co-Neutrals' 2014 Remedial Order directed DHS leadership to conference weekly with the directors of the agency's priority districts to review their district's data, progress, and any challenges or barriers to improving caseloads, hiring, and retention. DHS was also charged with assigning a senior staff member to assess the weekly caseload and position management reports continually to identify barriers (short-term, long-term, local, and statewide) and opportunities to achieve substantial and sustained progress toward caseload Target Outcomes. The Remedial Order also called for DHS to develop a plan to reduce its backlog of overdue CPS investigations and remove any barriers to close investigations within the required 60-day timeframe.³⁸

In response, DHS worked diligently in 2015 to assemble its most rigorous (to date), data-informed, statewide hiring plan since the beginning of the reform. Through a new data management report, the department integrated district-level attrition analysis that identified how many new caseworkers each district needed to hire, considering the time allotted for graduated caseloads to support retention and achieve 90 percent caseload compliance within the next year. DHS also authorized the Child Welfare Director to fill almost 300 new caseworker positions, in addition to filling all previously authorized new positions since publication of the Pinnacle Plan (close to 500 in total) and vacant positions authorized

³⁸ As noted in the MIC section below, DHS policy requires that all the investigative work for a screened-in referral must be completed within 30 days from the referral date. The required timeline to reach a disposition decision with a supervisor's approval and to close an investigation is 60 days. It is not until DHS passes the 60-day mark (post referral date) that an investigated referral is considered overdue.

beforehand, despite widely reported budget deficits experienced by the state of Oklahoma at the time.³⁹ Most state agencies were assigned significant budget cuts during SFY15, as well as SFY16, while Oklahoma's Governor and legislature expanded DHS' child welfare resources.

With the need to fill hundreds of positions rapidly, the department also began to streamline existing hiring processes to reduce wait times to post open positions and select qualified applicants. Stabilizing a mostly new and quickly growing workforce of child welfare caseworkers proved challenging. The effort required focused management attention, substantial logistical coordination, and a significant expansion of training capacity. By June 30, 2015, DHS began to report gains in caseload compliance with almost 50 percent of caseworkers meeting their workload standard, a marked increase from the 26.6 percent compliance reported in September 2014. DHS reduced the number of overdue CPS investigations from just over 1,100 cases in December 2014 to fewer than 350 pending cases within the first half of 2015, which also helped to reduce the workload.^{40,41}

DHS identified early in 2015 10 priority districts that reported the highest caseloads, vacant positions and attrition. The department's efforts to support these 10 districts, which included all of Oklahoma County, focused primarily on filling vacant positions and addressing barriers to hiring. At the beginning of January 2015, DHS had authorized and targeted to fill 1,831 case carrying positions but had only 1,450 of these positions filled (with 1,227 workers assigned at least one case). By the end of 2015, DHS had 1,774 case carrying staff on board (with 1,503 assigned at least one case), a net increase of 324 caseworkers. Sustaining this progress, by May 2016 DHS further increased the number of authorized caseworker positions to 1,966 with 1,776 caseworkers on board at that time and 1,623 carrying at least one case.

DHS' efforts, including implementation of graduated caseloads, jumpstarted the department's trajectory toward the Target Outcome, and, in the following two years (four consecutive six-month periods), DHS made substantial and sustained progress, reaching 60 percent compliance by December 2015, 71 percent compliance by June 2016, 77 percent by December 2016, and 80 percent by June 2017. Importantly, this improvement in caseload compliance paralleled a steady decline in the number of children in custody. DHS leadership made it a priority to enhance its practice and services focused on supporting families to maintain custody of their children and avoid removal when safely possible. DHS also stayed the course on a number of important strategies that strengthened and stabilized its workforce, including the systematic implementation of graduated caseloads, the elimination of most secondary assignments, and the timely completion of investigations.

³⁹ DHS authorized the additional 300 new caseworker positions based on an updated workload analysis completed and submitted to the Co-Neutrals in March 2014, which also noted that DHS would need to hire 116 new caseworkers per month, taking into account ongoing high turnover rates. By January 2015, DHS' ongoing workload analysis and projections led the department to authorize a total of 1,831 non-supervisory casework positions.

⁴⁰ Under the Remedial Order, DHS agreed to a maximum target of no more than 350 overdue CPS cases at any point in time.

⁴¹ DHS also made the commitment to begin in April 2015 to count in its workloads any assigned cases noted as pending on a caseworker's workload. DHS explained that a primary factor contributing to a significant number of pending cases in 2015, mostly CPS cases, had been a variety of administrative processes that otherwise prevented DHS from closing cases it deemed ready to be closed. DHS leadership has long understood that accounting for pending cases within its caseload performance data is important to ensure the department maintains a full understanding of all case work and workflow, both quantitatively and qualitatively.

Mid-Period Challenges to Sustain Increased Compliance Levels

Amidst the progress, DHS confronted recurrent mid-period challenges to maintain caseload compliance. During the fall months primarily, DHS reported surges in assigned cases caused most often by seasonal increases in the number of child abuse and neglect referrals as children returned to school. As noted in Table 6 below, DHS' data from the fall of 2016, 2017, and 2018 showed that the department consistently experienced a spike in the number of cases assigned in October, which coincided with diminished caseload compliance.

TABLE 6: WORKLOAD SPIKES AND CASELOAD COMPLIANCE, FALL 2016, 2017 AND 2018

Month	August		October		December	
Year	Total Cases	Caseload Compliance	Total Cases	Caseload Compliance	Total Cases	Caseload Compliance
2016	1,452	71%	1,568	66%	1,457	77%
2017	1,386	77%	1,508	65%	1,371	70.5%
2018	1,382	72%	1,450	63%	1,238	86.1%

This data illustrated to the department that it must hire and maintain sufficient staff to ensure that it is able to manage spikes in CPS investigations and total workload without forcing caseworkers to carry excessive caseloads. The significant fluctuations in total cases assigned and caseload compliance, evident in Table 6 above, also accentuated the need for DHS leadership to continuously track each district's capacity to manage children's cases, by case and worker type, and guide local managers (supervisors and district directors) on how to distribute cases most effectively among workers and maximize staff resources.

District by District Caseload Management

In May 2016, DHS adopted a modified approach to identify the priority districts with which DHS leadership would confer regularly to review their caseload data and problem-solve barriers to improvement. DHS had previously selected ten priority districts based on their caseload compliance deficiencies, vacant positions, and retention. In its updated approach, DHS decided to identify all districts that needed guidance and support to improve caseloads by addressing the following three areas of concern: more than ten percent of caseworker level II positions are vacant (DHS selected 10 districts); high caseworker turnover (DHS selected 13 districts); and workload management problems (DHS selected 12 districts). For the first two areas of focus, vacant positions and turnover, DHS already had in place strategies to increase hiring and retention, i.e., streamlined job posting announcements and graduated caseloads. The new focus area of workload management represented the challenge of having a disproportionately high percentage of workers in some districts not meeting the caseload standard despite there being enough caseworkers onboard to manage a significantly higher percentage of the cases assigned to the district.

DHS and the Co-Neutrals found that, in some districts, DHS needed to increase staffing levels and case carrying capacity by hiring additional staff into new positions and backfilling current positions in order to improve caseload compliance. However, it also became clear that for numerous districts, DHS already had a sufficient number of staff on board, and if managed effectively, DHS could achieve significantly higher caseload compliance with its current staffing levels. For example, one of the districts selected for workload

management improvement showed on June 30, 2016 that only 20 percent of caseworkers complied with the caseload standard; however, DHS also reported that on the same date, the district had 72 percent of the case carrying capacity it needed to manage the district's full workload. This district did not have enough caseworkers to cover the full caseload at 90 percent or even 72 percent, especially when taking into account that some workers on board could only carry a graduated caseload of 25 or 50 percent (or zero cases if still in training or on extended leave), but the district certainly had the caseworker capacity to achieve a better compliance rate than 20 percent. In fact, only five of 29 child welfare districts did not have the caseworker staffing capacity necessary to meet their total workload on December 31, 2016, while the other 24 districts already had the capacity to either meet or exceed their total workload.

Increases in CPS Investigations – the Leading Cause of Declines in Caseload Compliance

As noted above, DHS experienced a significant mid-period increase in the number of referrals accepted for investigation, specifically during the summer and early fall of 2017. In October 2017, caseworkers were responsible for 1,379 more investigations than at the end of June 2017 - nearly a 30 percent increase in active CPS cases in just over three months. Caseworkers in Oklahoma City were responsible for 484 more investigations in October than in June. Further, caseload compliance for CPS investigators statewide fell from 72 percent compliance to just over half (51 percent) of investigators meeting the standard over the same three months.

This rapid uptick in assigned investigations contributed to a sharp rise in the number of overdue investigations. After successfully reducing its CPS backlog to below a target of no more than 350 cases by the end of 2014, DHS reported the backlog of overdue child maltreatment investigations had reached more than 800 cases at the end of October 2017.

In response, DHS developed and implemented a Workload Improvement Plan (WIP), effective October 31, 2017, to hire more workers and maximize existing workforce capacity. DHS increased the number of cases a new caseworker can carry under the department's graduated caseload program from a workload progression of 25%-50%-100% to 50%-75%-100%. DHS also implemented an overtime plan, re-established a CPS backlog reduction plan and focused on reducing the workload pressures experienced by workers assigned a caseload at or above 200 percent the caseload standard.

DHS' responsive efforts under its WIP helped to make-up some lost ground on caseload compliance that was reported mid-period in October 2017. While DHS did not make gains in the number of caseworkers meeting caseload standards that period (June to December 2017), the department began to reverse the worsening trend lines on key caseload indicators, averted a more significant downturn in DHS' caseload performance, and positioned the agency to again make substantial progress toward the Target Outcome.

At the beginning of 2018, DHS again set its focus on achieving a milestone of 80 percent compliance by the end of that calendar year and established a new Workload and Hiring Plan that committed the department to hire 547 new caseworkers by December 31, 2018. To develop this hiring plan, DHS used historical workload data to project, by district, the number of staff needed not only to meet, but exceed, total workload assigned.

Included in DHS' 2018 Workload and Hiring Plan were individual plans for each region, and its districts, to accomplish each district's specific hiring and retention goals by December 31, 2018. The plans set forth a diverse set of strategies unique to specific regional/district-level needs, which included strengthening

tracking, monitoring, and managing of caseloads; improving the selection process to ensure the right candidates are hired; and supporting caseworkers through improved mechanisms for staff to provide feedback.

The last component of DHS' Workload and Hiring Plan was a commitment to reduce the number of staff carrying excessively large caseloads. DHS pledged:

- By July 1, 2018, no staff would have a caseload that exceeds 200 percent of standard;
- By October 1, 2018, no staff would have a caseload that exceeds 175 percent of standard; and,
- By December 31, 2018, no staff would have a caseload that exceeds 150 percent of standard.

In its plan, DHS stated, "...DHS must ensure it has adequate staff hired and able to carry cases so that the capacity is greater than the workload." In order to effectively respond to the daily fluctuations in the type, volume and special characteristics of a district's total workload, DHS must always maintain a significant workload capacity above the total workload assigned.

As of June 30, 2018, the department had nearly 200 more caseworkers onboard than it did in 2014. Despite this positive increase in caseworkers since 2014, the department still struggled to hire, especially in rural areas, and maintain an adequate number of caseworkers. Of the more than 500 positions the department planned to fill during 2018, DHS reported that half were already vacant as of March 2018 and the other half DHS projected would be vacated over the remainder of the calendar year as a result of staff turnover. Unfortunately, DHS reported that its hiring to backfill positions did not exceed its pace of staff attrition and the department experienced a net loss of staff during the first half of 2018.

Continuous Leadership Oversight of Caseloads

By late September 2018, DHS confronted a daunting challenge to sustain caseload performance improvements, reporting yet again a drop in statewide caseload compliance to 62 percent. In response, DHS in October 2018 submitted to the Co-Neutrals a set of strategies aimed at intensifying DHS leadership's oversight of caseload performance. These strategies and commitments included activities, such as: re-establishing weekly management calls between low caseload performing districts and DHS leadership in order to promptly identify and address barriers to performance such as hiring and caseload management; shifting vacant positions from districts unable to hire due to poor applicant pools to districts better able to hire; realignment of workload assignments in districts with sufficient staff to meet workload standards; and, routine, focused engagement by the Child Welfare Director and/or their designee from the executive team with the district directors of any districts with caseworkers carrying caseloads above 200 percent.

Following the department's implementation of this set of strategies, DHS' caseload compliance improved steadily, ultimately exceeding the 80 percent caseload compliance milestone established for December 31, 2018. DHS was also able to eliminate any caseloads over 200 percent.

The lessons learned were clear. In order for DHS to achieve and sustain the caseload Target Outcome, DHS senior leadership had to engage in robust ongoing oversight of caseloads by district, particularly in the areas of workload management, position allocation and reallocation, hiring, and retention. DHS leadership understood that the business of maintaining manageable caseloads for child welfare caseworkers requires continuous tracking, monitoring, forecasting, planning, and, when necessary,

adjusting. However, it was not until October 2019, when DHS again experienced mid-period spikes in the number of cases assigned and growing caseloads, that DHS, under the current leadership team, established and implemented the routine practice of senior management remaining continuously engaged with district leaders through standing weekly calls to review caseloads data and shifts at the district level. To focus and support these workload management efforts, DHS developed a new workload trends report that 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 assigned graduated caseloads; and the number of staff assigned a caseload that is 150, 175 or 200 percent above 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. It is the best organized and most comprehensive caseload data management report to date. These reports are produced twice weekly to allow DHS' leadership team and Regional Deputy Directors to review real-time district-level data with their respective district directors to assess progress and pinpoint any barriers to caseload compliance improvement. DHS shares this report weekly with the Co-Neutrals.

DHS also created a new training required for casework managers at all levels on how to most effectively review and analyze DHS' new caseload data and trends report in order to manage casework assignments effectively and help maintain manageable caseloads.

The Child Welfare Director assigned the Assistant Child Welfare Director for Field Operations to manage, track and support the regions and districts in their efforts to improve caseload compliance. The Assistant Child Welfare Director for Field Operations convenes weekly working calls with members of the executive leadership team and regional directors to review district level caseload data and assess the need for (or status of) targeted action plans for any of the few districts with caseload compliance below 70 percent. Regional directors also hold weekly management calls with district directors in their region who are facing workload challenges.

By June 30, 2020, DHS achieved the Target Outcome of 90 percent caseload compliance for the first time and has since continued its good faith efforts to achieve substantial and sustained progress, reaching close to 100 percent caseload compliance by the end of this report period.

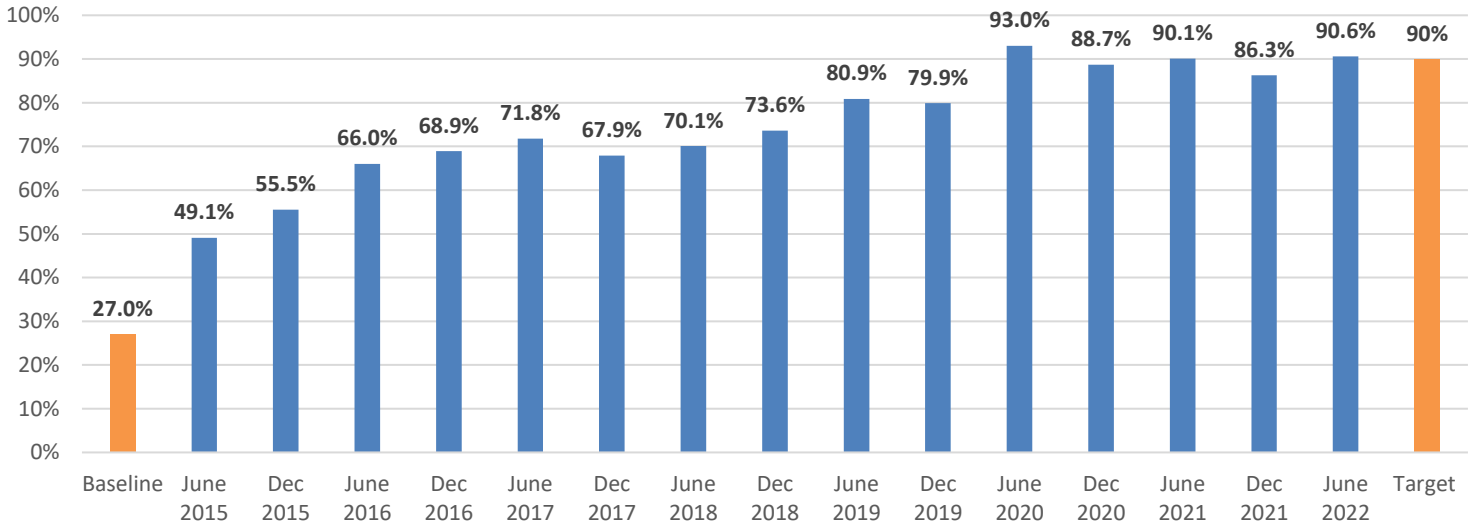
Current Report Period: Caseload Performance Outcomes and Workforce Management Efforts

As noted above, DHS reported that 1,252 (97.8 percent) out of 1,280 case carrying workers met their caseload standard on the last day of the period, June 30, 2022. This is the highest percentage recorded since the department's reform effort began, and a far cry from the caseloads that were prevalent among caseworkers in 2014. Only six (less than one percent) out of 1,280 caseworkers had a caseload over the standard, compared to 65 percent of caseworkers over the standard as recorded in the starting baseline.

Quarterly Caseload Data (April-June 2022)

DHS also reported its quarterly caseload compliance for the three-month period of April through June 2022 was 90.6 percent. Quarterly caseload data, compared to 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. Once again, DHS met the Target Outcome of 90 percent for quarterly caseload compliance.

FIGURE 7: CASELOADS: PERCENT OF WORKERS MEETING CASELOAD STANDARDS



Source: DHS Data

District Level Caseload Performance, End of Report Period – June 30, 2022

As shown in Table 7 below, on June 30, 2022, 25 districts (coded in green) out of 28 met the caseload Target Outcome of 90 percent, including 17 districts (the majority) 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 slightly below 90 percent compliance. As such, each of these two yellow-coded districts were well-positioned with the staffing capacity necessary to achieve 90 percent of caseworkers meeting the standard. The one remaining district coded in red showed workload capacity just below 100 percent, at 99 percent, and caseload compliance just below but on the cusp of 90 percent, reporting 88 percent compliance. As summarized in Table 7 below, DHS reported as of June 30, 2022 that it had the case carrying capacity to cover 121 percent of all cases assigned statewide.

TABLE 7: WORKER CASELOADS CAPACITY AND COMPLIANCE AS OF JUNE 30, 2022

District	Capacity to Cover Workload	Capacity of Workload	90% of workers meeting standard	% of workers meeting standard
1	158%	Y	Y	100%
2	125%	Y	Y	100%
3	106%	Y	Y	100%
4	116%	Y	Y	100%
5	107%	Y	N	89%
6	128%	Y	Y	92%
7	111%	Y	Y	99%
8	139%	Y	Y	100%
9	132%	Y	Y	100%
10	123%	Y	Y	100%
11	117%	Y	Y	100%
12	119%	Y	Y	100%
13	122%	Y	Y	100%
14	109%	Y	Y	99%
15	112%	Y	Y	100%
16	107%	Y	Y	100%
17	154%	Y	Y	100%
18	116%	Y	Y	100%
19	123%	Y	Y	100%
20	111%	Y	Y	97%
21	127%	Y	Y	99%
22	110%	Y	Y	100%
23	105%	Y	N	88%
24	99%	N	N	88%
26	167%	Y	Y	100%

27	100%	Y	Y	95%
Adoption	148%	Y	Y	95%
Foster Care	141%	Y	Y	99%
State	121%	Y	Y	98%

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 regularly report on actions taken to reduce the gap, better manage case-carrying capacity, and increase caseload compliance. While no district ended the report period in this status, it has been a challenge for many districts to maximize and better manage their workload capacity for better outcomes. The department’s efforts to support districts in this area, with mandatory workload management training for all supervisors, district directors, and field managers, as well as weekly consultations, have helped to establish equilibrium between case-carrying capacity and caseload compliance.

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 one of its recurring mid-period, sharp declines in caseload compliance, with 71 workers above 150 percent of the standard, 22 above 175 percent and one at 208 percent. At the end of this report period, DHS’ data showed only one caseworker with a caseload above 150 percent of the standard and none were above 175 percent.

Mid-Period, Fall Workload Increases

DHS has developed the ability to prepare for the expected seasonal increases in workloads, particularly increases in CPS cases. During the last period, DHS reported a new effort by Regions 2 and 4 to develop regional roving teams to help districts confronting burgeoning CPS workloads that could become unmanageable for CPS investigators in that area. In its August 2022 Semi-Annual report, DHS provided this update (page 101):

Regions 2 and 4 CPS roving teams are comprised of one CPS supervisor and five CPS specialists for each of the respective regions. Region 2’s roving team has been fully staffed and an additional CW specialist II position is being added to the team. Region 4 has three vacancies. Each team is under the supervisory oversight of an assigned district director. The CPS roving teams travel throughout their region to assist districts with a high rate of CPS vacancies and/or past due CPS investigations. These CPS specialists are compensated with paid overtime, differential pay, priority use of state vehicles, and direct bill lodging.

Further, DHS reported that in January 2022 the department developed a specialized CPS unit comprised of a CPS supervisor and five CPS specialists who help any office needing assistance to finalize and close CPS investigations and assessments across the state. In its February 2022 Semi-Annual report (page 122), DHS noted:

Typically, the initial face-to-face stages of a CPS investigation or assessment are accomplished within required time frames, such as the interviews with children and caregivers, in order to determine immediate safety concerns. Once it is determined that no safety concerns are apparent, the documentation requirements get pushed aside due to the incoming emergencies. This specialized unit, the Statewide Assessment, Finalization and Expedition (SAFE) Team partners with district CPS specialists with high CPS caseloads by attending field interviews virtually or telephonically and documenting the interviews in real time and/or by case assignment after the field work is complete. The unit is under the oversight of a district director. To date, the CPS supervisor and three CPS specialist positions are filled, leaving two vacancies. CWS will monitor the SAFE Team's outcomes and determine whether or not to expand the number of assigned staff.

DHS more recently reported in its August 2022 Semi-Annual report (page 101) that, “Regions 1, 2, 4, and 5 are developing regional SAFE Teams and the original statewide team is being absorbed into Region 3. CWS leadership is intentional in establishing the regional SAFE Teams prior to the increase of CPS referrals when schools resume in August 2022.”

DHS has also employed CPS teaming where two caseworkers work on one case; however, unlike previous practices with “secondary assignments,” DHS assigns one CPS caseworker as the lead who manages the case and completes all necessary field work, including in-person interviews, while another child welfare worker supports the case by completing non-field activities such as gathering background information. Overtime plans are also used to address increases in CPS workloads as needed.

Net Change in Caseworkers

At the end of the report period, DHS reported having 1,467 case-carrying staff, including 1,280 who managed at least one case. Of the remaining 187 caseworkers not carrying a case, 149 were recently hired, still early in their training, and not yet eligible to receive case assignments. Between January and June 2022, the total number of caseworkers statewide decreased by 32 workers, from 1,499 to 1,467. Regarding staff turnover for SFY2022, DHS noted in its August 2022 Semi-Annual report. (page 101):

Turnover is calculated by dividing the number of separations by the average number of employees. SFY 2022 turnover for CW specialist I's is significantly the lowest since 2013 at 6.09 percent. In contrast, there has been significant increased turnover in CW specialist II's and CW specialist III's. SFY 2022 turnover for CW specialist I's – IV's is at 26.4 percent and has ebbed and flowed over the years. SFY 2020 was an outlier with the lowest turnover of 9.5 percent. Overall, turnover remains lower than the baseline of 28.9 percent; however, reaching healthy turnover remains a critical goal to achieve and sustain.

Preparing each district to maintain manageable caseloads in the event of any surge or upward trend in assigned cases is essential. DHS reported efforts this period to focus on monitoring and managing the department's allocation of caseworker positions, as well as ongoing efforts to retain caseworkers and backfill positions, which the department reported has become more difficult.

Recruiting and Hiring for Caseworkers Vacancies

Statewide, DHS reported it has authorized its child welfare agency to fill 1,859 caseworker positions. At the end of the period (July 1, 2022), the department reported 392 vacancies, which is a slight decrease

from the total of 403 vacancies reported at the end of the last report period (December 31, 2021). As evidenced by DHS' reporting that 149 newly hired caseworkers were still in training as of June 30, 2022, 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. 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.

At the beginning of this report period, in January 2022, DHS implemented an enhanced set of strategies to incentivize the recruitment and retention of caseworkers. The first focuses on encouraging former, experienced caseworkers to return to the department. DHS highlighted that:

These incentives will benefit Oklahoma families by bringing back seasoned, well-trained CW specialists who understand the needs of the agency's customers while also reducing new employee hiring costs. Current CW specialists and supervisors that recruit former, CORE-trained CW specialists who left OKDHS in good standing to return to employment will be eligible for the following incentives:

- Upon hiring of the returning employee, the recruiting employee will receive \$1,000.
- When the returning employee has completed any trainings necessary to carry a caseload, the returning employee will also receive \$1,000.
- At the returning employee's one-year anniversary with the agency, both the returning employee and the recruiting employee will receive \$2,500, if both are still employed with the agency.
- Both the recruiting and returning employee must work in CWS to be eligible for the incentives.

The total value of incentives is \$7,000 per recruited employee, roughly 10 percent of the cost to hire and train a new CW specialist. As of 7/18/2022, 61 individuals re-hired met the criteria to receive the recruitment bonuses. For eligible returning employees, whose entry on duty date occurs from August through October 2022, the recruiting employee will receive an initial \$2,000 and an additional \$5,000 at the 12-month anniversary date, as long as the aforementioned criteria is met. Based on current projections, 2022 should end with the highest number of returning employees since 2018. (August 2022 Semi-Annual report, page 105)

DHS reported that between February and June 2022 61 former caseworkers returned to the department's child welfare team. In the months of July and November 2022, DHS also provided a \$1,250 appreciation bonus to all DHS employees.

Applicants and Hiring Process - Data Tracking and Enhancements

The department monitors the number of online views received for each new caseworker job posting and the number of applications received based on the number of views to assess the conversion rate, which is the percentage of views for each posting that result in applications submitted. DHS reported that job postings for CWSII, entry-level, caseworker positions have received fewer views since the start of the pandemic with 66,809 views in 2020, 37,601 views in 2021 and 9,424 views during the first six months of 2022. Further, the department reported that the conversion rate for CW specialist II open positions has decreased from an average of 5.92 percent in 2020 to 2.67 percent in 2021 and 2.31 percent during this six-month report period of January through June 2022.

However, for the first month only of this report period (January 2022), DHS reported a significant spike in the number of applicants, views and number of CW specialist II's hired. In January 2022, DHS removed and added back all position announcements due to a change in Oklahoma's statewide Civil Service System. As such, DHS has theorized that its wholesale replacement posting of all positions moved them to the top of the list that month, making them more visible to potential applications. This theory is corroborated by Tulsa and Oklahoma Counties having higher view and conversion rates as they established the regular practice of removing and reposting all their positions each month. DHS plans to do the same statewide to test the theory in an effort to continue to increase the visibility of the department's job postings. DHS also revised the language for new caseworker job postings to provide more information about employee benefits and DHS' focus on developing what it calls a hope-centered practice.

At the beginning of this report period, the department also began to assess DHS data on the time it takes to hire an applicant. In its August 2022 Semi-Annual report (page 104), DHS highlighted that, "In January 2022, the average time to hire was 29.27 days. Within 90 days, the average for CW specialist II and CW assistant decreased to 21.09 days. In May 2022, the average time to hire for CW specialist II and CW assistant was 12.29 days and then 15 days in June 2022. Therefore, having this data available to focus on has resulted in further decreasing the length of time to hire, which keeps potential hires engaged."

Further, to help recruit new employees, DHS finished this period the first phase production of videos that present, for the first time as noted by the department, a realistic depiction of child welfare casework and feature testimonials of a diverse group of child welfare staff. These caseworker recruitment videos were posted on DHS' and social media websites and shared with Oklahoma universities. DHS has encouraged staff to share the videos to help in the ongoing employee recruitment effort.

DHS continued this period to focus on elevating the skill level of newly hired caseworkers. Based on an in-depth job analysis DHS conducted to assess the skills and characteristics required to excel as a caseworker, including motivation level and personality, DHS developed interview questions to identify candidates who already possess these qualifications and strengths. This new competency-based selection process for hiring caseworkers is a federally funded effort that DHS first implemented in 43 of Oklahoma's 77 counties. During this review period, DHS collected surveys from supervisors and new caseworkers to begin assessing the performance of 142 individuals newly hired under the new selection process to validate the impact.

Supporting and Retaining Caseworkers

Bringing additional executive leadership to advance employee relations and retention, DHS added and filled during the last period a new position for an administrator of Leadership and Employee Support. This new administrator, along with DHS' Assistant Child Welfare Director of Field Operations and other child welfare leaders, have been convening district-level listening sessions to obtain feedback on efforts the department should take to improve employee support. In response to employee concerns, DHS established that, effective October 2021, caseworkers and child welfare assistants can choose to receive overtime pay instead of compensatory time for hours worked over 40 within a week. The department's August 2022 Semi-Annual report (page 108) highlighted, "In July 2022, 85 percent of CW specialists chose to receive overtime pay. Offering the choice of overtime pay versus compensatory time is a significant system change."

Also, during the last report period, DHS made it easier for caseworkers to remain overnight in a hotel when: their casework requires long distance travel (beyond 100 miles); their workday exceeds 18 hours or the travel occurs between 10:00 pm and 7:00 a.m.; and they need to rest to complete their work. Such overnight stays are also allowed when a worker places a child late at night and must return to transport the child the following morning. The Co-Neutrals previously received feedback from caseworkers that these types of scenarios, such as long-distance travel at night, place considerable stress on staff and present potential safety concerns.

As previously reported, DHS leadership has undertaken other efforts to support caseworkers including Kith Care and an expansion of the department's Employee Assistance Program (EAP). 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 but extended the program 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 crisis-trained counselors 24/7 to talk with staff immediately in 30-minute sessions. This report period, DHS also doubled from six to 12 the number of no-cost regular counseling sessions that staff can schedule each year through the EAP program.

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.

Importantly, department leadership is continuously exploring and implementing multiple approaches to support child welfare caseworkers and staff, often based on feedback received from their listening sessions with employees. Other efforts reported by DHS include:

- The department returned all new CORE training cohorts to in-person training in July 2021, after these trainings were shifted to virtual sessions in March 2020, in response to the pandemic. DHS reported that it received overwhelming feedback that conducting CORE training virtually was not as effective for new caseworkers to learn and develop their child welfare skills.
- DHS is purchasing Dragon Speaking software, which is a speech recognition program that will allow caseworkers to speak into a microphone to document case notes. As noted by DHS, one of a caseworker's most critical job functions is accurate, comprehensive, and timely documentation.
- DHS developed a web-based "toolkit" within the department's internal InfoNet that provides permanency planning caseworkers resources, information, and guidance on current DHS child welfare practices, strategies and processes, and includes links to internal and external resources caseworkers access frequently. To develop the online toolkit, DHS gathered input from permanency staff and pulled from questions caseworkers frequently submit to its central permanency programs team. DHS is next working on a similar toolkit focused on the work of Family-Centered Services caseworkers.
- DHS established compressed work schedules for employees who want to request supervisor approval for an alternate workweek (AWW), which, if approved, requires that the employee creates a permanent schedule and identifies the same AWW day or half day each week.

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

DHS and its caseworkers confronted tremendous, unprecedented challenges and change, both professionally and personally, as a result of the COVID-19 pandemic. As previously reported by the Co-Neutrals, DHS responded with remarkable quickness to implement COVID-19 response plans even before a state of emergency was declared in Oklahoma. DHS mobilized 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 in order to move to telework and maintain (and, in many cases increase) contact with and support for children and families.

Challenges related to the pandemic continued through this period for child welfare staff. DHS reported that during the month of January 2022 alone, the first month of this period, approximately 450 foster families and 400 DHS staff members tested positive for COVID.

DHS' New Service First Model

In response to the pandemic, DHS moved to a telework model in March 2020 and then evaluated the need and benefits to maintaining a primarily telework model indefinitely and ultimately made the decision to do so, launching in May 2020 the department's Service First Model. In the first phase of establishing this telework and Service First Model, DHS focused on securing and embedding shared workspace with community partners, particularly in those counties where DHS closed offices and buildings. The department closed 48 of the department's buildings. In counties where DHS' offices were closed, the department reported establishing over 100 partnerships with community organizations to maintain a presence statewide.

At the same time, DHS reported a partial re-opening in April 2021 of department county offices 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 to 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 community partner sites to provide in-person coaching and support to caseworkers.

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.”⁴² 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 guidance is 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.

While DHS is maintaining its flexible telework model with staff, leadership is embarking on a second phase of its Service First model with a focus on modernizing the department’s physical spaces and real estate. As noted in its February 2022 Semi-Annual report (page 130),

For years, OKDHS neglected modernization and upgrades across the board, sometimes rightfully so when faced with fiscal scarcity, but what the agency sacrificed along the way is the need to honor human dignity by valuing employees and customers. OKDHS' goal is to provide the best world-class customer service experience in state government, not just in Oklahoma, but the nation. Service First Phase Two will improve OKDHS's customer service and treat employees better all while meeting the business needs today and into the future.

DHS further reported that,

Many of [OKDHS’] remaining offices suffer from deferred maintenance for more than a decade. The OKDHS neglected real estate footprint lacks hope and sends the message that employees and those served are not valued. The people of Oklahoma deserve a world-class customer service experience from OKDHS and leadership is committed to providing it to them. Furthermore, the space no longer fits the needs of the OKDHS workforce, as OKDHS learned [that] services can be robustly delivered by embedding in the community and in the field, and that the workforce is as productive, or more, teleworking.

As outlined by DHS, the plan for this modernization effort is to establish at least one of three types of physical spaces in every Oklahoma county that will be smaller, more cost efficient and purposefully designed. The department described these three types of spaces as follows⁴³:

The first locations are retail spaces, which closely resemble a bank branch, allowing in-person engagement for service recipients who cannot reach OKDHS through remote means. These spaces will be designed with the Science of Hope as their foundation with first contact resolution in mind, meaning that OKDHS in most cases is able to process

⁴² DHS August 2021 Semi-Annual report, page 136

⁴³ DHS February 2022 Semi-Annual report, page 130.

eligibility and distribute benefits in one visit to the office. These offices will also allow OKDHS to utilize virtual intake services with a host facilitating the application process for walk-in traffic without the need for Adult and Family Services staff to be physically present in each location. This furthers agency efficiency by allowing OKDHS to distribute caseloads statewide and decreasing wait times for benefits.

The second are approximately 10 administrative hubs designed to meet the modern business environment needs of the workforce, including non-customer facing functions like new employee onboarding, team meetings, mentorship, printing, scanning, faxing, and human resources functions.

The third type are intentionally designed, trauma-informed CW centers that will allow for tailored services for children and families. These spaces will be critical in the ongoing development of a collaborative family strengthening system that ensures childhood well-being and safety while also equipping and empowering biological and foster parents with the tools they need to be successful.

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 and the children and families it serves to uphold its commitment to ensure the needs of its employees and customers are met. As such, DHS at the beginning of this report period sent a Telework Pulse Survey to a sample of 1,100 child welfare employees and received 630 responses (57 percent) with the following feedback⁴⁴:

- 89 percent were satisfied or very satisfied with teleworking.
- 47 percent noted improved job satisfaction, with 39 percent staying the same, and 14 percent reporting a decline in job satisfaction.
- 55 percent noted improved work/life balance, with 24 percent staying the same, and 21 percent reporting a decline in work/life balance.
- 93 percent reported their responsiveness to clients and partners stayed the same or improved.
- 85 percent agreed or strongly agreed that their telework experience has improved.
- 52 percent noted declined engagement with co-workers, with 40 percent staying the same, and eight percent reporting an improvement in co-worker engagement.

While DHS reported that overall employee feedback regarding satisfaction with telework improved in 2022 compared to employee surveys taken in 2020 and 2021, the department also noted that employee concerns regarding a lack of co-worker engagement is an area that must be addressed and improved. The current leadership has demonstrated its commitment to problem-solve such challenges and areas requiring improvement, using non-traditional and creative approaches when necessary, to provide the working conditions and support caseworkers need to stay with the department and best serve children and families.

Then, Now and Looking Ahead

As noted above, in the early part of this reform (February 2013) DHS established a goal of having the case carrying capacity of 1,350 workers on board to reach 90 percent caseload compliance against a starting

⁴⁴ DHS August 2022 Semi-Annual report, page 109.

point of 1,030 caseworkers on board with only 27 percent workload compliance. These staffing projections and needs shift continuously and require ongoing, focused, dynamic monitoring, planning and changes at every level of the department. At the time that DHS projected needing the case carrying capacity of 1,350 caseworkers, there were over 3,000 more children in care than there were at the end of this report period (June 30, 2022), when DHS reported having 1,280 caseworkers carrying at least one case, of which 97.8 percent met their caseload standard. Further, as noted above, DHS reported 392 caseworker vacancies it was working to fill at the end of this period.

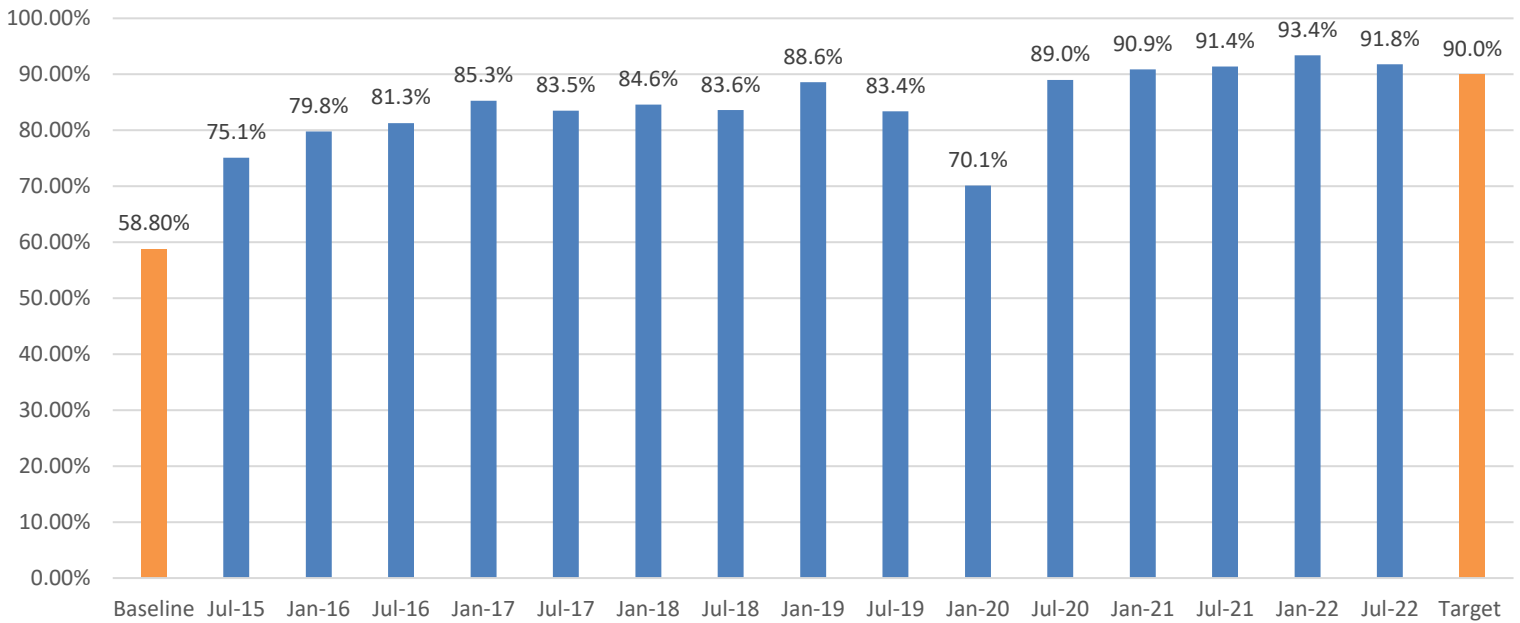
The number of allotted caseworker positions, as well as those projected for DHS to fill statewide, regionally, and locally are key numbers to track and adjust continuously. As documented in detail throughout this Final Report for the Non-Impacted Performance Area Measures, these workload numbers can and will change, and quickly. Equally critical to consider is the fact that the level of work expected of every type of caseworker throughout the department (as well as supervisors and managers – program and direct care) is so much more than was required at the beginning of this reform. DHS has and continues to develop a more sophisticated, safe, family and child-centered practice and child welfare system that requires a lot more training, attention, effort, resources, and time to meet the multi-level needs of every child and family involved with Oklahoma’s child welfare system to achieve timely permanency, safety, and well-being.

Supervisor Workloads - Performance Standards and Target Outcomes

DHS understands that 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, 2022, DHS reported that 91.8 percent (349 out of 380) of supervisors met the workload standard. This is the fourth consecutive report period that DHS achieved the Target Outcome for supervisor workloads. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome. As noted above, this is the fifth consecutive report period that the Co-Neutrals have rendered a good faith finding for supervisor workloads (two and a half years), which fulfills the CSA requirement for a two-year continuous period of good faith determinations and allows this measure to support a Final Report for the Non-Impacted Performance Area Measures.

FIGURE 8: SUPERVISOR WORKLOADS: PERCENT OF SUPERVISORS MEETING WORKLOAD STANDARDS



Source: DHS Data

Summary Review of Supervisor Workloads Performance Area Since the Beginning of the Reform

As shown in Figure 8 above, DHS from the start of the reform made early, substantial and sustained progress toward the Target Outcomes for supervisor workloads - progress that has continued through this report period under review and beyond. For the one notable and temporary performance dip shown in Figure 8 for supervisor workload data reported in January 2020 at 70.1 percent, the decrease was impacted mostly by a change in the methodology for this measure as explained further below.

While DHS' progress on this measure was immediate from the beginning, the department's leadership and data team worked with the Co-Neutrals over the first few report periods to establish data sufficiency, an agreed upon methodology for counting the workloads of caseload carrying supervisors, and a starting baseline. Based on DHS' June 30, 2014 data, the Co-Neutrals determined that DHS' supervisor workload data reports were sufficient and set the baseline for supervisor workload compliance at 58.8 percent with a total count of 284 supervisors.

DHS first produced detailed supervisor workload data in February 2014; however, the data excluded 16 supervisory units comprised of 55 caseworkers. DHS excluded the units because they did not have a titled supervisor in place. DHS and the Co-Neutrals resolved in the supervisor workload counting methodology that all supervisory units must be included in the analysis. If the absence of a supervisor is not temporary (i.e., supervisor on vacation) or the unit is not assigned or covered by a supervisor, then the unit is reported as uncovered.

DHS prioritized filling supervisory positions in early 2013 so that they would be in place and ready to guide and support the hundreds of new caseworkers the department needed to hire to improve caseload

compliance. As DHS began to report a rapid and changing influx of new caseworkers hired and assigned to these supervisors, DHS and the Co-Neutrals agreed that the workload data needed to settle before a baseline for supervisor workload compliance could be set.

In setting the methodology for counting cases on a supervisor's workload, DHS and the Co-Neutrals agreed that cases assigned to and/or managed by supervisors would carry the same case weights for those assigned to caseworkers. At DHS' request, the initial methodology allowed DHS to discount, or remove from a supervisors' workload count, up to two child welfare cases if a supervisor carried any of these cases. The Co-Neutrals approved this approach based on DHS representations and the Co-Neutrals' validation that such assignments, at that time, were very short-term. DHS noted concern that at any point in time, a supervisor's workload could include cases that were not case assignments managed directly by the supervisor, but instead, cases in the process of being assigned or reassigned to a caseworker by the supervisor. This was true at the time, given that higher rates of caseworker turnover and routine reassignment of cases resulted more frequently in cases appearing on supervisors' workloads temporarily.

