

Co-Neutral 12th Commentary
May 2019

Compromise and Settlement Agreement

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

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I. Introduction

This is the Twelfth Commentary issued by the Co-Neutrals to report progress made by the Oklahoma Department of Human Services (“DHS”) to improve its child welfare system. In order to improve performance for children toward the Target Outcomes identified at the outset of this reform effort, DHS must make good faith efforts to achieve substantial and sustained progress in each of the measured areas described in this Commentary. The Co-Neutrals assess for the period July 1, 2018 to December 31, 2018 that DHS has made good faith efforts in 29 of 31 areas, representing the department’s best overall performance to date. In two areas, both regarding the number of foster homes for children in DHS’ custody who need therapeutic care, the Co-Neutrals find that DHS did not make good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for this report period ending December 31, 2018.¹ In nearly all areas, DHS is heading in the right direction, owing to strong legislative support and investment in DHS, and implementation of core improvement strategies by DHS leadership and staff in many areas of child welfare practice. The Department must bring this same level of effort to its recruitment and retention of foster homes for children who need therapeutic care in DHS’ custody. Since the outset of this reform, DHS has seen a 77 percent decline in specialized foster homes for children in DHS’ custody who need therapeutic care, and without urgent, aggressive action, the situation will worsen.

Background

On January 4, 2012, DHS and Plaintiffs reached agreement in a long-standing federal class action lawsuit against the state of Oklahoma on behalf of children in the custody of DHS due to abuse and neglect by a parent or resource caregiver. That matter, *D.G. vs. Yarborough*, 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 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

¹ In numerous instances, as described in this Commentary, data and information are only available through September 30, 2018 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). In addition, in some instances, the Co-Neutrals report on more recent decisions or activities by DHS to reflect, when possible, the most current view of the reform.

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, which contains significant commitments to be implemented beginning in State Fiscal Year (SFY) 2013. The Co-Neutrals approved the Pinnacle Plan on July 25, 2012.

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

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

As required by the CSA, the Co-Neutrals and DHS established the Metrics, Baselines, and Targets Plan (the “Metrics Plan”) on March 7, 2013. For each of the seven performance categories, the Metrics Plan establishes: the methodology for the performance metrics and measuring progress; parameters for setting baselines; interim and final performance targets and outcomes; and the frequency by which DHS must report data and information to the Co-Neutrals and the public. Appendix A provides a summary chart of the metrics for the seven performance areas, with corresponding baselines and targets, established by DHS and the Co-Neutrals, and updated through September 2015.²

The CSA further requires the Co-Neutrals to provide commentary and issue a determination as to whether DHS’ data submissions provide sufficient information to measure accurately the department’s progress. The Co-Neutrals have previously found data sufficiency for all the CSA performance areas and data metrics. Pursuant to the CSA, the Co-Neutrals may revise any

² 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.

determination of data sufficiency based on subsequent or ongoing data submissions as deemed appropriate. It is important to highlight that DHS' data management team has made significant progress during this reform, particularly in strengthening its ability and practice to manage and evaluate its data to support data-driven management decisions and case practice improvements.

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

Good Faith Efforts to Achieve Substantial and Sustained Progress

The CSA requires the Co-Neutrals to determine whether DHS has "made good faith efforts to achieve substantial and sustained progress" toward a Target Outcome. This standard requires more than an assessment of DHS' intentions but necessarily requires a conclusion by the Co-Neutrals that is based on an analysis of the activities undertaken and decisions made by DHS or, as the Co-Neutrals have stated, the inactions or failures to make decisions, and the impact of those decisions and activities on achieving substantial and sustained progress toward a Target Outcome. For example, the Co-Neutrals have focused their review and assessment of DHS' timeliness and thoroughness to implement, evaluate and, when needed, adjust core strategies to inform their judgment of whether the department has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes.

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 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
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	No	Yes
1.B: Of all children in the legal custody of DHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	Yes	Yes	Yes
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	Target due June 30, 2019	Yes	Yes
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	Target due June 30, 2019	No	Yes
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	Target due June 30, 2019	No	No
Net gain/loss in TFC homes for the reporting period.	Target due June 30, 2019	No	No

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
3.1: 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	Yes	Yes
3.2: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between primary caseworkers and children in foster care for at least one calendar month during the reporting period.	Yes	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	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
4.1a: 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	Yes	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	Yes	Yes
4.1c: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	No	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
4.2: 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	Yes	Yes
5.1: The number of child-nights during the past six months involving children under age 2 years.	Yes	Yes	Yes
5.2: The number of child-nights during the past six months involving children age 2 years to 5 years.	No	No	Yes
5.3: The number of child-nights during the past six months involving children age 6 years to 12 years.	No	No	Yes
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	No	Yes	Yes
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	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
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	Yes – for children ages 12 and under	Yes – for children ages 12 and under
		Yes – for children ages 13 and older	Yes – for children ages 13 and older
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	No	Yes
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	No	Yes
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	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
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	Yes	Yes
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	Yes	Yes
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	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
6.5: 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	Yes	Yes
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	No	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	Yes	Yes
Caseworkers	No	Yes	Yes
Supervisors	No	Yes	Yes

For this period, the Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in 29 of the 31 distinct performance areas. In two performance areas, the Co-Neutrals conclude that DHS did not

make good faith efforts to achieve substantial and sustained progress toward the Target Outcomes during this period, ending December 31, 2018.

Methodology

The Co-Neutrals conducted a series of verification activities to evaluate DHS' progress and implementation of its commitments. These activities included meetings with DHS leadership and staff across the state, private agency leadership, and child welfare stakeholders. The Co-Neutrals also reviewed and analyzed a wide range of aggregate and detailed data produced by DHS, and thousands of child and foster home records, policies, memos, and other internal information relevant to DHS' work during the period.

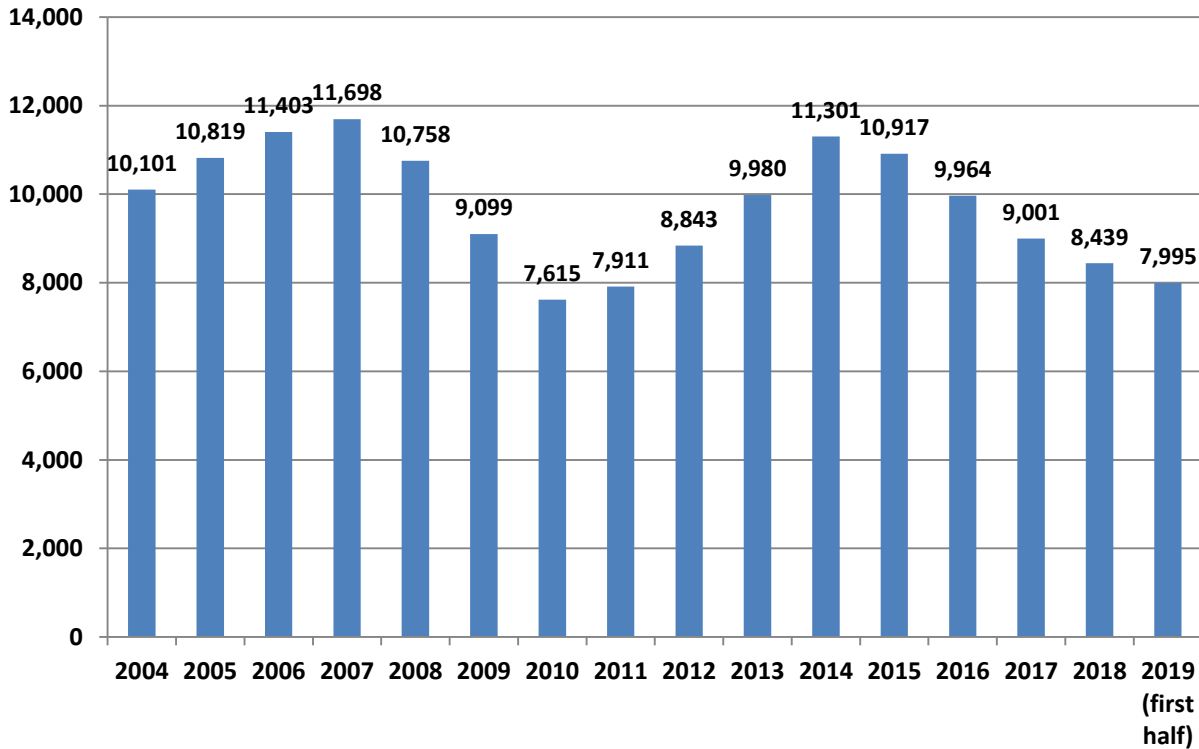
The remainder of this report includes:

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

II. Context Data of Children in DHS Custody

DHS has experienced a steady decline in the number of children in its custody over the last four years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Four and a half years later, on December 31, 2018, there were 7,995 children in DHS custody, a 29 percent drop. The decline in the population of children in care is the result of more children exiting care than entering care each year.