Throughout the reform, DHS' semi-annual data has shown fluctuations in the number of supervisors carrying more than two cases and the number of cases counted in the workloads of these individuals. As noted in the Co-Neutrals' Commentaries and DHS' Semi-Annual reports, these case assignments were tracked, reported and discussed as DHS has always acknowledged that the priority 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. DHS worked toward and reported in most periods a decrease in cases assigned to supervisors.

However, after a period of concern with DHS reporting increasing numbers of cases assigned to supervisors, the Co-Neutrals reassessed the supervisor workload methodology after DHS and the Co-Neutrals reviewed 205 cases assigned to 105 supervisors as of June 30, 2019. That review found that most supervisors were fully managing these cases for extended periods, not transitioning them quickly to primary caseworkers. Based on this review, the Co-Neutrals concluded that it was no longer appropriate to discount two cases from a supervisor's workload and, in September 2019, revised the methodology to assess the department's performance under this metric without the two-case discount. As noted above, this change in the methodology contributed to the significant decline in supervisor workloads reported as of December 31, 2019 (January 2020 data).

Consistent with other new challenges DHS has confronted straight on and with focus, the department developed a plan to course correct, reduce case assignments to supervisors, and increase supervisor workload compliance. Within six months, by June 30, 2020, DHS reported that compliance increased from 70.1 percent to 89 percent (341 out of 383) of supervisors meeting the workload standard—the department's best performance outcome to date on this measure. DHS needed just four more compliant supervisors on June 30, 2020 to meet the 90 percent Target Outcome for the first time. DHS achieved this rapid increase in supervisor workload compliance without the two-case discount, appropriately counting all cases assigned to supervisors.

To help DHS achieve the marked increase in supervisor workload compliance from December 2019 (70.1 percent) to June 2020 (89 percent), DHS' executive leadership team developed and began to closely review a new, more detailed supervisor workload report similar to the department's caseload trends report. In reviewing this information and its enhanced supervisor data report, DHS made concerted efforts to reduce by 70 percent the number of cases assigned to supervisors and identified the need to adjust the number of caseworkers assigned to some supervisory units. Additionally, to further reduce supervisor workloads and increase accountability, DHS reported that it would require a Regional Deputy Director to approve any direct case assignment made to a supervisor for the purpose of having the supervisor manage the casework directly. The department also required an explanation from the field for any supervisor not meeting the standard, further establishing greater accountability.

After a full period of implementing these strategies, DHS reported by the end of the following period, December 31, 2020, that it had achieved the 90 percent Target Outcome for supervisor workloads. DHS has continued to achieve the Target Outcome since that time.

Current Report Period: Supervisor Workload Performance Outcome and Management Efforts

As of June 30, 2022, DHS reported that 91.8 percent (349 out of 380) of supervisors met the workload standard. Another 22 supervisors were reported close to meeting the standard and nine supervisors were over the standard. At the end of the last period (December 31, 2021), DHS reported that 93.4 percent (352 out of 377) of supervisors met the workload standard, with 21 close and four over the standard. At the end of this period on June 30, 2022, DHS reported that 114 supervisors carried at least one assignment with a total of 314 cases assigned among these 114 supervisors. This is in line with what DHS reported at the end of the last period (December 31, 2021) when 113 supervisors carried a total of 321 cases. DHS was able to achieve the Target Outcome of 90 percent of supervisors meeting the workload standard and further increase the supervisor workload compliance above the Target Outcome.

During the last report period, DHS began to award frontline supervisors compensatory time for hours worked beyond 40 within a week. In the February 2022 Semi-Annual report (page 133), DHS noted, "CW frontline supervision and support of frontline CW specialists often occurs beyond a normal 40-hour work week, especially if the supervisor is helping with after-hours investigations, placement transitions, or the myriad of other CW emergencies that can happen after-hours. The numerous hours that CW supervisors work beyond their regular 40-hour work week historically was not recognized or rewarded. Accrual of compensatory time is a significant system change to support frontline CW supervisors, who in turn support frontline CW specialists."

Further, at the beginning of this report period, DHS leadership approved all supervisors to receive overtime pay for direct case assignments and activities to support their caseworkers with case assignments, such as documenting collaterals or transporting a client. Providing compensatory time and overtime pay to supervisors represents an important effort by the department to recognize, support, and retain child welfare supervisors.

Consistent with the cautionary reminder noted above in the Caseloads section, supervisors of today are required to guide, support, review, coach, and verify the casework and case practice of their assigned workers at a level that is well-beyond what it was at the beginning of this reform. As such, supervisors, like caseworkers, also require ongoing support and guidance, sufficient training, meaningful resources and manageable workloads to help ensure the department achieves the many advanced practices highlighted throughout this Commentary.

C. Shelter Use

For this report period of January through June 2022, 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. Including the current report period, the Co-Neutrals have found that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for each of the shelter measures for nine consecutive report periods (over four years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties’ COVID Recovery Agreement.

DHS has achieved a 100 percent reduction in shelter-nights for children five years of age and younger, reporting for six consecutive years since 2016, no children in the youngest age group (zero to one) placed in a shelter. Compared to the baseline period, DHS has reduced shelter-nights for children ages six to 12 years by just over 75 percent and by 55 percent for youth 13 years and older.

Over the past eight years, DHS has implemented numerous strategies, as outlined below, that have created an enduring shift in the department’s previous practice and culture that indiscriminately allowed children of any age to be placed in shelters. DHS’ current strategies and commitment to authorize shelter placements only as highly scrutinized exceptions have allowed the department to reduce by almost 75 percent the total number of shelter nights experienced by children of all ages combined since the baseline period (see Table 8 below).

TABLE 8: NIGHTS IN SHELTERS BY AGE, JANUARY – JUNE 2022, AND CHANGE FROM BASELINE

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2012)	Performance (January 2022- June 2022)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100%
2 to 5	8,853	0	-8,853	-100%
6 to 12	20,147	4,887	-15,260	-76%
13 & Older	20,635	9,399	-11,236	-55%
TOTAL	52,558	14,286	-38,272	-73%

Source: DHS Data

Summary Review of Shelter Use Since the Beginning of the Reform

During the first six years of reform, DHS struggled to achieve consistent reductions in shelter nights and to ensure a safe environment for children placed at Oklahoma's shelters, including its largest and last state-operated shelter that closed on June 30, 2018.

In fact, for youth ages 13 and older, DHS reported significant increases in shelter nights above the starting baseline for the four report periods covering a span of two years from July 2013 through June 2015. Total shelter nights recorded for children ages six to 12 also increased above the baseline for the first two periods (July-December 2013 and January-June 2014) based on DHS' verified performance outcome data for these shelter measures.

DHS' reductions and fluctuations in shelter use over time have been interdependent with some of the department's challenges and progress in other performance areas, including maintaining a sufficient pool of traditional foster homes, developing needs-based therapeutic placements and creating strategies that proactively promote placement stability. At the outset of this reform, the Co-Neutrals heard regularly through focus groups with hundreds of staff around the state that there were simply not enough foster homes to serve all children placed in care. The lack of available foster homes and therapeutic placements has always contributed to the use of shelter placements, particularly during the first half of this reform when Oklahoma experienced record high numbers of children in custody (see Table 8 above) and was still reforming and building a new and more efficient foster home recruitment and management structure.

Case practice also led significantly to shelter use. The Co-Neutrals confirmed early through analysis of case records, interviews with workers, and review of administrative data that DHS had a practice norm of looking for foster home placements only after deciding to remove a child or at the time of a disruption. The Co-Neutrals also found that in both scenarios there was usually advance notice and clear indications that a placement request would be required. Further, the Co-Neutrals learned that DHS' foster care program would not process requests for an initial kinship home approval for a child's first placement until the child needing placement had been removed and was in the department's physical custody. This internal practice barrier caused many children to experience an unnecessary first placement in a shelter when they might have instead been immediately placed with relatives or a family familiar to them, after the trauma of being removed from their home.

The Co-Neutrals twice agreed to delay or extend the first shelter deadlines established to eliminate shelter use for the two youngest age groups of children (zero to one and two to five) as it was clear that DHS had a shortage of foster homes. The Co-Neutrals and DHS recognized the department needed to establish and implement new strategies focused on better planning for children to transition to new (first and subsequent) placements and more proactive and exhaustive searches for all family and needs-based placements, especially kinship.

DHS also recognized that to meet its shelter targets and to improve practice for the children in its care, DHS would need to close its two state-operated shelters, Pauline E. Mayer (PEM) in Oklahoma City and Laura Dester Children's Center (LD) in Tulsa. At the beginning of the reform, the majority of children in the youngest age groups of zero to five years old were placed at these two state-operated shelters, and not the 27 private shelters operated by Youth Service Agencies (YSA) that DHS also accessed for placements at that time. During their repeated visits to the state-operated shelters, it was not uncommon for the Co-Neutrals to see the sections designated for the youngest children overfilled with infants and

toddlers, including children with significant medical needs. In fact, for a period of time, DHS had toddler beds placed side-by-side in a hallway at the PEM shelter to accommodate the overflow of very young children placed there.

In addition to the number of nights and lengths of stays in shelters, the Co-Neutrals identified significant concerns with the conditions children experienced in these congregate settings. Shelters were frequently accessed to place children with specialized needs, including children with medical, behavioral and developmental challenges. There were verified concerns that shelter staff (in private and state-operated shelters) were not trained to provide therapeutic responses or to meet the specialized needs of children placed in their care, that children in shelters were not sufficiently engaged with age-appropriate programs and activities, and that incident reports and substantiated abuse and neglect allegations presented significant child safety concerns in these facilities. In addition, caseworkers often did not adequately maintain consistent visits and communication with their assigned children placed in shelters.

In the Third Commentary (page 41), released in October 2014, the Co-Neutrals wrote:

The incident reports depict the everyday lives of children who are living in restricted environments, most of whom – based on focus group interviews and discussions with shelter leadership – do not know when they will see their parents next, where or when they are moving next, and when they will see or speak to their caseworkers next.

The PEM and LD shelters are not sufficiently staffed and supported to work with children using appropriate therapeutic methods that can best de-escalate incidents and support the children's well-being. The Co-Neutrals understand that shelter staff face the challenge of working with a substantial number of children placed in the shelters at any given time who have significant unmet therapeutic needs and behavioral challenges and must do so in a way that both meets the needs of the children and builds a safe environment for other children and staff in the shelters. While many of the incident reports note that staff try to talk to or redirect the children, the consequences are often time-outs, restraints and loss of privileges – even for very young children. These punitive practices seem more readily accessed for children than any therapeutic help or support. The result is many situations in which the punishment that falls on children and youth seems disproportionate to their actions and, in some instances, seems to escalate the incident for both children and staff.

Based on interviews with approximately 30 older youth placed in shelters at the time, the Co-Neutrals summarized these observations, also in their Third Commentary:

Some [youth] spoke about going AWOL from the large public shelters because they felt trapped or just needed to “walk around the block.” The shelter incident reports confirmed that often youth ran away just to get outside of the shelter.

One teenager shared candidly, “you know shelters are depressing” and that there was nothing to do most days that summer. Another teen, having been told it was probably best to stay in the shelter until aging out, asked if it was possible for him to get an after-school or summer job to prepare for his independence. However, most shelters will not allow teenagers to get jobs because they do not know how long the teenager will stay

in the placement. Along similar lines, several of the teens in shelters shared that they do not have access to independent living supports. The result is that, for these youth and many others, the shelters feel like large facilities in which their lives are placed on hold.

DHS discontinued new placements at its state-operated PEM shelter in Oklahoma City as of August 1, 2015 and officially closed the shelter three months later, on November 18, 2015. During the same period, DHS ceased routine, new admissions to its state-operated LD shelter in Tulsa as of October 1, 2015, with plans to close the LD shelter by the end of 2015.

DHS developed and implemented a variety of new strategies to reduce shelter use, including a new shelter placement and authorization review process that required approval by either a Regional Deputy Child Welfare Director or the Child Welfare Director for new shelter entries (depending on the child's age). DHS leadership appointed for the first time a shelter lead staff within DHS who was focused on finding needs-based placements for children who were already placed in or at risk of being placed in a shelter. Taken together, the agency's strategic efforts enabled DHS to achieve zero shelter nights for children age zero to one for the period of July to December 2016. This was a significant milestone and evidence of meaningful progress.

However, during the same period of July to December 2016, DHS reported an increase in children placed at the LD shelter, with a total of 79 different children—most ages 13 and older—experiencing a shelter stay there, as DHS missed its original planned date to close the LD shelter and increasingly struggled to find appropriate needs-based placements for the children who remained or were still approved (by the Child Welfare Director) for placement there. At the same time, DHS reported a higher acuity level in the behavioral and developmental diagnoses of the children placed at LD, which created a myriad of challenges to ensure the safety and well-being of children in this shelter.

In part, the increased pressures to find new placements for high-needs children and youth was influenced by DHS' implementation of new strategies to reduce maltreatment in care in the congregate settings where DHS placed children, such as groups homes. DHS leadership at the time made the prudent decision to cease placements of children in group homes deemed unwilling to make necessary improvements to ensure child safety. Children with behavioral and other challenges who were or may have been placed in such group homes were therefore often diverted to the LD shelter.

During calendar year 2017, DHS and the Co-Neutrals' discussions intensified, which included Co-Neutral requests for remedial actions to ensure child safety, as the rate of child maltreatment dramatically rose at the LD shelter. Between April 2017 and March 2018, DHS substantiated child maltreatment 13 times at the LD shelter alone.⁴⁵ DHS committed to implement a number of actions intended to increase the well-being and safety of children placed at the LD shelter, including hiring more than 20 new staff, dedicating a full-time staff person from the department's Specialized Placements and Partnerships Unit (SPPU) to monitor safety and incident reports, training LD staff on proper de-escalation and engagement practices, and developing a plan to enhance recreational and educational programming. DHS leadership pledged that improvement work was in progress.

⁴⁵ The 13 MIC substantiations confirmed at the Laura Dester shelter between April 2017 and March 2018 represented 11 unique children.

However, DHS' own records presented, with an overwhelming and compounding amount of detail, an unacceptably high level of risk and unsafe conditions created by placing together in one facility so many children with significant and complex needs and behaviors without ensuring an appropriate level of staff, training, and organizational and programmatic management and oversight. Amid these concerns, the Co-Neutrals on March 5, 2018 directed DHS to cease placing any additional children in the LD shelter and transition all children out of this last, state-operated shelter and into needs-based placements no later than June 30, 2018. Shortly afterward, DHS closed the LD shelter.

Since that time, all shelter stays have been in the private, community-based YSA shelters across the state. As of this report writing, the number of YSA shelters still open and accessed for placements by DHS has decreased to 20 from the 27 reported at the beginning of this reform.

As discussed further below, DHS has significantly grown its efforts, resources, practices, and staff training focused on preventing shelter entries, securing and planning for needs-based placements, and working with the private shelters on ensuring the safety and well-being of children who experience a shelter stay as a placement of last resort. These efforts have allowed the department to reduce, substantially and sustainably, total child nights in a shelter (all ages combined) by approximately 75 percent and by 100 percent for the youngest children ages zero to five.

Performance Standards

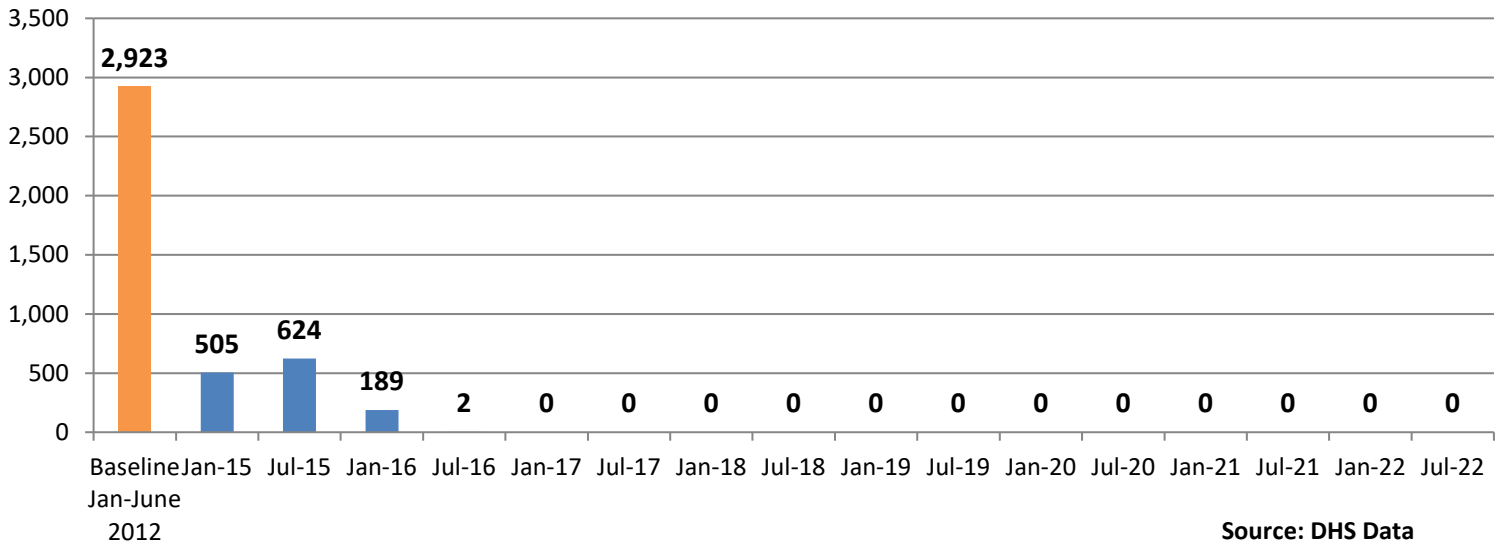
DHS committed to “ensure all children are cared for in family-like settings” and to “stop its use of temporary placement in shelters for all children under 13 years of age.” In the Metrics Plan, the Co-Neutrals selected the number of “child-nights” spent in shelters as the measure to assess Oklahoma’s progress in eliminating and reducing shelter use. 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).⁴⁶ 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 9 below, for the twelfth 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 six years.

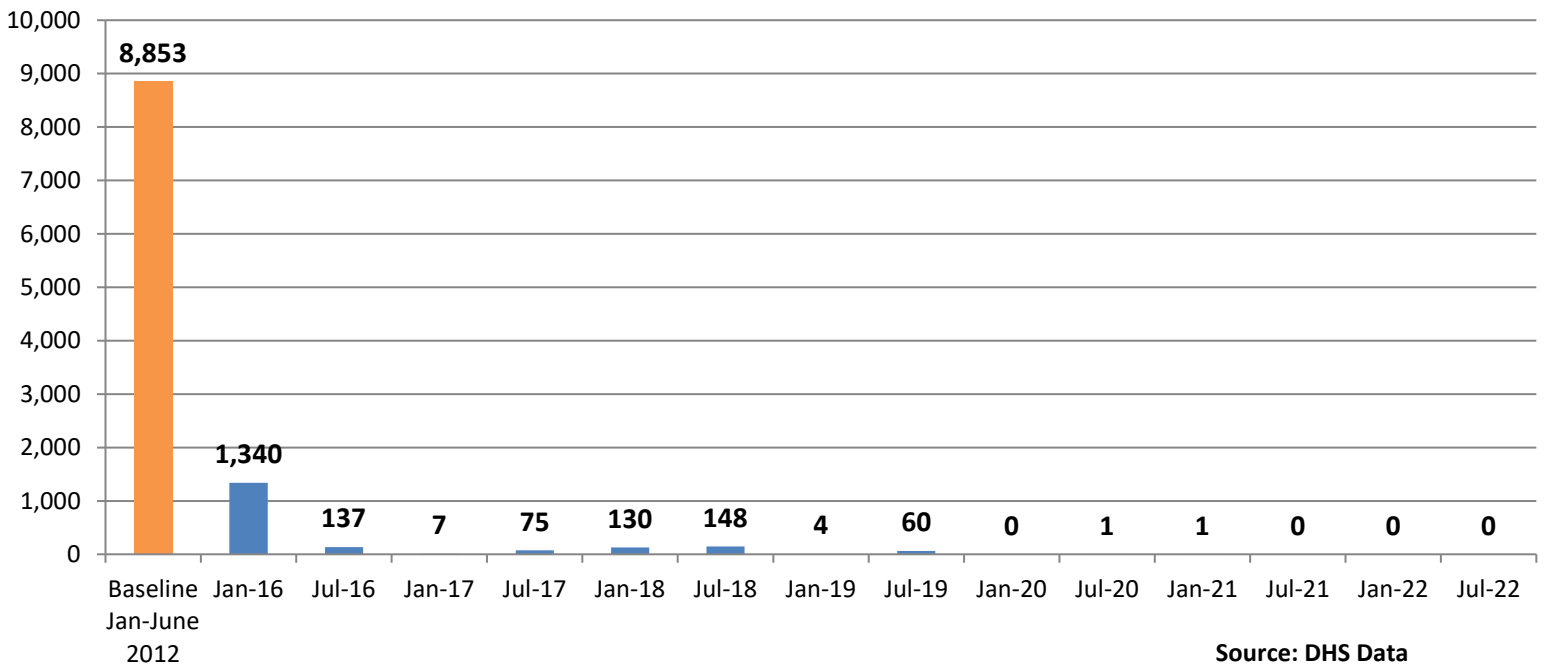
⁴⁶ Children who meet the criteria for one of the two exceptions are still counted in the shelter outcomes data.

FIGURE 9: 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 10 below, for the third consecutive report period, and four report periods in total, DHS achieved the Target Outcome of zero shelter-nights for children ages two to five.

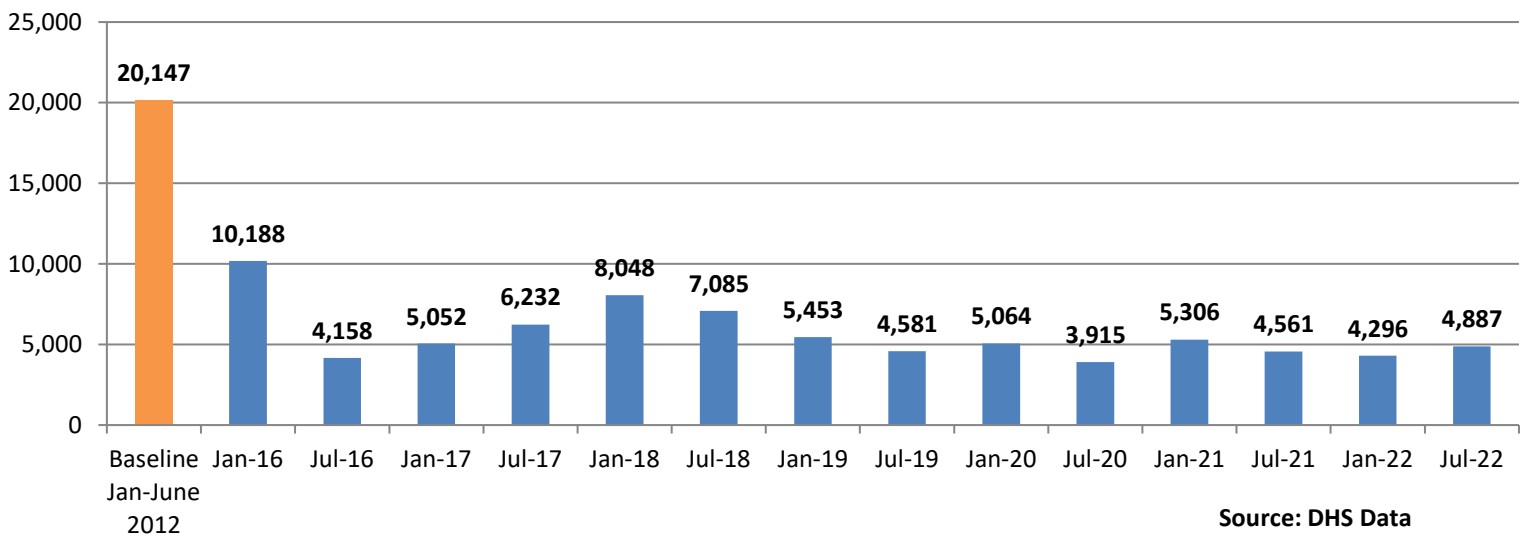
FIGURE 10: METRIC 5.2 – SHELTER-NIGHTS, CHILDREN AGES 2 – 5



SHELTER METRIC 5.3 – CHILDREN AGES SIX TO 12

For children ages six to 12, DHS reported that a total of 104 unique children in this age group experienced a shelter stay this period compared to last period when 95 children spent at least one night in a shelter. DHS reported that the total shelter-nights for this age group was 4,887, an increase of 591 nights from the last period when the department reported 4,296 child-nights. Figure 11 below shows that the department has reported fluctuations in total shelter nights for this age group over the last seven 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 continued efforts this report period to achieve progress toward the Target Outcome.

FIGURE 11: 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 six 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 the third consecutive 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. DHS reported that it began to heighten leadership involvement in efforts to avoid shelter placement for children ages six to eight, following with the same efforts for children ages nine to 10. 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. During this report period, one child age six experienced a shelter stay and five children age seven and four children age eight spent time in a shelter.

As of September 2022, no child the age of six was in a shelter and a total of seven children ages seven to ten were placed in a shelter, with 32 days as their average length of stay in the shelter. Case records for these seven children showed that each presented with mental health, behavioral and/or developmental challenges and required a higher-level family-based or residential placement.

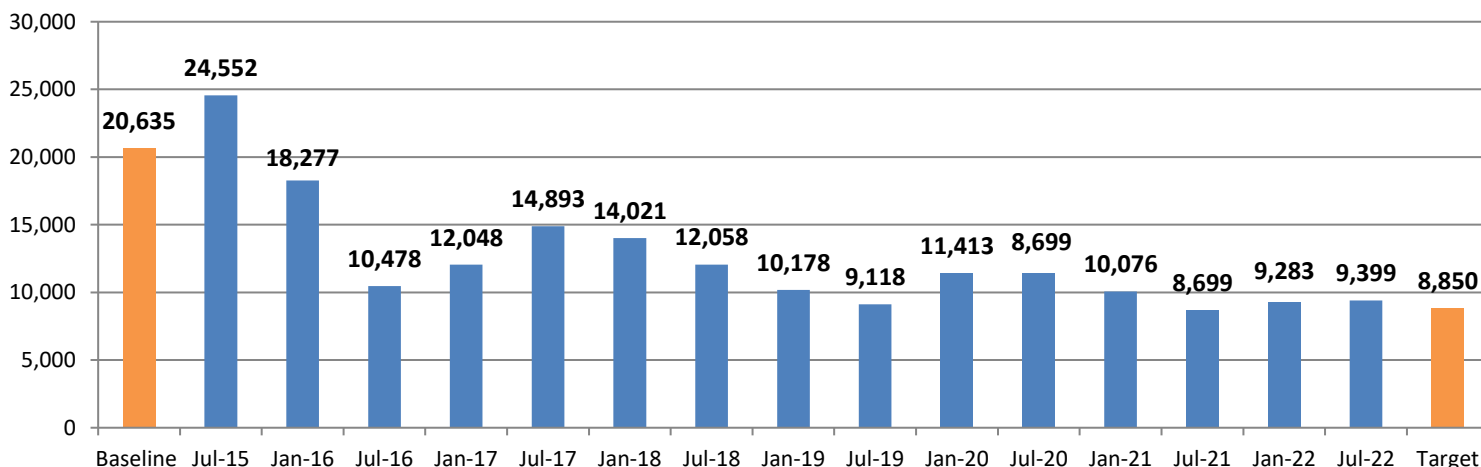
The case records for these seven children are similar to those reviewed and summarized by the Co-Neutrals for the 41 children ages six to 10 who entered a shelter one year ago (between January and June 2021). The records for those 41 children showed that 37 needed a placement at the EFC level or above, 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.

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 period reported one year ago (January through June 2021), DHS achieved this Target Outcome.

This period, as shown in Figure 12 below, DHS reported 9,399 child-nights for this oldest group of children. While this represents an increase in shelter nights over the last year, DHS held relatively close to the Target Outcome. Further, this period DHS reported fewer unique children ages 13 and older spent a night in a shelter, decreasing from 253 children last period to 235 children.

FIGURE 12: 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 to June 30, 2022, DHS reported that 36.6 percent (86) of the 235 youth ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. As shown in Table 9 below, this performance outcome represents a 4.1 percent decrease below the 40.7 percent outcome reported last period, which was DHS’ best performance to date for this measure.

Since the baseline period, DHS has substantially decreased the total number of teens placed in shelters, and counted in this measure, from 593 to 235, a 60 percent reduction. The total number of teens whose placements were not compliant with this measure decreased from 393 to 149, a 62 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 9: PINNACLE PLAN 1.17: BASELINE AND JANUARY – JUNE 2022

Performance Categories	Baseline		Current Performance	
	Jan – June 2014		Jan - June 2022	
Children Age 13+, with a shelter stay of at least 1 day	593	100.0%	235	100.0%
Shelter Placements Compliant with Pinnacle Plan 1.17				
Those with 1 stay, less than 31 days	200	33.7%	86	36.6%
Compliant TOTAL	33.7%		36.6%	
Shelter Placements Not Compliant with Pinnacle Plan 1.17				
Those with 1 stay, 31 or more days	136	22.9%	57	24.3%
Those with 2 or more stays, less than 31 days	74	12.5%	22	9.4%
Those with 2 or more stays, 31 or more days	183	30.9%	70	29.8%
Not Compliant TOTAL	66.3%		63.4%	

Source: DHS Data

As with children in the six to 12 age group, case reviews completed by the Co-Neutrals have shown that youth 13 years and older for whom DHS also still accesses shelter placements overwhelmingly represent teens with complex behavioral and other health and social needs. 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 health, behavioral, and other challenges. The department’s efforts to build a continuum of care, including EFC placements discussed in Section IV of this Commentary, that meets the needs of these children with the goal of supporting them therapeutically in family-based placements when appropriate, are critical to reduce further DHS’ use of shelters for children and youth of all ages with higher-level needs.

Both DHS and the Co-Neutrals have written in multiple past reports about the prior, protracted challenges with Oklahoma’s legacy TFC program, which too often denied children in need of therapeutic foster care the authorization to receive this level of support and too often left children on waitlists for TFC homes that were either too few in number or unwilling to accept or maintain placement of children with even low-end specialized or behavioral needs and challenges. As a result, many children in need of TFC placements were placed in shelters. As reviewed in more detail in Section IV of this Commentary for the seven Delayed Performance Areas, DHS began during SFY20 to implement significant changes and improvements to its TFC program, working with the Oklahoma Health Care Authority (OHCA) and TFC private agencies. While the pool of TFC homes in the state remains limited in number, authorization and placement decisions for these homes are now structured to be child-focused. To supplement the TFC homes privately managed through the TFC legacy program, the department has been developing its own therapeutic placements with therapeutic parenting and family support for children living in traditional and kinship foster homes. DHS has designed and implemented the EFC program to take an early and inclusive approach to identify children who may require higher-level therapeutic care to address their trauma and other specialized needs soon after, or even before, entering care and put them on a path of well-being, placement stability, and permanency.

Often, children placed in shelters have experienced significant placement instability and have lacked the opportunity to build a trusting, therapeutically supported connection in a family-based setting that possesses the necessary training and services to meet a child’s individual needs and challenges. Through the EFC program, DHS is working to intervene early after a child enters custody with therapeutic family-based placements and avoid the snowballing trauma that leads to shelter stays after children experience multiple placement disruptions and rejections. In its August 2022 Semi-Annual report (page 123), DHS reported that the two age groups with the largest number and percentage of children served in the EFC program during SFY22 were ages five and younger as the largest group (293 children, 32 percent), followed by ages six to nine as the second largest group (269 children, 29 percent). Out of 914 total children supported in an EFC placement at some point during SFY22, 173 (19 percent) were ages 10 to 12, 132 (14 percent) were ages 13 to 15 and the remainder, 47 youth (five percent) were ages 16 and older.

The new EFC program offers great potential to further reduce shelter stays and nights by expanding therapeutic family-based placements and beginning individualized therapeutic care as soon as DHS identifies a child may need specialized supports to manage their needs, heal their trauma, and secure placement stability with a family.

Increase in Children/Youth Abandoned by Parents or Guardians

Between SFYs 2018 and 2022, DHS has experienced a discernible increase in the annual number and percentage of children of all ages who enter the state’s custody having been abandoned by their parents or guardians. These children with a removal reason of abandonment often present with behavioral histories and challenges, as well as developmental disabilities, that make it difficult to secure family-based

placements.⁴⁷ Youth who experienced abandonment appeared significantly among those placed in shelters and shelter-nights recorded. In its August 2022 Semi-Annual report (page 76), the department noted, “Many of these youth experience their first [out of home] placement episode in shelter care through voluntary parent placement, acute or residential psychiatric care, or a juvenile detention center.”

Tables 10 and 11 below present DHS data on the number and percentage of children who entered state custody from SFY18 through SFY22 due to a removal condition of abandonment or a substantiated allegation of abandonment, as well as the number of shelter nights experienced by children who entered care for this reason.

TABLE 10: CHILDREN IN CARE WHO WERE ABANDONED, SFY18 – SFY22

Children with Removal Condition of Abandonment by SFY			
SFY	Removed for Abandonment	Total Children Removed	% Removed for Abandonment
SFY18	372	4682	7.9%
Age 0-5	143	2997	4.8%
Age 6-12	104	1290	8.1%
Age 13+	125	395	31.6%
SFY19	377	4439	8.5%
Age 0-5	139	2789	5.0%
Age 6-12	108	1225	8.8%
Age 13+	130	416	31.3%
SFY20	410	4176	9.8%
Age 0-5	125	2592	4.8%
Age 6-12	120	1129	10.6%
Age 13+	165	455	36.3%
SFY21	374	3482	10.7%
Age 0-5	114	2165	5.3%
Age 6-12	88	886	9.9%
Age 13+	172	437	39.4%
SFY22	417	3356	12.4%
Age 0-5	111	1956	5.7%
Age 6-12	113	929	12.2%
Age 13+	193	471	41.0%

Source: DHS Data

As noted in Table 10 above, 41 percent of all youth ages 13 and older who entered DHS custody during SFY22 had a removal reason listed as abandonment. Among youth ages 13 and older, 50.5 percent of all

⁴⁷ Under Oklahoma Statutes (10A O.S. § 1-1-105) and Administrative Code (340:75-3-120), DHS policy specifies that “a child is considered abandoned when a person responsible for the child’s (PRFC) health, safety, or welfare: (1) leaves the child with no stated or implied plans to resume care or custody and the caregiver is unwilling or unable to provide appropriate care for the child; (2) refuses to have the child in his or her care and custody and does not make appropriate arrangements for the child’s care; or (3) arranges substitute care for the child; and (A) fails to return for the child; (B) efforts to locate the PRFC fail, and more than 24 hours pass; and (C) the caregiver is unwilling or unable to continue to provide appropriate care for the child.”

shelter nights were experienced by youth with a removal reason of abandonment (see Table 11 below). Further, for children ages six to 12, 39.6 percent of their total shelter nights in this report period were experienced by children who were abandoned. The impact of these abandonment removals on shelter stays is clearly substantial as 46.8 percent of all shelter nights recorded in this report period involved children who entered care by reason of abandonment.

TABLE 11: CHILDREN IN SHELTERS WITH ABANDONMENT, JANUARY – JUNE 2022

Shelter Placements January to June 2022						
Age Group	6-12 ⁴⁸		13+		Total ⁴⁹	
Total Children Placed in a Shelter during Period	104		235		335	
<i># with Removal Condition of Abandonment</i>	32	30.8%	113	48.1%	144	43.0%
Total Shelter Nights during Period	4,887		9,399		14,286	
<i>Nights in Shelter for Children with Abandonment</i>	1,935	39.6%	4,745	50.5%	6,680	46.8%

Source: DHS Data, Run Date 7/6/22

In its February 2022 Semi-Annual report (page 56), DHS stated, “The pandemic significantly impacts both the natural and professional support systems that families previously used to care for their children. When those supports shift or collapse entirely due to the COVID-19 pandemic onset and subsequent virus variants, the time, energy, and difficulty of meeting these children's needs become unmanageable over time, effectively driving families to the breaking point where the family feels there was no other safe option.” DHS leadership reported that it is pursuing opportunities to work with families and child welfare partners, including the Oklahoma Office of Juvenile Affairs (OJA), to support youth and families with alternative paths to stability and well-being and avoid placing children/youth in the state’s care due to abandonment. The department further reported that it will continue to monitor and analyze this data regarding children who are abandoned “in order to plan how best to support [the field] moving forward as well as determine where best to serve these children along the continuum of care.” (DHS August 2022 Semi-Annual report, page 76)

During the writing of the Commentary, DHS leadership reported two other external factors have created additional pressure on the department to access private shelters as a placement of last resort. First, DHS noted that higher-level facilities (including acute or residential psychiatric care) are experiencing staffing shortages and challenges with filling vacancies, similar to those experienced by DHS and discussed in the Caseloads section of this Commentary. The department reported that, as a result, these facilities have fewer placements available for children in custody who require intensive therapeutic treatment and stabilization services and this lack of higher-level placements has left DHS, at times, with shelter care as the only placement available.

Second, DHS reported that there has been a concerted effort by OJA and judicial partners to stop placing in detention centers children under the age of 13 who have been adjudicated for their alleged offenses.

⁴⁸ During this period, 90 percent (94) of these 104 children were ages 9 to 12. Of the remaining 10 children in the 6-12 years old age group who spent time in a shelter, one child was age 6, five were age 7 and four were 8 years old.

⁴⁹ The total distinct number of children of all ages in a shelter is 335, as four children are included in both age groups of 6 to 12 year olds and 13 and older. One child who entered care due to abandonment and spent time a shelter appears in both age groups.

Department leadership supports this effort, noting the impact this creates for child welfare staff as they seek safe placements for children discharged from OJA to DHS' care.

Core Strategies to Reduce the Length of Shelter Stays

DHS' earliest and ongoing strategy to reduce and limit shelter use is an accountability and oversight practice that requires the Child Welfare Director to authorize placing any child under 13 years of age in a shelter and a Regional Child Welfare Director 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. The department has updated and refined several times over the last eight years the information required on this authorization form and how it is reviewed and used to help identify non-shelter placements.

DHS has also built a multi-faceted staffing and operational structure to identify needs-based placements for all children in care, including those children for whom a shelter placement may be requested or who have been placed in a shelter. As noted above, DHS started by designating during SFY14 a lead shelter position with that person initially charged with finding needs-based placements for children in the two previous state-operated shelters (PEM and LD) in order to close those facilities. Now, within SPPU, DHS maintains a statewide shelter lead (program field representative) along with SPPU liaisons and a supervisor dedicated to supporting the efforts of a multi-disciplinary team (MDT) to locate placements for children placed in shelters and supporting caseworkers to ensure the needs of their assigned children are met while placed in these settings. (Notably, permanency planning caseworkers are now required to visit their assigned children weekly when they are placed in a shelter as opposed to the required monthly visits when children are placed in a foster home setting: a vastly different and enhanced level of contact with children in shelters compared to the beginning of this reform.)

DHS' SPPU shelter lead and liaisons also work closely with the private shelter directors and staff to provide any additional support and resources (specialized staff, training, program collaboration) identified as necessary to meet the needs of an individual child or the overall shelter population. During this reform, DHS has built a bridge of collaboration between its two divisions, Child Welfare Services and Developmental Disabilities (DD), which has helped to connect shelters, some of which have come to specialize in serving children with developmental disabilities and high-end needs, with additional services they need. Over four years ago, DHS established a standing offer to all private shelters to fund 24-hour, on-site 1:1 supervision for any child in custody who may require this level of care. The department also makes available to private shelter administrators and staff multiple training opportunities every year to enhance their skill set to respond therapeutically to children placed in shelters who have experienced trauma and commonly present with behavioral and developmental challenges.

Several years ago, DHS also 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 move from the shelter to a family-based placement,

whenever possible. Over the last several periods, DHS focused on expanding and strengthening its shelter staffings to include a statewide MDT that, at first, convened for children under the age of 13 who remained in a shelter for at least 30 days and for youth ages 13-17 who remained 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 goal is to move each child out of the shelter and into a needs-based placement as soon as possible. DHS now holds an additional multi-disciplinary staffing every 30 days that a child remains in a shelter.

The department built its capacity for these staffings by establishing an MDT in every region, rather than relying on just one statewide team. Each regional MDT includes program leads from permanency planning, SPPU, foster care and adoptions, TFC program, Youth Transition Services, Oklahoma Successful Adulthood (OKSA), DDS, RFP liaison, EFC and Continuum of Care programs, the DHS Clinical Team and mental health consultants, Community Partnerships, Education Services and Developmental Disabilities Program, tribal liaison, child welfare nurses and ODMHSAS.

DHS has charged 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. The MDT leads for each region also review the shelter authorization forms for children in their region prior to final review by senior management for approval to ensure they are completed accurately.

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. These staffings have also brought critical knowledge and help to casework staff in identifying services and supports that might stabilize a child in a proposed placement.

Efforts to Prevent Shelter Placements

Two years ago, DHS concluded that additional efforts were needed to effectively plan for the eventual discharge of children in custody 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 required new efforts to help prevent shelter placements.

DHS established new protocols to better plan and prepare for children who are discharged 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 (i.e., acute psychiatric care) 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 needs of the child and family, with enhanced services and supports initiated before or upon placement, as required.

Another strategy DHS has undertaken to secure family-based placements for children in care and to avoid shelter placements is to assess, for youth ages 15 to 17, if previously failed kinship placements can now be approved as safe and stable homes with the necessary supports and oversight. This represents another innovative practice by DHS for several reasons. First, it acknowledges that prior placements with kin might not have worked because DHS did not have the services and supports they now have in place like EFC, which might have been necessary to stabilize those placements. Second, the practice is grounded in the reality that many youth want to return home and might be able to do so as older youth before they age out of the care, particularly once they are old enough to live safely with kin caregivers who might not have been suitable for them as young children.

Similarly, DHS has also established a practice of heightened review for denied kinship placements for youth ages 15-17 years old. Specifically, when a youth 15-17 years old has a potential kinship placement denied due to a concern that may be alleviated with the appropriate supports or oversight, the placement denial is always elevated to the next level for review by the child welfare (CW) district director and field manager. Finally, DHS no longer waits until a child is removed to assess a kinship family for initial approval and placement of a child just entering care. As discussed further in the Placement Stability section of this Commentary, DHS has successfully established a case practice to identify and secure kinship placement options for children who are at risk of entering care and before they are removed. This too, has helped to avert shelter stays.

DHS understands that its work is not done with respect to expanding therapeutically supported family-based placements and further reducing and preventing shelter nights for children in care. At the same time, the department's good faith efforts to achieve substantial and sustained progress, especially over the last several years have established a child welfare system and practice that is very different and vastly improved from the beginning of this reform when babies were placed in shelters and over 50,000 shelter-nights were recorded in a single six-month period. The department now seeks to proactively match and support children in custody with needs-based, stable placements with families and to avoid shelter entries when possible. These efforts have been reinforced with many additional, dedicated resources for children with higher-level needs. The department's commitment to avoid and reduce shelter stays is evident through the outcome data, and through ongoing efforts to expand and improve the resources and supports children receive while they are in custody.

D. Child Maltreatment in Care

Over the past seven years, DHS has substantially improved its child welfare system to better protect the safety of children in DHS' custody and reduce maltreatment in care (MIC). 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. Metric 1a reports the number of children in custody maltreated by a non-kinship or kinship foster parent or a congregate care staff person (all referred to as resource caregivers). Metric 1b measures abuse or neglect by a parent while a child is in custody.