Figure 1: Number of Children in DHS Custody at the End of SFY - 2004 to 2019



Source: DHS Data

Demographics

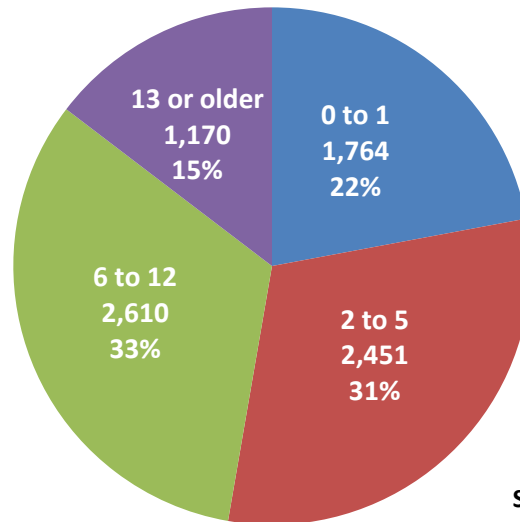
DHS data show there were 8,430 children in custody on July 1, 2018.³ During the reporting period from July 1, 2018 to December 31, 2018, 2,264 children entered care and 2,699 children exited care.

Young children aged zero to five years make up the largest portion (4,215 or 53 percent) of children in care. Children aged 6 to 12 years comprise 33 percent (2,610) of the population in care, and 15 percent (1,170) are 13 years or older, as detailed in the following Figure:⁴

³ In the prior commentary, the Co-Neutrals reported that DHS data showed 8,439 children in care on June 30, 2018. Due to data entry lag and merged identifying numbers, OKDHS data now indicate there were 8,430 children in care on July 1, 2018.

⁴ Percentages in this section may not add up to totals due to rounding.

Figure 2: Children in Custody on December 31, 2018 by Age Group (Total = 7,995)

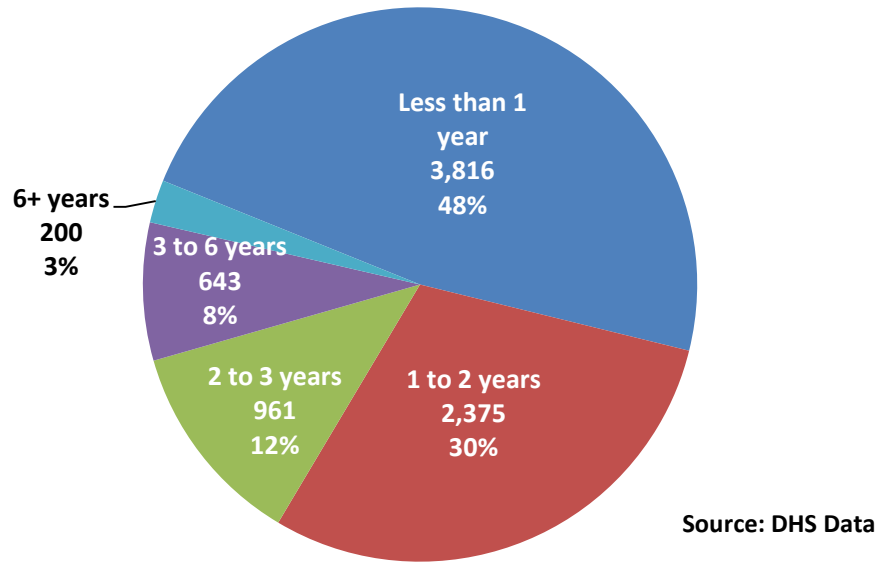


Source: DHS Data

With regard to gender, the population is split almost equally — 51 percent male and 49 percent female. With regard to race, the population of children is 38 percent White, nine percent African-American, and seven percent Native American. Overall, 32 percent of children identified as Native American including those children who identified with more than one race and ethnicity category and those who identified as Hispanic. In addition, 18 percent of children identified with Hispanic ethnicity (and can be of any race).

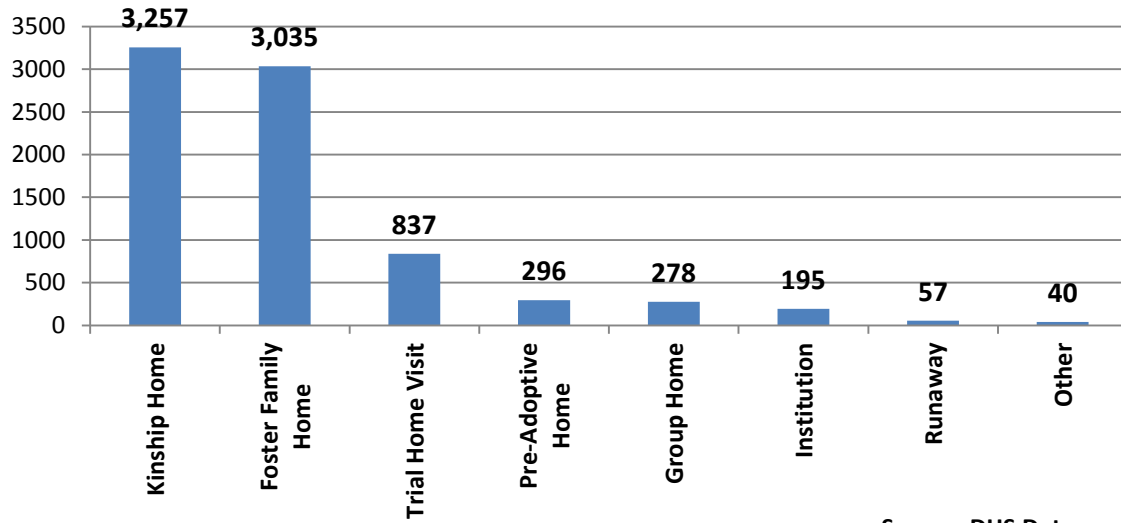
As presented in Figure 3 below, DHS’ data shows that of the children in care on December 31, 2018, 48 percent (3,816) were in care for less than one year; 30 percent (2,375) between one and two years; 12 percent (961) between two and three years; eight percent (643) between three and six years; and three percent (200) for more than six years.

Figure 3: Children in Custody on December 31, 2018 by Length of Stay (Total = 7,995)



As Figure 4 below demonstrates, 93 percent of children (7,425) in DHS custody on December 31, 2018 lived in family settings, including in relative and non-relative kinship homes (40 percent), with foster families (39 percent), with their own parents (10 percent), and in homes that intend to adopt (three percent). Of children in custody, 473 (six percent) lived in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining one percent resided in unidentified placements (listed as “other” in the Figure below) or have left care without permission (listed as “runaway” in the Figure below).

Figure 4 : Children in Custody on December 31, 2018 by Placement Type



Source: DHS Data

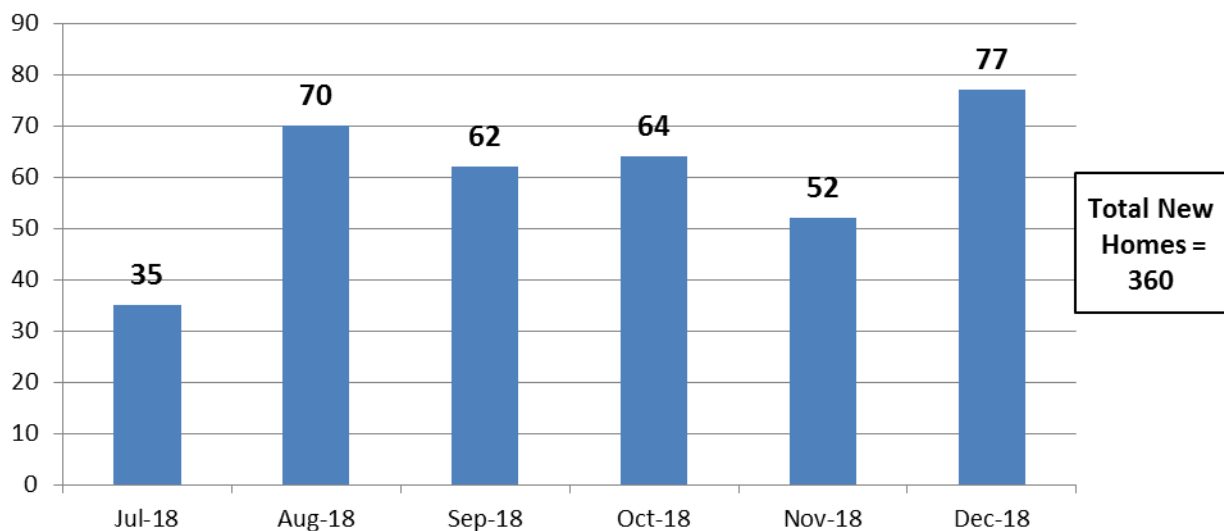
Of the 7,425 children living in family settings, 1,752 (24 percent) are less than two years old, 2,435 (33 percent) are two to five years old, 2,457 (33 percent) are six to 12 years old, and 781 (11 percent) are 13 years or older. Of the 473 children living in institutional settings, seven (one percent) are less than two years old, 10 (two percent) are two to five years old, 142 (30 percent) are six to 12 years old, and 314 (66 percent) are 13 years or older.