Including the current report period, the Co-Neutrals have found that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for both of these safety measures (MIC by a resource caregiver and MIC by a parent) for eight consecutive report periods (four years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties' COVID Recovery Agreement.

For the MIC by a resource caregiver measure, DHS' data showed for this report period (April 2021 through March 2022) a performance outcome of 99.01 percent, which represents the percentage of children kept safe during the period and reflects an improvement from the 98.97 percent reported last period, as well as the baseline established at 98.73 percent. For MIC by a parent, DHS reported for this report period a performance outcome of 98.98 percent of children were kept safe during the period, which represents a slight decrease from the last report period when DHS achieved the Target Outcome of 99 percent for the third consecutive period. The baseline performance for MIC by a parent was established at 98.56 percent.

Summary Review of Maltreatment in Care Performance Area Since the Beginning of the Reform

The Oklahoma child welfare system's case practice and ability to secure the safety of children in custody has substantially and sustainably improved over the past seven years. When DHS began to implement reform efforts in 2012, it was not common practice for DHS caseworkers to assess a child's safety during monthly visits in out of home placements. Further, DHS' Office of Client Advocacy (OCA)⁵⁰, which investigates reports of suspected abuse and neglect of children who reside in congregate care facilities, including in group homes, inpatient facilities and shelters, frequently did not commence investigations until a month or more after DHS was first notified of an allegation of child abuse or neglect. These delays significantly compromised investigations and left children in potentially dangerous situations.

As troubling, DHS' approach to child safety was fragmented and internally incoherent. At the time the Pinnacle Plan was finalized, OCA and CPS, the arm of DHS that investigates abuse and neglect when children are placed in family-based settings, used different screening and investigative processes, different timelines for initiation and completion of investigations, and different evidentiary standards to assess culpability.

Through commitments embedded in the Pinnacle Plan, and buoyed by new state laws, DHS conformed the standards, processes and timelines used to screen, respond to and investigate reports of abuse and neglect of children in higher levels of care with those established for children in family settings. OCA and CPS now use the same standard of proof to substantiate maltreatment, which is "some credible evidence," and rely on definitive time periods by when the state must initiate and complete investigations of suspected child maltreatment. DHS' policies require that CPS and OCA initiate investigations the same

⁵⁰ OCA is organizationally within DHS but is a division/office that is separate from Child Welfare Services and not led by the Child Welfare Director.

day for referrals identified as Priority One, and all investigations of child abuse or neglect must be completed within 30 days from the referral date.

At the beginning of this reform, DHS excluded from its federally reported maltreatment data all instances of child abuse or neglect by resource caregivers in congregate settings. In fact, DHS did not even record or track in its child welfare data system investigations and findings of child maltreatment reported in institutional placements. OCA investigators did not even have access to Oklahoma's statewide automated child welfare information system (KIDS) to document this information.

It was not until November 2012 that DHS began to record in KIDS all reports of child abuse/neglect in congregate settings, assigning every referral an identification number and referral/investigation record in Oklahoma's child welfare data system. And it was not until July 2013 that OCA investigators began to record and manage information gathered during their investigations of assigned referrals, including investigation findings, as DHS first had to modify its KIDS system to provide OCA the necessary access. These modifications and new record keeping in KIDS were essential to allow DHS to track the timeliness of OCA's initiation and completion of abuse/neglect investigations, report OCA's substantiated child maltreatment finding in its federal reporting and identify where DHS needed to focus in order to reduce child maltreatment in congregate settings.

For the first full federal fiscal year (FFY2013) coinciding with the beginning of the reform (October 2012 through September 2013), DHS had to conduct a detailed review of OCA's FFY2013 investigation findings, including an extensive cross referencing of OCA records with individual records in KIDS of children involved in an OCA investigation. Prior to having access to enter OCA child maltreatment investigative records directly into KIDS, OCA investigators maintained much of this critical information on separate Word documents, saved on the individual computers of each investigator. As such, DHS had to manually track maltreatment substantiations for its federal data reporting in January 2014, which for the first time included all substantiations of maltreatment of children in the state's custody, including children abused or neglected in congregate settings.

Due to the integration of the two investigation report systems and DHS' early work to develop its first comprehensive MIC data report, the Co-Neutrals could not accurately assess the sufficiency of DHS' MIC data (for CPS and OCA investigations combined) until January 2014, when the state finalized its federal report of child maltreatment for FFY2013. During the Co-Neutrals' verification of this data, questions emerged, which led DHS to conclude that its January 2014 submission had over-reported instances of child abuse and neglect in institutional settings as the data included some children who were not in DHS' legal custody when they suffered maltreatment.

The Co-Neutrals worked with DHS to establish data sufficiency and a baseline using more current, validated data for the period of April 2013 to March 2014 for Metric 1a, which measures "Absence of Child Abuse and/or Neglect in Foster Care." Metric (1a) calculates the percentage of all children in the legal custody of DHS during a 12-month period who were not victims of substantiated abuse or maltreatment by a foster parent or facility staff. For the baseline period (April 2013 to March 2014), DHS' verified data showed that of the 15,806 children and youth served, 15,606 (98.73 percent) were not maltreated by a

resource caregiver.⁵¹ The Metrics Plan adopted a Target Outcome of 99.68 percent, which was the national standard for this measure established by the federal government at that time.⁵² To have met the Target Outcome during the baseline period, DHS would have had to keep an additional 150 children in DHS custody safe from abuse and neglect by a resource caregiver.

For MIC 1b, “Abuse and Neglect by Parents While a Child is in the Legal Custody of DHS,” which measures the percentage of all children in the legal custody of DHS during a 12-month reporting period who were not victims of substantiated maltreatment by a parent, DHS and the Co-Neutrals established a baseline performance at 98.56 percent using data from an earlier period (September 2010 through October 2011). The Target Outcome for this measure was set at 99.0 percent.⁵³

As noted in the Caseloads section above, DHS faced in the early part of this reform a large backlog of overdue CPS investigations and low caseload compliance particularly among CPS investigators. At the time that DHS and the Co-Neutrals established in 2014 data sufficiency and the baseline for MIC by a resource caregiver, the department reported a backlog of over 1,000 overdue abuse/neglect investigations (CPS cases), as well as long wait times experienced by some callers to the Child Abuse and Neglect Hotline (Hotline).

In the Pinnacle Plan, DHS committed “to centralize the screening process at its Hotline to ensure all calls are answered and screened promptly and thoroughly” and pledged “to staff the Hotline adequately to meet its commitments.” While DHS centralized the screening process, the department experienced significant staffing shortages with 33 of 72 Hotline positions reported as vacant as of June 2014.

From the beginning of the reform through June 2015, DHS did not have a thoughtful, data-informed plan to reduce child maltreatment in care. As a result, for the first three report periods following the MIC 1a baseline period, DHS made no progress toward the Target Outcome, but instead reported a material increase in child maltreatment by a resource caregiver.

To gain insight into the factors which correlated to Oklahoma’s high rate of maltreatment in care, the Co-Neutrals conducted a case record review of all 147 MIC referrals substantiated for abuse and/or neglect by a resource caregiver between October 2013 and September 2014. Of these 147 substantiated referrals, 104 represented child maltreatment in foster homes and the other 43 occurred in an institutional setting. DHS later joined in this case review by selecting from the same 12-month period a random sample of 48 referrals substantiated for MIC by a resource caregiver, as well as 42 substantiated for MIC by a parent.

⁵¹ DHS reported that 138 children in family settings and 62 children in institutional settings had been maltreated by an alternative caregiver for a total of 200 children and youth.

⁵² 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 separate metrics (MIC by a resource caregiver and MIC by a parent) and same methodology originally established in the Metrics Plan.

⁵³ DHS and the Co-Neutrals established the baseline for Metric 1b using data from FFY11. Of the 12,533 children and youth served during FFY11 as reported to the federal government, 12,352 were not maltreated by a parent, resulting in the rate of 98.56 percent.

In general, DHS' findings mirrored those of the Co-Neutrals' larger case record review, which surfaced systemic gaps within DHS' practice that historically (pre-dating the CSA) exposed children to a risk of harm.

Of the 104 substantiations of child abuse and neglect in family-based placements (traditional foster homes, TFCs and kinship homes), the Co-Neutrals observed recurring concerns, including: extensive histories of previous Hotline calls about the same foster homes that had been screened out, ruled out, or unsubstantiated for the same or similar abuse/neglect allegations or that revealed patterns of concerning conditions; evidence of abuse/neglect, or the risk thereof, that should have been observable to caseworkers in the course of required monthly visits with children and quarterly visits with foster parents; stressors experienced when foster homes were overfilled with children; foster homes that lacked the support and/or ability to properly care for and safeguard children with challenging behaviors (such as aggression, severe depression and problematic sexual behaviors); and, foster homes with new home assessment/approval and reassessment records that presented concerning histories and risk indicators.

In reviewing the referrals that took place in institutional settings, the Co-Neutrals observed recurring concerns, including: some facilities that received multiple MIC substantiations during the review period; corrective action plans (CAP) developed after a MIC substantiation that did not address identified safety concerns in the facility and were not documented to track implementation; and, institutional staff who were poorly trained to de-escalate volatile situations and frequently engaged in physical interventions with children, using inappropriate restraints and excessive force. In addition to physical abuse, the review surfaced numerous instances of staff failing to supervise children and youth adequately, particularly those at risk for self-harm. As highlighted in the Shelter section above, the DHS-operated Laura Dester Emergency Children's Shelter in Tulsa was among the institutional settings where children were most frequently neglected or abused.

DHS' First Data-Informed, Core Strategies Plan to Reduce MIC in Foster Homes and Congregate Care

Based on the case review findings, the Co-Neutrals requested that DHS develop a core strategies plan to target and focus the department's efforts and resources to reduce child maltreatment in care. DHS and the Co-Neutrals finalized in August 2015 the department's first core strategy plan to improve safety for children placed in family-based and congregate care settings, with DHS beginning implementation one month later in September 2015. The MIC core strategies, which the department has continued to refine and grow since the initial August 2015 plan, became a comprehensive set of activities designed to remediate the risks correlated with maltreatment in care. In their totality, the strategies bolstered DHS' capacity to effectively assess, monitor, and timely address many safety concerns identified in foster homes and institutional settings to prevent maltreatment.

Strategies to Reduce MIC in Family-Based Placements

DHS' first set of core strategies to prevent maltreatment in family-based placements focused on strengthening policy, practice and formal Instructions to Staff. The department emphasized increased oversight, monitoring, and support of foster families, as well as more detailed, ongoing assessments of child safety in foster, kinship and TFC homes.

In completing their monthly visits, caseworkers had long been required to document in a child's KIDS record their findings from the visit according to categories outlined in a set contact guide. DHS readily acknowledged that the contact guide used at the beginning of the reform focused only on areas of a child's well-being, which is highly important, but did not sufficiently review safety. The MIC case record reviews surfaced significant missed opportunities to identify and address safety risks during caseworker visits with children placed in foster homes. In response, DHS committed to enhance its monthly visits practice.

In its first MIC core strategies plan, DHS began to require that children must be interviewed separately from their foster family during each monthly visit, instead of quarterly, as was formerly mandated. The department updated the monthly contact guide in KIDS to require that caseworkers document the results of discussions with every child (as age appropriate) related to safety, such as the type of discipline methods used in the home. Additionally, DHS increased contact by foster care workers with the caregivers in the homes they serve, requiring foster care workers to have monthly, as opposed to quarterly, contact with homes, with at least one contact each quarter taking place in the foster home. As noted below in the update of DHS' efforts for the current report period, DHS has significantly expanded the requirements for caseworkers, together with their supervisors, to assess safety during monthly contacts with children in care and their foster families. DHS leadership understands that training and supporting caseworkers to employ a higher-level of social work engagement and safety assessments during the monthly visits are important to prevent harm to children in care.

Both the Co-Neutrals' and DHS' MIC case record reviews identified foster homes with prior abuse and neglect referral histories that warranted closer review at the time. In response to these findings, DHS committed to undertake heightened, joint reviews by the assigned permanency and foster care workers and their supervisors of all referrals received on a foster home regardless of DHS' decision to accept the referral for investigation or screen it out. For referrals that are accepted for investigation, a form of this joint review known as the 10-day staffing was already a DHS requirement. Its purpose is to determine within 10 days if the children placed in the investigated home should be moved, if the home should be closed, or if additional services are needed in the home. DHS updated KIDS to include a standardized guide to document this 10-day review and began to require staff to consider during the staffing the entire referral history (including all screen-out, unsubstantiated and substantiated referrals) of the foster family to identify any trends and/or concerns that may impact a child's safety and that may not surface from the review of the current isolated incident and referral. In addition, DHS began to require joint reviews like the 10-day staffing for all family-based MIC referrals that are screened out. These new joint staffings, called screen-out consultations, include a review of the current screened-out referral, all other referrals, and Written Plans of Compliance (WPC)⁵⁴ the home may have previously received, and any other concerns related to the home to identify if any new actions are needed to ensure child safety in the home. DHS updated KIDS to allow (and require) caseworkers to document the occurrence and outcomes of screen-out consultations.

⁵⁴ When a foster home violates a policy or rule and their actions require remediation for continued use of the home, a written plan of compliance is initiated to control the safety of, and placement stability for, any child in DHS custody placed in the home.

During the 10-day staffing and screen-out consultations, staff are required to develop a plan, if necessary, to address any service or other support identified for the family or child(ren) and specify time frames for the plan's implementation and monitoring. In addition, DHS established a protocol that increased oversight and monitoring of policy violations and WPCs to address areas of concern with specific foster homes and ensure the plans are resolved timely.

To understand how frequently staff complete the post-referral joint staffings, DHS established a baseline for the period September through November 2016, with 39 percent of screen-out consultations and 98.9 percent of 10-day staffings completed. DHS has continued to track and report the percentage of these safety reviews conducted each period, with DHS reporting at or close to 100 percent of screen-out consultations completed since 2020 and the same near perfect completion rate for 10-day staffings since the baseline period. Importantly, however, DHS acknowledges that these metrics measure only whether the staffings are performed, and not the quality of the staffings to assess child safety sufficiently. As such, DHS developed guidance to support staff in performing 10-day staffings and screen-out consultations that thoroughly assess child safety. The guidance aims to help staff, as necessary, make appropriate recommendations to support child safety and reinforces the critical role caseworkers, foster care staff and permanency staff play to protect children.

DHS has continuously looked to improve the quality of these joint staffings with expanded guidance, documentation in KIDS and case review assessments. DHS' standing case reviews for all substantiated MIC referrals include an assessment of the quality of any joint review previously completed on the home as well as for the current substantiated referral in focus. This includes assessing whether a review of all previous referrals was considered in deciding the appropriate follow-up action to take.

Also related to referral histories, DHS conducted a review of its Hotline and identified significant concerns with the Hotline's capacity to gather essential information from callers, to conduct a thorough review of homes' prior CPS histories, including open or closed investigations/assessments or cases, and to assign the correct disposition to the referral. DHS identified ample opportunities to strengthen staff decision-making on whether to screen out a referral or assign it for investigation. Deficiencies DHS identified with its Hotline corroborated concerns the Co-Neutrals identified in a significant number of MIC cases in which referrals presenting similar allegations to those eventually substantiated were previously screened out. In response, DHS developed a Hotline Performance Improvement Plan, which initially focused on training and guiding staff based on lessons learned from supervisors listening in and reviewing Hotline calls and tracking and assessing any patterns of disputed referrals. DHS later developed a comprehensive tool to assess, among other factors, the allegations of the referral, the referral history on the home, and any vulnerability specific to the child. Supervisors use the tool to review all screened-out referrals involving children in DHS custody. As discussed further below, the Co-Neutrals conducted for the current period a review of over 100 family-based referrals the Hotline screened out during the last three months of this report period and found that DHS' screen out decisions represented a high fidelity to the department's screening policies and safety practices.

To address historic safety concerns regarding the practice of placing children in a home above its licensed capacity (overfill), DHS strengthened the process to approve placement overfills for foster homes that are at maximum capacity. Maximum capacity for foster homes is defined as a family providing care for five children in DHS custody or more than six children in total or two children younger than two years of age.

Overfilled homes can place additional stressors on foster parents and children, which can lead to instability in the home, particularly when children with special needs are placed in the same home. Because of the significant number of overfilled homes represented among the substantiated MIC cases included in DHS and the Co-Neutrals' earliest case reviews in 2014 and 2015, DHS established a protocol for overfill requests that involves heightened scrutiny of any foster home being considered for the placement of a child in excess of its licensed capacity. Guided by a new Foster Care Overfill Checklist, the protocol requires that a thorough assessment of the home be conducted, including identification and review of any referrals and/or written plans of compliance that a home may have received, and an assessment of parenting capabilities and skills, and whether the family has completed all required trainings. The protocol also requires an assessment of all children placed in the home, in addition to the child seeking placement, to identify the behaviors and needs of the children. Lastly, and critically, the protocol requires a plan to provide additional services to the home, as needed, to support a safe and stable placement if an overfill placement is approved.

The Co-Neutrals and DHS' initial MIC case record reviews revealed concerns regarding the approval of some foster homes with concerning child welfare, criminal and/or personal histories. In some instances, the suitability of foster parents came into question due to histories of domestic violence, drug and/or alcohol abuse, and anger management problems. In the first MIC core strategy plan, DHS required a new joint review by both the foster care specialist and foster care supervisor, and field manager and/or district director when applicable, when any home seeking approval or renewal has anything in their history of possible concern, including Hotline referrals (including those screened out) for any existing foster home going through their reassessment process.

In 2016, DHS reviewed a sample of 128 foster homes that were not part of the new, standing review of all foster homes with a MIC substantiation for each period but instead were identified as open homes presenting heightened safety risks for the children placed within them. To select these 128 foster homes, DHS developed a new field managers' report that pulls information from KIDS and combines into one report information about all open foster homes, including: the number of maltreatment referrals recorded; any open investigations; any record of WPCs; and if the home had more children placed than it was approved to serve. This field managers' report is still automatically updated daily so that field managers are able to regularly review the placements in their region or county and identify any concerning homes that may require heightened attention due to, for example, a high number of referrals or written plans of compliance.

From its 2016 safety review of 128 foster homes selected from the field managers' report, DHS identified some weaknesses in the department's home approval process, particularly the quality of home studies to provide an integrated assessment of a family's capacity to care for children safely. The department found that among the 128 homes reviewed, 24 (19 percent) did not have the necessary background checks completed and 20 (16 percent) did not adequately assess the foster parents' behavioral and mental health.

To ensure that all families applying to be foster parents are thoroughly and consistently assessed, including background checks for criminal, child welfare, domestic violence, substance abuse and mental health histories, DHS developed in 2017 a multi-pronged Resource Family Assessment (RFA) action plan that expanded on the initial set of MIC core strategies and created a new structure and review process.

The RFA action plan is designed to ensure systemic accountability and a detailed review of the protective capacities of every foster home approved or reapproved by the department. The RFA action plan, which DHS continues to refine as discussed further below, also sought to ensure consistency in proper documentation. DHS and the Co-Neutrals both found in their resource family assessment reviews missing documents and/or information that for some home approvals made it impossible to fully assess if a family possessed the requisite capacities to safely care for a child. At the time DHS finalized its RFA action plan, DHS also committed to review the criminal, child welfare and family histories, and references documented for every traditional and kinship home to verify the safety of all open homes.⁵⁵

To implement the department's new, substantially more rigorous assessment of prospective foster homes, DHS developed training for the relevant foster care staff and supervisors to build the competencies and critical thinking of the individuals charged with developing home assessments and those responsible for approving them. The department also developed new review tools and documentation check lists to guide more thorough and consistent assessments. Importantly, DHS also assigned greater responsibility and accountability to supervisors, requiring their full review of every resource home assessment in their respective management area prior to approval.⁵⁶ As part of this heightened review of every new resource home approval file, DHS established a protocol requiring each worker and supervisor to clearly document any concerns identified during the home approval process if the decision is made still to approve the home. Underpinning this new practice is the essential expectation that resource, as well as permanency, workers and their supervisors have a comprehensive knowledge of the families they serve, including families' histories, challenges and needs to advance the well-being and safety of children in foster care.

Establishing MIC Accountability Structure, Permanent Case Review Assessments and Continuous Course Correction

Another central component of DHS' first set of MIC core strategies designated a full-time program supervisor to lead and track DHS' implementation of these strategies statewide. Soon after, DHS also established MIC regional leads and teams, which consist of district directors, field managers, and program staff. These regional leads and teams help the statewide MIC lead and department leadership to assess the ways in which core strategy implementation is, and is not, progressing as planned and if new or additional staff guidance and support is needed to maximize the effectiveness of new practices, such as the screen-out consultations and safety assessments during visits. Since 2017, DHS' MIC lead has overseen the department's continuous work to conduct increasingly comprehensive reviews of all substantiated family-based MIC referrals semi-annually. DHS shares all of its completed case reviews with the Co-Neutrals.

⁵⁵ DHS' 2017 review of all open homes included a review of the select portions of the resource family assessment which address issues of prior abuse/neglect, and applicable social history (i.e., domestic violence, drug abuse) of the applicant(s). DHS further committed to review a foster home's complete resource family assessment in cases where a home's criminal and/or child welfare history were found to present potential concerns or questions.

⁵⁶ Supervisors had always been required to document their decisions to approve a new home. However, the long-standing practice had been that a team of DHS readers undertook the primary review and approval of RFAs statewide. DHS found that supervisors were not consistently conducting thorough reviews of new home RFAs, as required, instead relying on the readers. DHS removed the role of the readers and re-established the primary role of supervisors to review and approve new homes.

Through these ongoing substantiated MIC reviews, DHS, together with the Co-Neutrals, has continuously sought to identify every review period any additional areas of safety concern or trends that appear to contribute to child maltreatment and may require new strategies or practice improvements in a particular region or statewide. DHS also developed a multi-level case review and feedback process that transfers necessary case practice learning to the caseworkers and supervisors whose assigned children and foster homes are involved in a substantiated MIC investigation, particularly when the case records show that key safety practices or strategies are not being implemented appropriately.

Other significant, recurring areas of concern identified in these case reviews include: unapproved individuals who live in or frequent foster homes and who are in some cases the perpetrators of the substantiated maltreatment; permanency and foster care caseworkers visiting the same foster home but not communicating and sharing information about potential risks or stressors in the home; and, caseworkers not ensuring foster parents receive the support they need, including services and timely information about children with special needs and challenging behaviors that can enable them to provide the best care.

Based on the MIC record reviews, DHS found that permanency workers who noticed during their monthly visits an unfamiliar person frequently present in a foster home would sometimes assume that such unknown individuals were approved to be there by the resource family worker assigned to the home. The department also realized that it needed to broaden its practice and the scope of permanency and foster care workers' responsibilities to assess, discuss with colleagues and follow up to address any potential risk indicators found in a foster home.

As such, DHS in 2018 developed and incorporated into its new monthly contact guides for resource and permanency workers prompts to discuss any changes in the members of a foster home and assess if any unapproved individuals are regularly spending time in the home and with children in custody. DHS developed the Resource Information Sheet, which includes the following information on a foster home: the total number of foster children currently placed and the total number of other children (including birth, adopted, or other children) in the home; the number of child placements in the home's history; any open WPC and investigation information; any prior referral history; and the family makeup/demographics. Staff can print a Resource Information Sheet from KIDS to review in one document key safety related information on any foster home. The sheet generates automatically when a child's placement is changed to a new foster home, providing caseworkers a tool to inform their full assessment of safety in the child's new foster home. Resource Information Sheets have been in use by staff since February 2018.

The department also implemented in November 2018 an alerts system in KIDS, known as resource alerts, that is intended to notify all impacted caseworkers of any safety related issues or identified stressors in a foster home that require increased monitoring, support and/or engagement with the foster family. Such issues or stressors that may call for a resource alert include: any potential concerns or support needs identified during the home approval process or during a joint review following a screened-out or unsubstantiated referral; significant challenges or changes in a families' dynamic such as the birth of a child, death of a loved one or financial pressures resulting from a job loss; and, a possible unapproved individual spending frequent time in the foster home.

A foster home's resource worker is required to create in KIDS an "Alert-Resource Notice" for issues or concerns that need to be monitored and/or addressed. Any child welfare staff working with the foster home or assigned children placed in the home can request that an alert be opened. Staff are coached and expected to closely monitor or address the concern as appropriate and when the concern no longer requires monitoring, the resource worker must document how the issue was resolved and close the alert in KIDS. Any open alerts are also included automatically on a foster home's Resource Information Sheet.

DHS also developed an injury alert. When a permanency worker documents a child injury in KIDS under the client injury screen, an alert is generated to the assigned resource specialist and supervisor informing them that a child in one of their assigned foster homes was injured, ensuring critical information is shared between all workers involved with the family home. By ensuring all workers are aware of any child injuries in a foster home, workers are better positioned to identify any patterns of injuries children experience in an open foster home. This information is particularly vital for assessing the safety of non-verbal children and babies who are unable to explain the cause of any injuries.

With the multitude of new strategies to reduce MIC in family-based settings, DHS recognized that it needed to better support caseworkers to understand the purpose behind the many new practices they are expected to perform and how these practices, when collectively tied together, prioritize ongoing and rigorous child safety assessments. As such, DHS developed an annual online training that is informed by DHS' findings from its ongoing reviews of maltreatment cases. DHS' first MIC prevention training became available for caseworkers to complete online in November 2018. The training covers statewide trends on the characteristics of children most vulnerable to maltreatment and the three practice area concerns that have continuously emerged in the maltreatment case reviews – quality of visits, referral histories and home approval. The essence of the training focuses on the specific actions caseworkers and supervisors must take to prevent child maltreatment. The training speaks directly to the imperative for caseworkers to regularly discuss with a child the types of discipline used in a foster home during a monthly visit and for caseworkers and supervisors to assess a foster home's referral history during the 10-day staffing after a referral is accepted for investigation. The training includes instruction on how caseworkers can strengthen practice in these areas, such as providing sample questions a caseworker can ask a child during monthly visits to learn, in more nuanced ways, the types of discipline used in the home.

This MIC prevention training is also required for all new child welfare staff and is a standing component of caseworker pre-service CORE training. Advancing beyond this first level MIC prevention training, DHS developed a MIC Level 2 online training that consists of six modules focused on the following: preventing MIC through quality placement assessment conversations; thoroughly assessing protective capacities for children in care; developing quality support plans and, when necessary, WPCs for foster parents; generating injury and resource home alerts; and obtaining quality information from monthly and quarterly contacts.

DHS has successfully established multipronged strategies that prioritize safety and strive to be adaptive and self-correcting at all levels to mitigate the risk of harm to children in DHS custody. As discussed below in the update for this report period, DHS has shown a commitment to continue building upon these efforts through its work to strengthen the quality and implementation of its many practices focused on safety in family-based settings.

Core Strategies to Reduce MIC in Facilities

Several of DHS' first set of MIC core strategies were designed to reduce maltreatment in institutional settings with a focus on heightened safety reviews and ongoing, intensive monitoring and oversight of facilities where children are most frequently the subject of abuse or neglect referrals, and the victims of substantiated maltreatment. DHS developed a comprehensive protocol to systematically follow-up with a coordinated response when abuse or neglect by congregate care staff is substantiated. The point of the intervention is to prevent future instances of child maltreatment in the same facility.

DHS first identified 11 facilities with the highest number of substantiations of child abuse or neglect, based on data from 2015. These 11 facilities became subject to a Heightened Monitoring Plan under the core strategies, which included, among other activities, quarterly DHS audits with facility leadership of their institution's safety data and performance; bi-weekly heightened monitoring meetings within DHS to track progress; and a formal accountability process when improvements are not realized by set deadlines. Each facility was assigned a DHS heightened monitoring team that included representatives from OCA, SPPU, DHS' childcare licensing staff, OHCA, and the University of Oklahoma's NRCYS.⁵⁷ This was a substantial allocation of resources by the state and reflected DHS' intensified prioritization of child safety. By early 2016, DHS had completed two rounds of audits with each of the 11 facilities initially selected for additional monitoring. Ultimately, DHS reported that all of its contracted group home providers and one other higher-level provider agreed to participate in assessments of their programs with DHS and to develop plans of improvement based upon the recommendations outlined in their assessment reports, which were completed by NRCYS.

Implementing the core strategies to reduce maltreatment in facilities required DHS to develop a more engaged and safety-focused SPPU leadership team. SPPU is responsible for working with all agencies and facilities that provide higher-level placements. SPPU is responsible for managing the program and service commitments in the contracts with these agencies, facilitating child placements in facilities and ensuring that facilities implement any corrective actions deemed necessary to provide a safe environment for children in their care. In their MIC case record review completed in 2015, the Co-Neutrals and DHS found that SPPU did not ensure CAPs were sufficiently designed to remedy conditions that lead to MIC substantiations or policy violations and did not consistently track and enforce the implementation of action plans that were developed with facilities.

DHS' protocol developed under its first MIC core strategies plan clearly defined and strengthened the action steps that DHS, OCA and facilities must take during and following an investigation of maltreatment and the roles of all parties involved. The protocol established a series of deadline-driven actions that DHS staff is responsible for completing, in conjunction with facilities, to ensure facilities are satisfactorily correcting and addressing any areas of concern identified during the investigation to prevent future incidents of abuse or neglect.

⁵⁷ Since DHS began heightened monitoring of facilities, it charged NRCYS with developing the program assessments of the facilities identified for this intensified, focused review. In partnership, DHS, NRCYS and cooperating facilities then developed actions plans to address identified areas that require corrections or further development.

The protocol defines the purpose, roles and timeframes for a Plan for Immediate Safety (PFIS), which during the course of an investigation is implemented by OCA staff immediately upon the identification of any significant and clearly observable condition that is endangering or threatening to endanger a child. OCA is then required to notify SPPU staff of the PFIS within 24 hours. At the conclusion of OCA's investigation of a referral, SPPU then assesses the need for a CAP to correct or address behaviors or conditions associated with an individual employee(s) found responsible for abuse/neglect or any behavior of concern. DHS' protocol also established Facility Action Steps (FAS), which are actions, steps, or strategies a facility must implement to correct or address areas of concern identified within an agency's broader culture, operations, services or contract compliance.

The Co-Neutrals' MIC case record reviews in 2015 revealed that facilities that had multiple incidents of maltreatment or policy violations were not monitored in the context of identifying what, if any, recurrent conditions may exist that lead to multiple incidents. Most of the CAPs that the Co-Neutrals reviewed resulted in the termination of individual staff members but never assessed or addressed any facility-wide concerns. As such, DHS also identified the need for a Facility Services Plan (FSP), which is a comprehensive rolling document created and maintained by SPPU facility liaisons to document, track and monitor a facility's referral history, each CAP and FAS that has been developed to address concerns identified during an investigation, and any other concerns or issues about the facility that surface during a heightened monitoring team's audit. In the event that a facility does not complete in the required timeframe the corrective steps outlined in a CAP or FAS, the department's SPPU team is to issue a Notice to Comply (NTC) which is a formal written notice to the facility's leadership that a WPC will be established, allotting the facility no more than 30 days to comply.

The last component of DHS' first core strategy plan to improve child safety in facilities involved two prominent changes to DHS' contracts with group homes, which took effect on February 1, 2016. First, DHS added language to its contracts with facilities, establishing financial accountability through payment holds or contract termination for significant non-compliance with a WPC or on-going safety-related issues.

The new contract language also mandated that all facilities use an identified model of positive behavior management, which emphasizes prevention, de-escalation and, when necessary, non-pain producing restraints. This new requirement proved critically important as a high percentage of MIC records in congregate settings involved facility staff performing unnecessary and/or improper restraints on children, and, in some cases, failing to prevent or de-escalate a child's behaviors before performing the restraint. In some referrals, the actions of facility staff escalated the encounter because of staff's use of inappropriate or forceful language or actions.

DHS selected Managing Aggressive Behavior (MAB) as the model facilities were required to implement when this core strategy was first established. To support the facilities' transition to and success with the new model, DHS expanded its contract with NRCYS to provide MAB training, certification, and ongoing technical assistance to the staff of all facilities, again representing a substantial investment of time and resources to protect child safety. NRCYS also trained all SPPU facility liaisons and OCA investigators in MAB so that they too were equipped to guide and support the facilities in their use of the model, as well as properly identify any policy violations or evidence of abuse or neglect when the model is not applied correctly. Additionally, DHS committed to developing facility report cards to track and monitor policy violations and the use of restraints at each facility.

A Co-Neutral review of facility-based MIC referrals substantiated between March and June 2016 found that DHS had made significant progress to implement its new comprehensive protocol to monitor facilities' implementation of corrective actions to ensure safety. In particular, the Co-Neutrals' review highlighted a shift in the work of SPPU staff to take a central role and engage facilities to address concerns that may impact child safety.⁵⁸ However, it was not until the Eighth Commentary, which reviewed DHS' performance outcomes and improvement work for the period of July through December 2016, that the Co-Neutrals for the first time determined that DHS had made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 1a, MIC by a resource caregiver. This positive finding was due in large part to DHS' more intensified oversight and corrective actions at facilities that presented safety risks to children and youth. During that same report period, DHS' data showed that the performance outcome for maltreatment by a resource caregiver had recovered to 98.73 percent - the three periods.

In addition, as DHS intensified its oversight, the agency began to end its contracts and placements with certain congregate facilities that proved resistant to safety-based changes. By December 2018, DHS had ended placement contracts with at least six facilities after determining they were unable or unwilling to take steps necessary to protect the safety of children in DHS custody. While DHS continued to implement efforts to reduce child maltreatment in privately-run congregate care centers, the state's Laura Dester facility, the last state-operated shelter, continued to expose children to harm and pose significant risks to child safety throughout 2017. The state's failure to end placements at Laura Dester, while continuing to expose children to abuse, neglect and risks of serious harm at the facility, resulted in an order from the U.S. District Court enforcing a March 2018 remedial directive from the Co-Neutrals that called for all children to be placed out of the Laura Dester facility by June 30, 2018. DHS closed the shelter shortly thereafter.

DHS has continued to strengthen and expand the work of its SPPU team based, in part, on monthly safety assessments conducted by SPPU liaisons assigned to every facility where children in custody are placed. In April 2018, DHS issued staff instructions on new placement protocols for group homes as part of the department's expanded core strategies to improve the 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

⁵⁸ In prior Commentaries (Fourth, Fifth, Sixth and Seventh) in which the Co-Neutrals first issued a good faith finding for Metric 1a, the monitoring team reserved judgment for two periods (Fourth and Sixth Commentaries) to allow the department to develop and implement core strategies and for two periods (Fifth and Seventh) the Co-Neutrals determined that DHS had not made good faith efforts to achieve substantial and sustained progress toward child safety based in large part on DHS not adequately implementing MIC prevention strategies in family-based and institutional settings combined.

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.

This critical work of DHS' SPPU team, which promotes greater accountability by facilities' management to address program and safety deficiencies and fosters better communication and collaboration between DHS and the facilities' leadership, is described further below in the discussion of the department's efforts for the current report period. DHS' successful efforts to address safety concerns in congregate care, and reduce its reliance on those residential settings, have allowed Oklahoma to report its most significant MIC reductions in facility settings to date.

MIC Performance Outcomes and Good Faith Efforts Through Current Report Period

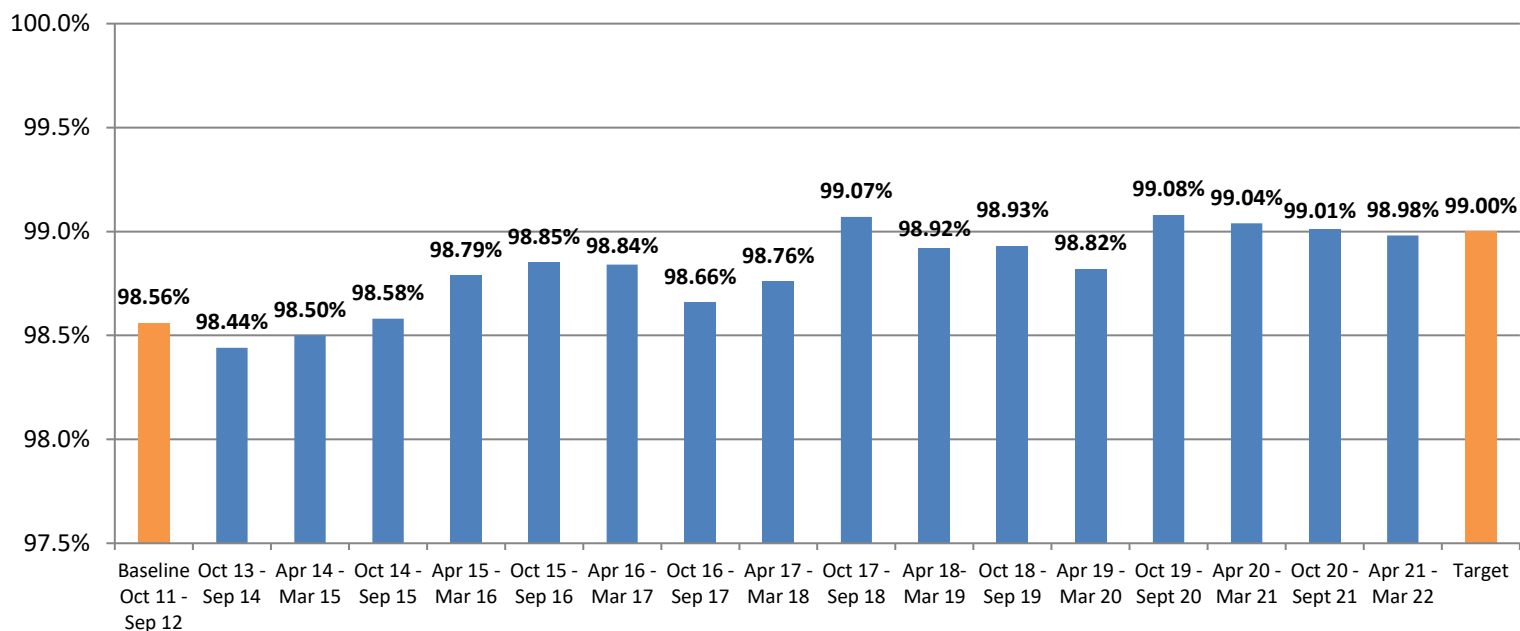
Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b

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 the number of children who were victims over the 12-month period. This measure reviews the safety of 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.

For this report period, April 1, 2021 to March 31, 2022, DHS served 11,200 children in custody, 114 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 98.98 percent against a target of 99 percent.⁵⁹ As shown in Figure 13 below, DHS met and exceeded the Target Outcome of 99 percent for the previous three, consecutive periods and was .02 percent from the Target Outcome this report period.

⁵⁹ DHS' data excluded 30 substantiations of maltreatment of children by their parents while in DHS custody from a total of 144 substantiations because of the same federal exceptions applicable in Metric 1a. Twenty-nine are excluded because the referral date and findings date do not exist in the same 12-month reporting period and one is excluded because the child involved was a victim counted in a prior referral during the same period.

FIGURE 13: 1B – ABSENCE OF MALTREATMENT IN CARE BY PARENTS



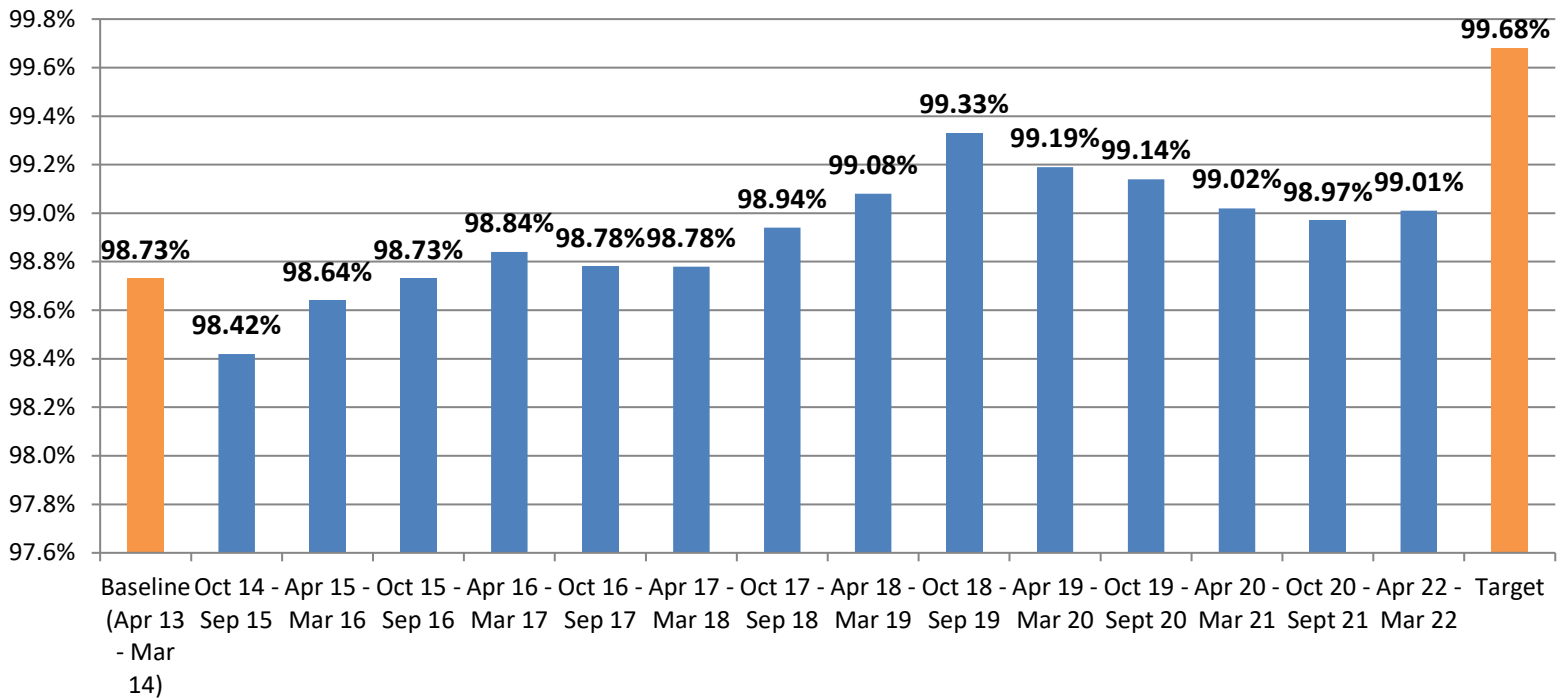
Source: DHS Data

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. As noted above, DHS and the Co-Neutrals adopted the federal metric applicable at the time this measure was established, “Absence of Child Abuse and/or Neglect in Foster Care.” This metric 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. For this metric’s current measurement period, April 1, 2021 to March 31, 2022, DHS reported that 111 children out of 11,200 in DHS custody were abused or neglected while in care. This represents a rate of 99.01 percent of children in DHS custody during the period who were safe in care.⁶⁰

⁶⁰ In addition to reporting performance on this metric semi-annually, DHS every period has also publicly reported substantiations of child maltreatment monthly. Over the same 12-month period, April 1, 2021 to March 31, 2022, DHS reported 124 substantiations of child abuse and neglect by a resource caregiver. Of these 124 substantiations, 103 (83 percent) involved children in family-based foster care settings, while 21 (17 percent) involved children in institutional placements. Thirteen of the 124 substantiations reported in the monthly data are not counted in the Metric 1a federal measure adopted by DHS and the Co-Neutrals. Twelve are not included 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. One substantiation is not counted in the federal measure because the substantiated finding of maltreatment listed the perpetrator as unknown.

FIGURE 14: METRIC 1A – ABSENCE OF MALTREATMENT IN CARE BY RESOURCE CAREGIVERS



Source: DHS Data

As shown in Figure 14 above, over the six subsequent reporting periods following the baseline period of April 2013 to March 2014, DHS’ safety performance did not substantially or sustainably progress toward the Target Outcome. In the following three report periods, starting in October 2017, DHS began to make marked progress due in large part to DHS’ efforts to reduce MIC in congregate settings. The department’s actions to implement its facility-based MIC core strategies, end contracts with unsafe, non-compliant providers and close the Laura Dester shelter improved child safety markedly.⁶¹ Following the closure of Laura Dester, for the period October 2018 through September 2019, DHS achieved its highest safety performance primarily due to a sharp reduction in the number and rate of children maltreated in traditional and kinship foster homes.

The pandemic posed significant challenges for children and families, and complicated DHS’ efforts to monitor and assess the safety of children placed in foster homes. Virtual visits did 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. In its August 2021 Semi-Annual report (page 19), the department 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

⁶¹ For the period of April 2017 to March 2018, DHS reported 69 children were maltreated in congregate care, but for the two following periods respectively, October 2017 to September 2018, and April 2018 to March 2019, the department reported a decrease to 33 and 35 children maltreated in these settings, a 50 percent decline in the number of children in custody maltreated in a facility. For this report period, the number of substantiations is 21.

virtual visits there appeared to be spikes in the number of victims in the months following these provisions.”⁶² DHS resumed face-to-face visits in June 2020, though virtual monthly visits are permitted when a child in care and/or a member of their foster family is COVID-19 positive or quarantined because of exposure to the virus. As noted above, DHS reported that pandemic-related challenges continued into the current report period with approximately 450 foster families and 400 DHS staff testing positive for COVID during the month of January 2022 alone.

For this data report period (April 2021 to March 2022), the department reported a significant drop in the number and rate of substantiations in DHS traditional foster homes, which is the placement type that recorded the second most frequent placement days for this period as shown in Table 12 below. Though there was an increase in the rate of substantiations in private agency traditional homes, DHS data shows a slight decrease in substantiations in relative kinship homes compared to last period. As shown in Table 13 below, kinship relative foster homes represented the most frequent placement type for children in custody during this report period. Overall, the number and rate of maltreatment by resource caregivers improved, going from 134 (rate 5.2) total substantiations to 124 total substantiations (rate 5.0) this report period.

DHS has committed to continuously track the rate of maltreatment and assess trendlines and changes over time, including through the department’s case record reviews, which DHS has the capacity to do effectively. Department leadership represents they remain committed to understand which factors may be positively or negatively correlated to maltreatment in order to identify where additional focused efforts are required to improve child safety.

⁶² 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. Further, the Co-Neutrals found in MIC case reviews specific notations that foster families reported significant stress in their homes due to the virus causing the deaths of family members and friends and employment/financial hardships.

TABLE 12: RATE OF MIC BY PLACEMENT TYPE⁶³

Placement Type	Current Period (Apr '21 to Mar '22)		Last Period (Oct '20 to Sept '21)		One Year Prior (Apr '20 to Mar '21)		Two Years Prior (Apr '19 to Mar '20)		High Mark Period (Oct '18 to Sept '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	12	2.5	32	6.4	35	6.7	30	5.3	22	3.9
Private Agency Traditional Foster Homes	25	5.6	11	2.4	9	1.9	5	1.1	9	1.9
Kinship Relative Foster Homes	50	5.5	53	5.7	46	4.9	25	2.6	26	2.7
Kinship Non-Relative Foster Homes	12	3.8	13	4.0	10	2.9	22	6.5	14	4.3
Therapeutic Foster Care Homes	3	7.1	3	6.9	6	13.3	3	6.5	1	1.9
Other Family Homes	1	0.8	6	4.8	4	2.9	0	0.0	2	1.2
Congregate Care	21	12.1	16	9.2	14	7.9	35	18.6	44	23.5
Total	124	5.0	134	5.2	124	4.7	120	4.4	118	4.3

Source: DHS Data

⁶³ 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.

TABLE 13: PERCENT OF DAYS AND MIC SUBSTANTIATIONS BY PLACEMENT TYPE

Children in Out-of-Home Care April 1, 2020 - March 31, 2022						Ending 3/31/22
Placement Type	Placement Days	Percent	Placement Type	MIC	Percent	MIC Rate per 100,000 days
CW Foster Family Homes	471,158	18.9%	CW Foster Family Homes	12	9.7%	2.5
CW Foster - Supported Homes	444,780	17.9%	CW Foster - Supported Homes	25	20.2%	5.6
Kinship Foster Care - Relative	904,225	36.3%	Kinship Foster Care - Relative	50	40.3%	5.5
Kinship Foster Care Non-Relative	313,201	12.6%	Kinship Foster Care Non-Relative	12	9.7%	3.8
Therapeutic Foster Care Homes	42,385	1.7%	Therapeutic Foster Care Homes	3	2.4%	7.1
Congregate Care	174,082	7.0%	Congregate Care	21	16.9%	12.1
Other Foster Family Care	119,227	4.8%	Other Foster Family Care	1	0.8%	0.8
Other Placements	20,977	0.8%	Other Placements	0	0.0%	0.0
Total	2,490,035	100.0%	Total	124	100.0%	5.0

Data Source: Pinnacle MIC Data for 12 months ending 3/31/22; Run Date: 5/31/22 and Placement Days by Resource Type; Run Date: 4/5/22

MIC Core Strategies and Good Faith Efforts – Current Update

As summarized above, DHS’ efforts to prevent child maltreatment over the past seven years have been multi-faceted and well-informed through data tracking and qualitative case practice reviews. The department’s overall efforts and core strategies designed to reduce maltreatment have been effective, with the success of these efforts most evident in congregate settings, traditional DHS foster homes and parental placements.

MIC in Family-Based Placements, Improving Case Practice from MIC Qualitative Review Findings

DHS’ Quality Assurance and MIC teams continued in the current period to review all substantiated maltreatment referrals in foster homes to assess ongoing practice issues that may correlate to child maltreatment. Records accessed for these reviews include contact notes documented from monthly visits with foster families and children in care; resource home records including home assessment and approval documents; and referral histories of the substantiated resource homes.

DHS has continued to enhance these reviews and reported at the beginning of this period that the central review team is conducting more in-depth case mining of historical information and including more detailed findings within their review documents to better support the transfer of learning to the field. The Co-Neutrals observed this expanded documentation in DHS’ completed MIC case reviews. 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. In its February 2022 Semi-Annual report (page 13) DHS noted, “With a fully staffed MIC team, the immediate focus is to ensure rapid, high-quality review of MIC incidents so that feedback and transfer of learning (TOL) can happen in the field more quickly. It is critical that CW staff, district directors, and field managers are aware of opportunities for improvement as soon as

possible so that these can be applied immediately to other cases and family situations, reducing the risk of future MIC incidents.”⁶⁴

These qualitative reviews are a critical component of DHS’ core strategies to understand the causes and correlates of abuse and neglect, and to reduce the rate of maltreatment in foster homes. As described above, from the beginning, the following three primary case practice concerns have been identified as leading factors contributing to child maltreatment in foster homes and have been the primary focus of DHS’ MIC core strategies:

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.

For the current data report period of April 2021 to March 2022, there were 62 substantiated MIC investigations in a foster home setting. As shown in Table 14 below, DHS and the Co-Neutrals’ review of these substantiated referrals continued to reveal targeted opportunities to strengthen child safety, with visitation thoroughness remaining the most frequently identified area. Forty-six (74 percent) of the 62 family-based substantiated MIC referrals presented practice concerns regarding the quality of caseworkers’ visits. Concerns regarding referral histories of the substantiated foster homes also continue to show significantly in the case reviews, as well as a lack of communication among DHS staff about concerns identified in these foster homes. In eight (13 percent) of the substantiated cases, no contributing factors or case practice concerns were identified. None of this is to say that all of the substantiated incidents of child maltreatment would have been prevented by addressing identified areas of concern, but the analysis offers the department opportunities to marshal resources and focus its training and staff guidance to strengthen child safety in a data-informed, targeted way.

⁶⁴ The department also continued through this report period to require that district directors and field managers conduct independent monthly reviews of at least one substantiated MIC case from their assigned district(s) or one unsubstantiated MIC referral during any month when there were no substantiated MIC incidents in their district. All combined, they reviewed a total of 398 referrals, of which 307 (77 percent) were unsubstantiated and 91 (23 percent) were substantiated. These reviews found that the top three practice concerns identified in the case records were quality of monthly visits, lack of communication and information sharing by child welfare staff and addressing the needs of children with behavioral and other challenges.

TABLE 14: MIC INVESTIGATION CASE REVIEW, APRIL 2021-MARCH 2022

Area of Concern	Of all 62 substantiated referrals reviewed	
	Count	Percentage
Quality of Visits	46	74%
Referral History / Totality of information	19	31%
DHS partners not communicating	19	31%
Home approval	8	13%
Unapproved person in the home	6	10%
Foster Parent Support	9	14%
Child with special needs, challenging behavior	6	10%
No Identified Areas of Practice Concern	8	13%

Source: DHS Data

Quality of Visits

Over the last several years, DHS has consistently identified strengthening the quality of caseworker visits as the most prominent opportunity to prevent maltreatment in foster home settings. 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, deepened the set of questions and issues that 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.

As previously highlighted, caseworkers prior to this reform were not required to document from their monthly visits any safety-specific observations in KIDS. In the initial MIC core strategies, DHS began to require that caseworkers: confirm if the child was seen alone and provide an explanation whether 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. In November 2019, DHS significantly expanded the monthly visitation guide in each child’s KIDS record, which now requires that caseworkers address four questions and provides 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)],⁶⁵ mood and behavior, age-appropriate functioning,

⁶⁵ 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.,

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.

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.

For this report period, DHS probed more deeply into all 46 family-based substantiated MIC referrals to understand the specific aspects of visits that offer opportunities to mitigate the risk to children's safety. This is a small sample of practice, and by virtue of the selection criteria, reflect some of the worst outcomes for children. But DHS has remained committed to mining even these small samples as a learning opportunity for continuous improvement. As outlined in Table 15 below, DHS surfaced from the sample eight recurring elements of quality visits. The top four issues identified by DHS with respect to visit quality are: discussions about other persons (not approved household members) who spend significant time in the home; discussion about discipline practices; addressing safety with children or foster parents; and unannounced caseworker visits, which are required every three months with children placed in foster homes.

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).

TABLE 15: ANALYSIS OF QUALITY VISITS IN MIC CASE REVIEWS, APRIL 2021-MARCH 2022

Aspects of Quality Visits Assessed	Frequency	Percent of 62 substantiated referrals reviewed
No discussion about other persons in the home	42	68%
Insufficient discussion about discipline practices	32	52%
Safety not addressed with children or foster parents	24	39%
No unannounced visits	35	56%
Contradicting info not addressed	10	16%
No discussion with foster parent as to children’s services	9	14%
Infant not observed unclothed	6	10%
Lack of attempt to gather info from pre/nonverbal children	7	11%

Source: DHS Data

During the last report period, DHS trained 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 15, as well as other safety related questions. DHS now requires that supervisors complete a review of two documented visits every month for each permanency caseworker assigned to them. 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 monthly to help ensure a meaningful 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:

- 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?

DHS reported that it has focused on increasing the completion rate of these supervisor quality visit reviews and overcoming any implementation barriers. Each month, the MIC team emails to all district directors a report that details each district’s supervisors, their assigned permanency caseworkers and the quality visit reviews they are expected to complete, along with their completion rate. The department stated in its August 2022 Semi-Annual report (page 25) that:

For the month of May 2022 every region showed an increase in completion of supervisor quality visit reviews. Statewide, supervisors completed 62 percent of their expected number of reviews. For the month of June 2022, the statewide completion rate was 63 percent. Regional completion rates varied, with the highest rate at 77 percent in Region 5. The intent is that CW supervisors are directly aware of the practices and assessments skills of their assigned specialists. The expectation is that any problematic assessment skills observed can be enriched immediately and good practice skills can be celebrated and used as examples of quality safety assessments.

At the time of this report writing, DHS was in the process of analyzing the quality of visits based on data supervisors have entered into KIDS. The point is to better position department leadership to determine where focused efforts may be required to ensure visitation quality and child safety continue to improve.

Heightened Attention to Potential Issues of Concern in Foster Homes

DHS has identified its resource alert system as a strategy to prevent safety risks from going unaddressed because of a lack of information sharing between the resource home worker and the child’s permanency or adoption worker. Last year, the department delivered to all foster care supervisors and field managers in all five regions a virtual 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. DHS leadership has coached staff on the type of issues 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.

During SFY2022 (July 2021 through June 2022), department staff opened 253 new resource alerts, of which 131 were also resolved within the same year. As of June 30, 2022, DHS reported that it continued

to monitor 131 open resource alerts for a number of issues including a history of substance abuse, increased family stress, individuals identified as unsafe with potential access to children in custody, and an unclean or hazardous home environment. The Co-Neutrals' review of resource alert reports have shown that DHS has closed homes and/or denied 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 kinship and foster parents who may have specialized needs or are experiencing elevated stress from caregiving. 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.

Reducing the Incidence of Foster Homes with Concerning Referral Histories

DHS reported that 100 percent of the required 273 screen-out consultations were completed during the six-month period of October 2021 through March 2022. 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.

DHS reported that a case review of screened-out referrals and other MIC cases completed in January 2020 revealed that some caseworkers assigned to foster homes (both DHS and private agency staff) were not consistently following 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 private agency staff who manage traditional, kinship and TFC homes to address any identified concerns with the foster family and report back the outcome.

In May 2020, the DHS 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: 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 when 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.

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 also committed to continuously train and guide field staff to take the necessary follow-up steps to intervene and timely eliminate the safety threats identified in the placement or remove the child from the resource home.

Prior to DHS' requirement of a review of a foster home's complete referral history during joint staffings of all referrals, including those screened out, child welfare staff did not systematically consider whether any prior referral contained information that could indicate a pattern of concerns that required further action to secure child safety when considered in their totality.

For this report period, the Co-Neutrals completed a review of 118 family-based MIC referrals that were screened out during the months of April, May and June 2022. The Co-Neutrals agreed with the department's decision in 108 instances (92%) and questioned the department's screen-out decision with respect to ten referrals (eight percent of 118). DHS conducted its own detailed review of these ten referrals, with a follow-up discussion with the Co-Neutrals, after which DHS decided to reopen one of the referrals. Overall, the Co-Neutrals found that DHS' screen-out decisions for family-based MIC referrals represent a high level of fidelity to the department's Hotline screening policies and safety practices.

Improving the Foster Home Approval Process

For the past five years, DHS' MIC core strategies have focused on improving the department's practice of assessing and approving new foster homes through the RFA action plan. As part of this 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);
- 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.

For this report period, the CPR team reviewed 90 resource homes newly approved between October 2021 and March 2022 across the state. One change DHS made this period was to include field supervisors in the CPR team's detailed debriefings of their observations and discussions of good practice as well as areas for improvement identified in their reviews. In the August 2022 Semi-Annual report (page 22), DHS noted:

The desired result is to provide supervisors the opportunity to hear the information and feedback from the reviewer's first-hand and to be more involved in the necessary follow up. This also gives supervisors the opportunity to share the information with their assigned specialists in training, transfer of learning (TOL), and mentoring. [Foster care] supervisors report they appreciated the transparency and educational process, and did not receive the feedback in a negative way. The Foster Care & Adoption Programs anticipates increased improvement in CPR quality assurance reviews due to the active involvement of child welfare supervisors in debriefings.

In its August 2022 Semi-Annual report, the department summarized its overall assessment of the most recent three months (January through March 2022) of reviews completed at that time. DHS noted these reviews were the “most encouraging” since it began these quality assessment reviews. Still with a critical eye toward improvement, DHS noted that 11 foster homes had concerns that were not fully addressed prior to approval but observed overall improvements in this area compared to prior reviews. While DHS noted no trends among the several unaddressed concerns, some specific issues identified were physical health challenges, strained family relationships, the lack of a support system and previous substance abuse history.

DHS further reported that meetings are held every quarter to review these new home assessments as they provide, “...an opportunity to provide in-depth detail on findings and practices gathered during the entire review process and determine if adjustments are needed regarding Resource Specialist training, if policy needs clarification, or if unmet training or process needs are identified.”

DHS’ continuous quality reviews of new home approvals provide another example of proactive self-monitoring of practices in the field, particularly those that are key to keeping children safe from maltreatment in care. DHS has also reported continuous efforts to course correct based on these review findings. Such ongoing efforts include enhanced and targeted training for staff to improve safety reviews of new homes and tracking potential safety concerns in new foster home approvals.

DHS’ Efforts to Reduce Child Maltreatment in Institutional Settings

DHS has established a high standard and model to improve safety for children in higher level care through its persistent and critical work to collaborate with, support and hold accountable the administrators of institutional settings, particularly group homes in Oklahoma. DHS continues to employ and expand on its core strategy activities to prevent MIC in congregate care, with a demonstrated commitment to find ways to best support and provide safe care to children and youth placed in congregate settings. As described earlier, DHS has implemented a system of expanded and strengthened oversight, monitoring, engagement, and support with higher-level congregate institutions. For those institutions with confirmed child maltreatment, DHS has engaged in heightened monitoring and oversight to ensure the timely and full resolution of safety concerns. Through the contracts DHS holds with group homes and other higher-level facilities, the department continues to require that all facility staff are trained on positive youth development models to prevent the use of child restraints and de-escalate behavioral challenges presented by children and youth.

As shown in Table 12 (Rate of MIC by Placement Type) above, DHS has sustained substantial progress in reducing the rate of maltreatment of children in custody who are placed in congregate facilities. Over the last four years, DHS reduced by 70 percent the number of children maltreated in congregate settings, down to 21 children substantiated this report period compared to 69 child victims for the period ending March 2018. DHS has shown its commitment and proven its ability to enhance child safety even further.⁶⁶

⁶⁶ DHS reported that ten of the 21 MIC substantiations in congregate settings reported this period occurred in programs for which the department does not hold the funding contract, including: psychiatric hospitals, juvenile detention centers. However, DHS offers assistance to any facility for which it does not hold a contract but may

Heightened Monitoring of Facilities with Prior Child Maltreatment

Over the last two years, DHS' SPPU team has made additional, concerted efforts 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' leadership and staff as they strive to strengthen treatment and 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 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.

More recently, DHS reported new contract language is in effect and monitored by SPPU to support facilities toward compliance. This new contract language requires and includes, "...hope-centered, trauma-informed care in all aspects of programming and treatment. The requirements include but are not limited to: family engagement for youth while in out-of-home care and support for youth and families once they have exited out-of-home care, a youth council/youth advisory board in every program, and once a month documented milieu observations by the director." (DHS August Semi-Annual report, page 29)

SPPU continued through this period to review every three months any new facility that may require SD as well as the progress of those currently included in this heightened level of review and assistance. One example of SD assistance that DHS has provided to facilities involves reducing the number of placed youth

benefit from DHS' support and development services. Further, DHS' SPPU unit has dedicated a program field representative to work with the OJA to ensure quality engagement happens in treatment planning for youth in dual custody, as well as to address any safety concerns in OJA-contracted facilities.

while funding the facility to maintain the same staffing levels in an effort to meet the heightened needs of these children better and more safely.

DHS has also established another level of assistance, known as Enhanced Support (ES), for facilities that have not recently recorded a maltreatment substantiation but that may require extra support. In its August 2022 Semi-Annual report (page 28), DHS reported:

SPPU added the two highest level of care programs to Enhanced Support during this period. Both of these programs continue to serve Oklahoma youth who require the highest level of behavioral health support. Both programs have struggled with MIC in the past on a repeated basis. SPPU met with the owner, quality assurance coordinator, and administrator for these programs. These discussions led to a decision to support these programs on an ongoing basis with monthly site visits, random video and incident report reviews of physical interventions, discussions around any concerns observed, placement protocol staffing calls prior to or immediately following a placement, and support from the SPPU clinical team. SPPU expects these continuous ES services will help the provider improve strengths and identify areas for improvement prior to MIC occurring.

SPPU Liaisons and Program Support

More recently, DHS realigned the work of the SPPU liaisons who are assigned to work 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 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 communication between SPPU and facilities regarding their direct care practices.

During the last report period, SPPU developed a new Quarterly Review Tool that program staff complete during quarterly visits to higher-level settings that hold DHS placements contracts. DHS reported the tool is intended to support discussions regarding specific components of the facilities' contract requirements that can impact maltreatment and quality of care. Topics covered by the tool include: giving youth and families a voice in the facility's programming; youth access to therapeutic services; and, trauma informed training for program staff, including a behavioral support curriculum that promotes prevention and early intervention to de-escalate challenging behaviors and crises.

Regarding DHS' early requirement that its contracted facilities train all direct care staff in the Managing Aggressive Behaviors model, the department reported that several group home providers shared concerns that this model does not always provide an adequate level of safety for staff who are attempting to de-escalate a situation with youth. In response, DHS developed a tool to assess different behavioral management tools and is exploring other options that group home directors can select to complete this safety training and program requirement in their contract with DHS.

DHS reported that between July and December 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
- START Training of Trainers (TOT), Online
- 6 Principles of Trauma-Informed Care, Tulsa
- Sexual Health Education Essentials, Tulsa
- Skills for Self-Care to Secondary Trauma, Stress: You Matter, Online
- Group Home Administrators Meeting, Online
- There's Always a Solution, Tulsa
- Activities for Therapeutic Use, Tulsa

DHS continues to offer facilities consultation services focused on reducing the use of physical restraints and building strong supervisors and a culture of collaboration with youth. DHS has secured the services of an expert in this area who works directly with providers to implement the recommended program adjustments.

Finally, DHS' leadership is focused also on identifying gaps in programs and services to meet the therapeutic needs of children in congregate, as well as family-based settings and building those resources in Oklahoma. As noted in the Shelter section above, DHS' Child Welfare Director, along with SPPU program staff and a private provider from Oklahoma, travelled to another state last report period to learn about a specific behavioral health care program focused on youth with complex challenges. DHS reported that strategies learned from this program visit are now being used at a new group home in Oklahoma that cares for male teens with intellectual disabilities who also suffer from trauma.

As noted throughout this section of the Commentary, DHS' case practice has grown substantially and necessarily since the beginning of this reform. To further support caseworkers and supervisors in their work to safeguard children in custody, DHS developed during this report period a MIC strategies website for its internal InfoNet. As DHS reported in its August 2022 Semi-Annual report (page 25) about the website, "There is helpful information about prevention, risk recognition, and resources to aid in high quality joint response staffings. The desire is that all CW staff can refer to one location to aid them in their MIC prevention activities, including clearly stated expectations, the latest trends, and overall resources and supports in recognizing and reducing risk for children in out-of-home care."

For years now and through the current report period, DHS has continued to refine its MIC prevention strategies and implement system-wide efforts designed to enhance child safety. DHS has continued to demonstrate a strong capacity to self-assess areas of practice weakness and deploy focused strategies to address gaps in child safety. Some strategies have proven more effective over time than others, but the department's record of diagnosis, reflection, implementation, and ongoing assessment of threats to child safety remains strong and evident.

E. 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 this and every report period that a judgment was rendered for the caseworker visitation measures, the Co-Neutrals have found that DHS made good faith efforts to achieve substantial and sustained progress toward each Target Outcome. These good faith findings represent seventeen consecutive report periods (over eight years) for the two frequency of visits measures and fifteen consecutive report periods (over seven years) for the continuity of visits measure.⁶⁷ These consecutive findings for caseworker visits, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties’ COVID Recovery Agreement.

Ensuring that caseworkers complete monthly visits with children in care has always been a strength reported by DHS. Even in the early years of this reform when caseworkers struggled with high caseloads, the Co-Neutrals confirmed in discussions with caseworkers and stakeholders across the state, as well as through thousands of reviewed records, that workers made it a priority to complete their required monthly visits. Further, as discussed in the Caseloads section above, DHS’ ending the use of secondary assignments in January 2015 positioned the department to improve case practice for children and families and build continuity of visits and care with the assignment of one primary permanency worker.

For frequency of visits, DHS reports on the following:

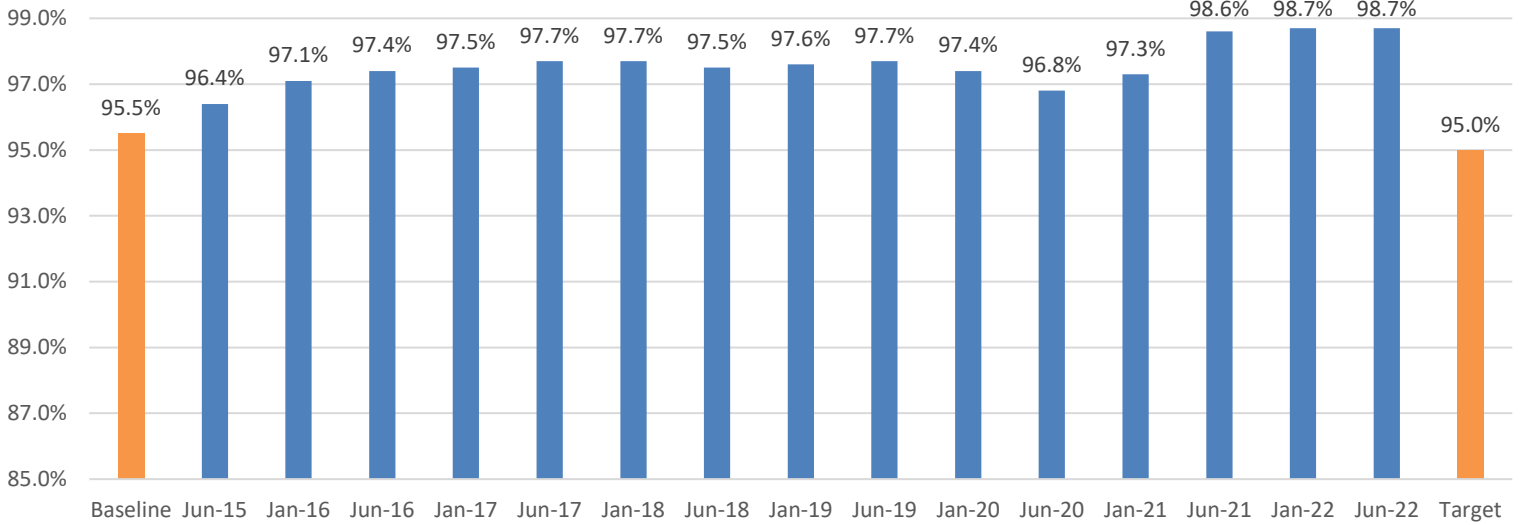
Metric 3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.

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 78,891 (98.7 percent) of 79,960 required visits with children during the reporting period of July 1, 2021 to June 30, 2022, continuing the department’s solid record of achieving the Target Outcome of 95 percent for every period since the beginning of this reform.

⁶⁷ The Co-Neutrals did not render a good faith judgment in their first two Commentaries for the two frequency of visits measures (Metrics 3.1 and 3.2). For the continuity of visits over six months measure (Metric 3.3b), the Co-Neutrals issued their first good faith judgment in Commentary Five as Metric 3.3a (continuity of visits over three-months) was assessed in prior Commentaries.

FIGURE 15: METRIC 3.1 – FREQUENCY OF VISITS BY ALL WORKERS

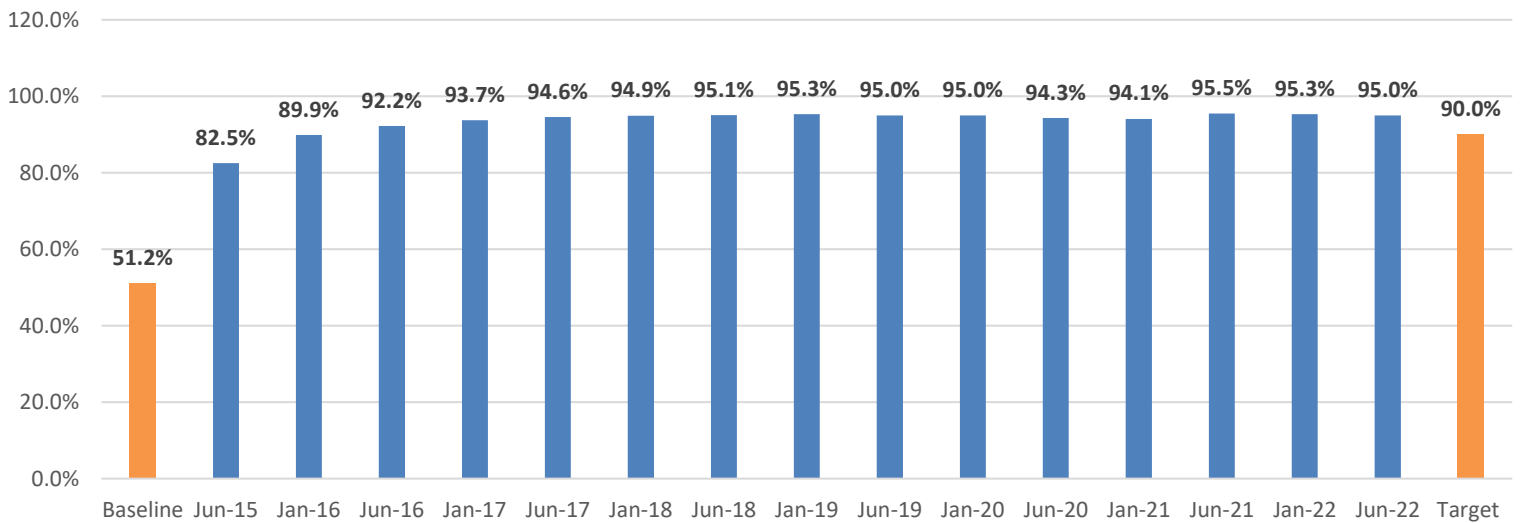


Source: DHS Data

Metric 3.2

The second indicator, Metric 3.2, measures monthly required visits made by primary caseworkers only. During the current report period (July 1, 2021 to June 30, 2022), DHS reported that primary workers made 73,492 (95.0 percent) of the 77,395 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 thirteen report periods, including the current one.

FIGURE 16: METRIC 3.2 – FREQUENCY OF PRIMARY WORKER VISITS



Source: DHS Data

DHS committed 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. With a stable workforce, 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.

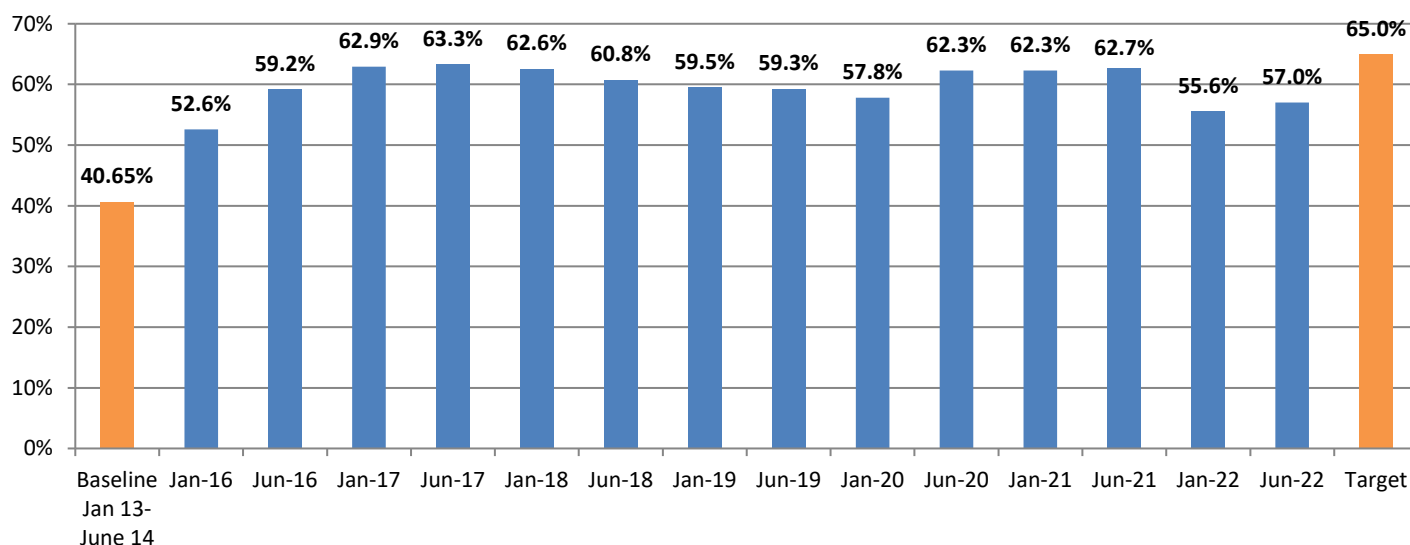
Performance Metrics for Continuity of Visits, Metrics 3.3a and 3.3b

The measure the Co-Neutrals used 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).⁶⁸ DHS has been in the second phase since the period beginning January 2015, reporting for the fifteenth 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 January 1, 2022 to June 30, 2022, DHS reported that 6,407 children required at least six consecutive visits. Of these 6,407 children, 3,655 children (57.0 percent) were visited by the same primary worker in their most recent six months in care. This performance outcome places DHS significantly above the baseline set at 40.65 percent and represents an increase of 1.4 percent from the previous report period.

FIGURE 17: METRIC 3.3B – CONTINUITY OF PRIMARY WORKER VISITS OVER SIX MONTHS



Source: DHS Data

⁶⁸ DHS is no longer required to report on Metric 3.3a, which measured three-month continuity of visits with the same primary caseworker. The last data period for which DHS reported on Metric 3.3a ended December 31, 2014.

DHS acknowledges that improving caseworker retention provides the primary opportunity to further advance toward the Target Outcome for Metric 3.3b and affirms that ongoing efforts will continue to stabilize the department's workforce. As detailed in the Caseloads section of this Commentary, DHS during this report period remained keenly focused on supporting and stabilizing its workforce and through its workforce management efforts achieved the Target Outcome for caseloads as well as two of three Target Outcomes established for caseworker visits.

F. Placement Stability

Over the last five years, DHS has implemented placement stability core strategies 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. To support these goals, DHS has also made it a priority to establish data mechanisms to track and assess the department's implementation of practices and strategies designed to improve placement stability, as well as require leadership engagement and accountability for the same. As a result of these ongoing 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 for this report period.

Including the current report period, the Co-Neutrals have found that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for each of the four placement stability metrics for ten consecutive report periods (five years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties' COVID Recovery Agreement.

Performance Standards and Outcomes

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves in calculating placement stability metrics. At the beginning of the reform, the Co-Neutrals verified the sufficiency of DHS' placement stability data to measure ongoing performance by reviewing DHS' FFY13 AFCARS files, which included placement data for children who spent time in foster care from October 2012 through September 2013. The Co-Neutrals compared the FFY13 AFCARS data with the individual placement records of 78 children who experienced two placements during that period. The Co-Neutrals confirmed the sufficiency of DHS' data, counting placement moves in AFCARS and calculating performance outcomes according to the following measures:

Metric 4.1: Percent of children in the legal custody of OKDHS that experience two or fewer placement settings:

- a. 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 who had two or fewer placement settings.

- b. Of all children served in foster care during the year who were in care for at least 12 months, the percentage who had two or fewer placement settings.
- c. Of all children served in foster care during the year who were in care for at least 24 months, the percentage who two or fewer placement settings.

Metric 4.2: Of those children in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings *after* their first 12 months in care.

The following table includes the full listing of the baselines and targets for placement stability Metrics 4.1 a, b, and c and 4.2,⁶⁹ as well as the performance outcome data for the current report period (October 1, 2020 to September 30, 2021), and prior four report periods, covering over two years' performance in total.

⁶⁹ DHS and the Co-Neutrals finalized the baselines and targets for the Metric 4.1 a, b, and c in the March 2013 Metrics Plan and established the baseline and target for Metric 4.2 in December 2013.

TABLE 16: PLACEMENT STABILITY BASELINES, TARGETS, AND CURRENT PERFORMANCE

Metric	Baseline Oct 2011 - Sept 2012	Performance April 2019 - March 2020	Performance Oct 2019-Sept 2020	Performance April 2020 - March 2021	Performance Oct 2020 – Sept 2021	Performance April 2021 – March 2022	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%	79.1%	79.2%	79.9%	77.7%	77.2%	88.0%
4.1(b): percent of children in custody with 2 or fewer placements who are in care more than 12 months but less than 24	50.0%	62.0%	63.4%	65.4%	66.1%	64.6%	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%	34.1%	35.4%	36.6%	39.1%	41.0%	42.0%
4.2: percent of children in care more than 12 months, with 2 or fewer placements after their 12 months in care	74.0% (Apr. '12– Mar. '13)	79.6%	80.6%	81.3%	80.9%	80.8%	88.0%

Source: DHS Data

For most periods of this reform, the department's performance on the placement stability measures has moved toward the Target Outcomes with data reported for each metric always above the starting baselines. For this report period, DHS achieved its highest performance for Metric 4.1c, reporting outcome data only one percent shy of achieving the Target Outcome. For each of the remaining three placement stability measures, DHS reported performance outcomes substantially above the starting baselines, advancing sustainably toward their respective Target Outcomes.

Summary Review of Placement Stability Performance Area Since the Beginning of the Reform

From the beginning of the reform, DHS approached placement stability with the goal of incorporating the best practice of making a child's first placement the best placement. Additionally, DHS and the Co-Neutrals recognized early in the reform that achieving substantial and sustained advances in placement stability would prove difficult until the department also made progress remedying its lack of available foster homes and unmanageable caseloads.

In focus group discussions and one-on-one meetings with approximately 200 caseworkers and supervisors during the first year and a half of the reform, the Co-Neutrals frequently heard that caseworkers did not have adequate time to provide children and foster parents with the supports and services needed to avert impending placement disruptions. Instead, caseworkers and supervisors often shared that they dealt with disruptions reactively as their work existed mostly in crisis mode due to high caseloads and limited family-based placements.

Although DHS made incremental progress with each placement stability measure from the outset of the reform, the Co-Neutrals encouraged DHS to move with a greater sense of urgency to develop a core strategy plan focused on achieving substantial and sustained progress with placement stability while the department simultaneously worked to improve caseloads and build a more robust and diverse pool of foster homes. DHS understood that ultimately the department would need to establish placement stability as a distinct core value and service standard that leadership, program staff, and caseworkers need to assess and address in their everyday work.

In October 2015, DHS completed its first placement stability core strategy plan. This first set of placement stability strategies focused on promoting stronger case practice through new placement stability protocols, enhanced availability of specialized behavioral health supports, and services to support foster parents and children at risk for placement disruptions. DHS recognized early that a prominent reason for placement instability was foster parents reporting their inability to care for or manage a child's behaviors.

In the initial core strategy plan, DHS also committed to develop a foster care placement request line to assess the resource needs of children entering care or in need of a new placement to make a best placement match. Because DHS decided to first pilot each of these strategies, the plan also included a commitment to roll out and replicate the strategies statewide. DHS also committed to review placement disruption data to determine the resources and supports most needed to increase placement stability.

Region 4 was the original focus of DHS' efforts to pilot strategies to stabilize placements in traditional and kinship foster homes by providing behavioral health support and services. More specifically, DHS committed to make Mobile Crisis Response Teams available to foster families across Region 4. As discussed in the Foster Care section above, these teams consist of behavioral health specialists who respond, in minutes by phone or within hours in person, to foster parents and foster children experiencing

a behavioral or emotional crisis and/or who may be at risk of a placement disruption. Following the immediate crisis response by a Mobile Crisis Response Team, the child and foster family are offered up to eight weeks of care coordination to help provide more long-term stability for the child in the same placement.

Also in Region 4, DHS worked with the ODMHSAS to embed within the region's district offices 15 System of Care (SOC) coordinators from behavioral health provider agencies serving Region 4. The SOC coordinators provided on-site assistance to DHS caseworkers, helping them to coordinate behavioral health services and supports for foster children and families. In addition, in all Region 4 districts and four other districts (including Oklahoma City), DHS worked with its Comprehensive Home-Based Services (CHBS) partner agencies to offer supports and training to foster parents receiving a new child for whom placement stability could already be identified as a potential risk.⁷⁰ The first service the CHBS agencies offered was foster parent training on the Managing Child Behavior (MCB) model.

At the same time, DHS developed new placement stability protocols and training to guide all staff to: identify the specific needs of children who may be at risk for placement instability; support the needs of these children and their foster families at the time of initial placement; initiate services as soon as a caseworker learns of any new concerns or instability; and, in the event a child's placement disrupts, provide services to stabilize their next placement. The protocol also detailed the process for gathering the support necessary to stabilize placements when a child steps down from a higher level of care to a family-based placement.

In November 2015, DHS initially trained district directors, supervisors, and caseworkers in Region 4 and Oklahoma County, on the new placement stability protocols as the guidance relied significantly on the availability of the behavioral health supports and services piloted in Region 4 and the other four pilot districts, including Oklahoma County. DHS also began to pilot a new placement request call line in Region 3 (Oklahoma County) to centralize and simplify the placement process for workers, allowing them to call and, over the phone, answer a series of questions intended to help define key characteristics of the child and the type of placement needed. Rather than have caseworkers complete and email a placement request form, the goal was to better engage with and support caseworkers in the placement request process and allow for more consistent and thorough collection of information about each child.

To further support caseworkers' ongoing assessment of children's placement stability, DHS established statewide that, as of January 1, 2016, all child welfare specialists were required to discuss placement stability with the child and foster parent during a caseworker's second visit to the home after a new family-based placement and each month thereafter. Caseworkers were required to document their conversations regarding placement stability in the child's KIDS record for each monthly visit. It was important for DHS to require that caseworkers assess the stability of each family-based placement with each visit as it helped to establish placement stability as an essential component of their practice and responsibility to advance a child's well-being, safety, and permanency and to support foster home retention.

⁷⁰ At the time, DHS reported that CHBS services and supports were available in every region of the state; however, service capacity was too limited to encourage staff to proactively offer the service statewide as a placement stability strategy.

However, DHS soon realized that the bulk of its first set of strategies could not be implemented statewide—at least not in any defined timeframe—as the department did not have the services or funding to expand to every region Mobile Crisis Response Teams or SOC embedded coordinators. The department’s CHBS agency partners also reported waitlists and capacity limits to meet the needs of all children and foster parents who could benefit from CHBS’ training and services to help stabilize placements. However, DHS committed to continue connecting foster parents with these services where they were available. DHS also reported that budget constraints created a challenge to implement a statewide rollout of a centralized placement request line.⁷¹

Given funding and service capacity barriers, the Co-Neutrals asked DHS to identify additional strategies that the department could implement with the resources available. In immediate response, DHS focused on its internal capacity to improve case practice and accountability. DHS developed a new monthly report, known as the Two-Moves report, which identified all children who experienced two placement moves. DHS designated regional placement stability leads and required that district directors report each month to these leads on each child who exited their second placement, including a detailed description of the efforts pursued to prevent each child’s second placement move. These regional leads, along with a designated statewide placement stability lead, were charged with reviewing this information to understand which factors contributed to securing stable placements, and which factors lead to children experiencing additional placements.

DHS, in partnership with national consultants, also conducted qualitative and quantitative analyses of child records to gain a better understanding of child placement moves and to identify trends or practices that undermine or support placement stability. Several key findings from these analyses guided DHS’ development of its next set of placement stability efforts. The analyses found that children whose initial placement is in a kinship home experience fewer placements than children initially placed in other placement types, such as group homes and traditional foster care. While placing children with kinship families had always been a priority, DHS’ placement data suggested that the department missed many opportunities to place a child first with an available kinship family, as the data showed a large number of children were placed in a stable kinship home on their second or third placement after removal.

In addition, DHS concluded that children (and foster parents) who experience more caseworker engagement and supports, as well as increased contact with birth parents, were more likely to maintain a stable placement than those children who did not experience strong caseworker involvement. In summary, DHS developed and finalized in December 2016 the following expanded and new placement stability strategies in response to these analyses:

- Use DHS’ new required Child Safety Meetings (CSMs) as a vehicle to prepare for and identify timely the best first placement for any child who may require removal, with a particular focus on discussing with the child’s family any options for kinship placement if DHS assumes custody.