A. Foster Care

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

For SFY19, DHS committed to develop 907 new traditional, non-kinship foster homes. During this six-month report period (which represents the first half of SFY19), DHS, along with its private agency partners, approved 360 new traditional foster homes. This represents 40 percent of the department's annual target of new homes.

Figure 5: New Foster Care Homes Developed by Month, July - December 2018

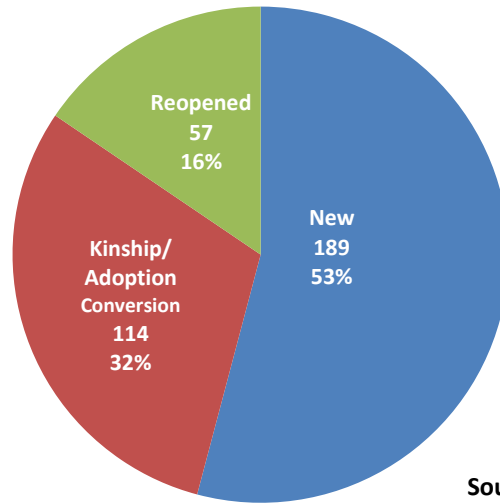


Source: DHS Data

Of the 360 new foster homes approved during SFY18, 189 families (53 percent) were newly recruited by DHS and the private agencies, 114 homes (32 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 57 (16 percent) were DHS resource homes⁵ that were closed for more than a year and reopened during this report period.

⁵ DHS resource homes that are reopened could have been previously approved as a number of different types of DHS resources, including traditional, kinship, emergency foster care, TFC, and DDS homes.

Figure 6: New Foster Homes by Type, July – December 2018 (N=360)



Source: DHS Data

During this report period, DHS’ team of regional foster home recruiters and 14 private agency partners collaborated with community organizations across the state to recruit and develop new traditional foster homes. Of the total new home target (907) established for SFY19, DHS committed to develop 410 new homes with its internal foster care recruitment team. DHS finished the first half of SFY19 on target with 201 new traditional foster homes - nearly 50 percent of its annual recruitment goal. During this period, DHS made organizational changes with its foster home recruitment team and reported that the new reporting and leadership structure has allowed for more focused support and guidance for its recruiters and their supervisors in the field.

DHS’ agency partners committed to develop 497 new homes during SFY19. By the end of December 2018, the 14 private agencies developed only 159 new homes, 32 percent of their full year target. During this report period, DHS required some of the private agencies to focus on remedying shortfalls in their new home assessment and approval processes, which may have splintered those agencies’ attention and efforts away from recruiting new homes. Appropriately, DHS required these agencies to ensure their family assessments were thorough and complete, and that only homes with the necessary protective capacities are approved to care for children in DHS’ custody. Among the private agencies that DHS monitored and supported to improve their approval processes are two of the department’s largest contracted foster care partners. These agencies committed to develop a combined 168 new homes for

SFY19; however, by the end of this period the two agencies together had developed only 38 homes (23 percent of their annual target).⁶

During this period, DHS' foster care leadership team met with all the private agencies to determine strategies the department can implement to further support their recruitment teams. As a result, DHS expanded the agencies' access to background information historically gathered by DHS about each prospective foster family and dedicated additional DHS staff to ensure timely completion of child welfare history checks of families the agencies have recruited.

Ongoing Efforts to Improve the New Home Approval Process

The department made substantial changes to the tools, guidelines, staff training and accountability structure used to review the safety of every potential foster home prior to approval. During this period, DHS focused on qualitatively evaluating new home approvals completed by DHS and the private agencies, with a particular focus on the work of the agencies that were required to develop an improvement plan as noted above. DHS reported that its new foster care quality assurance (QA) team, which began work this period, reviewed the approval records of over 100 new homes developed between July and December 2018. DHS' review evaluated how well DHS and the private agencies have implemented the enhanced new home approval practice. The QA team found through its review that improvements are needed in these areas: completing and documenting criminal and child welfare background searches, documenting and establishing policy exceptions, identifying areas of the resource family assessment (RFA) that require follow-up and completing addendums to address missing or incomplete information when required.

DHS delivered a new training to all foster care and private agency staff (14 trainings total), across the state during November and December 2018. The training covered a number of practice and policy areas and included guidance tools to improve the thoroughness and quality of RFAs. The training features a review of a new Records Check Guide and provides staff instructions on the information necessary for policy exceptions in order to approve a new home.

⁶ The 168 new homes these two agencies committed to develop are part of the total 497 SFY19 new home target established for all 14 private agencies combined.

Net Gain Target and Performance

DHS' net gain Target Outcome for the full 12 months of SFY19 is 104 foster homes and the department commenced the fiscal year on July 1, 2018, with 1,979 open foster homes. By December 31, 2018, DHS reported 1,946 open homes, which represents a net loss of 33 foster homes from the beginning of SFY18. Of the 1,979 foster homes open at the beginning of SFY19, 425 were no longer open at the period's end, which represents a closure rate of 21 percent over a six-month period. Of the 360 new foster homes approved during the first half of SFY19, 16 homes closed by December 31, 2018.

DHS must continue to focus on retaining foster homes and achieving net gains toward the annually established Target Outcomes. However, it is important to note that while DHS reported a net loss this period, the department has achieved a net gain overall in the number of foster homes in Oklahoma since the reform began. As of December 31, 2018, DHS had 286 more foster homes than at the outset of this effort on July 1, 2013, when the department reported a starting baseline of 1,693 homes. Further, DHS has nearly 2,000 fewer children in custody since the beginning of July 2013, when there were 9,980 children in custody.

Over the last year, DHS has undertaken a two-pronged effort to address the high foster home closure rate of the last several years. DHS established an evaluation and data reporting process to understand the reasons foster homes close. Second, the department committed to use information gathered about the reasons for home closures to broaden and strengthen its customer service and supports for foster parents to improve foster home retention.

Foster Home Closure Reasons Data and Evaluation

As shown in Table 2 below, DHS staff recorded that a total of 460⁷ homes closed during this six-month period and 148 (32 percent) of the closures were the result of families finalizing an adoption, which is the most frequently recorded closure reason.

For 10 percent of the home closures (47 homes total), DHS or the managing private agency made the decision to close the home, with 28 of these homes closed as a result of a referral or investigation of child maltreatment. For 90 homes (20 percent), the closure reason appeared to

⁷DHS recorded a total of 460 foster home closures during this period. However, to determine the net gain for the period, DHS and the Co-Neutrals only calculate the closure of homes (425) that were open and part of the starting baseline at the beginning of the period and the closure of homes (16) that were included in the count of new homes developed during the period. The additional 19 foster homes included in DHS' total count of 460 closures were opened during the same, current report period but did not meet the criteria established for counting new homes. As such, the Co-Neutrals do not count either the opening or closure of these homes in the net gain analysis.

be outside the department’s control, such as families experiencing an illness, a physical move or other changes in their family dynamic. Of the 460 home closures listed below, 116 (or 25%) were identified as closing for more general, open-ended reasons, such as the family being displeased with the process or no longer having a desire to foster or adopt.

Table 2: Traditional Home Closure Reasons, July – December 2018

Resource Closures July to December 2017	# Resources	% Resources
ADOPTION SERVICES COMPLETED	148	32%
AGENCY DECISION	19	4%
AGENCY DECISION- REFERRAL/INVESTIGATION	28	6%
RESOURCE REQUEST-DISPLEASSED WITH PROCESS	7	2%
RESOURCE REQUEST-FAMILY DYNAMIC CHANGED	53	12%
RESOURCE REQUEST-MEDICAL/ILLNESS	26	6%
RESOURCE REQUEST-MOVING	11	3%
RESOURCE REQUEST-NO DESIRE TO FOST/ADOPT	109	26%
RESOURCE REQUEST-PLCMT PREFER NOT MET	3	1%
RESOURCE REQUEST-UNABLE TO MT CHILD NEED	9	2%
OTHER	7	2%
RESPIRE ONLY	40	9%
TOTAL CLOSURES	460	100%

To gather more specific information from families as to why they had decided to close their foster homes, particularly if the reasons relate to agency processes and practices, DHS’ Foster Care and Adoption Support Center (FCASC) staff conduct exit surveys with families that have voluntarily closed their homes. DHS uses a short list of questions to understand what led to the closure, what families found to be most challenging and what families would recommend DHS or the private agency do differently to enhance the experience of foster parents. DHS reported that exit survey responses gathered from January through September 2018 showed, “a need for improved communications between DHS staff, applicable agency staff, and resource parents. General miscommunication and lack of timely response from staff appear to be a concern for resource parents. One specific trend was identified in reports from foster parents who feel they were not given adequate information about a child prior to or at the time of placement.” Findings from the exit interviews with families closing their foster homes also revealed that

resource parents need enhanced support, including knowledge of available resources, foster parent education, more accessible DHS staff and respite care.

In response to these findings, DHS reported that in November 2018, the Interim Child Welfare Director issued a numbered memo⁸ to all child welfare staff, calling for expanded communication between a foster home's resource caseworker and the assigned permanency worker when a child is newly placed in a foster home. Staff has been directed to confer, when possible, prior to a new placement to ensure a best placement decision is made. The resource and permanency workers are required to document their conference, which is to include a review and exchange of information about the history and particular needs of the foster parents and the child. As a next step, DHS must ensure that the information that foster parents may require about a child to best meet their needs is communicated from the assigned caseworkers to the foster family.

Supporting Foster Parents

During this report period, DHS advanced a number of efforts to improve the level of customer service provided to foster parents. To encourage staff's commitment to quality customer service and case practice that is focused on meeting the individual needs of foster families, the department developed a statewide challenge, Support is Everyone's Game. This initiative builds on DHS' ongoing foster parent support campaign, Support is Everyone's Job and is designed to encourage and reward efforts by individual staff (from administrative assistants to caseworkers, managers, etc.) as well as office and regional teams who offer outstanding support to foster families in Oklahoma. During this report period, DHS and the OK Fosters team designed the program and developed outreach materials to start the competition, which runs from January through June 2019. Every month, one individual worker is recognized as Most Valuable Worker based on points earned from nominations by foster parents, peers, supervisors or anyone involved in the child welfare system and for every meeting with a foster parent outside of the required monthly contact. Individual offices and agencies also compete as groups to be honored each month as the All-Star Team, based on points earned from retaining and achieving monthly net gains in foster homes, participating in collaborative efforts to support foster homes, or hosting a foster parent support group. At the end of the six-month challenge, one worker will be named Most Valuable Worker of the Year and one of DHS' five regions will be recognized for the most points collectively earned by individuals and office teams within their area. DHS reported that it developed the challenge to bring customer

⁸ Numbered memos are issued by the Child Welfare Director to all or a subset of DHS' child welfare agency staff to officially communicate new or changes in policies, practices and/or staff guidance.

service to the forefront and catalyze more collaborative team work between staff and foster parents with the goal to increase foster parent satisfaction and retention.

Over the last six months, DHS made concerted efforts to ensure that foster parents statewide are aware that a Mobile Crisis Response Team (MCRT) is now available in every district. MCRTs respond to calls from foster parents who may need on-site assistance to help stabilize and de-escalate a mental or behavioral health crisis that a foster child may experience. As a follow up to an immediate emergency, local mental health providers will offer follow-up evaluations, crisis planning and referrals for ongoing therapy and supports as needed. This service is vitally important, as foster parents often report 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. DHS developed and distributed outreach materials to all foster parents, and OK Fosters highlighted information about MCRTs in the newsletter produced for Oklahoma's foster families.

DHS continues to build and integrate enhanced case practices designed to elevate and strengthen communication among caseworkers and foster families and also to advance progress in multiple performance areas under the reform. For example, to reduce the incidence of maltreatment in foster homes, DHS implemented during this period an alert system, which was created to ensure that foster care and permanency caseworkers are aware and remain vigilant of any potential safety concerns identified with a foster home that warrant correction and/or intensified monitoring. While this alert system was initially conceived as a strategy to reduce maltreatment in care, DHS' foster care team has effectively guided staff to use the alerts also to identify when caseworkers may need to offer additional support to foster parents.

DHS created a report that supervisors and staff can access at any point in time to review all foster homes with an open, unresolved resource-alert and any child placed in a home with an open alert. The Co-Neutrals reviewed the report and found that DHS caseworkers are most predominantly using the alerts to flag safety concerns; however, they also are using the alerts to signal new or additional stressors or possible support needs in the home. These additional stressors are often caused by significant changes in foster parents' income and employment status, family dynamics or other personal issues that may not create a safety concern but could lead to foster home closures. For example, an alert was opened on one home highlighting that the foster mother had recently given birth and that only one child, of school age, should be placed in the home so that the foster mother could have time during the day to bond with her newborn child. Other alerts highlight foster parents expressing challenges with managing their foster children's behaviors and a possible need for additional support.

Further, as noted in various sections of this report, DHS has placed a premium on its practice around Initial Meetings. The department has expanded efforts to ensure that caseworkers conduct Initial Meetings, bringing together parents and foster parents within ten days of a child's placement in foster care. The focus of the Initial Meeting is to allow the parents and foster families to share information about the child, help build a positive and supportive relationship, and develop a child and resource family support plan. The Co-Neutrals and DHS have reported extensively about Initial Meetings in past Commentaries as a strategy to advance placement stability. With a key requirement and purpose of the Initial Meeting being the development of a plan that supports foster parents, this strategy not only promotes improvement in placement stability but can also help with foster home retention. During this report period, DHS updated its child welfare policy and staff guidance to require that an Initial Meeting and support plan be developed for every new foster home placement for a child. Over the past two years, DHS had focused on implementing Initial Meetings and resource family support plans only for a child's first placement in custody, but the department has now expanded this important effort to occur every time a child is placed in a new foster home. Foster care caseworkers are required to review and update, as needed, every foster home's support plans during their quarterly in-home visits with their assigned families.

During this report period, DHS also streamlined a longstanding administrative burden placed on foster parents to complete a full resource family assessment every year, which has entailed filling out the same forms and reproducing many of the same documents required upon initial approval. Under a new policy, the department instead has foster parents complete an annual update that is condensed but still requires a full review of any new or potential safety concerns that would be identified through updated background checks and a review of any changes in the home environment.⁹ This is positive for foster parents, as well as foster care workers who can dedicate more time to meeting the needs of foster parents and less time on administrative tasks.

During this report period, DHS remained committed and focused on: recruiting new foster families while ensuring that the department and its agency partners more thoroughly assessed the safety of new homes before approval; assessing the reasons why foster homes close; and, improving case practice and supports for foster parents to retain more homes and achieve a net gain moving forward. For the reasons described in this Commentary, the Co-Neutrals find that

⁹ DHS will require foster families to complete the more comprehensive reassessment process every three years, instead of annually.

DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for new foster home development and net gain in foster homes.

Integration of Foster and Adoption Home Programs

After the end of this reporting period, DHS presented to the Co-Neutrals concerns that 519 adoption-only homes closed between October 2016 and September 30, 2018 without ever entering trial adoption. Further, 71 percent of the adoption-only homes DHS continued to approve over the same period closed without ever entering trial adoption. As DHS and the Co-Neutrals reported in numerous past reports, the department committed to integrate its foster and adoption home programs in October 2016. In summary, two primary, intended outcomes of the integration were: to dramatically reduce the process of approving adoption-only homes (not including families approved to adopt a specific-identified child); and, to eliminate the inefficient use of recruiters' and caseworkers' time, which resulted from expending limited staff work hours to approve and work with families who the department found were not fully committed and interested in adopting or fostering children in the Oklahoma child welfare system.