⁷¹ DHS later reported that, as of September 2018, Mobile Crisis Response Teams were established and available statewide. Further, DHS more recently reported that in February 2021 the department again prioritized and began to roll out a new child placement interview and request process that allows a caseworker to call a central line and answer a uniform list of questions about a child’s placement needs in order to make a best placement match. More information on this new placement process is included below.

- Use and expand upon DHS' existing policy that requires an "Initial Meeting" be held within seven days after a permanency worker is assigned to a child newly placed in DHS custody. The meeting is to include birth parent(s), the foster family, the child's permanency worker, the foster family's resource worker, and the CPS worker. Begin to require that during this Initial Meeting, caseworkers must develop a child and resource family support plan, which includes any services and/or support identified as important to ensure stable placements.
- Require that caseworkers call the foster family within two days of a child's first placement (when in a foster home) as a mechanism to increase support to the family. This is referred to as the Two-Day Call.
- Continue qualitative and quantitative analyses to inform DHS' efforts to improve placement stability strategies.

First Placement as the Best Placement

To strengthen caseworkers' ability to identify and secure safe and stable first placements for children entering custody, DHS committed to use child safety meetings, a recently developed practice at that time, as an opportunity to discuss and decide on the best available kinship placement options for children. DHS designed CSMs to assess whether children can be safely maintained at home through the development of a safety plan that often involves the family's support structure and builds on the family's strengths. To achieve these goals, CSMs are required to be scheduled no more than two business days after a CPS caseworker makes an initial determination as part of an abuse/neglect investigation that a child (not in DHS custody) may require a safety intervention. DHS had only begun to implement CSMs during the second half of 2014, rolling out one region at a time, starting with Region 3. As of December 2016, when DHS identified CSMs as part of its placement stability efforts, the department had just completed the rollout of CSMs in Region 1 and was working toward full implementation in Region 2, with a plan for statewide rollout completed by the spring of 2017.

DHS presented CSMs as a way to engage families and children early and identify potential placement options in the event that DHS decided placing a child in the state's custody is necessary. If used effectively, CPS caseworkers would begin to identify and assess a list of potential kinship placement options for a child before they come into care. Such advanced planning aligned with DHS' goal to identify first placements, particularly kinship homes, that best meet children's needs and support stability. DHS developed a family tree form to guide workers and families to discuss and document all individuals who may be able to serve as a placement option for a child.

The Co-Neutrals reported their support of DHS' plans to use CSMs statewide as a means to build a case practice model that prioritizes family engagement. However, as DHS began to track the implementation of CSMs statewide, it became evident that DHS would need more time, better training, and guidance in the field to rely on CSMs as an early, pre-removal forum to assess kinship options for a child's first placement. Challenges with caseworkers implementing CSMs, as designed, were evident when DHS' reported baseline data for CSMs completed from February through April 2017. Positively, the data showed that statewide 89.4 percent of child removals had a required CSM conducted, representing substantial progress in just two years of implementing these forums, with two regions (Regions 1 and 2) only at the very beginning of implementation. However, of all CSMs completed, DHS' tracking data indicated that

only 15.8 percent occurred prior to the child's entry into DHS custody and first placement.⁷² As a result, the majority of children did not benefit from a CSM to help secure a safe and stable first placement with kin. DHS readily acknowledged that the field struggled with timeliness around the CSMs and that leadership's leading concern was that CPS workers did not fully understand the required timeline to convene CSMs or the need to identify kinship placements before the decision was made to remove a child.

While DHS committed to work on improving its CSM practice as a vehicle to help support first kin placements, the department struggled to develop training and guidance that communicated clearly to CPS caseworkers their primary responsibility for identifying and assessing a safe and stable kinship family for a child's first placement. DHS and the Co-Neutrals agreed, within the work of verifying placement stability efforts and core strategies, to focus not on the implementation of CSMs but instead on the department's efforts to guide and support CPS workers to enhance their practice of identifying and receiving initial approvals for safe, stable kin placements before a child is removed.

As noted in the Shelter section above, DHS and the Co-Neutrals learned through meetings with DHS field staff and supervisors that DHS' foster care program often did not process requests for an initial kinship home approval until the child needing placement was already in the department's physical custody. In December 2017, the Child Welfare Director issued a communication to all child welfare staff confirming that staff could and should request that the resource family unit begin assessing kinship families identified as possible placement options when DHS determined that a child could not safely remain in their own home.

To ensure that staff, particularly CPS investigators, have sought and assessed all kinship placement options for children entering state custody, DHS established that supervisors must document for a district director's review and approval all efforts undertaken to identify a viable kinship placement prior to approval of a non-kinship placement.⁷³ DHS required supervisors to document the specific kinship placement options reviewed and ruled out. Although the main focus of increasing kinship placements was initially on children's first placements, DHS required a district director's approval for all non-kinship placements, not only those requested for a first placement. DHS also developed a new approach, known as Actively Seeking Kin (ASK), to help guide staff's work to engage birth families and discuss potential family and friends who could provide safe, supportive placements for children. ASK was designed to equip caseworkers with skills and tools to enter into conversations with families, such as asking about close friends or family with whom the birth family spends holidays, as well as those to whom they may turn when in need of help.

During the period of January to June 2020, DHS delved further into regional data, which showed Region 1 consistently led among all five regions with the highest percentage of first kinship placements. DHS found the single outstanding factor that distinguished Region 1 from the others at that time was that the Regional Deputy Director—the overall child welfare agency director for that region—assumed

⁷² DHS reported that its CSMs data tracking was not fully accurate as some children received multiple CSMs, and the data report only showed the most recent. Still, DHS understood that, for most children, CSMs were not completed prior to removal. It was clear that more effective training and guidance was needed to help CPS caseworkers understand the important timing requirements for convening a CSM.

⁷³ DHS established that a district director's approval of a non-kinship placement is not required in cases where, through the CSM process, DHS has determined that a kinship placement is not an appropriate or safe option for a child.

responsibility as the region's placement stability lead. DHS' placement stability leads are charged with helping to guide their respective region's understanding and implementation of the department's placement stability strategies, as well as assess any barriers therein. In this role, Region 1's Regional Deputy Director used her leadership position to hold district directors accountable for ensuring their assigned caseworkers diligently pursued viable kinship placements before approving a non-kinship placement. In response to this finding, DHS designated 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 was a department priority. It also reinforced and advanced the need for integration and implementation of the numerous strategies DHS had developed for other performance areas that directly affect placement stability (i.e., shelter reduction, parent engagement, enhanced foster care and foster home retention).

Within the same period of January to June 2020, DHS also updated and sent to all child welfare staff protocols for conducting CSMs. DHS also made changes to its "Important People in the Child's Life Family Tree Form" to align with the information district directors were asked to review with staff before approving a non-kinship placement. DHS 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. With the new family tree form, the department provided guidance to all child welfare staff emphasizing again the importance of gathering early in the investigation process information about each family's connections and supports. DHS reported that completion of the Important People in the Child's Life Family Tree Form is mandatory when a safety intervention is under consideration and the form must be completed prior to or during the CSM, which is still required within 48 hours of a CPS caseworker identifying the possible need for an intervention.

DHS' numerous efforts have propelled its practice to steadily and substantially grow the percentage of children whose first placement is with a kinship family. As detailed below in Table 17, 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 placement. Within five and a half years, kinship first placements increased to 52.4 percent for the current report period.

Supporting Foster Parents and Children for Stable Placements

Recognizing that foster parents and children who experience more support and involvement from their caseworkers are more likely to maintain a stable placement, DHS leadership identified in December 2016 two placement stability core strategies it believed could improve placement stability through enhanced foster family support. First, DHS committed to strengthen its implementation of a long-standing requirement for CPS caseworkers to convene an Initial Meeting, which was to occur within seven days of a permanency planning caseworker's assignment to a new custody case (child or sibling group). The central purpose of the Initial Meeting had been to engage birth families to share with the foster parents of a child entering custody any advice and suggestions for how to best care for their child(ren). This includes sharing each child's unique interests, habits, fears, and coping mechanisms. DHS reported that historically these meetings, although required, were not happening as common practice.

In February 2017, DHS began to require that during the Initial Meeting the assigned resource family caseworker, in partnership with all meeting participants, develop a child and resource family support plan, detailing the specific supports and services necessary to meet the child's and family's needs and maintain a safe and stable placement in the new foster home. DHS reported that the child and resource family

support plan would be reviewed quarterly by the permanency and resource workers to ensure it remains effective to support and address any needs of the foster home and child. DHS reinforced that the participants in the Initial Meeting include, but are not limited to, the CPS, permanency planning, and resource caseworkers, foster parents, and birth family.

In addition to the enhanced implementation of the Initial Meeting, DHS established that within two business days of placing a child in their first placement, the assigned permanency planning caseworker or supervisor is required to call the resource parents when the placement is family-based. This strategy is referred to as the two-day call. DHS reported the objective of the call was to ensure the child's and foster family's needs are met in terms of information sharing, resources, and services. To inform caseworkers' discussions with foster parents during the two-day call, DHS developed a guide that includes topics workers should review. DHS caseworkers and supervisors making these two-day calls are required to document this phone contact in KIDS.

In November 2018, DHS began to require that an initial meeting, as well as the two-day call, be completed for any new or subsequent family-based placement that a child experiences while in the department's custody, not only for their first placement. This represented a significant expansion of the placement stability strategies, as requiring Initial Meetings for every new family-based placement a child experiences brings with it the requirement that child welfare staff must complete a child and resource family support plan to stabilize every family-based placement.

DHS established baseline completion rates for the two-day call and Initial Meetings for first placements, using the period of February through April 2017. For the baseline period, DHS reported that caseworkers documented that they completed only 10.5 percent of all required Initial Meetings for first placements, which confirmed DHS leadership's assessment that Initial Meetings had not become part of standing practice despite years-long requirements. For the same baseline period (February through April 2017) caseworkers documented that they completed 13.2 percent of the required two-day calls. For the current report period (January through June 2022), DHS reported caseworkers completed 81.1 percent of all required first placement Initial Meetings and 83.3 percent of the required first placement two-day calls.⁷⁴

DHS selected May 2019 as the month to establish baseline data for the completion rate of subsequent Initial Meetings, which was set at 23 percent. For the current period, January through June 2022, DHS reported that caseworkers completed 53.1 percent of the subsequent initial meetings. While the

⁷⁴ In its November 2022 Core Strategy report (page 35), DHS reported that an analysis completed during this report period found that having caseworkers complete the two-day call was, "not having the intended effect of positively impacting the stability of placements and it was decided to immediately end the requirement. Communication was sent to all [child welfare] staff on 9/13/2022, communicating that the [two-day] call does not increase a child's likelihood to remain in their first placement. The communication highlighted the opportunities to support foster families and children during the first 60 days of placement through multiple quality face-to-face [caseworker] visits, completing an initial meeting, development of the [child and resource family] service and support plan with the family, and utilization of EFC when appropriate." The Co-Neutrals previously reported concerns raised with DHS about the feasibility of this strategy to improve placement stability. While the Co-Neutrals recognize that early engagement with foster parents is critical, the Co-Neutrals expressed concerns that this two-day call may not be a productive and useful forum to identify and assess the needs of foster parents, particularly considering that workers are required to do an in-person visit the day a child is placed, and seven days thereafter with foster parents. Given DHS' current update on this strategy, this Commentary includes no further discussion of the history or more recent efforts regarding the two-day call.

department has made significant progress and more than doubled the completion rate since the May 2019 baseline period, DHS understands more work remains to improve the consistency, as well as the quality of this practice. To support DHS leadership and the field's ongoing real-time tracking of Initial Meetings, DHS distributes weekly reports (YI867b and Y1827b) that show all Initial Meetings currently due (or overdue) and that need to be completed and/or documented in KIDS. This report can be sorted and viewed by caseworker, supervisory unit, or region to track and help manage and improve completion of this placement stability strategy.

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 to accommodate families, and thereby improve their performance in this area. The changes were based on DHS' review of its data, as well as internal discussions about what practice would best meet the needs of children, resource parents, and DHS caseworkers. First, DHS reassigned to permanency planning caseworkers the lead role for coordinating all Initial Meetings. Previously, CPS caseworkers took the lead in bringing together all the required Initial Meeting participants (internal and external to DHS) to conduct the meeting when the CPS worker's investigation resulted in DHS placing a child in its custody. At times, the Initial Meeting would need to occur while the CPS worker was still in the process of completing the investigation, while also completing and initiating other time-sensitive priority investigations. DHS determined that the placement stability and permanency focused goals of the Initial Meeting practice better align with the work of the permanency planning specialists, particularly since Initial Meetings are required not only for first placements but after any subsequent family-based placement. Second, DHS determined children's birth families and involved foster families would be better supported if additional time is allowed before holding an Initial Meeting. DHS extended the timeline to within 30 calendar days of the child's new placement in a foster home. In making this change, the department reported:

[DHS] recognizes that when an investigation leads to the removal of a child from the home it is an extremely traumatic experience not only for the child but the parents as well. During the first several weeks upon removal multiple types of assessments occur to identify the child's and resource parent's needs and the safety decision takes precedence over Initial Meetings. This does not discount the importance of bringing a child's parents and resource parents together to create a support plan; however, consideration was given to providing more time for completing Initial Meetings which would perhaps alleviate some stress upon all involved. The desired outcome is increased placement stability as a result of improved participation, Initial Meeting quality, and support plans to better support placements. (DHS February 2020 Semi-Annual report, page 43)

Since the time that DHS first established Initial Meetings, the department has conducted case reviews to assess what additional guidance may be needed by caseworkers to improve meeting effectiveness. As discussed further below in the review of DHS' more current efforts to improve placement stability, DHS continues to take steps to improve the completion rate and quality of Initial Meetings, as well as the support plans they are designed to help produce.

Ongoing Tracking and Assessment of Placement Stability to Improve Practice and Supports

As noted above, one of DHS' earliest placement stability strategies was to develop the Two-Moves report, which was used in part to assess practice in the field and efforts caseworkers pursued to prevent the placement disruption of children who exited their second placement. DHS also used the report to track the reasons children exited their second placements. Employing a more proactive approach to track and support placement stability, during the period of July to December 2017 DHS replaced the Two-Moves report with a One-Move report that identifies all children who have experienced one move and are in their second placement.

Originally, DHS reported that the objective of the One-Move report was two-fold. First, it established an accountability process by requiring that permanency workers and their supervisors assess if children who moved to their second placement, as well as their foster families, received the appropriate supports and services to help prevent the first placement move. Second, it focused workers on ensuring the child's new placement is prepared for and supported in caring for the child to secure stability in the second placement. DHS has continued to expand its use of the One-Move report to identify where improvements may be needed in case practice, as well as services and support for foster families to help stabilize placements.

Central to DHS' ongoing use of the One-Move report has been the goal to reduce the number of placement disruptions due to foster parents requesting a child's removal due to their behaviors. Through early analysis of child placement moves from the One-Move report, DHS found that it was common for the problematic behaviors exhibited in a child's first placement to continue in their second placement. To best learn from those cases where children disrupted from placements in these circumstances, DHS charged supervisors with calling former foster parents of children who experienced a disruption from their first placement to understand what specific child behaviors led to the disruption and what actions, if taken by DHS, could have prevented the disruption. Feedback DHS gathered from these calls showed that foster parents wanted better information about a child's behavioral health needs prior to placement and more timely access to services.

Beginning in December 2017, DHS instructed staff that if a child is moved from their first placement due to a report from resource parents about their behavior, and the second placement is a kinship or traditional foster home, an SOC referral should be made to maximize the services and supports available to the child and family. DHS also sent a notification to all resource parents informing them about SOC services and the department's intended plans to support them and children placed with them through SOC wraparound services.⁷⁵ This action represented, in part, a precursor to the EFC program that DHS is now developing (see Section IV of this Commentary for the seven Delayed Performance Areas) to support children with behavioral health needs and stabilize their traditional and kinship foster home placements. Further, in September 2018, DHS in partnership with the ODMHSAS, announced that Mobile Crisis Teams were available and accessible to resource families statewide.

Focusing on DHS' priority to increase the number of children whose first placement is in a kinship home, DHS revised its One-Move report to include for those children who are moved from their first placement

⁷⁵ Although DHS was not able to embed SOC coordinators in their field offices statewide or beyond the Region 4 pilot noted above, DHS partnered with ODMHSAS to make SOC services available through requests from child welfare staff and/or foster parents directly.

into a kinship placement the barriers for why this kinship placement was not secured as the child’s first placement.

Placement Stability Progress and Good Faith Efforts – Current Update

As noted above, the department’s progress on each of the four placement stability measures has always remained above the starting baseline and, for most periods of this reform, moved toward the Target Outcomes. For the current period, DHS continued its focus on several key strategies to further improve placement stability outcomes, starting with securing kinship first placements for children entering care.

Kinship First Placements

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 DHS’ data analysis showing that children are more stable when placed with kinship families, such placements reduce the unease or trauma that children can experience when placed in an unfamiliar home. As shown in Table 17 below, for the six-month period of January to June 2022, DHS reported that 52.4 percent of first placements were in kinship homes, up 17.8 percent from the 34.6 percent baseline outcome reported in 2016 and up 0.9 percent compared to the last six-month report period of July to December 2021. This is the highest percentage of kinship first placements reported for any six-month period to date.

TABLE 17: PERCENT OF CHILDREN WHOSE FIRST COUNTABLE PLACEMENT IS A KINSHIP HOME⁷⁶

Month	Children Placed in Kinship as 1st Placement	Children Removed during the Month and Entered in Countable Placement	% of Kinship as 1st Placement
Baseline: Jul - Dec 2016	878	2,540	34.6%
Jan - June 2017	1,001	2,598	38.5%
July - Dec 2017	1,009	2,264	44.6%
Jan - June 2018	1,049	2,138	49.1%
July - Dec 2018	959	2,113	45.4%
Jan - June 2019	974	2,045	47.6%
Jul - Dec 2019	936	2,107	44.4%
Jan – June 2020	890	1,855	48.0%
Jul – Dec 2020	926	1,770	52.3%
Jan – June 2021	760	1,561	48.7%
Jul – Dec 2021	837	1,626	51.5%
Jan-June 2022	835	1,592	52.4%

Source: DHS Data

⁷⁶ 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.

During this report period, the department continued to support caseworkers in convening timely, quality family meetings, including CSMs and Initial Meetings. CSMs remain an important, early point in a family's involvement with DHS to identify individuals in a child or family's support system who may provide a kinship placement if needed. As detailed further in this Commentary's Addendum, in the section on Metrics 6.2 (see Addendum), which reviews timeliness to permanency outcomes and efforts, DHS has established a statewide team of trained family meeting facilitators to guide and lead all family meetings. DHS has implemented its Family Meeting Continuum (FMC) practice to advance timely permanency, especially for children with a goal of reunification, assigning the same facilitator for all their meetings. The department finished rolling out statewide this new FMC practice, rounding out the last of its team of facilitators during this report period. These facilitators also have an important role in advancing placement stability by helping to effectively engage families during CSMs and other family meetings to identify kin for first and subsequent placements.

DHS also requires progressively higher leadership reviews of kinship placement denials for youth ages 15 to 17. The purpose of these reviews is to ensure full consideration is given to a 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 support is 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. DHS tracks and systematically sends any elevated kinship approvals to the regional placement stability leads to ensure additional support deemed necessary to stabilize the approved placement is provided. This includes making an EFC referral, updating the youth's individual service plan, and conducting the necessary visits to ensure the youth's safety and well-being in the home.

More recently, DHS noted in its November 2022 Core Strategy report (page 32) that the department held in September 2022 a statewide Kinship Care Planning kickoff meeting, with the assistance of a national consultant, to further "identify improvements to processes that result in more kinship opportunities for children and youth."

Initial Meetings and Child and Resource Family Service and Support Plan

DHS has maintained its focus on assessing and improving the practice of convening Initial Meetings (for all first and subsequent family-based placements) and using those meeting to develop more effective and complete child and resource family service and support plans. Here too, DHS has aligned its FMC practice to ensure birth and resource families and children/youth in care (when appropriate) are engaged and their voices are represented in collective planning to advance stability and permanency.

The completion of Initial Meetings is now tracked on DHS' Family Continuum Report (YI142) which the department sends to regional and district leadership, the FMC facilitators, CPS and Permanency Planning program leaders showing which children are due for a family meeting. This report also shows if birth parents are participating in these meetings, including the Initial Meetings. As noted earlier in this Commentary, early analysis of placement stability showed that children who had increased contact with their birth parents were more stable in their placements. A longstanding, important component of the Initial Meeting and child and resource family support plan has been to establish a visitation schedule with the resource and birth families and plan for any transportation or other needs required to facilitate these

family time visits. As such, it is important to monitor continuously where additional efforts may be needed to support birth families' participation in practices identified as important to placement stability and permanency.

During this report period, DHS revised its child and resource family support plan form "to encourage more thorough discussions between [birth] parent(s), resource parent(s), and CWS for action planning on needed support and services to ensure the child's placement stability." (DHS August 2022 Semi-Annual report, page 63) This form, which is designed to guide child welfare staff to develop the support plan, has changed and improved substantially over the years and now provides a robust platform to explore important characteristics and needs of the child(ren) and families involved to help stabilize placements. Some parts of the form mirror the service and support plan elements developed for children and foster families who participate in the EFC program. DHS understands that, to advance placement stability, the department must inform foster families upfront about a child's known or potential behavioral challenges and support resource families to care for a child's (and their own) needs in possible times of crisis or escalating behaviors. As such, the child and resource family support plan form now includes sections on: what may trigger any problematic or challenging behaviors the child may have; crisis planning; any specialized training the foster parents may need; any therapeutic services the child or family may need or already receive; and, childcare and respite care plans. DHS reported in its November 2022 Core Strategy report that its new, enhanced child and resource family support plan was sent to all regional and district child welfare staff on November 4, 2022.

DHS reported that early observations from the department's qualitative assessments of Initial Meetings over the last year show that when FMC facilitators participate in Initial Meetings there are quality improvements in the information gathered and documented in the child and resource family support plans. DHS anticipates that the ongoing implementation of its FMC practice—still relatively new in some districts—will continue to support improvements in placement stability practices and outcomes.

Improving the Placement Process and Information Sharing

During the first half of 2021, DHS began to implement a placement process to help match children with foster homes that can best meet their needs. DHS reported that the new matching process, referred to as the Child Placement Interview (CPI), is fully functional statewide and that by the end of this period (June 2022), over 7,700 CPIs had been conducted. The new CPI represents the completion of one of DHS' earliest conceived placement stability strategies to streamline the placement process for caseworkers and improve DHS' ability to match children with foster families more effectively. In preparing to rollout this new placement process, 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 [caseworker] 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 [is] provided to the foster parent interested in placement and includes 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.⁷⁷

Importantly, this new CPI process and form helps respond to requests and feedback received from foster parents that they need more information about a child at the time of placement.

Tracking Instability and Assessing the Reasons for Placement Moves

DHS continues to track children who move from their first placement with an exit reason of "placement cannot meet child behavioral treatment needs" or "provider requested change of placement." More specifically, DHS' EFC programs team monitors this report (YI827) and emails the caseworkers, supervisors, and district directors responsible for any child who exits their first placement for these reasons and provides information about the EFC program and how to request EFC services for the child who has experienced placement instability. DHS' new EFC program has become a focal point of the department's efforts to meet the therapeutic needs of children in family-based settings and ensure that traditional and kinship foster families have the requisite supports and services to stabilize the placement of children with behavioral health needs. As noted in the last Commentary (18th), the Co-Neutrals reported findings from their case record review of 127 children who were served in the EFC program during the last period (July through December 2021). Among the 127 child cases assessed, the vast majority (115) remained in the same foster home where they were receiving EFC services, which focuses on guiding and supporting kinship and traditional foster parents to provide trauma-informed, therapeutic parenting to children placed in their care.

As noted above in the Foster Care section, DHS has also established a regular protocol with ODMHSAS, which now sends to DHS' EFC team a weekly list of all children in care who received services through Mobile Crisis Response. The EFC team notifies the child's permanency caseworker and supervisor to assess the necessary follow-up to support the child and foster family, including making an EFC referral if deemed appropriate.

To help better track, identify and address the leading reasons for placement moves (by child, region, and statewide), DHS added a secondary exit reason that caseworkers can select in KIDS when a child changes placements. DHS reported that too often staff select "other" as the exit reason and the goal is to decrease the use of this exit reason by giving staff more than one reason to choose. DHS notified all child welfare staff in February 2022 of this change and reported that it will monitor if additional staff guidance is needed to improve data collection on placement stability.

DHS has committed to ongoing analysis of its placement data and qualitative reviews of its placement stability strategies and practices that are essential to meet the needs of foster families and children. DHS assigned to each region a Regional Quality Assurance Performance Field Analyst who completes fidelity review tools for Initial Meetings and CSMs each month and enters the results in Qualtrics for ongoing practice assessments and improvements. To further build on and round out these practice assessments, DHS developed a survey for family meeting participants, including youth and family members (birth and foster parents), to gather input on what enhancements are needed to improve the quality of these

⁷⁷ DHS February 2021 Semi-Annual report, pg. 104.

meetings. In its August 2022 Semi-Annual report, DHS noted that the department collected 231 surveys from parents and the feedback reflects a high percentage of positive responses but also highlights opportunities to build more strength-based perspectives into the family meetings.

From the department's quality assessments, surveys, and reviews, DHS has continued to adjust and expand its placement stability efforts and develop new guidance and training for staff to make improvements to the implementation of the strategies and practices outlined above. Last year, DHS, in collaboration with the University of Oklahoma, finalized and made available a new online placement stability training that sought to address deficiencies the department identified through an analysis of its placement stability practices. The new training, which DHS required all child welfare staff to complete, focuses on: engaging families early in a case to support first and ongoing kinship placements; selecting the best placement for a child; conducting quality Initial Meetings; 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 reported that it is reviewing how to further incorporate into its CORE training for new caseworkers various training modules that reinforce placement stability as a core value and practice.

G. 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 who are at risk of aging out of foster care.

As outlined below, the Co-Neutrals find that for this report period DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for each of the permanency metrics that are not included in the COVID Recovery Agreement, which are Metrics 6.1, 6.3, 6.5, 6.6 and 6.7.

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 were 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 June 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 185 (89.4 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved

permanency as of June 30, 2022, the end of the current report period. This represents two additional children achieving permanency—one through adoption and the other through guardianship—since the end of the last period (December 31, 2021) and brings the department in very close range of the 90 percent Target Outcome. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for the remaining 6.1 children in the younger cohort.

Including the current report period, the Co-Neutrals have found in every report period in which a finding was rendered that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for the younger cohort of the 6.1 measure, which represents sixteen consecutive report periods (eight years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties’ COVID Recovery Agreement.

TABLE 18: METRIC 6.1 – PERMANENCY PERFORMANCE

Permanency Metric	Baseline	Permanency Target by 6/30/2016	Permanency Achieved as of 6/30/2022
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%	185 children (89.4%) achieved permanency

Source: DHS Data

During this period, DHS reported that two youth from the younger cohort were emancipated at age 18 without achieving permanency: one youth transitioned to an adult Daily Living Service (DLS) home for individuals with developmental disabilities and another youth remains in their long-standing foster parent’s home and maintains a close connection with their siblings. However, this youth and their foster parent decided not to establish legal permanency. At the end of the period, eight youth from the younger cohort remained in DHS custody. In its August 2022 Semi-Annual report (page 80), DHS reported some of these youth are close to achieving permanency while others present with barriers and challenges to permanency. Specifically, DHS reported the following:

The eight youth remaining in the 6.1 baseline cohort face a number of complex challenges including developmental disabilities, longer and more frequent inpatient stays, and complex mental health diagnoses. All legal permanency options are considered and discussed as Child Welfare Services (CWS) Youth Transition Services (YTS) staff with the youth and their natural network customize each youth's permanency plan.

- One youth is placed in an Agency Companion Home. A third-party guardianship is being sought.
- One youth is placed in a kinship/non-relative home.

- Two youth are each working toward reunification with their respective biological mother. The YTS specialist is working to overcome significant barriers regarding the special needs of each youth and each mother.
- Two youth each have permanent connections and are in specialized placements to meet their high-level needs.
- Two youth are each placed in the home of a biological parent whose parental rights are terminated.

Summary Review of Metric 6.1 Performance Area Since the Beginning of the Reform

DHS originally agreed to identify the Metric 6.1 cohort of children by March 7, 2013, the day the Metrics Plan was approved. However, at that time DHS could not reliably identify through its KIDS data system children who were legally free children with the status of having no identified adoptive placement. DHS' field staff and data team worked through the end of 2013 to improve the department's child records and data quality in this area, allowing the department to draw the full 6.1 measure cohort of 292 legally free children as of January 10, 2014. DHS, through its KIDS data system, now effectively tracks children who are legally free with no identified permanent family: these youth are referred to as Quad 2 children. It was for the period ending December 2014 that the Co-Neutrals first rendered an assessment of DHS' good faith efforts to achieve substantial and sustained progress for each segment (younger and older cohorts) of the 6.1 measure. For that review period, the Co-Neutrals issued a split finding, determining that DHS had made good faith efforts on behalf of the younger cohort but not for the older cohort.

DHS from the beginning reported steady and significant progress in achieving permanency for the younger cohort of children and as noted above, received a good faith finding every period for the younger segment of this metric. In contrast, for the first three periods that the Co-Neutrals made an assessment, they found that DHS had not made good faith efforts to achieve permanency for the older cohort. It is important to recognize that the Co-Neutrals set a higher permanency Target Outcome (90 percent) for the younger segment of Metric 6.1 and separated the two age groups as it was understood that younger children have a greater likelihood to connect with permanent families and more time to do so before reaching the age of 18.

However, notwithstanding the acknowledged challenges that may accompany securing permanent homes for some older youth in custody, DHS was slow to apply the necessary focus, strategies, and resources to achieve permanency for the 85 youth in the older cohort of the 6.1 measure. From the beginning of the reform, DHS committed to implement strategies using child-specific case reviews and conferences to identify and resolve barriers to permanency for the 6.1 cohort, employ a targeted family-finding approach and use lessons learned from these targeted permanency efforts to create statewide solutions for any commonly identified, systemic barriers to permanency for legally free children.

In 2015, DHS assessed its family-finding and diligent-search casework and found the need for systemic strengthening of this case practice in order to effectively secure permanency for the children in the older 6.1 cohort. In particular, DHS concluded that its case practice was inconsistent across the state and that

department policy did not sufficiently define for workers the actions they should pursue to complete a diligent search. The assessment also found that greater family engagement was needed rather than relying primarily on computer searches to identify potential family resources. Further, DHS confirmed that its caseworker staff needed training on how to conduct productive intentional interviews with prospective individuals who may be able to provide permanency for a child.

In response to this assessment, DHS, during the period of January through June 2016, implemented its primary strategy for targeted family-finding efforts for legally free children with no identified placement. During that period, DHS established a new caseworker type known as ATU (Adoption Transition Unit) that receives specialized training to focus solely on locating permanent homes for children by performing diligent searches for each child, identifying family connections and using information gathered from meaningful discussions with children and youth to help identify potential adoptive families. DHS established the Adoption Transition Unit as a standing, individual unit that consists only of ATU workers, along with ATU supervisors and other field leaders and administrative support staff, who focus solely on children's adoption transition cases. This team works closely with permanency planning and resource family workers to coordinate their permanency efforts on behalf of legally free children who have a permanency goal of adoption but no identified placement.

Having implemented this strategy, the Co-Neutrals made the first good faith efforts finding for DHS' work with the older 6.1 cohort for the period ending June 2016. For each of the following four report periods, DHS received a good faith finding for its efforts to achieve substantial and sustained progress toward the Target Outcome for the older cohort of Metric 6.1. This represents five consecutive report periods (over two years) that DHS received a good faith finding for the older 6.1 measure cohort, which concluded with the period ending June 2019, after which, as noted above, the department no longer reported on this older group as no children from the older cohort remained in DHS custody.

At first, ATU caseworker positions were limited in number and were assigned only to older legally free children who did not have an identified family and were at risk of aging out of the state's custody without achieving permanency. Since then, DHS has expanded its dedicated positions and cadre of these family finding caseworkers who are now assigned to advance permanency efforts for all legally free children without an identified placement. In fact, having established a robust team of ATU family-finding specialists and supervisors, DHS was positioned during the first half of 2019 to be selected by the Dave Thomas Foundation for Adoption to receive training, resources, and collaboration to implement in Oklahoma the Wendy's Wonderful Kids (WWK) evidenced-based adoption model not only for all children who have a goal of adoption and no identified adoptive home, but also to help advance permanency for children with a case plan goal of Planned Alternative Permanent Placement (PAPP).⁷⁸ More information about youth

⁷⁸ For youth with a PAPP goal, DHS, historically did not make meaningful efforts to locate a viable and committed home where a child could achieve legal permanency with a family. However, DHS now assigns staff from the Youth Transition Services unit (previously known as Adoption Transition Unit), to help advance permanency for these youth. PAPP is "also known as another planned permanent living arrangement (APPLA), [which] is a term created by the [federal] Adoption and Safe Families Act of 1997 to replace the term 'long-term foster care.' With [APPLA], the

with a PAPP goal and DHS' WWK adoption model efforts is presented in this Commentary's Addendum that addresses the Delayed Performance Area Measures, specifically Metric 6.4—permanency for youth at risk of aging out of care.

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

DHS maintained through this period its commitment to establish a well-trained, well-supported statewide team of caseworkers and supervisors to help children, including those who remain in the 6.1 cohort and without an identified placement, find a permanent adoptive family. One year ago, DHS changed the name of the caseworker type and program unit from ATU to Youth Transition Services ("YTS"). YTS workers, along with the child's permanency caseworker, continue to review each child's progress toward permanency and develop plans to identify permanent placements for each child and youth. 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, 2022, the end of the current report period, DHS had 37 YTS caseworkers on board carrying at least one case, with 35 (95 percent) of these YTS workers meeting their workload standard, along with eight supervisors.⁷⁹ In its August 2022 Semi-Annual report (page 80), DHS highlighted the following:

YTS continues its focused conversations with youth on helping them understand the importance and long-term impact of legal permanency, and how to live within a family unit. Conversations occur about each youth's customized permanency path, including: attempts to barrier-bust hesitancy articulated by families and positive adult connections; and exploring other relatives, kinship, and community connections who may provide legal permanency in the form of both adoption and guardianship. Other ongoing efforts discussed in previous reports and continuing during this reporting period include:

- re-engagement with staff through in-person meetings and trainings;
- increase understanding of dually adjudicated youth as well as those with conduct disorders;
- ongoing work with specialists to enhance best practice around monthly worker visits;
- increase understanding and working knowledge of the funded guardianship process; and
- ongoing skill development and knowledge about working with older youth.

Additionally, just over two years ago DHS began to apply the Adoption Timeliness Accountability Teams (ATAT) review process for the children who remain in the younger 6.1 cohort. The ATAT review process is the primary strategy established for Metric 6.5 (described further below) to set and track target dates for

child welfare agency maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. [PAPP] or APPLA is a permanency option only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out." (Source: U.S. Department of Health and Human Services Website, <https://www.childwelfare.gov/topics/outofhome/foster-care/oppla-appla/>)

⁷⁹ In its August Semi-Annual report (page 82), DHS noted that the YTS unit has the total staff capacity of one Field Administrator, one Program Field Representative, eight supervisors, and forty-two caseworkers and three administrative support staff.

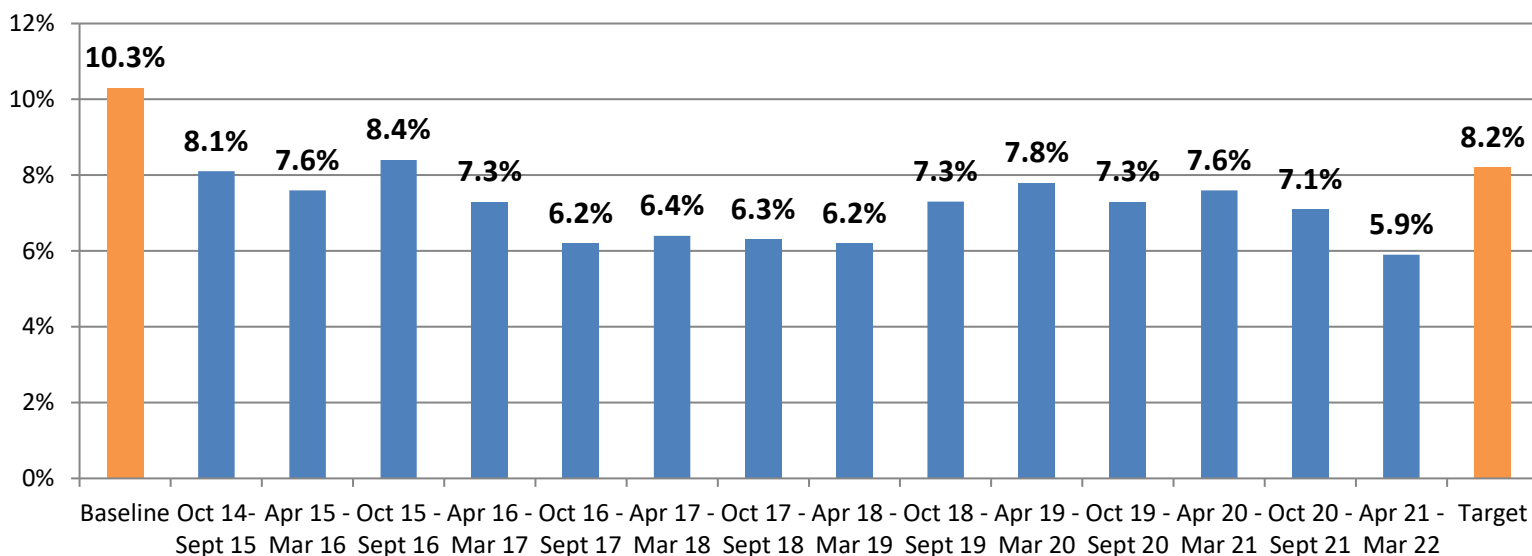
adoption finalizations and address any identified barriers to finalizing adoptions for legally free children who have an identified permanent family. Applying the ATAT review process for children in the 6.1 cohort allows other experienced DHS staff to help work through any process and/or legal barriers that may present potential roadblocks to achieving permanency for this group of children. ATAT participants include YTS team members, the assigned caseworkers, supervisors, district directors, and staff from the DDS team as needed. These ATAT discussions focus on plans and action steps 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.

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 1,928 children who discharged to permanency (not including adoption) between April 1, 2020 and March 31, 2021, 113 children re-entered care within 12 months, which represents 5.9 percent of child re-entries. This is the eleventh consecutive report period in which DHS met and exceeded the final Target Outcome of 8.2 percent for this measure.

For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3. Including the current report period, the Co-Neutrals have found that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for measure 6.3 for fifteen consecutive report periods (over seven years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties’ COVID Recovery Agreement.

FIGURE 18: METRIC 6.3 – RE-ENTRY WITHIN 12 MONTHS OF EXIT



Source: DHS Data

Summary Review of Metric 6.3 Performance Area Since the Beginning of the Reform

For this measure, DHS reported substantial and sustained progress toward the Target Outcome in every report period since the beginning of the reform. DHS reported in its August 2015 Semi-Annual report that its implementation of safety assessments throughout a child’s stay in care would be the department’s core strategy to help children who exit to permanency through reunification remain safely with their families. In its August 2022 Semi-Annual report (page 86), DHS highlighted:

Permanency Safety Consultations (PSCs) continue to be utilized to maintain reduced re-entry rates. PSCs with a safe recommendation include the completion and documentation of an Assessment of Child Safety prior to reunification as an action step. Additional follow-up activities are developed and identified with the district director and PSC team to support safe family reunification, as needed. Quality action steps further support the child welfare specialist in adequately assessing safety to determine if any safety threats are still present. PSCs remain a group safety discussion with the district director present to support increased quality decision-making. Services, such as Comprehensive Home-Based Services, Intercept,⁸⁰ and Systems of Care, continue as supports to families during trial reunification.⁸⁰

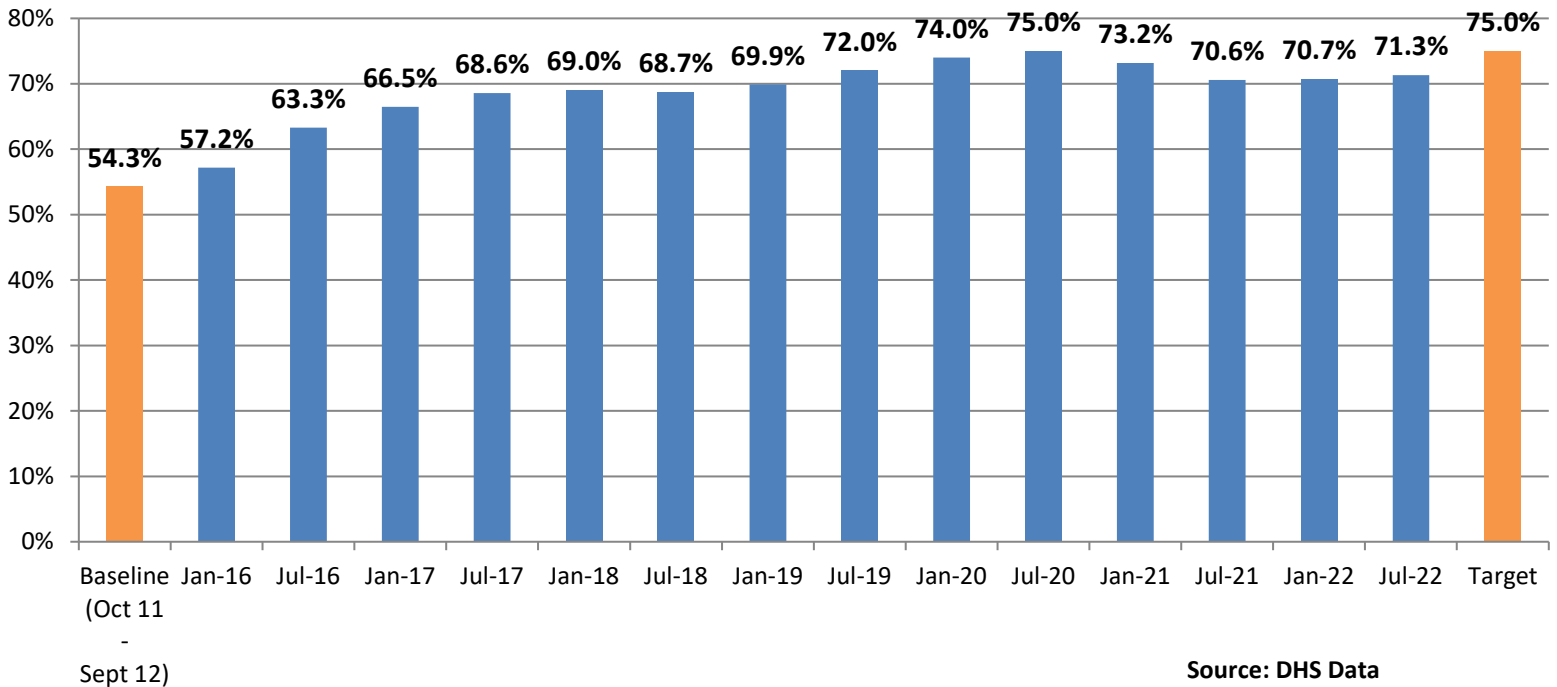
With the department’s outcome data this report period at 5.9 percent for Metric 6.3, DHS achieved its best performance to date on this measure and continued its strong and longstanding record of achieving and exceeding this permanency Target Outcome.