Historically, DHS managed foster and adoption homes under two distinct organizational structures, separating those interested in fostering children (or fostering to adopt) and those approved as adoption-only homes. Soon after DHS' reform implementation began, department leadership and the Co-Neutrals discussed the inefficiencies of Oklahoma's bifurcated system. First and foremost, DHS reported that limited staff resources were assigned as adoption caseworkers to manage hundreds of adoption-only homes, responsible for conducting quarterly visits and annual reassessments, despite many of these families not accepting offered placements of children in DHS custody awaiting an adoptive home.

Over the full-length of this reform, DHS has converted hundreds of adoption-only families to foster homes. For those adoption-only homes that later expressed an interest in fostering, DHS, prior to integration, would assign two caseworkers (foster and adoption) to the same home if they had been approved separately as a foster and adoption home. After numerous conversations with the Co-Neutrals, DHS acknowledged the need to establish a more efficient and integrated program and to approach their recruitment of families differently. DHS committed to talk with families that expressed interest in adopting about the children who become legally free for adoption and the fact that the most successful pathway to adopting a child through DHS is by fostering children first. If the family still expressed interest, DHS, through the integrated program, would review and approve the family to both foster and adopt and assign one resource caseworker to the home.

Although DHS made significant changes beginning in October 2016 to integrate organizationally its adoption and foster home programs and staff, the department has not fully integrated its resource family practice as intended and work remains to do so. The Co-Neutrals recently expressed concern to the department regarding the need for DHS to fully implement the integrated resource family model, which has been an articulated core strategy of DHS in this reform. As a result, DHS has presented the Co-Neutrals with a plan to fortify its foster-to-adopt practice and integrated resource model, as well as “further close the front door approval of adopt-only families.” In their next Commentary, the Co-Neutrals will report on the department’s efforts to implement resource family practice enhancements and to address any remaining inefficiencies in DHS’ resource home program.

B. Therapeutic Foster Care

DHS did not make good faith efforts to achieve substantial and sustained progress toward the development and retention of therapeutic foster care (TFC) homes for children in custody. TFCs, which are recruited, approved and managed by private agencies in Oklahoma, are intended by DHS to provide children in need of behavioral health treatment with family-based placements and appropriate services, thereby avoiding or limiting placement in congregate care settings. As documented in the Co-Neutrals’ previous Commentaries, DHS and its private agency partners, have not grown the pool of Oklahoma’s TFC homes and have not met annual Target Outcomes for new TFC home development or net gains during any period since the establishment of the Pinnacle Plan. In fact, DHS has reported net losses of TFC homes for the last seven report periods. Moreover, the number of TFC agencies partnering with DHS and the number of children served in TFC homes has also steadily and significantly decreased.

As described in this section, many children who need therapeutic care continue to be denied TFC placements, either because of a lack of available TFCs or a determination by the Oklahoma Healthcare Authority (“OHCA”) that they are ineligible.¹⁰ Over the last two years, the number of children in a TFC-authorized placement has declined precipitously by almost 70 percent from 413 children on December 31, 2016 to 135 children on December 31, 2018. The disparity between children’s need for therapeutic placements in Oklahoma and DHS’ efforts to meet those needs has worsened over time and informs the Co-Neutrals conclusion for this report

¹⁰ During the report period (July to December 2018), DHS expressed concern with a lack of effective collaboration with the OHCA. DHS’ August 2018 Semi-Annual reported stated, “It has become extremely difficult as a system to require and mandate high quality treatment services when the qualifying payee of services [OHCA] does not support positive progress, but rather requires justification of the child’s behaviors to remain a candidate for TFC.

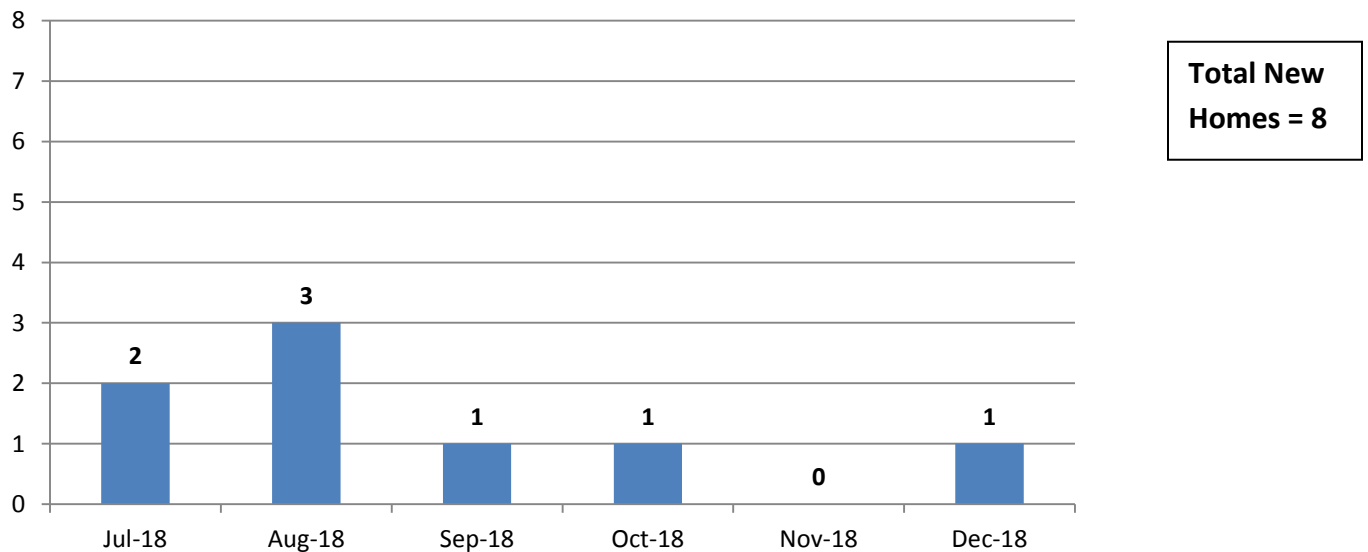
period that the department did not make good faith efforts to achieve substantial and sustained progress toward the TFC Target Outcomes.

Since the beginning of the reform, DHS has reported difficulties in working with its TFC private agency partners with respect to recruiting and retaining TFC homes; maximizing utilization of open TFCs; and ensuring quality therapeutic services to TFC-placed children. Though another state agency, OHCA, determines whether children are authorized for a TFC home, it is DHS' responsibility under the CSA to make good faith efforts to increase the number of foster homes available for children in need of therapeutic care. Unfortunately, DHS has not undertaken the necessary actions to achieve substantial and sustained progress toward the TFC Target Outcomes.

TFC New Home Development and Net Gain/Loss

The Co-Neutrals accepted DHS' proposed Target Outcome for new TFC home development for SFY19, which was set at 139. However, DHS reported that its private agency partners developed only eight new TFC homes during the first half of SFY19 and one of these eight homes closed before December 31 2018.

Figure 7: New Therapeutic Foster Homes by Month, July 2018-December 2018



Source: DHS Data

Of the eight total new TFC homes, only three were newly developed homes, two were adoption/kinship home conversions, and three were reopened homes.

TFC Net Gain/Loss

DHS began the fiscal year on July 1, 2013 with a starting baseline of 530 TFC homes, and had 171 open TFC homes on July 1, 2018. The department ended the report period on December 31, 2018 with 118 open TFC homes, which represents a net loss of 53 TFC homes for this six-month period. The SFY19 net gain target was established at 22 TFC homes. Of the 171 TFC homes open on July 1, 2018, 63 were no longer open on January 1, 2019, resulting in a TFC home closure rate of 37 percent over just six months. Since the outset of this effort, DHS has achieved a net loss of 412 TFCs, a 77 percent decline in available TFC resources for children.

Efforts to Improve the TFC Program

As presented in greater detail in the Co-Neutrals' last four Commentaries, DHS has more recently made efforts to correct deficiencies in its TFC program. In summary, a 2016 assessment of the TFC program by DHS confirmed a number of problems, including: a loosely managed TFC waitlist and placement system that resulted in an unverified waitlist and the inefficient matching of children with TFC families; a large pool of TFC homes that remained vacant for long periods but would routinely not accept placement of children authorized for TFC-level care; various deficiencies in the quality and "cookie-cutter" nature of the treatment services provided to children in TFC homes; a pervasive lack of participation by DHS caseworkers in the regularly scheduled 90-day treatment and progress reviews for TFC-placed children; insufficient preparedness and training of TFC families; and, a disproportionate rate of confirmed maltreatment of children in TFC homes.

Since DHS completed its assessment in 2016, the department has taken steps to address each of the areas of concern noted above with varying levels of attention, resources and success as described in prior Co-Neutral Commentaries. The department first focused on establishing new operational protocols to allow DHS and the private agencies to better match and place children with TFC families and ensure that only children who received approval from OHCA for TFC-level care were placed on the TFC waitlist. DHS also established a practice of closing TFC homes that have not accepted placement for more than 90 days and initiated structured case reviews with TFC agency leadership when maltreatment occurs in a TFC home to correct any identifiable patterns of safety concerns. Both of these efforts have contributed to DHS' closure of TFC homes, as well as a significant reduction in the percentage of homes reported vacant for an extended period of time.

New TFC Training Implemented

During this report period, DHS and the private agencies implemented a new training, the Pressley Ridge model, which the department selected to better prepare TFC families to meet the needs of children with challenging behaviors without the use of physical restraints. As of August 2018, DHS requires that all new families entering the TFC program complete this 36-hour training. The department also committed to retrain within one year all existing TFC families with the Pressley Ridge model. By December 31, 2018, 65 TFC families had completed the new course, with another 86 in the process of training. DHS is developing a formal evaluation tool to assess the improved skill level provided through the Pressley Ridge model. The Co-Neutrals will provide an update in their next Commentary on the department's assessment of the new training to prepare TFC families to care therapeutically for children with highly challenging behaviors.

Quality of TFC Treatment Services

DHS committed to use treatment team meetings that are scheduled, as required by OHCA, every 90 days for every child in a TFC placement as a forum for DHS staff to assess if each child's treatment plan and services meet their needs and help them progress toward their placement and permanency goals. However, as reported by the TFC agencies and acknowledged by DHS, the department needs to address the concerning fact that caseworkers generally have not participated in these meetings. During this report period, DHS developed a new guide for the 90-day treatment team meetings to "establish a framework to guide the conversation around clinical and non-clinical areas that should be addressed at every treatment team meeting." Further, DHS reported that during this period, department leadership communicated to caseworkers the importance of their participation in 90-day treatment meetings. DHS reported the new meeting guide was designed to help ensure more consistent and effective review of treatment plans, services and progress in order to meet each child's individual needs. All TFC providers began using the new meeting guide in October 2018 and are required to submit every completed guide form to DHS' TFC program staff for review and placement in the child's record. Additional guidance was established to confirm that these meetings must be held face-to-face, in a confidential location and that the required participants include the child's assigned caseworker.

In light of the department's longstanding concerns regarding the effectiveness of TFC program services for children, DHS must assess if the new treatment team guide and increased involvement by caseworkers in TFC service planning and reviews are having the necessary and intended result of improving the quality of TFC-level care provided to each child. The department must also take additional action to address any remaining shortfalls in this area of the program.

TFC Authorization Requests

In May 2017, DHS began to use a new management tool called the Application for Therapeutic Foster Care (“Application”), which is completed jointly by a child’s caseworker and DHS’ TFC program staff when the decision is made to request authorization for a TFC placement. The Application replaced a limited one-page worksheet, which caseworkers previously completed to request a TFC placement. DHS shares the completed Application with OHCA to request authorization and sends the same form to the TFC agencies to request a placement for the child if OHCA provides an initial approval. DHS reported that the new Application’s focus on a child’s needs, diagnosis, and behavioral histories, as well as their placement history, better positions the TFC program to communicate and match a child to available TFC homes. DHS reports this has helped the department maintain a substantially shorter waitlist of children who are authorized for and in need of a TFC placement. Compared to the 120 children on the waitlist in March 2016, there were 19 children awaiting TFC placement in November 2018 and 32 on the waitlist in March 2019.

However, while the waitlist has decreased, the number of children DHS places in TFC homes has also decreased significantly. As noted above, the department reported just 135 children in a TFC placement at the end of this report period, compared to 413 children in the TFC program two years earlier at the end of December 2016. Since May 2017, when DHS began using its new Application, the department has tracked and reported to the Co-Neutrals the number of TFC Applications submitted to OHCA for authorization, as well as the number of requests approved and denied by OHCA, as depicted in Table 3 below.

Table 3: Applications For TFC Program Authorization with New Application Form

	Approvals	Denials	Total	Percent Denied
May 2017	98	35	133	26%
June 2017	63	31	94	33%
July 2017	47	31	78	40%
August 2017	38	28	66	42%
September 2017	29	19	48	40%
October 2017	31	39	70	56%
November 2017	24	21	45	47%
December 2017	30	32	62	52%
January 2018	27	30	57	53%
February 2018	30	45	75	60%

	Approvals	Denials	Total	Percent Denied
March 2018	30	41	71	58%
April 2018	35	39	74	53%
May 2018	29	35	64	55%
June 2018	30	43	73	59%
July 2018	38	35	73	48%
August 2018	36	49	85	58%
September 2018	26	28	54	52%
October 2018	30	41	71	58%
November 2018	24	37	61	61%
December 2018	21	31	52	60%

The percentage of monthly Applications denied by OHCA has steadily and substantially increased. During the first three-month period of May to July 2017, after the new Application was implemented, OCHA denied an average of 33 percent of Applications submitted. That denial rate surged to 51 percent from October to December 2017, 54 percent from May to July 2018 and, most recently to 59 percent from October to December 2018. In February 2019, after the end of the current period, DHS reported “continued concerns exist about the number of children who are found ineligible for entry into the TFC program.” The Co-Neutrals’ independent review of these OHCA denials, as described below, revealed good reason for the department’s concerns, and revealed serious questions about the standardization and appropriateness of OHCA decision-making.

Review of OHCA TFC Authorization Decisions

The Co-Neutrals independently reviewed the 107 TFC Applications OHCA denied from October to December 2018, along with the decision record OHCA returned to DHS.¹¹ In this review, the Co-Neutrals sought to confirm the most common reasons documented by OHCA as the basis for denying authorization for TFC-placement. While the review focused on information documented in the TFC Applications and in the OHCA decision records, the Co-Neutrals also reviewed each child’s placement record in KIDS to understand their placement experience after TFC-level care was denied.

¹¹ DHS reported 109 Applications were denied from October to December 2018, however, in the Application and OHCA denial records from this period provided to the Co-Neutrals for review, only 108 individual child Applications were identified and one Application showed as approved, not denied.

As a point of reference, there are several criteria outlined in OHCA policy to determine when a child is eligible for TFC placement. First, a child must have a valid DSM-V diagnosis (excluding adjustment disorders). In addition, it must be determined that the child’s behavioral symptoms cannot be reasonably managed in a family-based setting with less intensive treatment, and without the availability of 24 hour crisis response/behavior management and intensive clinical interventions from professional staff. OHCA’s policy also requires that the assessment of each child’s eligibility, based on their behavioral needs, be completed by a Licensed Behavioral Health Professional (LBHP).

DHS has reported that the primary reasons OHCA denies TFC authorization requests include a child having a low IQ, since children diagnosed with an intellectual disability are not eligible for TFC placement in Oklahoma, as well as a child having behavioral challenges and needs that are too acute to manage in a TFC home.¹² However, only 16 children among the 107 denials were disallowed TFC placement by OHCA based on their IQ being too low or unknown.

Table 4: Summary of Authorization Denial Reasons, Oct to Dec 2018

Denial Category and Reason	Total	Percentage
Intellectual Disability	16	15%
<ul style="list-style-type: none"> • IQ too low (7) • IQ unknown (9) 		
Does Not Meet Medical Necessity Criteria	64	60%
<ul style="list-style-type: none"> • Does not meet medical necessity (29) • Does not meet criteria for TFC (7) • Behaviors do not support TFC (17) • Have not exhausted other options (11) 		
Higher Level Needed than TFC	24	22%
<ul style="list-style-type: none"> • Requires higher-level care than TFC (9) • Behaviors too severe for TFC (2) • Too unstable (3) • Delinquent behaviors (7) • AWOL (3) 		
Other	3	3%
<ul style="list-style-type: none"> • Receiving alternative treatment (1) • Need more information (1) • No reason noted (1) 		
Total	107	100%

¹² DHS has reported that the threshold for a low IQ is 70 or below; however this is not an absolute threshold as OHCA will consider other factors in determining TFC placement authorizations.