⁸⁰ Intercept is a program delivered by Youth Villages and provides prevention and reunification services that include intensive in-home parenting skills and mental health services for children and families. (Source: <https://youthvillages.org/services/intensive-in-home-treatment/intercept/>)

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 1,361 children who became legally free between April 1, 2020 and March 31, 2021, 970 were adopted within 12 months of becoming legally free for a performance outcome of 71.3 percent. Under this reform, DHS has made steady progress toward the Target Outcome for this measure and achieved the Target Outcome for the period ending March 2021 as shown in Figure 19 below. Including the current report period, the Co-Neutrals have found that beginning with the January 2016 report period, DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for 15 consecutive report periods (over seven years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties’ COVID Recovery Agreement.

FIGURE 19: METRIC 6.5 – PERMANENCY PERFORMANCE



Summary Review of Metric 6.5 Performance Area Since the Beginning of the Reform

Based on the department’s federally reported data for federal fiscal year 2012 (FFY2012), DHS and the Co-Neutrals established the baseline for Metric 6.5 at 54.3 percent in the March 2013 Metrics Plan. The Co-Neutrals confirmed the sufficiency of DHS data to measure ongoing progress for this metric during the period of January through June 2014. For the first four report periods that DHS presented performance data for this permanency measure, the department did not report substantial and sustained progress above the baseline as shown in Table 19 below.

Table 19: Metric 6.5 - Early Periods with Outcomes Below Baseline

Month and Period Data Reported	Baseline (Oct '11- Sept '12)	January 2014 (Oct '12 – Sept '13)	July 2014 (April '13 - March '14)	January 2015 (Oct '13 – Sept '14)	July 2015 (April '14 - March '15)
Performance Outcome	54.3%	60.9%	55.6%	51.9%	52.0%

In 2014, DHS conducted case reviews for a cohort of 795 legally free children living with an identified family but for whom permanency was delayed. Based on lessons learned and permanency barriers identified in the case assessments of these 795 children, DHS formalized the new ATAT case review model, discussed above, for all legally free children living with a family identified to adopt them.

DHS established ATATs to set and track target dates for adoption finalizations and address any identified barriers to finalizing adoptions. By the end of January 2016, DHS had established ATATs in every region. From that time to the present, for every legally free child whose permanency case is reviewed by an ATAT, a team member is assigned to address any identified barrier and report back in two weeks on progress or ongoing challenges to move the adoption forward. To support the regional ATATs and adoption staff throughout the state, DHS developed a “Road to Finalization Map” that provides a step-by-step flow chart to guide staff less familiar with all the necessary activities required to successfully complete an adoption finalization process. The department has maintained ATATs as a core strategy to advance timely permanency for children who become legally free and has continued through this period to grow its ATAT operational structure and practice.

Like the 6.2 measures discussed in the Addendum to this Commentary for the Delayed Performance Area Measures, Metric 6.5 is another metric that specifically focuses on timeliness to permanency. Again, DHS’ strategies and efforts under this permanency measure have proven successful as DHS achieved the Target Outcome of 75 percent for the report period ending June 2020, which was based on measure 6.5 permanency data for the period of April 2019 through March 2020. For that period, the department’s Metric 6.5 performance outcome was not impacted by the COVID-related permanency delays that mounted soon after as the COVID-19 pandemic was declared in March 2020 just as the period was ending and just as DHS had hit its stride and achieved its highest outcome for timely permanency within one year of children and youth becoming legally free for adoption.

In the following report period, which was based on permanency data outcomes from October 2019 through September 2020 – the second half of which was during the pandemic, DHS reported a decrease from 75 percent to 73.2 percent as shown in Figure 19 above. In the subsequent period, which was based on permanency data outcomes from April 2020 through March 2021, the first full year of the pandemic, DHS reported a second—and unusual—consecutive decrease in the 6.5 measure to 70.6 percent. As outlined in the Co-Neutrals’ Commentaries 16 and 17, some children who became legally free in the year before or during the pandemic experienced court delays, continuances, and other impacts from the

pandemic that prolonged their adoption finalization date and weighed down DHS' performance outcome on this measure.

For example, and as noted in Co-Neutral Commentary 17, of the 1,915 children reviewed in the 6.5 cohort for the data period of April 2020 to March 2021, adoptions for 110 children were finalized within 13 to 15 months of becoming legally-free, missing the 12-month mark to support a better 6.5 data outcome. Of 110 children with delayed permanency into their 13th to 15th month of being legally free, 37 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 in that report period, the performance outcome would have increased from 70.6 to 72.5 percent.

Still, even with the two-period decrease noted above, DHS remained in close range of the Target Outcome compared to the starting baseline. During the last and the current report periods, DHS reported progress again toward the Target Outcome and reported new efforts to expand its practice and opportunities to achieve timely permanency for children who become legally free for adoption.

Current Work and Focus of ATATs

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 (see Section IV for the Delayed Performance Area Measures, section on performance and progress for 6.2 measures), DHS has expanded efforts to review all Quad 1 children with permanency delays. The ATAT established 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 placed, in trial adoption for more than 14 days; and any child placed 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.

Monthly reviews conducted by DHS' regional ATATs have surfaced barriers that are common among the regions and delay adoption finalizations. For example, every region reported a significant number of children whose adoption finalization is awaiting the clearance of a delay related to an Interstate Compact on the Placement of Children (ICPC)⁸¹ so that a child in Oklahoma's custody can exit care to their new adoptive family living in another state. DHS reported other common adoption barriers include obtaining birth certificates, medical evaluations, and pending divorces of adoptive parents. DHS also reported that the regional ATATs are meeting more frequently than once a month, as previously reported, and with select districts within their regions as needed to focus on any other common barriers that arise. Additionally, the department reported that regional ATAT leads, district directors, DHS adoption attorneys, and Foster Care and Adoption program field managers provide guidance and assistance during

⁸¹ The Interstate Compact on the Placement of Children is an agreement between two states that allows a child from one state to be placed in a foster or adoption placement in another state.

the ATAT meetings and follow up on issues related to their area of expertise. DHS' statewide ATAT strategy lead and ICPC program supervisor attend when needed.

Since November 2019, and on an ongoing annual basis, DHS notified foster and adoptive families 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. Positively, the regional ATATs highlighted that the increased and monthly participation of DHS adoption attorneys in ATAT meetings has helped to resolve barriers, including those that involve legal issues and procedures and require coordination with the courts to obtain necessary documents.

To further track and analyze trends in adoption delays or barriers, DHS last year established a new screen in its KIDS system for staff to specify the reasons for any delay to adoption finalization. All adoption and YTS caseworkers, supervisors and field managers are required to complete a three-hour training on this new tracking element, which is intended to help DHS better and more systematically assess commonalities or trends in barriers to finalizing adoptions and develop or refine the department's strategies to resolve any identified issues promptly.

DHS also reported in its August 2022 Semi-Annual report (page 89) that the department's Foster Care and Adoption and Permanency Programs staff, "continue collaboration on guardianship efforts and are committed to exploring all permanency options for children and youth." This includes discussing guardianship during ATAT conferences. Further, DHS' permanency, adoption, and foster care caseworkers, "continue to review guardianship questions during adoption criteria staffings to determine the child or youth's most appropriate permanency goal."

The Co-Neutrals have highlighted in numerous Commentaries that DHS reported substantial and sustained progress throughout the majority of this reform for Metric 6.5 despite having increasingly larger cohorts of children reviewed under this measure for most report periods. For example, in the review period ending December 2014, there were 1,618 children in the Metric 6.5 cohort denominator, with 839 children achieving timely permanency for an outcome of 52 percent, while the cohort denominator for the period ending December 2017 was 2,734 children with 1,886 achieving timely permanency for an outcome of 69 percent. This comparison highlights the success of DHS' focused efforts to achieve timely permanency for a substantially higher percentage of children even with a 69 percent increase (1,618 to 2,734) in the number children who required the department's best efforts to track, identify, and remove any barriers that could impede a child's timely adoption or guardianship with a family committed to providing a forever home.

Adoption Permanency, Metrics 6.6, and 6.7

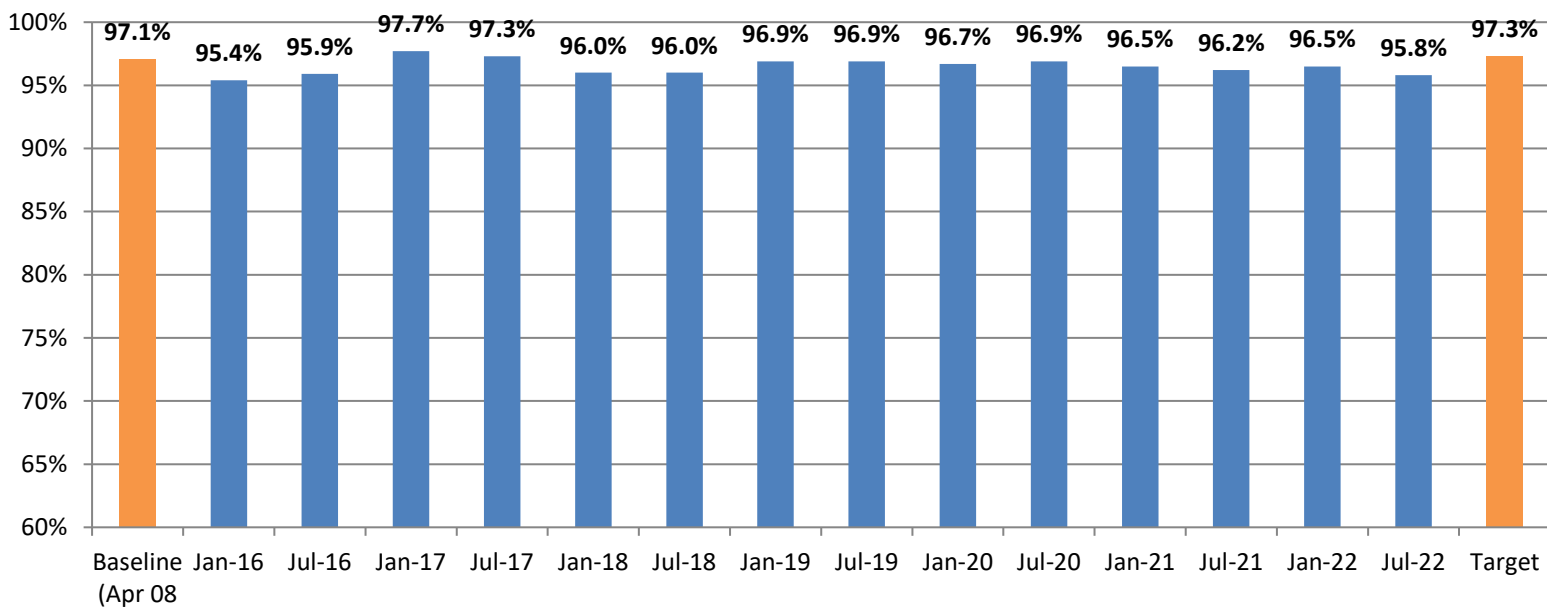
Permanency Metrics 6.6 and 6.7 measure how well DHS avoids pre-adoption placement disruptions and post-adoption finalization dissolutions.

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 established 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 1,417 children who entered a trial adoption placement between April 1, 2020 and March 31, 2021, 1,357 children did not disrupt from their placements within 12 months of entering trial adoption. This resulted in a performance outcome of 95.8 percent, a slight decrease of 0.7 percent from the last report period. For the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent 25 of the 60 pre-adoption disruptions reported this period.

Figure 20: Metric 6.6 – Permanency Performance



Source: DHS Data

Mar 10)

Of the 1,417 children who entered a pre-adoptive placement, only 93 (6.6 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.⁸² 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 20 below, the percentage of disruptions for children in Quad 2 (22.6 percent) is disproportionate compared to the very low percentage of disruptions experienced by children in Quad 1 (2.9 percent), as well as the total percentage of disruptions (4.2 percent) reported for this period.

⁸² As noted above in the section on Metric 6.1, Quad 2 children are legally free with a goal of adoption but do not have an identified family who will or may adopt them.

TABLE 20: METRIC 6.6 - TRIAL ADOPTION DISRUPTIONS BY PLACEMENT/QUAD TYPE

	Total Children	# of Children Disrupted	% Disrupted
Quad 1 (Previous relationship with the family)	1,324	39	2.9%
Quad 2 (No previous relationship with the family)	93	21	22.6%
Total	1,417	60	4.2%

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 the needs of the child and/or the family are in place before trial adoption begins. DHS' efforts to meet this commitment are outlined below.

For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.6. Including the current report period, the Co-Neutrals have found that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for this trial adoption stability measure for thirteen consecutive report periods (over six years). These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties' COVID Recovery Agreement.

Summary Review of Metric 6.6 Performance Area Since the Beginning of the Reform

For the first two report periods (January to June and July to December 2015) that the Co-Neutrals rendered an assessment of DHS' good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.6, the Co-Neutrals found that the department had not made good faith efforts.⁸³ During those report periods, the Co-Neutrals found the department had not yet applied the appropriate focus to assess common challenges that lead to adoption disruptions and develop core strategies to stabilize pre-adoptive placements. DHS eventually took these necessary actions to support children and families whose pre-adoptive placements are potentially vulnerable in order to finalize and achieve successful adoptions. It was not until the period ending June 2016 that the Co-Neutrals first found that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.6 and DHS

⁸³ In the first three report periods, the Co-Neutrals worked first to establish the sufficiency of DHS' data to report progress on the 6.6 measure and in the third report period (ending December 2014), the Co-Neutrals reserved judgment to allow DHS time to develop core strategies to improve the department's performance outcome and prevent pre-adoption placement disruptions.

has maintained this finding through the current period. For two consecutive report periods covering July 2016 through June 2017, DHS achieved the Target Outcome for Metric 6.6.

DHS and Co-Neutrals have completed several case reviews of children whose pre-adoptive placement disrupted and consistently found that the primary reason recorded for the disruptions is that the prospective adoptive families decided that the child's behaviors presented greater challenges than they could or were willing to manage. In response, DHS has focused on improving the department's case practices related to the adoption disclosure process, providing mental health consults and supports to pre-adoptive parents and training field staff to provide quality support and services to families before and during their pre-adoptive placement.

DHS changed its adoption disclosure process, particularly for Quad 2 children, to improve the structure, quality, and consistency of these discussions. 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 adoption disclosure meetings. 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 the well-being of both the trial adoptive family and the child and how to use DHS' Quad 2 process map. 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.

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. DHS includes its regionally-based mental health consultants in Quad 2 adoption disclosures, as well as for:

- children and youth with multiple removals of three or more;
- children and youth who have experienced a previous disruption or dissolution;
- children and youth with 10 or more placements;
- all Quad 2 baseline children and youth; and
- children and youth with two or more diagnoses.

The mental health consultants can be instrumental in supporting families who are considering adopting a Quad 2 child or any child who meets the criteria listed above as case reviews have shown that the top two reasons for adoption disruptions are "Caregiver Cannot Meet the Child's Behavioral/Emotional needs" and "Caregiver Request." These consultants are charged with helping to support the behavioral health counseling and service needs required by children and families throughout their pre-adoption placement.

DHS and the Co-Neutrals' case reviews found that trial adoption disruptions commonly occur around 90 days after placement. As a result, DHS began to conduct family preservation check-in calls or meetings with families 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 reviewed further how to maximize and enhance the participation of the mental health consultants in adoption disclosures and the 45-day check in call. The department's program and field staff (including mental health consultants and the Statewide Coordinator for Adoption Preservation) concluded that pre-adoptive parents do not always know what questions to ask mental health consultants during an adoption disclosure and, as a result of the amount of other information DHS shares during these meetings, important guidance from the mental health consultants may not be fully covered. In response, DHS developed a standard script of issues that the mental health consultants will review, at minimum, during the disclosure meetings. As outlined in a Quad 2 Adoption Process Guide DHS developed for staff, the department highlighted expectations that a mental health consultant will discuss the following during an adoption disclosure:

- Explain what the transition may look like for the child moving from current placement to [trial adoption] placement according to the dynamics of this change (i.e. congregate care to a family setting, etc.) and the expectations of adoption adjustment (i.e. what a honeymoon period is, when do most challenges begin to appear, when is risk for disruption at its highest – and how to prepare for all of these things).
- Explain what to expect when the child is placed in the home based on adoption transition and post-placement research.
 - How it may affect bio/adopted children already in the home.
 - How it may affect the adoptive parent's relationship.
- Explain what behaviors are normal for a child who is transitioning into an adoptive home with a history similar to this child (i.e., how many placements has the child had, how long they have been in foster care, any previous disrupted adoptions, etc.).
- Talk to the potential adoptive family about what adoption-competent services are available in the area.

DHS continues to assess how its team, including the mental health consultants and Youth Transition Services, can best support a pre-adoptive family during the 45-day call, which DHS identified as a critical point in the child and family's attachment process.

During this report period in May 2022, DHS developed a one-page flyer, *What To Expect After Adoption*, to provide pre-adoptive families a brief and easily processed summary of what DHS' mental health consultants will discuss during the adoption disclosure. After the end of this report period, DHS also developed a new adoptive parent handbook, which the department reported includes, "contact information for Post-Adoption Services, information on attachment through the adoption process, trauma triggers with timelines a family can record and refer back to, how to find support groups, how to create support groups, and more." (DHS November 2022 Core Strategy Report, page 56.)

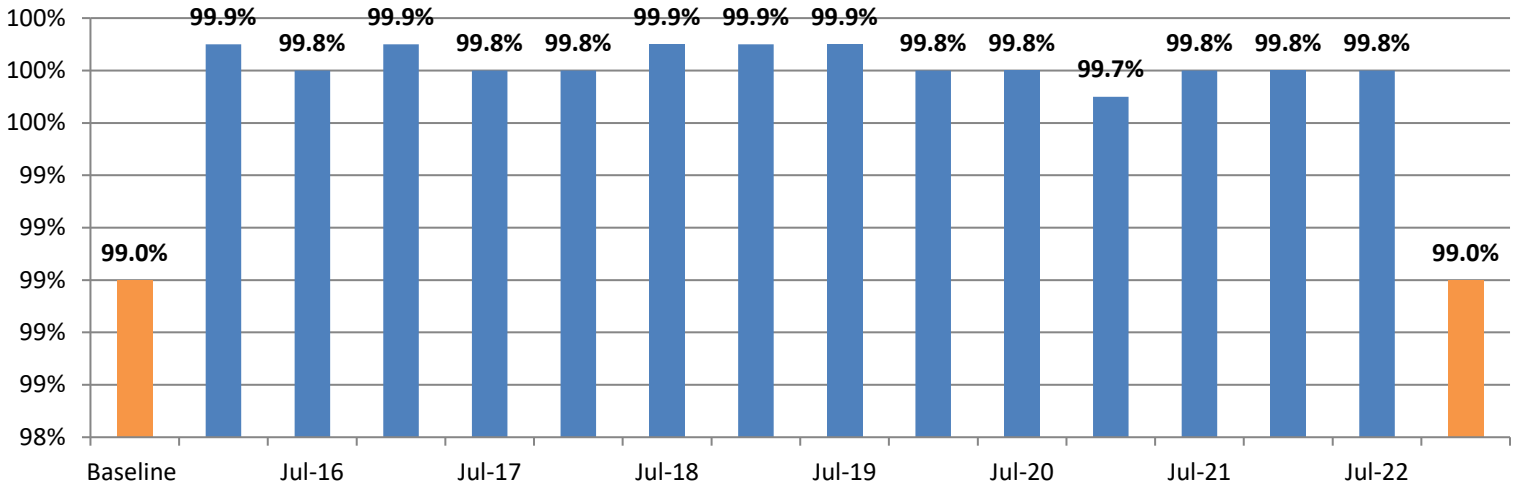
Also during this report period, DHS continued to offer specialized training to help caseworkers assess a child and pre-adoptive family's service needs and identify adoption competent service providers during trial adoption planning and prior to a pre-adoptive placement. Trainings DHS offered to staff this period include Quad 2 Adoption Process, Enhanced Foster Care for Quad 2 Children, and Child and Adolescent Psychopathology: Working with Youth and Conduct Disorder.

DHS has emphasized that providing "the correct supports and services are the most important tools adoption specialists can provide to adoptive families and children during and after the [trial adoption] process." (DHS August 2022 Semi-Annual report, page 92) For more than six years, the department has consistently demonstrated its commitment to assess what the correct supports and services are to help families and children, particularly children who may present with significant behavioral challenges, move from pre-adoption to adoption finalization and to offer the same through its adoption programs and field staff who are trained to understand their critical roles in this effort.

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 a very high level, 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 4,237 children who were adopted between April 1, 2018 and March 31, 2020, the adoptions of 4,230 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 42.2 percent to 4,237 adoptions reviewed for this period. 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 21 below. Further, in every report period, including the current period, the Co-Neutrals have found that DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7. These consecutive findings, in concert with the balance of findings for the 23 Non-Impacted Performance Area Measures discussed in this report, fulfill the CSA requirement for a two-year continuous period of good faith determinations, as amended by the parties' COVID Recovery Agreement.

FIGURE 21: METRIC 6.7 - PERMANENCY PERFORMANCE



In part, DHS attributes its consistent success in this area to the longstanding collaborative efforts and work of its post-adoption services team and field workers. Even with its near perfect record on this measure, DHS continues to expand its post-adoption services and supports. In its November 2022 Core Strategy Report (page 57), DHS reported it is adding three clinical social worker positions to its post-adoption services team to provide direct support to adoptive families. The department will train these clinical social workers on mental health competencies and best practices for serving children and families in foster care and adoption.

IV. Delayed Performance Area Measures: Performance Data Outcomes and Assessment of Progress

A. Therapeutic Foster Care

In the CSA, DHS committed to increasing the number of foster homes available for children in need of therapeutic care. However, since the beginning of the department's reform efforts, DHS has struggled to develop and maintain an adequate pool of therapeutic foster care (TFC) homes through its long-standing TFC program in which therapeutic foster homes are recruited and managed by private agencies. While DHS' TFC program and agency partners remain a part of the department's placement continuum, there have been significant and declining limits to their capacity. Over the last two and a half years, DHS shifted efforts to focus on developing its own, internal therapeutic foster care program, known as Enhanced Foster Care. DHS has designed the EFC program to meet the therapeutic needs of children and families by enhancing treatment services and other supports, most importantly therapeutic parenting, in traditional and kinship foster homes. DHS' new 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 performance area as it is one of the "Delayed Performance Area Measures" under the CRA. The Co-Neutrals discuss in this Commentary the department's activities related to the development of the EFC program, as well as DHS' continued maintenance and support of its legacy TFC program.

Private Agency TFC Homes and Program

DHS historically relied on private, contracted agencies to recruit, approve, and manage TFC homes for children in custody. Oklahoma's TFC program, like others around the country, was created as a placement option for children who need a higher level of behavioral health support in a home-based setting. Placing children in a TFC home was also intended, in part, to avoid placement in a congregate care setting, including shelters. TFC foster parents receive special training to provide some therapeutic services to children in their homes as part of the Medicaid-reimbursed model of care. In addition, the private TFC agency provides care management, individual therapy and other therapeutic services, as needed, for the children placed in their TFC homes.

DHS and the Co-Neutrals have previously reported on numerous efforts to address ongoing concerns with the TFC program, including a lack of necessary homes, and children with mental and behavioral health challenges being deemed ineligible for the TFC-level of care by the Oklahoma Health Care Authority (OHCA). In fact, from the outset of this reform effort, many Oklahoma children had to experience multiple placement disruptions in regular foster care before they were considered or authorized for a TFC placement. Over the last several years, DHS' leadership team made it a priority to coordinate with OHCA to make programmatic improvements to the state's TFC program and effectively removed long-standing barriers to approve children for TFC placements. These programmatic improvements required the collaborative efforts of both state agencies and in some instances the legislature to amend Oklahoma's statutes, policies, and its Medicaid plan.

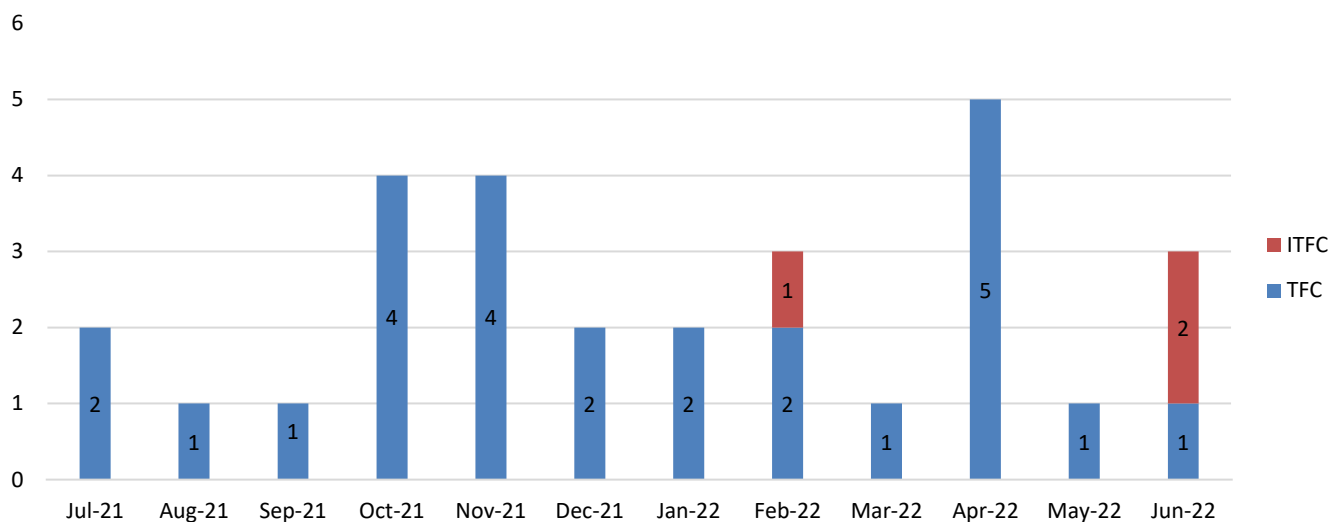
The progress DHS and OHCA have made to ensure children are appropriately authorized for TFC-level care is important and necessary. However, approvals of TFC placement requests and DHS' identification of children who require family-based therapeutic care continue to far outpace the development of new TFC

homes for children who need them. As of January 2023, there were 48 children who were approved for TFC-level care and on the TFC placement waitlist. With the creation of the EFC program, all children on the TFC waitlist are automatically referred to the EFC program to determine if it is possible to provide the necessary support in their current or a new kinship or traditional foster home.

TFC New Home Development and Net Gain/Loss

Over the twelve-month period of July 2021 through June 2022, DHS developed a total of 29 TFC/ITFC homes combined: 26 were opened as TFC homes and three homes opened as ITFC.⁸⁴ Among the 26 new therapeutic homes, 23 were newly developed and three were reopened homes. Each of the three new ITFC homes were currently or previously open as a TFC resource. DHS’ full 12-month target for SFY22 was established at 67 new TFC/ITFC homes combined, with a net gain target of 30 TFC/ITFC homes.

FIGURE 22: THERAPEUTIC FOSTER HOMES BY MONTH, JULY 2021-JUNE 2022



Source: DHS Data

⁸⁴ DHS and the private agencies collaborated to develop Intensive Therapeutic Foster Care (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 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.

DHS began SFY22 on July 1, 2021 with 96 open TFC homes, and 22 of those were no longer open by the end of the period. The department ended the year on June 30, 2022 with 105 open therapeutic homes (ITFC/TFC combined), reporting a net gain of nine therapeutic foster homes.⁸⁵

Efforts to Expand Recruitment of TFC/ITFC Homes

During this report period, DHS contracted with six agency partners to recruit and manage TFC and/or ITFC homes. As noted in a prior report, this is a reduction from the 10 agencies contracted to develop TFC homes just a few years ago. Despite DHS' struggle to recruit and grow its pool of TFC homes and maintain its TFC recruitment capacity, the department continues to set a recruitment goal for the program based on the department's continuum of care needs assessment described below.

The department is employing several strategies to help recruit additional homes and expand its current TFC home portfolio. The department began in May 2022 to offer the same monetary incentive to recruit new TFC/ITFC homes as the one described above in the Foster Care section to recruit new traditional foster homes. Leveraging the understanding that foster parents are among a child welfare system's best recruiters, DHS is offering a \$1,000 incentive bonus to foster families who recruit new TFC/ITFC homes and to the newly recruited families. The same incentive is offered when a traditional foster family transitions to become a TFC or ITFC home. In addition, if the new family maintains placement of a TFC/ITFC-level approved child in their home for 75 percent of the year and meets all applicable standards, both the recruiting and recruited home receive an additional \$1,000 incentive payment. This effort is also intended to help retain existing TFC/ITFC families. DHS had originally planned to run this incentive program through the end of December 2022 but extended it through June 2023 to assess its effectiveness.

DHS is also using Recruitment Progress Collaboration (RPC) meetings with current provider agencies to manage and support their individualized recruitment plans. DHS also continued the department's recruitment campaign, "It Takes All Kinds. Why Not You?" which the department reported was designed to support collaborative outreach, with earned and paid media.

DHS' commitment to sustain the TFC/ITFC program as one component of its placement continuum is sensible given the needs of children in state custody and the knowledge and experience of that provider group in Oklahoma. That said, it is clear that the TFC/ITFC program alone cannot meet the needs of the hundreds of children in home-based placements who require behavioral health support and services, as well as higher-level therapeutic parenting. Acknowledging that, DHS has designed and is seeking to implement the new EFC program to meet this need.

Continuum of Care: Needs Assessment

Over the last three years, DHS has made significant progress in understanding the therapeutic placement and service needs of children in care. DHS has committed to complete annually a systemwide, population-level needs assessment to identify the levels and types of therapeutic placements children in custody require. Based on three completed needs assessments, DHS has begun to build a continuum of care,

⁸⁵ DHS reported that five additional TFC/ITFC homes opened during SFY22 (for a total of 34), however these five additional TFC/ITFC homes do not count toward the annual target as they do not meet the new TFC/ITFC home counting criteria. Further, two of these five, non-countable homes also closed during the period for a total of 25 TFC/ITFC home closures. These additional five opened and two closed TFC/ITFC homes are included in the net gain and number of homes open (105) at the end of the period.

relying most significantly on the EFC program, to meet the varying levels of child placement needs in the least restrictive setting. As noted throughout this Commentary, DHS has also developed internal processes and staffing structures to identify earlier in a child's case their individual mental health, behavioral and other treatment needs and the appropriate placement along a continuum of care. To complete the annual needs assessment, DHS has used an inclusive approach, reviewing case data for children in care at the end of or during the prior SFY, including:⁸⁶

- children in the EFC program or identified as needing EFC-level care during the year;
- children receiving 'Difficulty of Care' payments for Levels III, IV, and V;⁸⁷
- children (ages 4 and over) with four consecutive elevated [child behavioral health] screeners;⁸⁸
- children 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;⁸⁹
- children who have disrupted from trial adoption;
- children involved with mobile crisis response;
- children placed in levels above foster care settings.

In their last Commentary, the Co-Neutrals explained in greater detail DHS' continuum of care needs assessment for SFY22 (July 2021 through June 2022), which was based on the total population of 11,173 children in care during SFY21. In summary, DHS projected the need to support 720 children in EFC placements during SFY22. The 720 children represent 6.4 percent of the total population of 11,173 children in care during SFY21.⁹⁰ DHS and the Co-Neutrals applied qualifying (reduction) factors, taking into consideration the state's current program and provider service capacity under this new EFC program, and established a target for 270 verified EFC placements in SFY22.⁹¹

⁸⁶ Some children are included in more than one of these groups and DHS' data team removes any duplicate counts.

⁸⁷ DHS provides an additional monthly reimbursement rate (Difficulty of Care payment) to foster parents who provide additional care and supervision to children in custody due to a child's extraordinary physical, mental, or emotional needs. The Difficulty of Care payment is above the regular foster care monthly maintenance payment the resource family receives.

⁸⁸ Child behavioral health screeners involve 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.

⁸⁹ 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 that reviews Metric 6.4.

⁹⁰ Over time, DHS is also seeking to understand if the department can identify a consistent range with respect to the percentage of children in care at any point-in-time who will likely require EFC placements and supports. This type of finding would help DHS and its partner agencies understand Oklahoma's needs for therapeutic services to support EFC placements, as well as gaps in the availability of such services in different parts of the state.

⁹¹ Similar to the methodology and approach DHS and the Co-Neutrals have used to establish annual targets for new TFC and traditional foster homes, the department first identified the EFC continuum need of 720 EFC placements. DHS and the Co-Neutrals then applied the 25 percent qualifying (reduction) factors, which are based on the state's current limits to provider service capacity and still under-development EFC program capacity, to reach a target of 540 EFC placements (720 minus 180 (25 percent of 720)); and the target of 540 placements was projected over two fiscal years, thereby setting a target of 270 verified EFC placements in SFY22. As the EFC program and service capacity

Enhanced Foster Care

DHS' decision to develop its EFC program to provide family-based therapeutic care beyond Oklahoma's privately operated TFC program represents a much-needed paradigm shift in the department's commitment and approach to ensure children in custody receive the therapeutic supports and treatment they need to achieve 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 undertaking with respect to service delivery, programming, organizational staffing, case management, training and practice. Nevertheless, DHS understands that the successful development and implementation of its EFC program is vitally important to Oklahoma being able to achieve substantial and sustained progress in this performance area.

As detailed below, DHS continued to report increasing numbers of children in custody enrolled in this EFC program during SFY22. At the same time, DHS continued to confront challenges with having sufficient, timely and consistent availability of treatment services. The department also struggled to ensure all parties involved in each child's EFC treatment team understand the expectations of them to help implement this program as designed to meet the therapeutic needs of children. DHS' leadership and EFC program leads recognize these challenges. As such, the EFC team continued through this report period to develop and refine the service and operational details of the EFC program and build its staffing structure and collaboration with other state agencies and community providers to improve and grow this program.

EFC Program Description

One of the most innovative features of the EFC program is that services can be established in a kinship or traditional foster home where a child is already placed (to support placement stability). The same is true for a new kinship or traditional foster family identified as a child's first placement or to support therapeutic care and stability as a child exits a shelter or higher-level setting. In essence EFC services follow the child to the family-based placement that may best meet their permanency needs, including in trial adoption placements and trial reunification.

The EFC program includes five core components: 1) a needs-based treatment plan for the child and family; 2) weekly individual therapy for the child; 3) family therapy or some form of therapeutic parenting services 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.⁹² In addition, EFC requires heightened engagement by DHS caseworkers to ensure not only that the core components of EFC are in place, but that therapeutic progress can be observed in their interactions with the child and resource family. Indeed, because many children and

grow, DHS can reasonably decrease the qualifying reduction factor applied to each year's target setting for EFC placements.

⁹² DHS is using DOC payments 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 piloting will be used to support this assessment.

families must wait for therapeutic services to begin due to provider capacity issues, caseworker support of children and families is critical to the success of the EFC program.

Further, an essential, if not the most important, 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. As such, the EFC program team must ensure that foster parents receive services that guide them to provide therapeutic parenting based on each child's needs. The foster parent(s) must also complete 15 hours of the Pressley Ridge⁹³ therapeutic training modules that are required of TFC-approved homes, as well as any other training deemed necessary to meet the individual needs of each EFC eligible child in the home.

EFC Program Eligibility

A child must meet at least one of these eligibility criteria to be approved for the EFC program:

- Completed Child and Adolescent Needs and Strengths Assessment (CANS) tool indicates that the child would benefit from EFC level of care.⁹⁴
- 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 Enhanced Foster 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.

⁹³ 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.

⁹⁴ 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 CANS assessment tool designed to help determine the appropriate level of foster care to meet each child's behavioral, mental health and other specialized treatment needs. In DHS' August 2022 Semi-Annual report, the department reported that it began in April 2022 to administer CANS assessments for a select group of children receiving EFC services and planned to use data obtained from these initial assessments to help finalize the algorithm for this population of children and inform the criteria for levels of care. DHS also finalized a contract with the University of Oklahoma Health Sciences Center (OU-HSC) to hire 10 clinical assessors to complete its CANS assessments moving forward.

The DHS program description calls for a consultation among a child’s treatment team once a child is deemed eligible for EFC services. This team includes the assigned caseworkers and supervisors (permanency, foster care and, when appropriate, CPS and family centered services (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 discuss and articulate the child and family’s current, specific needs, identify services to meet those needs and establish a plan to begin services within five days of the consultation.

Children Served in the EFC Program

As noted in the eligibility criteria above and throughout this Commentary, DHS has cast a wide net to identify children in custody who may require EFC services. Among the children the EFC program team automatically considers for EFC services are those who: are on the TFC waitlist; have had one placement move due to a foster parent’s request; exited a shelter to a kinship or traditional foster home; are placed in a kinship home that was approved only after an elevated leadership review; received services through Mobile Crisis Response in the last week; and, are staffed by the regional MDTs. More recently, DHS reported that the EFC team is planning to extend EFC services for children who are entering a Quad 2 pre-adoptive placement.

DHS is building a system that assesses the therapeutic and mental health needs of children in custody and identifies many of these children, of all ages, as early as possible. In its August 2022 Semi-Annual report (page 122), DHS presented the following three summary data tables regarding the population of children who were served in the EFC program during SFY22. As shown in Table 21 below, DHS’ EFC program served 914 children in SFY22, a substantial increase from the 651 total children who were served under the program during SFY21.

TABLE 21: TOTAL CHILDREN SERVED IN EFC, JULY 2021 THROUGH JUNE 2022⁹⁵

Children Served in EFC Jul 2021 – June 2022	
Entry and Exits	# Children
# in EFC as of 7/1/21	386
Entered EFC during SFY22	528
Exited EFC during SFY22	503
# in EFC as of 6/30/22	411
Total Served (unduplicated)	914
# of children who had more than one EFC episode during the period under review	138
<i>Data Source: Y1145; Run Date 7/15/22</i>	

DHS further reported that of the 914 children served by EFC in SFY22, 60 percent were placed in traditional foster homes, 36.3 percent were placed in kinship homes, 2.3 percent were in another type of foster care, and 1.3 percent were in trial adoption. As shown in Table 22 below, and noted in the Shelter Section above, DHS also identified that children ages five and younger represent the largest age group of children served in the EFC program during SFY22, followed by the next youngest age group of six to nine years old

⁹⁵ DHS reported this is a unique count of children and youth. If a child or youth exited EFC services and the EFC episode was less than 30 days, they were excluded from the population count.

children. Importantly, this data shows that DHS is seeking to identify and meet the behavioral health needs of children as early as possible.

TABLE 22: CHILDREN SERVED IN EFC BY AGE GROUP, JULY 2021 THROUGH JUNE 2022

Children Served in EFC by Age at Start of EFC: July 2021 – June 2022								
Age Group	Region 1	Region 2	Region 3	Region 4	Region 5	State Office	Total	
5 and Younger	41	52	51	69	74	6	293	32.1%
6 – 9	58	53	44	48	63	3	269	29.4%
10 – 12	38	40	21	29	44	1	173	18.9%
13 – 15	20	29	22	30	28	3	132	14.4%
16 and Older	8	14	3	11	11	0	47	5.1%
TOTAL	165	188	141	187	220	13	914	

Data Source: YI145; Run Date 7/15/22

The EFC program, working with DHS’ data team, has begun to gather data regarding the reasons children exit the EFC program, including children who have successfully completed the program, and track any trends in placement stability and disruptions. DHS will present EFC exit reasons data for the next period, which the Co-Neutrals will review in the next Commentary.

EFC Program – Building a Team and Structure

During this period, DHS leadership continued to expand its EFC program team. In the August 2022 Semi-Annual report, the department reported that a total of 23 positions were allocated to the ongoing development and implementation of the EFC program. In addition to the two statewide program and field managers, each region has three dedicated EFC staff helping caseworkers implement the program for children and foster families in their assigned region. The department also added two program field representative positions to focus on quality assurance, two administrative staff to help manage the large volume of treatment and planning documents received daily for EFC cases, and two supervisors to support the EFC regional field coordinators.⁹⁶ Together, the EFC statewide leads, as well as 15 dedicated regional staff and administrative team have brought enhanced focus and support to caseworkers and supervisors who, during this report period, were still learning how to implement this new EFC program effectively. The EFC team significantly advanced during this period the quality and timeliness of EFC Treatment Team Meetings, described further below, and the development of templates and other support documents designed to guide DHS staff, foster families and providers in the implementation of the EFC program.

EFC Treatment Services

DHS’ EFC program, similar to the TFC program, is established with the expectation that a core part of a child’s healing will happen through therapeutic interactions with their resource parents. This is why foster

⁹⁶ The two supervisor positions for the EFC regional field coordinators were filled in November 2022 and the two positions focused on EFC quality assurance were filled in December 2022. As such, all four of these positions were filled after the end of the current report period.

parents in the EFC program must agree to participate actively in the child’s treatment and therapeutic parenting services. Individual child therapy is also a core component of the EFC program. A challenge DHS confronts to fully implement EFC for every child and family identified for the program is that Oklahoma has a shortage of service providers. This includes behavioral health services DHS accesses through ODMHSAS and community-based providers.

The Co-Neutrals have found through EFC case record reviews that most children in the EFC program are receiving some individual therapy. However, the reported shortage of service providers means that numerous children with treatment plans calling for therapy once per week receive it less frequently or inconsistently. The shortage also appears to limit the availability of family therapy or services that are designed to help foster parents therapeutically care for children placed in their homes.

As the Co-Neutrals highlighted in the last Commentary, verifying the frequency and type of family therapy and therapeutic parenting services has been the most challenging aspect to verify EFC cases. Currently, the most common way the EFC program offers therapeutic parenting services is through Oklahoma’s SOC program, a wraparound program for children with behavioral health needs managed by ODMHSAS. EFC case records often document general references to foster parents participating in or receiving SOC wraparound services or care coordination but do not make clear whether the family is directly receiving therapeutic parenting services.⁹⁷ At the same time, some EFC case records note that families are receiving SOC Family Support Provider (FSP) services or evidence-based supports, such as Parent-Child Interaction Therapy. According to ODMHSAS’ SFY2023 Service Manual (page 59), FSP services provide:

“the training and support necessary to ensure active participation of the family or consumer in the treatment planning process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to family members to increase their ability to provide a safe and supportive environment in the home and community. This may involve assisting the consumer or family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process...”

While the presence of FSP services indicates that recipient families are being supported in their efforts to provide therapeutic care, there are capacity limits to the availability of FSP, and foster families and caseworkers appear to be under-informed about FSP. DHS and the Co-Neutrals have discussed the need for providers, caseworkers and the EFC team to document more specifically what therapeutic parenting services EFC resource parents are receiving and how the families are applying what they learn to provide

⁹⁷ SOC’s care management and coordination services do not typically indicate direct therapeutic services are provided but rather they offer support to access and coordinate participation in direct services, although family therapy may accompany care coordination.

trauma-informed care to EFC-approved children placed in their homes. The EFC team, working with ODMHSAS and providers, has taken various steps to prompt all members of a child’s treatment team to document EFC case records with greater clarity, which will also help DHS track whether the EFC program is serving the therapeutic needs of the participating children and families.

Specifically, DHS developed at the end of the last report period a new Treatment Team Meeting (TTM) form to help guide and document these team discussions, with a new section titled “Therapeutic Parenting.” Instructional language in the new Therapeutic Parenting section of the TTM form includes these prompts:

- How is the resource family providing a therapeutic environment for the child? Describe the parenting skills and techniques utilized and how the child responds.
- Discuss the specific coaching, services or support provided to the family since the last EFC TTM. What is the frequency of services provided?
- Describe treatment goals and objectives that were met, not met (and why) and in progress. Are the current services helping to meet the outlined goals and objectives?
- What discipline methods does the family utilize for the child? Are they effective in changing behaviors?