Children Do Not Meet TFC Criteria for Medical Necessity

As shown in Table 4 above, 64 children were denied a TFC placement based on an assessment by OHCA that the child's behaviors were not sufficiently severe to warrant a TFC placement, or that the child did not have a mental health diagnosis to support TFC authorization. This was the most frequently documented reason by OHCA for TFC authorization denial. Of these 64 children who were found not to meet the medical necessity criteria, only 26 had no diagnosis documented on their Application, and, of these 26 children: 14 had a history of behavioral health counseling; six were prescribed at least one psychotropic medication and six had already experienced inpatient or other higher level placements.

The remaining 38 children of the 64 who were denied TFC placement by OHCA had at least one DSM-V diagnosis and 26 (of the 38) had more than one diagnosis. Attention deficit hyperactivity disorder, post-traumatic stress disorder and oppositional defiance disorder were among the most common diagnoses documented in the TFC authorization forms. A child's recent behaviors are also documented and assessed when applying for TFC placement. Of the 64 children who were found not to meet the medical necessity criteria and denied TFC authorization, 37 were reported to have exhibited aggressive behaviors, including physical aggression, verbal aggression, destroying property, and threatening to hurt others, and 40 were reported to display non-aggressive, but still problematic behaviors, such as encopresis and tantrums.

The authorization forms submitted by DHS to OHCA describe significant, problematic behaviors that traditional foster parents are typically not trained, equipped or expected to handle. Given this, it is not surprising that many of the children denied TFC authorization had excessive placement instability, including multiple shelter stays. In fact, after the denial by OHCA for not meeting the medical necessity criteria, 29 of 64 children experienced placement in an inpatient or residential setting. Thirty-seven children of the 64 experienced at least one shelter stay, with 25 experiencing more than one shelter stay. Moreover, at the time of the review by the Co-Neutrals in March 2019, 25 of the 64 children had experienced three or more placements after their TFC denial. Six children were eventually approved and placed in a TFC home, but only after five of these six children experienced between four and 14 more placements.

OHCA denied 11 of the 64 Applications, asserting more specifically that DHS had not yet exhausted other options, including establishing outpatient services while the child is placed in traditional foster care or another non-TFC family-based placement. Of these 11 children, only five experienced two or fewer placements and achieved stability in a family-based placement after TFC denial.

Needs Too Severe or Unstable For TFC-Level Care

As outlined in Table 4 above, OHCA denied 24 Applications based on the agency's conclusion that the child's needs were too severe or unstable for TFC placement. Seven of these children were denied based on a determination by OHCA that their behaviors were more delinquent in nature, while the denial of three children was based on the child's AWOL history presenting a flight risk from TFC. All of these 24 children had at least one mental health diagnosis and, the majority was reported as having more than one diagnosis, and taking more than one psychotropic medication.

In contrast with the group of 64 children who were denied TFC authorization based on an assessment of lower level behaviors, these children were often denied with a note by the OHCA reviewer that they might be more appropriate in a higher-level treatment facility. Indeed, 14 of the 24 children were placed in one or more inpatient facilities at some point after their TFC denial. Shelter placements were recorded for 11 of these children after their TFC denial. In summary, the Co-Neutrals' review of the denial reasons along with each child's reported DSM-V diagnosis and behavioral symptoms raises questions about OHCA's decisions. Further, the review of each child's subsequent placement records, which shows placement instability and shelter stays for the majority of children whose TFC application is denied, makes clear the limitations of DHS' placement continuum to meet the behavioral health needs of children in DHS custody.

Authorizations Approved

The Co-Neutrals also reviewed the TFC Applications that were approved between October and December 2018. During this period, OHCA approved 75 Applications for TFC placement. Five of the children did not have a diagnosis documented in their Application and 39 had their IQ listed as "unknown." Forty-seven of the 75 children approved by OHCA for the TFC program over this three-month period had been placed in a TFC home as of March 2019. All but eight of these 47 children who entered the TFC program were placed in a TFC home within 30 days of the Application approval date.

The remaining 28 children of the 75 authorized by OHCA for a TFC had not been placed with a TFC family as of March 2019. Twelve of the 28 children who were not placed in a TFC experienced at least one shelter stay after their Application was approved. This raises serious questions why almost 40 percent (28 of 75) of the children approved for TFC placement from October to December 2018 had not been placed in a TFC home at the time of the writing of this report. The diminishing number of available TFC homes in Oklahoma no doubt affects the ability of DHS to ensure that children who need therapeutic care are placed in a TFC home that best matches and meets their needs. As of March 28, 2019, there were only 25 vacant

placements in TFC homes across the state and only 11 TFC homes statewide had a vacancy and no other child placed in the home. Having a robust pool of TFC homes with no other children is important as children with behavioral challenges often require placements with no other children. While it is important that DHS' TFC program no longer reports homes with long-standing vacancies, this does not negate the need to build a more robust pool of foster homes that are available to meet the individual therapeutic needs of children in DHS custody.

The Co-Neutrals have routinely urged DHS to explore alternatives and additional opportunities to expand family-based therapeutic care for children beyond DHS' current TFC model. For example, the Co-Neutrals encouraged and supported DHS in an effort during the second half of 2017 to assess if the therapeutic services provided to children in DHS custody through Oklahoma's System of Care (SOC) program could be verified as providing an equivalent level of treatment as required through the TFC program. As previously reported, the SOC records at that time did not show an appropriate level of service commensurate to TFC. However, the Co-Neutrals have continued to recommend that DHS understand the level and quality of therapeutic services provided to children in the department's custody as a way to bridge the gap in treatment services and the current placement continuum.

Efforts to Develop a New TFC Model

DHS reported in May 2018 that it was beginning to explore an alternative TFC model, which continued through the current report period. Specifically, DHS, in collaboration with its existing TFC providers, shared a preliminary proposal with Plaintiffs' counsel and the Co-Neutrals in August 2018 for a heightened level of family-based therapeutic care, which the department calls Intensive Treatment Family Care (ITFC). As the plan evolved through the end of 2018, DHS described a more intensive therapeutic foster care model to serve children who have greater behavioral health needs than children who are currently authorized for TFC placements, including children who may be dually diagnosed with an intellectual disability and a mental or behavioral health diagnosis. The goal is to be able to stabilize these children and meet their needs in a family setting. The leading tenets of the new, proposed ITFC model, as of March 2019, are:

- Only one child can be placed in a home by DHS.
- At least one caregiver must be a stay-at-home parent.
- Foster parents must be actively involved with the child's treatment planning, discharge planning and identified permanency goal.
- The foster parents will have access to emergency or crisis respite care as well as 24/7 access to crisis management support.
- The child's treatment plan will be reviewed and updated every 30 days, with the team including the child, the ITFC family, the child's caseworker, any identified

permanency source, and the assigned therapist, clinical supervisor, treatment coordinator, as well as any other individual deemed appropriate.

- The ITFC family will meet weekly with the treatment coordinator.
- The ITFC providers will establish affiliate agreements with acute facilities, psychologists and psychiatrists, and medical and other specialized providers as needed.
- The ITFC will agree to a no reject, no eject commitment to service any child approved for ITFC care.
- The ITFC caregivers will receive a higher daily reimbursement than TFC families.

As DHS and the private agencies worked to outline the ITFC model proposal during this period, the private agencies' efforts to develop new homes into the current TFC program appear to have been extremely limited. While DHS reported it added two TFC program staff this period to help the private agencies recruit new TFC homes, the combined recruitment efforts of DHS and the agencies resulted in the approval of only eight new homes (six percent) of the annual Target Outcome of 139 new TFCs.

In early November 2018, the Co-Neutrals joined DHS leadership in a meeting with the TFC agencies to review and discuss the ITFC model proposal. On this same day, the Co-Neutrals met with DHS leadership to discuss again concerns about the lack of substantial progress in the TFC program. The Co-Neutrals urged leadership to prioritize and move swiftly to advance the ITFC proposal or to make other program adjustments necessary to grow the number of family-based placements for children in DHS custody who need therapeutic care. DHS leadership, in November 2018, acknowledged it knew very little about the ITFC proposal or its financial or programmatic viability. Further, DHS had not yet discussed its ITFC model proposal with OHCA leadership. As the Oklahoma state Medicaid agency, OHCA needs to seek federal approval of an amendment to the state's Medicaid plan in order to access federal funds to support children in ITFC placements. As such, timely coordination with OHCA is essential to launch and sustain an ITFC program. In a follow-up meeting during the second half of December 2018, the Co-Neutrals urged DHS leadership to remain actively engaged in the TFC issue given the lack of progress in this performance area, and to act with a sense of urgency related to the many deficits DHS has highlighted on its own regarding the TFC program.