Further, during this report period, DHS in partnership with ODMHSAS, developed an EFC Monthly Progress Report form and requested that every service provider involved in an EFC case submit monthly progress notes that include the date and type of each therapy/counseling session completed (or cancelled/rescheduled) for the month, who participated in each session (child only, family only or child and family together), a description of the provider’s interaction with the foster parent(s) and how the foster parent(s) are involved in the child and/or family treatment services, as well as summary progress notes. The EFC team also developed a crisis plan template to help ensure that every plan identifies possible triggers, warning signs of a potential behavioral crisis and replacement activities to help de-escalate the situation. The template further specifies that the plan must be developed with the child (if verbal and able to articulate thoughts and feelings) and their foster parents.

EFC Treatment Team Meetings

EFC TTMs have become a backbone component of the EFC program. TTMs are designed to ensure the appropriate therapeutic treatment and support services are in place for each EFC-approved child and their foster family. In August 2021 (during the last report period), the EFC program began to require a TTM be held 30 days after a child enters the program and every 60 days thereafter.⁹⁸ TTMs focus on the child's treatment progress, as well as any additional needs of the child or resource family. As noted above, with the new TTM form and guidance questions, TTMs are also held to ensure therapeutic parenting services

⁹⁸ When possible, DHS has encouraged staff to schedule EFC treatment team discussions to coincide with other family meetings held as part of the department’s Family Meeting Continuum, which is discussed in the Delayed Performance Area, Permanency section below.

are in place and that therapeutic parenting is occurring. In December 2021, the EFC program's regional field coordinators assumed the lead role to facilitate and document the TTM discussions. Prior to that time, permanency caseworkers held this responsibility, however EFC program leads realized fairly quickly that many caseworkers did not convene TTMs promptly and/or thoroughly review the status and progress of each EFC child's case.⁹⁹ With a dedicated EFC field team in place, DHS decided to transition responsibility for convening and leading the TTMs to the EFC program. As discussed in the Co-Neutrals' case review findings below, the transition was critical to building consistency and more robust team discussions across the state. Importantly, having the EFC program team facilitate the TTMs ensures there is a review of EFC-case elements that frequently need strengthening, such as the timely initiation and consistency in service delivery and ensuring providers and foster families understand the importance of developing therapeutic parenting in the home. It also allows the EFC program to identify any other ongoing or developing areas that may require statewide or regional leadership attention.

EFC Service and Support Plans

Also, during the last period in August 2021, DHS began to require that an EFC Service and Support Plan be completed for each EFC home. The EFC Service and Support Plan outlines each child and family's strengths and needs, and the service array selected for them. 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 individual and family therapy; the Pressley Ridge training completion plan; a respite plan; the crisis intervention plan; and contact information for the treatment team. Initially, DHS assigned the resource caseworker the responsibility to complete the EFC Service and Support Plan within 30 days of the child's enrollment in the program. More recently, as of this report writing, DHS also shifted lead responsibility for completing these plans to the regional EFC program coordinators. For any child approved for the EFC program on or after December 15, 2022, an EFC program coordinator is expected to document the EFC Service and Support Plan during the 30-day TTM with input from all members of the team.¹⁰⁰ At the time this change was made, the EFC program team also shared an enhanced EFC Service and Support Plan form that includes more detail and guided instructions for completing each plan. The Co-Neutrals will provide an update on the impact of these programmatic changes in the next Commentary.

TTMs and the EFC Service and Support Plans, which are both still relatively new in their current forms and implementation, are two critical program elements designed 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 ongoing clarity about the child and family's treatment needs, service plans and progress.

⁹⁹ Permanency and resource caseworkers are still required to participate in every TTM for EFC-approved children and foster families assigned to them. DHS understands that permanency and resource caseworkers have lacked the necessary training to fully understand their significantly expanded casework responsibilities under the EFC program. As noted below, DHS has developed additional EFC training for all child welfare staff and is currently, as of this report writing, developing specialized training focused on the roles and responsibilities of permanency and resource workers who are assigned EFC cases.

¹⁰⁰ The resource and permanency workers, as well as the foster parent(s), are required to review, make adjustments as needed and sign the plan. The resource worker is still responsible for documenting completion of the plan in the EFC record and providing a final copy to the foster parents.

EFC Progressive Case Reviews and Verification

For the fourth consecutive report period, the Co-Neutrals, along with DHS, have completed EFC case record reviews. With each round of EFC verification case reviews, the Co-Neutrals, as well as DHS, have progressively increased the level of scrutiny, applying a more in-depth assessment to verify the regularity and prevalence of therapeutic care for children and the preparedness of both providers and caregivers to provide that care. As DHS has matured the program, including more dedicated resources, DHS and the Co-Neutrals expect that EFC cases will show greater fidelity to the department's EFC program description and requirements.

In the first review for the period of July through December 2020, DHS and the Co-Neutrals sought to verify for each EFC-approved child that the documentation showed a treatment plan that included individual child therapy, family therapy and a crisis plan and that the foster family was receiving the additional DOC payment. The Co-Neutrals verified 106 children had each of these EFC elements documented in their records for that review period. For the second review, representing the period of January through July 2021, DHS and the Co-Neutrals sought to verify that individual child and family therapy (or some form of therapeutic parenting services) were in fact occurring, beyond just being noted in a child's treatment plan as a recommended or planned service. For this second review, DHS submitted to the Co-Neutrals a list of 220 children¹⁰¹ for EFC case verification. The Co-Neutrals found that the case records for 107 of 220 children showed that the children and their foster families received the baseline service elements of the EFC program, and that child therapy and family services were provided during the period. For the remaining 113 children reviewed in that period, the Co-Neutrals could not verify the majority (73 of 113) of these cases due to a lack of any identifiable documentation in the child or foster family's records that family therapy or any other service was in place to guide the family in providing therapeutic parenting in the home.

DHS and the Co-Neutrals applied what they called a "phase one level of verification" during both the first and second reviews as DHS continued to ramp up full implementation of the EFC 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 required documentation that the services were delivered at some point during the period under review, which were observed to occur at varying levels of consistency. In both the first and second rounds of EFC cases reviews, 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.

For the third round of EFC case reviews, the Co-Neutrals and DHS jointly evaluated case records of children who participated in the EFC program during the report period of July through December 2021. DHS and the Co-Neutrals applied a new "phase two" review tool designed to verify additional documentation of the service components required by the EFC program, assess each child's case for greater consistency in the child and family's therapy sessions and services, as well as whether the caseworker's monthly contact notes discussed therapeutic progress of the child in the EFC home. The new tool also assessed if the EFC

¹⁰¹ Through its own preliminary data and case record review, the department determined that case records for the remaining children who participated in the EFC program would not meet the agreed-upon EFC program standards for the second round of verification.

Services and Support plan and TTM notes were uploaded to each child's records. For that first round of phase two verification, DHS submitted for the Co-Neutrals' review 127 children who were served in the EFC program between July through December 2021. The Co-Neutral team verified 97 (76 percent) of the 127 EFC-child cases submitted for review and did not verify 30 (24 percent) child cases.

Overall, case records reviewed during last period's verification round showed significant progress with respect to documentation of therapy sessions that occurred, including dates and participants (child and/or family), progress notes from therapists and other service providers, and caseworker contact notes showing discussions of the child's therapeutic progress and challenges. Still, there was much room for improvement for each of these areas of case documentation. Further, while the Co-Neutrals observed more documentation of discussions with foster parents about their approaches to respond therapeutically to EFC-approved children in their care, identifying details of the therapeutic parenting services provided to EFC foster parents remained among the most challenging EFC program elements to verify. The majority (24 of 30) of the EFC cases that were not verified were disqualified due to a lack of documentation of therapeutic parenting services or family therapy. A total of 12 cases were not verified due to a lack of documentation of individual child therapy. And, six were discounted for a lack of sufficient documentation of both therapeutic parenting and individual child counseling services.¹⁰²

Again, while the Co-Neutrals identified significant improvements in documentation of EFC program elements in the third verification round, the case records revealed three areas that required the department's particular focus: 1) improving the timeliness and ongoing consistency of service delivery; 2) ensuring foster parents understand from the start of EFC the requirement for them to actively participate in some form of service that guides them to provide therapeutic parenting and care in their homes; and, 3) ensuring that caseworkers are trained and supported to provide an elevated level of trauma-informed case management for children and foster families in the EFC program.

EFC Case Verification Review – This Report Period

For this report period (January through June 2022) and fourth round of verification reviews, the Co-Neutrals focused on 50 EFC cases, again applying a phase two verification tool, but with increased emphasis on identifying evidence of service delivery consistent with treatment plans and therapeutic parenting in the home. This fourth round of EFC reviews also incorporated a new, internal quality assurance process that DHS began to develop and implement at the end of this period whereby the EFC program team evaluates and determines if an open EFC case is "pending" or "in progress" and documents this status on its EFC case tracking report.¹⁰³

DHS' ultimate plan for this quality assurance process is to verify the progress and status of EFC cases continuously and proactively throughout a child's participation in the program rather than evaluate cases retroactively at the end of each period or looking back at cases from any point in time. This approach

¹⁰² For 16 of the 30 unverified cases, the requisite child and family counseling services appeared to be in place but were not established timely and not until the end of or after the period under review. As such, the Co-Neutrals could not yet assess whether the family and their service providers were on a routine and stable schedule to receive ongoing EFC services.

¹⁰³ This EFC tracking report is identified as the YI145 EFC Efforts and Meeting Tracking Report.

allows the EFC program team to track which open EFC cases appear to have all program elements in place, and which do not. More importantly, this approach allows DHS to take more timely action to identify and address any barriers preventing a case from reaching “in progress” status and keeping children in need of therapeutic family-based care from receiving the level of service the EFC program is designed to provide.

Every child approved for the EFC program is now added to the department’s EFC tracking report with a status of “pending.” The EFC team will change the status to “in progress” once they confirm that all key elements of the program are underway. These key elements include confirming that: the foster parents are engaged and participating in the child’s treatment; treatment services are being delivered; and the case records document the same. DHS developed a case review guide for its EFC team to determine the status of open EFC cases, which it began to use at the end of the period. As DHS’ Continuous Quality Improvement (CQI) process for EFC cases was still newly underway and in development, the Co-Neutrals decided that for the case reviews for this report period, they would conduct a deep review of 50 cases: 25 cases DHS had identified as “in progress,” along with a random, stratified selection of 25 “pending” EFC cases that had been open for at least three months but not yet reviewed or verified by the EFC program team.¹⁰⁴ The Co-Neutrals verified 31 of the 50 EFC cases reviewed, including cases listed as “pending.” Table 23 below provides a brief quantitative summary of the Co-Neutrals’ verification findings.

TABLE 23: EFC VERIFICATION – 50 CASES OPEN FROM JANUARY THROUGH JUNE 2022

EFC Cases Reviewed: Verified as Yes or No						
50 cases	Yes		YES	No		NO
	w/ Press Ridge	w/o Press Ridge		w/ Press Ridge	w/o Press Ridge	
In Progress (25)	15	4	19	6	0	6
Pending (25)	7	5	12	7	6	13
TOTAL	22	9	31	13	6	19

As reported in the Co-Neutrals’ last Commentary, DHS experienced significant delays, including contractual barriers, in building the capacity necessary to deliver the Pressley Ridge training to all foster parents participating in the EFC program. Rather than place the EFC program and new case approvals on hold, DHS forged ahead to deliver EFC services and support to children and families in the EFC program as the department worked through challenges with its training program. By May 2022, DHS had established a new, dedicated team of eight trainers who became certified to deliver Pressley Ridge training to EFC foster parents. Rather than fully discount an EFC case as unverified in this review round due solely to a

¹⁰⁴ At the time the Co-Neutrals selected EFC cases to verify for this period, DHS was still refining its case review tool. DHS had just begun to test its CQI review process at the end of the period with an initial review of cases opened during January 2022. That review led DHS to convert the status of 25 child cases to “in progress.” At the end of the period, the majority of open EFC cases remained in “pending” status because DHS had not completed their new CQI review for those cases. As discussed further below, in mid-December 2022 DHS began a systematic and timely application of its CQI case assessment, which now follows a child’s first 60-day TTM in the EFC program using an enhanced EFC case review guide.

foster parent's lack of Pressley Ridge training, the Co-Neutrals identified cases as verified with and without Pressley Ridge training as noted in Table 23 above. The Co-Neutrals noticed an improvement in the number of families who had completed or started Pressley Ridge training during this review period. Evidence-based therapeutic foster parent training such as Pressley Ridge is a critical component of the EFC program and DHS is aware that completion of DHS' selected baseline EFC training program will be required for the Co-Neutrals' case verification in future reviews.

Overall Case Review Findings

While work remains to build the EFC program, this case review again showed progress in the development of this new program. The new protocols and templates developed by the EFC program are being used by providers. There is much more consistency in the cadence and documentation of the TTMs facilitated by EFC program staff whose expertise about the therapeutic needs of children, and their caretakers, continues to deepen. The Co-Neutrals observed in case records TTM facilitators providing more guidance to families, providers and caseworkers about appropriate resources and supports, as well as being explicit about what was needed to move a case status from "pending" to "in progress." Case records also consistently included crisis plans for children and caretakers and higher-quality plans compared to previous verification reviews. Further, the Co-Neutrals found more consistently that EFC records contained progress reports from providers documenting whether and when services were provided. These are important improvements, as they demonstrate more engaged providers who understand the requirements of the EFC program. The Co-Neutrals also observed shorter time frames between a child's referral for EFC and their connection to a provider, although provider capacity continues to mean children are waiting for services even after they have been assessed by an agency.

Therapeutic Parenting

As noted above, therapeutic parenting is a core component of EFC. Based on this case review, there continues to be a challenge with assessing if foster parents are receiving an appropriate level of therapy, guidance and/or support to provide therapeutic parenting based on the individual needs of the EFC-approved children in their homes. In the case records, there are ongoing general references to SOC, wraparound services, care coordination and case management that do not make clear what type of therapeutic intervention is being provided, and how it supports the foster parent in their parenting of the EFC-approved child. Given the importance of therapeutic parenting to the EFC program, it must be woven consistently through and assessed in the EFC Service and Support Plan, the TTM discussions, progress reports and monthly caseworker contacts. Moving forward, this can be done, in part, by documenting more detail from TTM meetings and what interventions are being used to help a foster parent respond therapeutically and whether such approaches are helping the child.

In some cases reviewed by the Co-Neutrals, it appeared that the treatment team decided that individual child therapy was not appropriate for a particular child, due to a child's age or developmental ability. In such cases, the EFC records should document such a decision and make clear that the full team, including the birth and resources families, agrees. For example, in one case that the Co-Neutrals verified as meeting all of the requirements of the EFC program, individual child therapy was not provided, apparently due to the child's lower functioning. At the time EFC services began, the child was exhibiting physically aggressive behaviors and other significantly challenging, but less aggressive, behaviors. EFC services began approximately one month after the child was placed in a kinship (non-relative) home and in this case,

family therapy with the foster mother was offered timely and remained consistent (three times a week in the home with the foster mother). The records showed close coordination among the therapist, foster mother and the caseworker. Within just two months of the EFC program start, the foster mother reported working on new ways to respond to the child's behaviors and that the child was doing well in school, responding much better when changes are introduced and using new methods to self-regulate.

There are no scenarios under the EFC program, at least none that the Co-Neutrals can envision, in which therapeutic parenting is not required. During this report period, DHS developed a one-page publication that summarizes the EFC program expectations for foster parents. DHS reported that the publication was finalized after the end of the period and sent to all child welfare staff. Importantly, DHS intends to provide this explanation of expectations to foster parents to review and consider before agreeing to participate in the EFC program.

Role of Permanency and Resource Workers in EFC Program

The EFC program currently entails more work for caseworkers who are assigned a child or foster home approved for this new therapeutic foster care model (although there is an argument to be made that all child custody cases should include the caseworker engagement required in an EFC case). While DHS' expanded EFC team in the field and program office are helping with some case management and specific challenges, caseworkers are required to help coordinate and track service delivery of multiple providers, participate in additional team meetings, transport clients to additional appointments when needed, and document promptly and clearly the new EFC service elements in the child and family's case records.

Consistent with previous case record reviews, the Co-Neutrals continued to find in this period's case review that permanency workers did not adequately communicate with foster families on the therapeutic progress of EFC-approved children in their care. Their monthly contact notes did not show them asking if EFC-planned services were in place or helping to support therapeutic parenting in the home. There was better documentation of such assessments by resource workers, though there is room for improvement there too.¹⁰⁵ The Co-Neutrals understand that too much emphasis on heightened requirements for documentation without sufficient training on the relevant case practice goals can lead to a sense that this is merely a compliance-driven program. That said, it is critical that caseworkers understand that the foremost priority for most children in EFC placements is meeting their behavioral health needs and helping them receive therapeutic, trauma-informed family-based care. As such, caseworkers must give attention to these areas during their regular visits, but they must also receive the tools and guidance to grow this part of their case practice and social work skills.

During this report period, DHS, working with the University of Oklahoma, began to develop a new, more comprehensive and interactive EFC training. The training consists of three modules. DHS will require all staff to complete the first module, which the department describes as a global overview of the EFC program. The other two modules are specific to roles and responsibilities of the permanency and resource caseworkers. DHS, in its August 2022 Semi-Annual report (page 127), noted that the new training modules are, "intended to support the [caseworkers'] skills to provide an enhanced level of casework and

¹⁰⁵ Because the EFC program is still relatively new and DHS' first comprehensive skill-based EFC training is under development, the Co-Neutrals did not base its verification decision on caseworker's monthly contact notes.

engagement for children and youth with complex needs and their families. The training is to focus on specific duties, increasing critical thinking, and advocating for children's treatment needs by being informed consumers.”¹⁰⁶

The Co-Neutrals have found through case reviews that caseworkers need training and guidance on how to navigate highly complex child cases, beginning with understanding the language they should use in discussing a child’s trauma. Further, as DHS and the Co-Neutrals have discussed regularly, children and families experience routine delays in the start-up of therapeutic services due to the capacity limits of mental health providers in the state. Given this, it is all the more important that caseworkers are engaged in EFC cases to support a family’s efforts to help a child with behavioral health needs. Caseworkers can play a vital role linking families to services, relying on their awareness of other services and supports that may be available as the family and child wait for the recommended or requested EFC-planned services to start. This may require consultation with the EFC team, the regional mental health consultants and the DHS clinical team. As the EFC program evolves, this type of heightened and focused guidance and accountability should be incorporated into caseworkers’ EFC training and support.

As of January 2023, DHS had established the more systematic and proactive application of its internal CQI process that DHS originally envisioned. As of mid-December 2022, DHS began to require that designated members of the EFC program team conduct this CQI case assessment following a child’s first 60-day TTM and determine the child’s EFC case status based on the case status review guide, the documentation in the completed TTM form and a review of the child’s case records.¹⁰⁷

As previously noted, DHS and the Co-Neutrals’ ongoing case record reviews of the therapeutic supports and services provided to children in the EFC program will continue to deepen and expand in an effort to verify appropriate levels of consistency in the delivery of therapeutic services and fidelity to the department’s EFC program expectations and requirements. Further, with DHS’ post-TTM CQI process now underway to regularly monitor and identify each EFC-child case as “pending” or “in progress,” each of the Co-Neutrals’ subsequent EFC case record reviews will only assess cases that DHS has marked as “in progress.” As such, subsequent case reviews will look not only to verify the individual cases but also to evaluate the strength of DHS’s internal CQI process for EFC cases.

Mental Health Service Provider Capacity

DHS’ leadership and EFC team have been collaborating in earnest with ODMHSAS and community-based providers to locate the traditional therapeutic and other types of evidence-based therapeutic services each child needs in community settings. ODMHSAS developed a new care manager position to oversee

¹⁰⁶ DHS initially reported fall 2022 as the launch goal. In the department’s November Core Strategy report, the launch dates were pushed back to January 2023 for the global module and spring 2023 for the caseworker specific modules.

¹⁰⁷ An evaluation of a child’s case status is reviewed at the end of every TTM and can be changed from “in progress” back to “pending.” The EFC team may also determine based on post-TTM status reviews that a child’s current EFC case/episode should not be further pursued and removed from the EFC tracking report. This does not mean that EFC services cannot be requested and approved for the child at a later time.

their department's participation in the EFC program, which includes coordinating the initial matching of services and following up to ensure such services are provided.¹⁰⁸

The overall dearth of mental health services in Oklahoma is also experienced nationally. However, there appear to be structural issues, such as the number of providers that participate in the Medicaid program, that make the issue of service shortages one that will continue to plague the EFC program unless the state takes new steps to solve this problem. Options to consider to expand service capacity include increasing rates to attract more providers into the Medicaid program and creating new billing codes that make it easier for private providers to participate in some of the important EFC program components like Treatment Team Meetings that are currently not billable. A new billing code that allows therapists to provide parent coaching to EFC foster parents may also attract more providers to the program. DHS reported that Oklahoma intends to award managed care contracts for its Medicaid program in 2023, including a specialty program for children and youth in the state's custody. As such, it is possible that network adequacy requirements for the incoming managed care organization could result in an expanded provider pool, particularly if Oklahoma's oversight is strong. The Co-Neutrals will continue to monitor the services shortage in the EFC program and look forward to future reports from DHS about new strategies to expand the provider pool in Oklahoma.

B. Permanency (6.2, 6.4 Metrics)

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 do not during this report period render a judgment regarding DHS' efforts to achieve substantial and sustained progress toward the Target Outcomes for these measures. However, this Commentary includes the performance outcomes, as well as ongoing and new activities DHS is undertaking to advance permanency for children in custody. As noted above, the modifications to the CSA under the Covid Recovery Agreement 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.

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. DHS found through an analysis of its permanency data that a common thread among children who achieved super timely permanency, which describes permanency within

¹⁰⁸ 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. DHS reported that in April 2022 the department partnered with OHCA to launch the Specialty Program for At-Risk Kids (SPARK) program through which a behavioral health specialist is assigned to help locate and coordinate services for children in the EFC program whose services are not coordinated through ODMHSAS. The SPARK behavioral specialists are also charged with connecting twice monthly with EFC foster parents and help them navigate services. As this is a new effort, the Co-Neutrals have not yet observed a difference in the availability of behavioral health services for children in the EFC program. The Co-Neutrals will provide any available updates in the next Commentary.

seven months, was the timeliness of their court hearings. However, as previously reported, permanency for many children was delayed during the first two years of the pandemic, which caused court hearing backlogs and continuances across the state. These delays were identified most predominantly among children who had a goal of adoption, as their progress toward permanency was placed on hold at each stage that required court action, starting with the pandemic-induced backlog of jury trials that are often required to terminate parental rights and establish a child as legally-free for adoption.

DHS' child welfare data show that over the two-year data period of April 2019 to March 2021, there was a 30 percent decline in the monthly average number of children who became legally-free for adoption, who entered trial adoption and who achieved permanency through a finalized adoption. It is for this reason that the Parties included the 6.2 timeliness to permanency measures as Delayed Performance Area Measures to allow DHS and its partners, including the courts, to work through any ongoing, reverberating delays experienced from the pandemic.

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 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 24 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 24: 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
Permanency within 12 months (6.2a)	55.0%	30.5%	40.5%
Permanency within 12-23 months (6.2b)	75.0%	47.9%	43.6%
Permanency for children in care 24 months or longer (6.2 c and d combined)	6.2c - 70% (24-35 months)	6.2c – 47.6% (24-35 months)	30.3%
	6.2d - 55% (36-48 months)	6.2d – 56.7% (36-48 months)	

Source: DHS Data

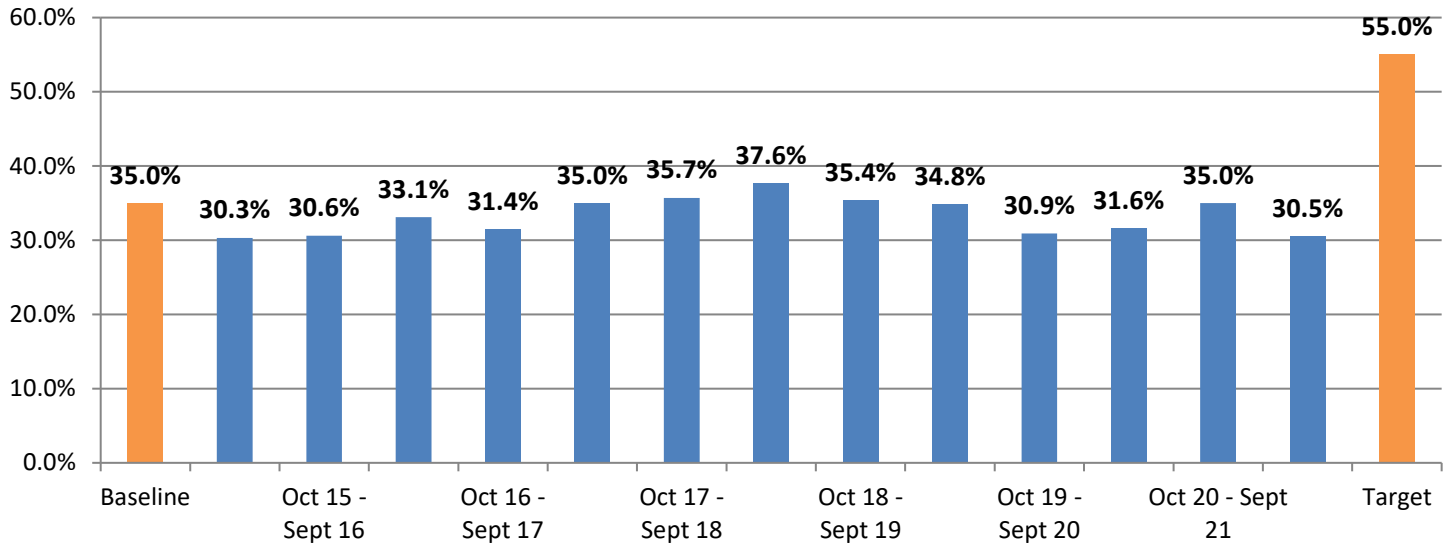
DHS’ current permanency outcomes in the context of the current national standards show that DHS has made significant progress for Metrics 6.2c and d compared to states across the country, exceeding the equivalent national standards. For Metrics 6.2a, permanency within 12 months, DHS’ performance outcome for this report period is below the national standard and for 6.2b, the department is slightly above the national standard for permanency within 24 months. The following summaries and tables detail the baseline, performance-to-date and Target Outcome for each of the 6.2 Metrics.¹⁰⁹

Metric 6.2a, Permanency within 12 months of removal

DHS reported that of the 1,563 children who entered foster care between October 1, 2020 and March 31, 2021, 476 children achieved permanency within 12 months of their removal date, which represents a permanency achievement rate of 30.5 percent for Metric 6.2a. This performance outcome represents a decrease of 4.5 percent from last period when DHS reported a 35 percent outcome for this measure.

¹⁰⁹ The Co-Neutrals counted in the 6.2 Metrics children who in their 12th month of care entered trial reunification as having achieved permanency.

FIGURE 23: METRIC 6.2A - PERMANENCY WITHIN 12 MONTHS OF REMOVAL



Source: DHS Data

DHS’ 6.2a Permanency Strategies, Efforts and Outcomes

Most children who achieve permanency within 12 months of removal do so through reunification. The percentage of children whose permanency is achieved through reunification diminishes sharply each year the child remains in the state’s custody. Of the 476 children in the 6.2a cohort who achieved permanency within 12 months this period, 359 (75 percent) were reunified with their families. The reported percentage of permanency exits through reunification dropped to 52 percent between 12 and 24 months as detailed in the 6.2b section; and further decreased to 23 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 25: 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-22	Sept-21	Mar-21	Sept-20	Mar-20
Reunification	75% (359)	82% (528)	82% (513)	83% (554)	77% (542)
Adoption	9% (43)	8% (51)	6% (38)	8% (52)	14% (95)
Guardianship/Custody to Relative	16% (74)	10% (68)	12% (75)	9% (63)	9% (64)
Permanency Total	100% (476)	100% (647)	100% (626)	100% (669)	100% (701)

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 the last several Commentaries, the Co-Neutrals have reflected on the department’s reported efforts over six years, starting in July 2016 when DHS began 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. DHS 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, it was not until the period that ended December 2020 that DHS began to fully focus the department at all levels and comprehensively develop a strategic plan to achieve timely permanency within 12 months by supporting birth families toward reunification with early and meaningful engagement.

DHS’ more focused plan advanced three key actions. First, DHS 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 last year analyzed records for all 594 children who reunified with their families between January 2020 and September 2020. The Co-Neutrals and DHS previously presented the findings from this case review, noting these highlights:

- Children who exit to reunification most likely return home within the 1st month, at month seven or after the 22nd month.
- “Super timely permanency” within seven months: children are much less likely to experience super timely reunification when parental substance abuse is identified during the child safety planning process; children with only one consistent, assigned permanency caseworker had a significantly increased likelihood for super timely reunification; and children who had a family meeting within their first 60 days in care had a slightly higher likelihood of returning home super timely.

In addition, DHS reported that “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.”¹¹⁰

One case in point: While DHS found, as noted above, that cases involving substance abuse had a lower probability of returning home super timely - around the seven-month mark - DHS also 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.

¹¹⁰ DHS summarized this conclusion from another of its case reviews of 74 children from the 6.2a and b cohorts for the period ending March 2020.

DHS' case review findings have consistently highlighted the importance of parent engagement and DHS has reported efforts over the last three years focused to improve its practice in this area, starting with ensuring that caseworkers complete monthly visits with birth parents as required. Three years ago, DHS also informed the Co-Neutrals that the department had found substantial, statewide underperformance in caseworkers completing their required monthly visits with birth families. DHS has since taken action to address this previously identified deficiency in case practice.

Monthly Visits with Birth Parents

First, to help ensure greater accountability for parent/worker visits, the department established a 95 percent target¹¹¹ 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, which 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 and completed visits, as well as parents with documented contact exceptions. While completing contacts with 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.¹¹²

DHS has made progress. At the end of January 2020, DHS reported that 42 percent of required monthly caseworker visits with parents were completed. In its August 2022 Semi-Annual report (page 140), DHS reported that from October 2021 through March 2022 the average total efforts toward the 95 percent target was 93.7 percent. This includes 58.2 percent of parent/worker visits completed, 23 percent of parent/worker visits attempted, and 12.5 percent of parent/worker visits identified as exceptions. Importantly, DHS also developed reporting requirements to track the reasons why monthly parent visits are not completed. Any district that falls below the 95 percent target is required to present explanations for missed visits.

DHS leadership reported that in addition to the completion rate, the department is also focused on the quality of parent/worker visits. The Parent Visit Report and completion data is still distributed, including a breakdown of the percentage of parent/worker visits completed, attempted and noted as exceptions, but the department is now focused on delivering guidance to improve the quality of these visits to strengthen parent engagement. During the last report period, DHS updated its KIDS data system and designated a field in a child's case record where caseworkers are required to summarize their monthly contacts with parents. DHS completed this update to the data system in October 2021. During this report period, DHS finalized a review tool to guide supervisors, beginning with Region 5, in meeting with their assigned permanency caseworkers to review the quality of their monthly parent/worker visits. DHS is adding this Quality Worker Visits with Parents review tool to Qualtrics to track and assess the quality of this important parent engagement requirement and practice.

¹¹¹ DHS reported that the 95 percent target is the total percentage accounting for all parent visits completed, attempted and exceptions combined.

¹¹² 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.

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 at 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.

A year and a half ago, DHS closely reviewed the efficacy of its continuum of family meetings to ensure the sequence and cadence of these gatherings help maximize the opportunities for families and the department to work towards timely reunification, particularly within 12 months. DHS found in its assessment that the required time frames for family meetings 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 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 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. In November 2020, 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.”¹¹³ Based on staffing capacity, the department next implemented this one family-same facilitator practice region-wide in Regions 3, 4 and 5. Last report period, DHS finished rolling out implementation of this practice in Region 1 and, during this period (in April 2022), the department completed implementation in Region 2, with statewide implementation now in effect. However, with this sequenced rollout plan, the Family Meeting Continuum (FMC) practice is still relatively new in some areas of the state.

DHS created 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 the Qualtrics data system a qualitative review of at least five family meetings per month using new fidelity review tools; building the practice through

¹¹³ DHS February 2021 Semi-Annual report, page 64.

sub-groups focused on additional training needed for staff and community partners; and, seeking input from families through parent surveys. The department developed a Family Continuum Report that includes due dates for family meetings, overdue meetings, and information about parent participation in completed meetings. This report is generated and distributed monthly to track, oversee and help ensure timely completion of family meetings. To build accuracy in this Family Continuum Report, DHS added Family Meeting Continuum as a contact 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.

As with worker/parent visits, DHS reported that it is turning attention to the quality and effectiveness of family meetings. During this report period, DHS expanded its fidelity reviews of family meetings with the assistance of its Continuous Quality Improvement team and a permanency planning program field representative.

DHS' new Family Meeting Continuum is intended to help parents be successful and timely in their efforts to reunify and establish a safe, stable and thriving environment with their children. As such, DHS worked with the University of Oklahoma last period to develop a Hope Centered Approach to the department's family meetings practice. As part of this effort, DHS created a guide, A Hope Centered Family Meeting Continuum, for use by all (families, DHS and other child welfare supporters) who participate in the family meetings with a focus on two key components to a family's success: Pathways and Willpower. In the guide, DHS presents the question, "How do we create pathways for families to reach their goals?" In response, DHS lists: resources, community-based services, casework, courts, and foster parents. For Willpower, DHS poses the question, "How do we support the motivation of families to achieve their goals and build hope?" In response, the guide notes, "The family is the expert, identifying strengths, supports and mutual accountability." The guide further proffers that when families react with anger, despair, or apathy, it represents a lack of hope. On the other hand, the guide explains (with tips included) that when hope is nurtured through a trauma-informed practice, families can begin to believe that their "future will be better than today and [that they] have the power to make it so." Reinforcing with staff that they must help create the pathway for families to timely reunification and that they can help inspire hope and willpower in parents to achieve reunification is an important effort to elevate case practice and to improve permanency outcomes moving forward. DHS reported that at the end of this period (June 2022), all FMC facilitators and supervisors were trained in hope-centered language and parent engagement. DHS delivered these training in collaboration with the University of Oklahoma's HOPE Research Center.

DHS has made it a priority to gather input from parents and youth, as well as community partners (i.e., tribal partners) who participate in the family meetings. Following each family meeting, the facilitator provides participants a QR code to access a survey, which participants can complete anonymously. In its August 2022 Semi-Annual report (page 139), DHS noted that approximately 231 parents have completed surveys, offering mostly positive feedback while also sharing opportunities to improve the FMC practice. These opportunities include: bringing more of a strength-based perspective to the discussions; providing more support to parents; including parents as part of the team; and including more of the family's support system.

Family Time

Last year, 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. DHS completed training for all regions in October 2021. DHS also presented information about Family Time to tribal and court partners, including a Family Time brochure that highlights research findings about family visits. The research shows that children who have 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.¹¹⁴

Further, DHS developed a Family Time tool to support safety discussions between caseworkers and families during family meetings and to focus the conversation on actual safety threats that must be addressed and specific steps to ameliorate these conditions. DHS reported the tool is designed for caseworkers to review and update during all family meetings and monthly visits with parents.

During this report period, DHS, with the help of the University of Oklahoma, developed and made available to foster parents a training video about Family Time. The department is guiding foster parents, DHS staff and partners and families to discuss this important practice as Family Time rather than “visitation.” Ultimately the goal is to move progressively toward less restrictive Family Time as quickly and safely as possible, such as moving from supervised to unsupervised visits and then to overnight stays, which, if successful, supports advancing to trial reunification.

Detailed Tracking of Variables that Impact Timely Reunification

As noted above, DHS’ review last year of 594 children who reunified with their families between January 2020 and September 2020 identified 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: 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 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 PSC. In March 2021, DHS began to produce a new monthly 6.2a monitoring report 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 meeting 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

¹¹⁴ DHS’ Family Time brochure attributes these research references to: Cantos & Gries, 1997 and Hess, 2003.

and those who may require additional support to break through barriers that could stall timely reunification.

During this period, DHS also reviewed its 6.2a cohort data from the last three six-month report periods to understand the factors impacting permanency within 12 months, particularly permanency through reunification. Overall, DHS reported that the reduction in the percentage of children exiting to reunification within 12 months is impacting the department's overall, lower performance outcome for the 6.2a measure. In its August 2022, Semi-Annual report (page 145), DHS more specifically reported the following from its review of 18 months of child removals (October 2019 through March 2021) and the case characteristics that appear to affect timely reunification within 12 months:

- Children with no previous removals had a higher likelihood of reunifying than children who experienced a prior removal. Among children with no prior removal, 26.8 percent reunified or entered trial reunification within 12 months. One previous removal resulted in a 19.9 percent rate and two or more removals resulted in a rate of 13.6 percent for reunification or trial reunification within 12 months.
- Contributing factors that lessened the rate of reunification within 12 months were parental abandonment, substance abuse, and domestic violence. Over the last three reporting periods, there was a noted increase in the percentage of children entering out-of-home care with a removal condition of abandonment.¹¹⁵
- Children younger than age five years and older than age 14 years had lower rates of permanency within 12 months than any other age group. Infants had the lowest percentage of reunification and the highest percentage of adoptions within 12 months than any other age group.

DHS further reported that permanency rates within 12 months varied significantly by region with Region 1 showing the best and Region 3 presenting the lowest overall outcomes for permanency within one year. While Region 1 had the highest rate of reunification within 12 months, Region 3 had the highest rate of adoptions within one year and the lowest rate of reunification, which drove down Region 3's overall permanency numbers under measure 6.2a.

Due to these variations in regional data outcomes, the department reported in response to this 18-month data analysis that it would undertake a more detailed, district-level review of performance outcomes for timely permanency and quality implementation of permanency strategies. Through this more granular review of case data, DHS reported it will develop efforts tailored to each district's specific set of challenges to achieve better outcomes. As part of these tailored efforts, DHS should ensure that each district and region is following through on existing strategies and practice requirements the department deemed important to advance timely reunification. This includes completing ISPs within 30 days; having the first family meeting within 30 days; having district directors review the 6.2a monitoring report with their supervisors to focus in and proactively address barriers that place some children at risk of delayed reunification; and ensuring that caseworkers update the Family Time tool during every worker/parent visit, as appropriate, to progress timely to less restrictive child/parent visits. Further, given DHS' more recent findings from its review of 6.2a cohort data, DHS should assess the monitoring factors included in

¹¹⁵ See page 73 above in the Shelter section of this Commentary for detailed data and information about the number of children entering DHS care with the reason of abandonment.

its 6.2a report to ensure the field can best identify, monitor and support children and families who may not experience timely reunification. For example, DHS may want to include additional factors and flags for children with prior removals, children in custody due to abandonment and children of a certain age. The Co-Neutrals will present an update on DHS' new, regionally tailored efforts in the next Commentary.

Permanency Safety Consultations

Permanency Safety Consultations, which the department began to implement over 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. 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. At the conclusion of each PSC, the team documents a recommendation that the child (or sibling group) is either safe or unsafe to move to trial reunification.

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. Importantly, PSCs can only bolster reunification outcomes if the vital work of parent engagement and support is conducted early, often, and before and after each PSC occurs. Further, to achieve timely permanency DHS must move with a sense of urgency to place a child in trial reunification with their family once the department determines a child is safe to return home.

DHS' long-standing practice had been to hold the first PSC 90 days post-removal and every 90 days thereafter if a child's case plan goal remains reunification. DHS made the completion of PSCs, if overdue, a factor that is flagged on the 6.2a Monitoring Report and over the last two years reduced overdue PSCs from 622 recorded in December 2020 to 80 as of June 2022. However, during this period, DHS reported that the department's evaluation of PSCs led to three conclusions: First, only seven percent concluded with a recommendation that it was safe for the child's case to proceed to trial reunification. Second, DHS assessed there is significant overlap in the discussions held during the first (90 days post removal) PSC and the family meetings convened more frequently under the FMC practice, but the PSCs are internal staffings and do not include family participation. And third, DHS concluded that holding the first internal PSC discussion six months after removal would eliminate this overlap and the safety assessment that would normally happen at the 90-day mark can be incorporated into the family meeting that is required at the three-month post-removal timeframe with the family engaged in the discussion. In April 2022, DHS communicated to the field this change to hold the first PSC six months after removal.¹¹⁶

As the department continues to struggle to achieve better outcomes for timely permanency within 12 months, in comparison to both its starting baseline under this reform and the National Standard, leadership must take a critical, detailed look at its practice for any structural barriers to timely reunification. DHS has identified factors that commonly affect individual cases such as parents' challenges with substance abuse or the vulnerability of a child due to age. While these barriers are important to identify and address in every case, the department must also review systematically its practice, structures

¹¹⁶ DHS reported that the requirement for subsequent PSCs will remain the same: every 90 days until trial reunification begins.

and messaging to staff, and those of key partners such as the courts, to ensure they do not create time delays to what otherwise could be timely permanency exits.

For example, DHS and the Co-Neutrals have previously discussed the importance of ensuring that the PSC practice does not set expectations that caseworkers cannot request trial reunification as soon as they assess that taking this step toward permanency can be done safely. Caseworkers should not wait until the next scheduled PSC to make this recommendation. Family team meetings and internal staffings such as PSCs are important practices to support caseworkers and families in their efforts to safely return children home, but the scheduling and completion of these pre-set meetings should not delay the decision-making for reunification.

In part, DHS has begun to assess its practice for internal impediments and identified its PSC guidance to staff as a potential time barrier. The PSC guidance sets a goal for staff to begin trial reunification within 90 days of making a safe recommendation at the conclusion of a PSC. DHS will sometimes conclude a PSC with a safe recommendation pending follow up action that the permanency caseworker and their supervisor are responsible for addressing in order to clear the way for trial reunification. However, DHS reported to the Co-Neutrals that it understands setting a goal of 90 days to begin trial reunification after a safe PSC finding is too long.

DHS also reported that, “completion of previous action items as a PSC practice was an area in need of improvement across the state. The impact of failing to complete action items is particularly detrimental for children with a "Safe" PSC, as they are pending entry into [trial reunification].” (DHS November 2022 Core Strategy report, page 92) After the conclusion of this report period, DHS informed the Co-Neutrals that the department was developing an enhanced safe PSC accountability process to track and ensure timely completion of any pending action items required to proceed to trial reunification for any child with a safe PSC recommendation. In the next Commentary, the Co-Neutrals will provide an update on DHS’ progress with this new accountability process.

As stated in DHS’ policy for conducting ongoing assessments of child safety for children in the department’s custody, permanency planning caseworkers must “consistently evaluate safety, family functioning, and protective capacities throughout the life of the case, during every contact with the family, until the child is safe in a permanent setting.”¹¹⁷ With this policy standard, DHS must again look at other child welfare practices in Oklahoma that are part of the permanency decision-making process to ensure that minimum requirements (such as permanency hearings every six months, PSCs at six-months and every 90 days thereafter and the continuum schedule of family meetings) do not de facto override a caseworker’s ability, or sense of urgency, to recommend and request a hearing for trial reunification at any time they, along with their supervisors, assess a child can safely return home.

Proactive Efforts to Achieve Permanency Through Guardianship

During the report period, DHS continued 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. DHS 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

¹¹⁷ OKDHS Policy 340:75-6-40.3, Permanency Assessments, Instructions to Staff.

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 it has targeted reviews of Quad 3 children in care for nine or more months and placed in a kinship home, sending monthly emails to regional leadership as a reminder to consider guardianship for these children. Further, DHS now requires staff to answer two guardianship questions in KIDS when completing adoption criteria staffings for a child and identify if guardianship has been discussed with the family connections in a child's life.

In partnership with the Foster Care Association of Oklahoma (FCAO), DHS last year made available and required all child welfare staff to review a video session that features a discussion on frequently asked questions about guardianship. During this report period, DHS developed and began to deliver guardianship training tailored to the roles and responsibilities of foster care staff and caseworkers, YTS caseworkers and FMC staff. For foster care staff, the training is designed to help caseworkers answer questions that foster families may have about guardianships, including eligibility criteria for families to receive ongoing subsidies if they finalize a guardianship. As previously reported, DHS has invested in this permanency outcome, increasing the subsidy rates to families who establish legal guardianship with a child in DHS custody to equal the amounts provided to families who foster a child in DHS custody.

Training for FMC staff and facilitators is designed to help guide discussions about guardianship if questions arise during family meetings. Other DHS efforts to promote guardianships include having DHS' designated guardianship liaison and leads review monthly reports that log and track guardianship requests and children who have a case plan goal of guardianship to ensure heightened focus; developing an electronic process to submit a guardianship request to better track and begin timely reviews of incoming requests; and, creating a child disclosure form for families entering into a guardianship.

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 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. The department has provided its court partners with information regarding the dashboard's functions and how to utilize it to understand their district's outcomes.

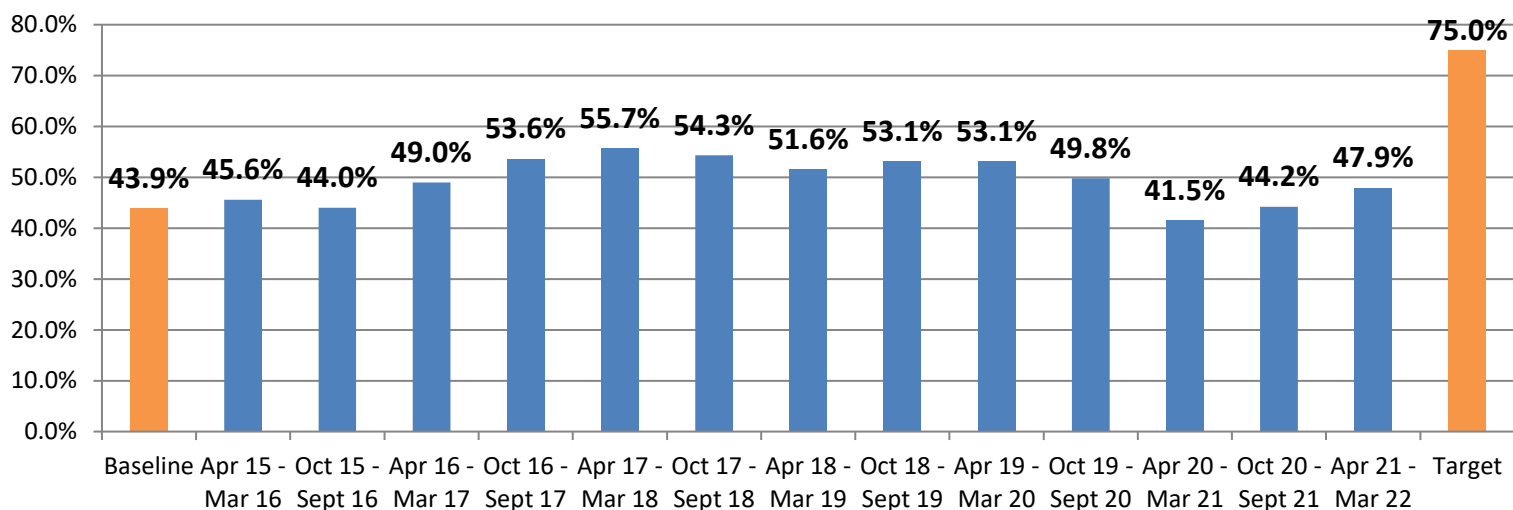
At the beginning of SFY22, DHS began to collaborate again with its Oklahoma Court Improvement Project (CIP) partners for a second five-year targeted effort to increase permanency within 12 months with a focus on three new districts: Cleveland County, Lincoln County and Bryan County. These three counties were selected for this round of the project based on, in part, their showing three consecutive report periods with lower than the state's average performance outcome for Metric 6.2a. County judges from these three districts agreed to participate in this joint project. As previously reported, DHS implemented from 2017 through 2019 a similar CIP effort with court administrators and judges, which also focused on three jurisdictions (Adair, Pottawatomie, and Canadian counties) to assess permanency outcomes and improve permanency exits within 12 months. Based on a cohort of 144 children from these counties who entered care between October 2017 and March 2018, DHS reported improved permanency outcomes within 12 months. As with the last CIP pilot effort, DHS reported that the focus again for the new CIP, three-county effort is to increase parent engagement as well as establish a shared understanding of a safety threshold for determining when reunification remains viable and appropriate.

DHS reported that during this report period in April 2022, the department and court partners held a full day kick-off meeting to brainstorm and begin to develop each county’s action plan for this second CIP effort. The day’s agenda and planning activities included parents, caseworkers and participants from the last CIP round who shared experiences and lessons learned. DHS reported that after ongoing work and planning through the period, each participating county completed their action plan and began implementation in October 2022, starting with data tracking children who entered care in these counties.

With the numerous practices, strategies and policies that caseworkers must implement with the goal of achieving timely permanency, DHS reported that it developed and launched this report period (in March 2022) an online Permanency Planning Toolkit, which is available on the department’s intranet (OKDHS InfoNet). DHS reports that the toolkit provides permanency planning caseworkers streamlined access to current information about permanency planning processes and practice requirements and links to internal and external resources that staff use frequently in their work.

Metric 6.2b, Permanency within two years of removal: DHS reports that of the 1,327 children who entered foster care between October 1, 2019 and March 31, 2020, and stayed in foster care for at least 12 months, 635 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 47.9 percent for Metric 6.2b and an increase from the outcome of 44.2 percent reported last period. The starting baseline for this metric was set at 43.9 percent, and the target is 75 percent.

FIGURE 24: METRIC 6.2B – PERMANENCY WITHIN 2 YEARS OF REMOVAL



Source: DHS Data

Adoption had long been the primary permanency outcome for children in the 6.2b cohort as indicated by the data outcomes shown in Table 26 below. However, for this and the last two report periods there was a shift as most children in this measure who achieved permanency exited care through reunification with their families. This period 52 percent (329 of 635) of the children who achieved permanency were reunified, last period 55 percent (356 of 649) exited through reunification, and in the prior period 50 percent (271 of 538) of children in the 6.2b cohort reunified with their families. As previously reported,

for the last three periods ending September 2020, March 2021, and September 2021, many children who were positioned to achieve permanency through reunification within 12 months had their permanency exits delayed by one to three months due to court delays caused by COVID-19. These children who had the opportunity to reunify timely as part of their 6.2a cohort were instead included in the following 6.2b cohorts and contributed to the increases in reunification exits presented in the current and last report periods.

For this report period, DHS reported an overall performance increase of 3.7 percent compared to last period, with the detailed data showing a slight decrease in the number and percentage of children who reunified and slight increase in permanency exits through adoption. Overall, there remains a significant shift in permanency outcomes by type for this period compared to the last data period, which was not impacted in any significant way by the pandemic as the period ended in March 2020. As shown in Table 26 below, between these two periods, there was a 12 percent increase in exits to reunification, a 16 percent decrease in exits to adoption and a two-fold increase in exits through guardianship (four to nine percent change).

**TABLE 26: 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-22	Sept-21	Mar-21	Sept-20	Mar-20	Sept-19
Reunification	52% (329)	55% (356)	50% (271)	39% (279)	40% (273)	40% (313)
Adoption	39% (246)	38% (244)	42% (227)	52% (373)	55% (377)	53% (414)
Guardianship/Custody to Relative	9% (60)	7% (49)	7% (40)	9% (63)	4% (30)	7% (54)
Permanency Total	100% (635)	100% (649)	100% (538)	100% (715)	100% (680)	100% (781)

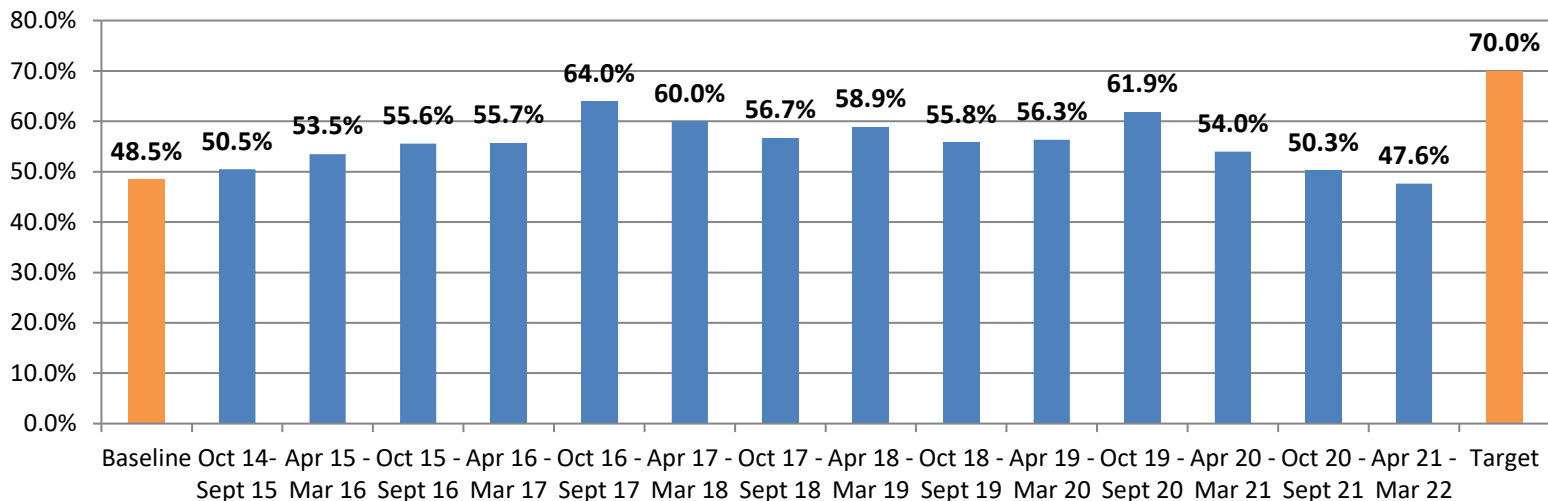
Source: DHS Data

Every concern outlined above regarding the department’s need to diagnose barriers to timely reunification, hone its strategies and field implementation and engage parents timely and meaningfully are relevant for this measure as well. However, as highlighted in previous Commentaries, it has been DHS’ adoption practice that fueled the department’s progress toward the Target Outcome for Metric 6.2b as the permanency goals for children have shifted significantly to adoption after 12 months in care. Outcomes reported in both this and the last period show it is important for DHS’ efforts to focus on all forms of permanent exits in order to achieve and sustain progress toward the Target Outcomes for 6.2b and each of the 6.2 measures.

Metric 6.2c, Permanency within three years of removal: DHS reports that of the 723 children who entered foster care between October 1, 2018 and March 31, 2019 and stayed in foster care for at least 24 months, 344 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 47.6 percent for Metric 6.2c, a decrease of 2.7 percent from last period and the third consecutive period showing an overall decrease in the outcome for this permanency measure. Here too, as shown in Table 27 below, DHS has reported varying changes since the pandemic

with an overall increase in exits to reunification and a decrease in adoption exits; however, these shifts do not appear to have settled as this period reunification exits decreased and adoptions increased.

FIGURE 25: METRIC 6.2c – PERMANENCY WITHIN 3 YEARS OF REMOVAL



Source: DHS Data

Still, adoption is the primary exit type for children in this 6.2c measure and cohort. Of the 344 children who achieved permanency during this report period, 246 (72 percent) were adopted and 80 children (23 percent) were reunified with their families. Eighteen children (five percent) achieved permanency through guardianship or through placement in the custody of a relative.

**TABLE 27: 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-22	Sept-21	Mar-21	Sept-20	Mar-20
Reunification	23% (80)	30% (106)	20% (62)	18% (74)	17% (70)
Adoption	72% (246)	65% (233)	72% (228)	80% (324)	77% (311)
Guardianship/Custody to Relative	5% (18)	5% (18)	8% (25)	2% (8)	6% (24)
Permanency Total	100% (344)	100% (357)	100% (315)	100% (406)	100% (405)

Source: DHS Data

Metric 6.2d, Permanency within four years of removal: DHS reports that of the 254 children who entered foster care between October 1, 2017 and March 31, 2018 and stayed in foster care for at least 36 months, 144 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 56.7 percent and a substantial increase of 11.1 percent since the last report period, which allowed DHS to achieve the Target Outcome for this period. Of the 144

children who achieved permanency, 113 (78 percent) were adopted, 21 (15 percent) were reunified with their families and 10 (seven percent) achieved guardianship or were placed in the custody of a relative.

**TABLE 28: MEASURE 6.2D, PERMANENCY RATES BY REPORT PERIOD
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 4 YEARS (MOST RECENT ON LEFT SIDE)**

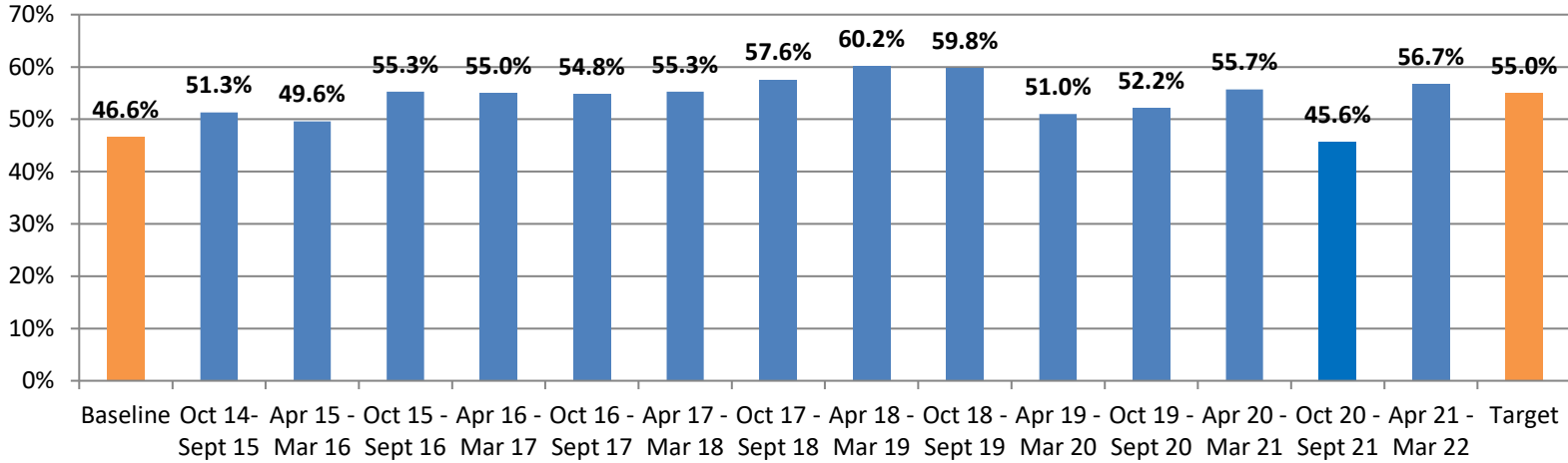
Permanency Type	12-Month Data Report Period End				
	Mar-22	Sept-21	Mar-21	Sept-20	Mar-20
Reunification	15% (21)	4% (4)	10% (16)	15% (24)	4% (5)
Adoption	78% (113)	86% (95)	88% (147)	82% (128)	90% (114)
Guardianship/Custody to Relative	7% (10)	10% (11)	2% (4)	3% (4)	6% (7)
Permanency Total	100% (144)	100% (110)	100% (167)	100% (156)	100% (126)

Source: DHS Data

In contrast to the other, earlier permanency cohorts (6.2 a, b and c) discussed above, DHS did not initially report any significant impact from the pandemic and court delays on the permanency outcomes for children in this 6.2d measure, the smallest of the 6.2 cohorts where adoption is the predominant exit to permanency. In the two data periods following the onset of the pandemic (periods ending September 2020 and March 2021) DHS reported improved performance and achieved the Target Outcome. DHS reported that the adoption delays caused by COVID-19 and the backlog in jury trials had not yet substantially impacted adoption exits through March 2021 as the termination of parental rights for most children in the 6.2d cohorts had already occurred prior to the beginning of those previous report periods.

However, in the previous report period, DHS reported a significant decrease of 10.1 percent in the 6.2d outcome. In response, DHS highlighted that in Oklahoma every parent has the right to a jury trial before a petition for termination of parental rights is granted and further reported that the state experienced significant delays convening jury trials because of the pandemic. Further, DHS noted in its February 2022 Semi-Annual report (page 73) that, “Despite court hearings resuming in late 2020, the delay caused by courts shutting down earlier in 2020 continued to impact the number of children exiting to adoption in [calendar year] 2021 due to the many court-related steps for an adoption.” DHS exceeded the Target Outcome for this measure during this report period, and it appears DHS and its court partners have, in part, rebounded from COVID-related delays.

FIGURE 26: METRIC 6.2D – PERMANENCY WITHIN 4 YEARS OF REMOVAL



Source: DHS Data

As mentioned above and presented here in Figure 26, DHS has shown that it has the necessary practice norms and ability to achieve the Target Outcome for this measure, having achieved or exceeded the 55 percent permanency rate during eight of the last 10 report periods, including this period and starting with the period ending September 2016.

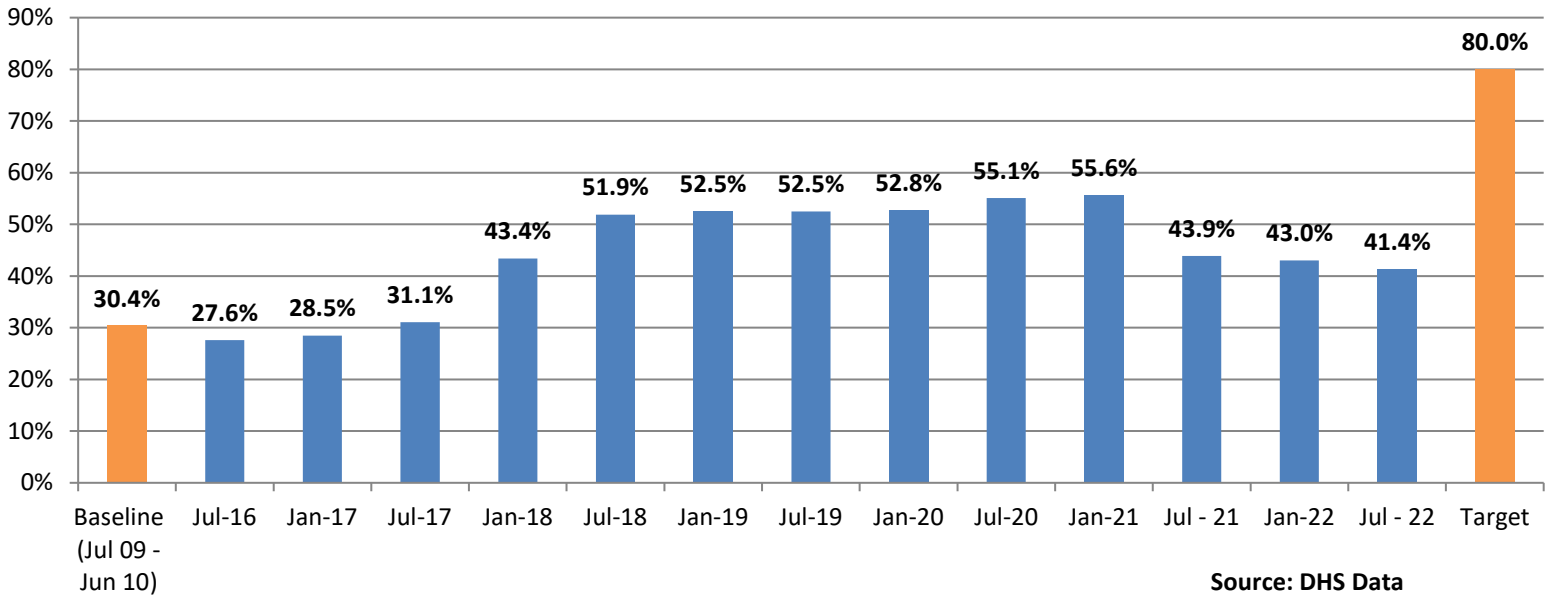
Permanency for Older Legally-Free Youth, Metric 6.4

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, for this report period, the Co-Neutrals will not render a judgment regarding DHS’ efforts to achieve substantial and sustained progress toward the Target Outcome for measure 6.4. Most 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 99 legally free youth turned 16 years of age between April 1, 2019 and March 31, 2020. This period, 41 of these youth, representing 41.4 percent, achieved permanency while 58 youth exited out of DHS custody without achieving legal permanency. This performance outcome of 41.4 percent represents a decrease of 1.6 percent from last period. The 41 youth who achieved permanency this report period exited DHS custody as follows: 33 youth were adopted, seven youth exited through guardianship, and one youth exited through custody to a relative.

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, ongoing progress toward the 6.4 Target Outcomes for seven consecutive report periods after reporting no progress against the starting baseline for the first four years of this reform.¹¹⁸ This sustained period of progress was the result of DHS’ marked changes and improvements in the department’s practice standards and efforts to achieve permanency for older youth. However, after reaching DHS’ highest performance outcome of 55.6 percent, the department began to show a decline in permanency outcomes for the 6.4 older youth.

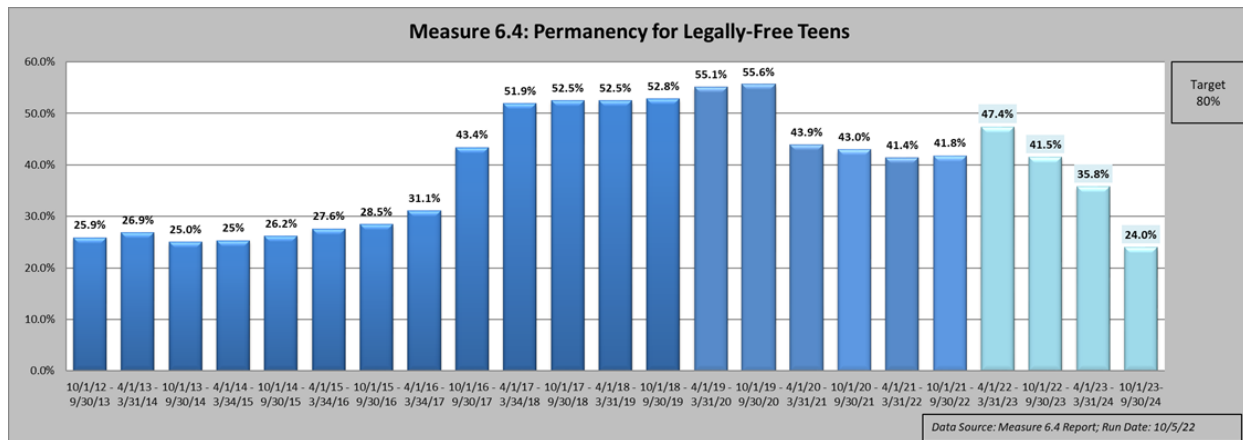
Once DHS has identified the cohort of 6.4 youth two years prior to the end of a report period, DHS can begin to measure and preview the minimum number and percentage of youth who will show as achieving permanency in the final outcome. As noted above, the cohort of 99 youth reviewed for this report period were selected based on their turning 16 between April 1, 2019 and March 31, 2020. As such, DHS had two years to track and work towards permanency for these 99 youth before the current report period of April 2021 through March 2022 ended. This rolling, two-year lag time to assess permanency for 6.4 youth between the ages of 16 and 18 allows DHS to report minimum performance outcomes for upcoming periods that are still in progress.

For example, Figure 28 below shows Metric 6.4 preliminary, point in time data, as of October 5, 2022, for upcoming periods (shaded in light blue), as well as final data outcomes for those that have ended (darker blue). For the next data report period which ended as of September 30, 2022, the final data for youth who achieved permanency shows a slight increase to 41.8 percent, compared to the 41.4 percent outcome this data report period. However, DHS has previewed a significantly more positive outcome for

¹¹⁸ DHS began reporting performance data for this metric in January 2014 (20.7 percent), followed by 6.4 outcomes data reported in July 2014 (26.9 percent), January 2015 (25 percent), July 2015 (25.3 percent), and January 2016 (26.2 percent), which are two and a half additional, prior years of performance not included in Figure 27 above.

the data period ending March 2023, which shows the minimum permanency outcome DHS will report for measure 6.4 is 47.4 percent, a six percent increase from the current report period. Further, this point in time preview for the period ending September 2023 already shows a permanency outcome of at least 41.5 percent, slightly above the current period, with significantly more time remaining for DHS to achieve permanency for youth in that particular 6.4 cohort.

FIGURE 28: 6.4 PERMANENCY OUTCOMES TO-DATE FOR UPCOMING REPORT PERIODS¹¹⁹



While the department has more room for progress toward the Target Outcome, this preview data appears to show that DHS may again be on an upward trend after three periods of decreased performance on this 6.4 measure. As outlined below, DHS has focused on gaining a better understanding of various factors (structural, practice and child characteristics) that impact permanency for older youth and developing additional efforts to achieve better outcomes.

6.4 Case Record and Data Reviews

For this report period ending March 2022, the Co-Neutrals reviewed the case records of all 58 youth in the 6.4 cohort who aged out of the state’s care without permanency. As with the previous 6.4 cohorts and case reviews the Co-Neutrals completed on this measure, child welfare records showed that most of the youth reviewed in Metric 6.4 who age out of care have a disability and significant higher-level needs. In fact, of the 58 total youth who aged out this period, DHS’ 6.4 cohort data sheet identified 55 youth (95 percent) as having some form of disability, 48 youth as having emotional challenges, 26 youth with mental health challenges and 50 youth with medical or other physical challenges. Forty-two youth were identified with more than one of these challenges. Records showed that 10 youth were AWOL and 16 youth were placed in higher-level congregate settings at the time they aged out of care and six youth showed some involvement with the juvenile justice system.

The Co-Neutrals identified in 6.4 case reviews this and the last period other concerns with respect to structural barriers and case practice that did or may have prevented permanency for youth where the

¹¹⁹ DHS November 2022 Core Strategy Report, page 103.

opportunity may have otherwise existed with an identified family or individual. These specific areas of concern are: youth with developmental disabilities who were living in a DDS-serviced home for extended periods and stayed with the same family upon turning age 18 but did not finalize legal permanency,¹²⁰ and, youth who expressed a desire or stated intent to return to their birth parent(s) but there did not appear to be timely discussions or actions to understand that this was the youth's desire and help them, when safety possible, to re-establish legal permanency with their family.

The Co-Neutrals also identified cases of some of the 58 youth who aged out showing that DHS had taken steps to establish a legal and/or relationship reconnection between the youth and their birth parents, including establishing a conditional reinstatement of parental rights for one child who entered trial reunification through an out of state ICPC placement six months before aging out.¹²¹

During this period, DHS reported that it conducted an analysis of its 6.4 cohort data beginning in April 2020 through the current period¹²²—broken down into six-month segments—to assess elements that appear to have a significant impact on permanency outcomes for older youth. From this analysis, DHS noted that multiple factors impact youth achieving permanency but reported three elements that stood out as having a stronger influence, decreasing the likelihood of youth achieving permanency prior to their 18th birthday. These factors are identified as youth who have a removal reason of abandonment, a disability or a mental health diagnosis.

DHS reported that youth with a removal condition of abandonment are much less likely to achieve permanency than youth with other removal conditions. As shown in Table 29 below, youth in the 6.4 cohorts who had a removal reason of abandonment were consistently more likely to age out during the past two years than to achieve permanency. For example, for the period of October 2021 through March 2022, there were 13 (26 percent) youth among total cohort of 50 youth reviewed in the 6.4 measure who had a removal reason of abandonment. The majority of these 13 youth (10 or 76.9%) aged out.

¹²⁰ As discussed at the end of this section, DHS leadership reports that federal funding guidelines for services to support children and adults with developmental disabilities limit the support available if the person eligible for disability services establishes legal permanency with a family.

¹²¹ In this case, final reinstatement and reunification was not achieved due to safety threats that later surfaced as a result of another individual in the birth parent's ICPC home. Notably, still, DHS made the attempt to re-establish the connection with the birth parent based on the child's wishes.

¹²² DHS' analysis also reviewed preliminary 6.4 data through March 2023.

TABLE 29: PERMANENCY OF 6.4 YOUTH WITH A REMOVAL CONDITION OF ABANDONMENT

Permanency of Youth in Measure 6.4 with a Removal Reason Condition of Abandonment												
Abandoned	Apr 2020 - Sept 2020			Oct 2020 – March 2021			Apr 2021 – Sept 2021			Oct 2021 – March 2022		
	Total % Abandoned vs. Not	Aged Out	Perm Achieved	Total % Abandoned vs. Not	Aged Out	Perm Achieved	Total % Abandoned vs. Not	Aged Out	Perm Achieved	Total % Abandoned vs. Not	Aged Out	Perm Achieved
No	75.9% (44)	43.2% (19)	56.8% (25)	67.7% (44)	52.3% (23)	47.7% (21)	77.6% (38)	44.7% (17)	55.3% (21)	74.0% (37)	59.5% (22)	40.5% (15)
Yes	24.1% (14)	71.4% (10)	28.6% (4)	32.3% (21)	81.0% (17)	19.0% (4)	22.4% (11)	81.8% (9)	18.2% (2)	26.0% (13)	76.9% (10)	23.1% (3)
	100% (58)	50.0% (29)	50.0% (29)	100% (65)	61.5% (40)	38.5% (25)	100% (49)	53.1% (26)	46.9% (23)	100% (50)	64.0% (32)	36.0% (18)

Source: DHS Data, Run Date 5/17/21

As shown in Table 30 below, most youth in the 6.4 cohorts between April 2020 and March 2022 were identified as having a documented disability, ranging from 75.4 to 89.8 percent across the four six-month periods. Further, the majority of these youth with a disability, ranging from 54.5 to 77.5 percent, did not achieve permanency before their 18th birthday. The average percentage of 6.4 youth with a disability who aged out was 65.5 percent.

TABLE 30: 6.4 YOUTH WITH A DISABILITY

Permanency of Youth in Measure 6.4 with a Disability												
Disabled	Apr 2020 - Sept 2020			Oct 2020 – March 2021			Apr 2021 – Sept 2021			Oct 2021 – March 2022		
	Total % Disabled vs. Not	Perm Achieved	Aged Out	Total % Disabled vs. Not	Perm Achieved	Aged Out	Total % Disabled vs. Not	Perm Achieved	Aged Out	Total % Disabled vs. Not	Perm Achieved	Aged Out
No/Blank	20.7% (12)	75.0% (9)	25.0% (3)	24.6% (16)	75.0% (12)	25.0% (4)	10.2% (5)	60.0% (3)	40.0% (2)	20.0% (10)	90.0% (9)	10.0% (1)
Yes	79.3% (46)	43.5% (20)	56.5% (26)	75.4% (49)	26.5% (13)	73.5% (36)	89.8% (44)	45.5% (20)	54.5% (24)	80.0% (40)	22.5% (9)	77.5% (31)
Total	100% (58)	50.0% (29)	50.0% (29)	100% (65)	38.5% (25)	61.5% (40)	100% (49)	46.9% (23)	53.1% (26)	100% (50)	36.0% (18)	64.0% (32)

Source: DHS Data

DHS highlighted that youth with a mental health diagnosis are far less likely to achieve permanency prior to their 18th birthday. As shown in Table 31 below, youth with a mental health diagnosis averaged during the highlighted two-year period an 86 percent likelihood of aging out of care.

TABLE 31: 6.4 YOUTH WITH A MENTAL HEALTH DIAGNOSIS

Permanency of Youth in Measure 6.4 with a Mental Health Diagnosis												
Mental Health Diagnosis	Apr 2020 - Sept 2020			Oct 2020 – March 2021			Apr 2021 – Sept 2021			Oct 2021 – March 2022		
	Total % with MH dx vs. Not	Perm Achieved	Aged Out	Total % with MH dx vs. Not	Perm Achieved	Aged Out	Total % with MH dx vs. Not	Perm Achieved	Aged Out	Total % with MH dx vs. Not	Perm Achieved	Aged Out
No/Blank	79.3% (46)	56.5% (26)	43.5% (20)	76.9% (50)	50.0% (25)	50.0% (25)	67.3% (33)	57.6% (19)	42.4% (14)	70.0% (35)	48.6% (17)	51.4% (18)
Yes	20.7% (12)	25.0% (3)	75.0% (9)	23.1% (15)	0.0% (0)	100% (15)	32.7% (16)	25.0% (4)	75.0% (12)	30.0% (15)	6.7% (1)	93.3% (14)
Total	100% (58)	50.0% (29)	50.0% (29)	100% (65)	38.5% (25)	61.5% (40)	100% (49)	46.9% (23)	53.1% (26)	100% (50)	36.0% (18)	64.0% (32)

Source: DHS Data

In summary, DHS reported:

Over the last two years, April 2020 to Mar 2022, CWS saw an increase in the number of youth in Measure 6.4 removed due to abandonment. With the increase of children and youth coming into care due to abandonment by their biological/adoptive parents, CWS has experienced a decline in permanency rates. Though the number of these abandoned youth only accounts for 20-30 percent of the overall youth population, they have a much higher likelihood of exiting care without permanency. CWS has also seen an increase in the number of youth with a diagnosed disability or mental health condition over these same two years. As a result, these youth with higher needs are experiencing more frequent and longer stays in psychiatric facilities. These two factors also show a strong impact on the likelihood of youth achieving permanency.

CWS has seen a steady decline in the number of children and youth served over the last seven years. Though there are [fewer] children and youth served in out of home care each year, those who are in out of home care have a higher frequency of mental health diagnoses and documented special needs than past populations served. As Oklahoma continues to evolve and change, it is critical that CWS continues to assess the families it serves and looks to implement strategies and activities that can assist with the current population of children and youth in OOH care.

It is important for DHS to continue assessing its data to identify what factors in the cases of youth whose permanency is tracked in 6.4 appear to correlate to worse outcomes. DHS should also assess qualitatively the case records of these youth to understand where case practices and strategies, including implementation in the field, may require adjustment to achieve better permanency outcomes for older youth, despite their known challenges.

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 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 birth 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 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 who exited the department's custody 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 23 percent (23 of 99 youth) in the current period. All but one of the 23 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting a 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 increasingly strengthened the reviews and requirements to change a youth's case plan goal to PAPP. At the beginning of January 2021, 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 all youth who are 16 years of age, a regional director and the Assistant Child Welfare Director for Field Operation must also approve any newly assigned PAPP goal. DHS reported, "This practice expectation emphasizes the importance of exhausting all efforts to achieve legal permanency for every youth in OKDHS custody."¹²³

DHS has also 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 evidenced-based adoption model to all children who have a goal of adoption and no identified adoptive home, and 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.¹²⁴ DHS has also developed an online Permanency for Teens training that is required for all permanency planning and YTS caseworkers.

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 15, 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

¹²³ DHS August 2022 Semi-Annual report, page 148.

¹²⁴ 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. (Source: <https://www.davethomasfoundation.org/our-programs/our-research/>)

who age out of foster care without a permanency resource and fully consider youth's placement preferences. 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.¹²⁵

This effort is an important step as the Co-Neutrals have found through case record reviews, as noted above, that some youth at risk of aging out will tell DHS they do not want to be adopted because after reaching the age of 18 they plan to live with a birth parent or other family member, typically someone DHS has earlier denied approval for placement.¹²⁶ 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.

Multi-Level Permanency Staffings

DHS completes multi-level permanency staffings, starting when a child reaches the age of 15. The youth's permanency and YTS caseworkers, supervisors and district directors participate in these MDT staffings, which DHS reports are designed to address barriers to permanency and identify steps needed to ensure the youth is on a progressive track to legal and relational permanency. DHS reported that the MDT lead is expected to engage the entire team to support and help the child's permanency caseworker to identify and complete action steps. The MDT lead is then charged with following up with the assigned caseworker, supervisor and district director 14 and 30 calendar days after the initial staffing to manage and dismantle any barriers to completing action steps and keep the team on track. Each regional MDT lead also serves as their region's lead for the 6.4 measure.

Previously, DHS conducted these permanency staffings every six months starting when youth reached age 15 through age 16, and then quarterly once they reached the age of 17. Last year, DHS began holding quarterly staffings for youth ages 16 and 17, with these permanency reviews conducted every three months by the regional MDTs, which now meet weekly.

Last period DHS completed a review of MDT staffing notes documented between July and September 2021 for 83 youth in the 6.4 cohort. In part, the review focused on assessing the MDTs' creation of permanency-oriented action items and follow up on previous action items and exploration of discussions surrounding reinstatement of parental rights. In its summary of findings, DHS reported an overall, statewide strength with MDT staffing notes for 54 (65 percent) of 83 youth affirming this review question,

¹²⁵ DHS August 2022 Semi-Annual report, page 149.

¹²⁶ 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.

“Were action items to achieve permanency documented during this Multi-Level Staffing?” Some action items identified were scheduling Family Meetings to discuss permanency barriers and exploring placements that would promote permanency and exploring guardianship. However, DHS reported that the MDTs for only 26 of 83 youth could be assessed for follow up by the MDT lead to ensure action steps were implemented “either due to there [being] no previous staffings held/documented or action items not being created at previous staffings if they were held.” DHS found that 12 (46 percent) of the 26 contacts included in this assessed area showed documented efforts to complete or follow-up on previous action items. Given the limited number of MDTs that could be confirmed or even assessed, for follow-up completion in this review, DHS should continue to assess that these team staffings are effectively supporting good planning and follow-up actions and exhausting all opportunities to move youth in the 6.4 cohorts toward permanency.

Listening to Youth - My Meetings and Reinstatement of Parental Rights

DHS created My Meetings, which are the same multi-level staffings discussed above but two of these four quarterly staffings convened within a year include the youth and two support people of their choice. DHS began to implement My Meetings in September 2022, after the end of the report period. Before each My Meeting begins, the regular MDT group holds a 30-minute pre-meeting without the youth, which then follows with a 60-minute discussion led by the youth and their participating support people. DHS reported that youth who are selected for My Meetings include those who do not have an identified path to permanency, youth with a removal reason of abandonment and youth who receive developmental disabilities services and are age 17.5 years old. The Co-Neutrals will provide an update in the next Commentary on the implementation and progress identified from these youth-led staffings.

As noted above, case record reviews of 6.4 cohorts have surfaced recurring cases where youth have expressed their desire and intent to return to their birth parents upon turning age 18. Taking a more proactive approach to assess if DHS can support such reconnections and do so earlier in a child’s case, the department established a protocol to run a report every month for youth who have become eligible to request the reinstatement of parental rights. Under Oklahoma statutes (Title 10A, Section 1-4-909), youth who are 14 years or older and have been legally-free for at least three years without achieving permanency can request, through a signed application to the court, the reinstatement of parental rights.¹²⁷

DHS reported that supervisors and district directors assigned to youth eligible for reinstatement receive the report each month, with the assigned supervisor or permanency caseworker then required to complete within 30 days a reinstatement questionnaire that includes information regarding the potential for reinstatement and any identified action steps. DHS completed and began to implement the reinstatement report form after the end of the period but reported that, “At the end of each month the completed reinstatement questionnaire [report form] is exported into an Excel spreadsheet and shared with the 6.4 and regional MDT leads for elevated [multi-level staffings] and ongoing monitoring of action steps and progress by the MDT leads.” (DHS November 2022 Core Strategy report, page 101) Early

¹²⁷ The child’s attorney must also sign the application.

feedback presented by DHS in their November 2022 Core Strategy report (page 101) highlighted that just after two months of implementation of the reinstatement questionnaire, 43 had been completed with the responses showing as follows:¹²⁸

- 34 youth, or 79 percent, are identified as a "No" for reinstatement. The barriers include inability to locate parents, length of parent incarceration, or the parent has refused to reunite with the youth.
- six youth, or 14 percent, are a "Maybe."
- three youth, or seven percent, are a "Yes." Action items include needing additional information for the assessment process, staffing with court partners, and working with parents on the emotional needs of their youth.

During the last report period, DHS consolidated several forms used previously by staff to review and plan for permanency options for youth, including teens. DHS developed and distributed in October 2021 a new Permanency Planning Intentional Case Staffing Guide designed for use by the MDTs and supervisors to advance permanency efforts for all children in care, including older youth in the 6.4 cohort who are at risk of aging out. DHS reported as part of its new protocols that it reviews the assessment of a child's eligibility and interest, as well as the possibility for the reinstatement of parental rights, as part of the MDT and supervisory case staffings.

Permanency for 6.4 Youth with Developmental Disabilities

DHS leadership informed the Co-Neutrals that Oklahoma's current Medicaid waiver does not allow a caregiver who provides family-based care for youth with a developmental disability to continue receiving federal financial support for this specialized care or federally-funded DDS services if the family becomes the youth's legally permanent family through adoption or guardianship. This represents a structural barrier to permanency for legally free youth with developmental disabilities who otherwise have achieved a life-long commitment for housing, care and support from an identified family. Among the 58 youth who were reviewed in the 6.4 measure and aged out this report period, the Co-Neutrals identified 19 youth whose case records indicated they were eligible for developmental disability services and supported placements. Seven of these 19 youth were living with a family in a DDS-serviced home and stayed with these families upon aging out of care. Five of the nineteen youth moved to an adult home for individuals with developmental disabilities. DHS reported that its leadership teams from its child welfare and DDS divisions are reviewing possible options for systemic and/or process changes to help improve legal permanency outcomes for 6.4 youth who have a DDS family committed to providing them ongoing care.

DHS reported for seven consecutive report periods sustained progress toward the Target Outcomes for this 6.4 measure for the periods ending in September 2017 through September 2020. In the following report period, ending March 2021, which was the first 12-month data review period that aligned with the first full year of the COVID pandemic, DHS began to report declining outcomes for this measure. It does appear the pandemic impacted the outcomes for this measure for four consecutive report periods (ending

¹²⁸ Not all youth who are on the reinstatement eligible report and/or have a reinstatement questionnaire completed are included in each current or even upcoming 6.4 cohorts that are tracked. Those cohorts only include legally free youth beginning at the age of 16. Youth can become eligible for reinstatement beginning at the age of 14.

March 2021 through September 2022); DHS is preliminarily beginning to show an upward trend again for the data period that will end March 2023.

Beyond any impacts of the pandemic, it is clear the majority of youth reviewed in the 6.4 measure each period present with significant challenges to secure permanency. Further, when older youth and families are deciding to finalize legal permanency, emotions, fears and uncertainties can run high, especially for youth who have experienced previously failed adoptions and guardianships in addition to the loss of their birth families. And for the families, it can be a daunting decision, especially if they have experienced emotional and behavioral challenges with the youth that go beyond the typical teenager and family experience. Still, DHS' own, self-initiated reviews, along with the case review completed by the Co-Neutrals, have shown that the department still has work ahead to strengthen implementation of its case practice and strategies to achieve permanency for youth. Important to this effort is to ensure youth and families understand that DHS will continue to support their permanency commitments with ongoing services and support, such as post-adoption services.

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 24th 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 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.
- (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.

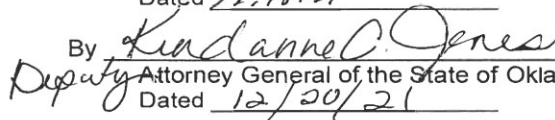
FOR AND ON BEHALF OF THE SETTLING
DEFENDANT

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 _____

FREDERIC DORWART
FREDERIC DORWART, LAWYERS
Old City Hall
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.

1. MALTREATMENT IN CARE (MIC)			
Metric	Reporting Frequency	Baseline	Target
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

2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES				
Metric	Reporting Frequency	Target SFY 14*	Target SFY 15*	Target SFY 16*
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.

3. CASEWORKER VISITS			
Metric	Reporting Frequency	Baseline	Target
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%

4. PLACEMENT STABILITY			
Metric	Report Frequency	Baseline	Target – by June 30, 2016
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©: 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.

6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 ¹²⁹ , 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 th 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 th 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 th 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%

¹²⁹ 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.

6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
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		