After the end of the period, DHS leadership communicated to the Co-Neutrals its intention to move forward with the ITFC model. DHS began to provide ongoing updates to the Co-Neutrals on the status of the multiple administrative, regulatory and policy changes that must be enacted by DHS, OHCA, the Oklahoma Legislature and/or the federal government in order to launch the ITFC program. DHS reports that OHCA leadership and staff have made it a priority to assist DHS in launching the new ITFC model. The Co-Neutrals will provide an update on these

efforts in the next Commentary. The department must develop a stronger placement continuum to meet the needs of children who require various levels of family-based therapeutic care and align and employ more robust efforts to support the department’s goal of achieving substantial and sustained progress in this performance area under the CSA.

C. Caseworker Caseloads and Supervisor Workloads

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

Table 5: 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	8 Families	0.125
Permanency Planning	15 Children	0.0667
Resource Family	22 Families	0.0455
Adoption	16 Children	0.0625
Supervisors	1 Supervisor Dedicated to 5 Workers	0.2 per worker

As reported in the Co-Neutrals’ last Commentary, DHS committed to achieve the following three goals by December 31, 2018 to advance its efforts to achieve substantial and sustained progress toward manageable caseloads:

1. Ensure 80 percent of caseworkers meet the caseload standard;
2. Ensure no caseworkers carries a caseload over 200 percent of the caseload standard; and,
3. Hire a sufficient number of staff to meet the final caseload Target Outcome, which is ninety percent of caseworkers meeting the caseload standard.

A renewed focus on, and oversight of, caseload management beginning in the summer of 2018 by department leadership resulted in DHS exceeding the first commitment with 86.1 percent of caseworkers meeting the caseload standard on December 31, 2018. DHS also met the second commitment by eliminating any caseload more than twice the standard by the close of the period. In fact, over the last year, DHS reduced by more than half the number of workers

carrying more than 175 and 150 percent of the caseload standard. As of December 31, 2018, 14 caseworkers (one percent) carried a caseload over 175 percent of the standard, down from 48 on December 31, 2017, and 53 (four percent) caseworkers were assigned a workload over 150 percent, down from 110 on December 31, 2017.

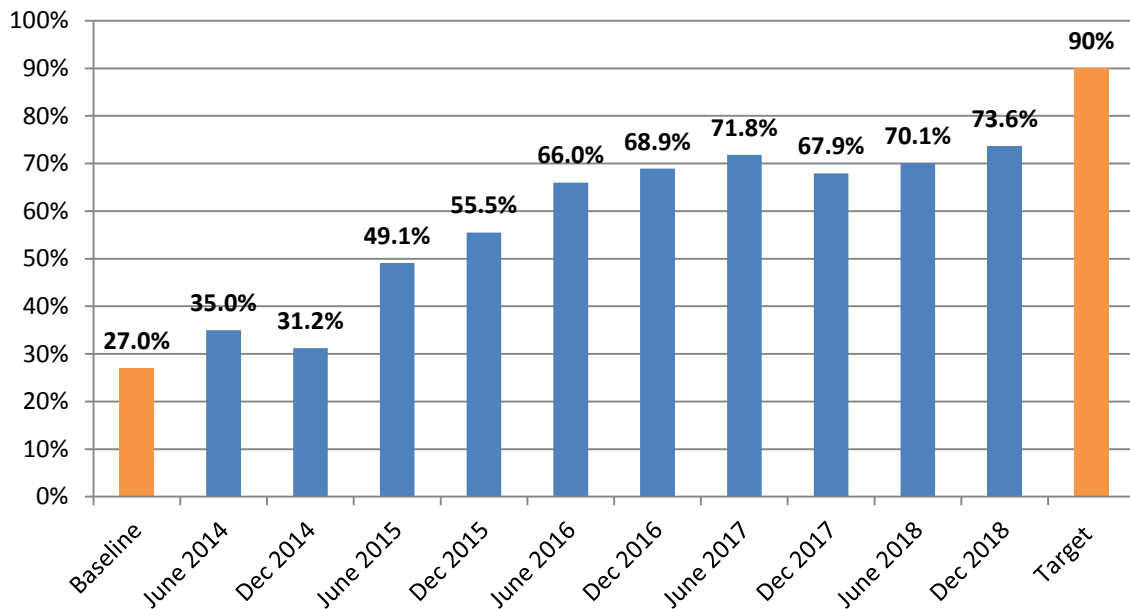
For the third commitment, the department continued to hire more caseworkers this period, particularly focusing on those districts with identified staffing shortages. Through these concerted efforts, DHS achieved its best performance on caseloads since the establishment of the Pinnacle Plan. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustainable progress toward the caseload Target Outcome.

Performance – Target Outcomes

Quarterly Caseload Data (October-December 2018)

DHS reported that 73.6 percent of all caseworkers met the established caseload standard, on average, for the last three months of the period (October 1, 2018 to December 31, 2018). Since last period, DHS’ quarterly caseload performance increased from 70.1 percent of caseworkers meeting the caseload standard.

Figure 8: Worker Caseloads: Percent of Workers Meeting Caseload Standards



Source: DHS Data

Point in Time Caseload Data

According to the point in time (PIT) data from the end of this report period, DHS reported that 86.1 percent of all caseworkers met the established standard on December 31, 2018. When compared to the PIT data at the end of the last report period, DHS' compliance significantly increased from 71.6 percent.

DHS' statewide caseload performance of 86.1 percent is collectively comprised of the caseload performance of 29 districts across the state. DHS' significant improvement in caseload compliance is particularly evident at the district-level. On December 31, 2018, 19 of the state's 29 districts had 90 percent or more of caseworkers meeting the caseload standard, up from only seven districts on June 30, 2018. An additional four districts had between 80 and 89 percent of caseworkers meeting the standard. Most significantly, DHS reduced by more than half the number of districts with less than 79 percent of workers meeting caseload standards, dropping from 15 districts last period to six this period.

As reported in the Co-Neutrals' last Commentary, eight districts have lagged behind the rest of the state in caseload performance, with three of these districts reporting fewer than half of caseworkers meeting the caseload standard last period. As Table 6 below shows, all but two of these eight districts experienced a considerable improvement in caseload performance this period, with three districts reporting at least 90 percent of caseworkers meeting the standard. For district 26, where DHS did not experience better caseload performance, the department reported that the district's rural location has impeded the ability to address an ongoing staffing shortage in the district. DHS reported that it remains focused on improving staffing levels to increase caseload compliance in those districts that continue to struggle.

Table 6: Caseload Compliance of Eight Struggling Districts

District	Caseload Compliance Dec 2017	Caseload Compliance June 2018	Caseload Compliance Dec 2018
8	43%	53%	90%
10	59%	40%	100%
14	40%	34%	75%
20	57%	59%	72%
21	58%	55%	66%
23	94%	54%	49%
26	38%	39%	35%
27	73%	66%	100%

While work remains for DHS to further improve caseload performance in some of these eight districts, DHS' progress this period is important given the historical challenges to caseload compliance in these districts. Improved caseload compliance is also demonstrated by an increase in manageable caseloads for each worker type. As Table 7 below shows, DHS achieved a positive increase in caseload compliance for each worker type, with ATU workers achieving the most substantial improvement in compliance this period.

Table 7: Caseload Compliance by Worker Type

WORKER TYPE	% MEETING, June 2018	% MEETING, Dec 2018	% Improvement
INVESTIGATION	66.5%	83.0%	+16.5%
PERMANENCY PLANNING	70.9%	84.7%	+13.8%
PREVENTIVE/VOLUNTARY	71.6%	92.8%	+21.2%
FOSTER CARE/ ADOPTION	78.2%	88.4%	+10.2%
ATU	64.4%	97.7%	+33.3%
RECRUITMENT	97.8%	100.0%	+2.2
TOTAL	71.6%	86.1%	+14.5%

Leadership Oversight of Caseloads

DHS confronted a daunting challenge this period. By late September 2018, DHS reported caseload compliance at 62 percent of caseworkers meeting the caseload standard, reflecting a fall of nearly 10 percentage points from June 2018. In response to worsening performance, on October 8, 2018, DHS submitted to the Co-Neutrals a set of strategies aimed at intensifying DHS leadership's oversight of caseload performance. These strategies and commitments include activities, such as: the re-establishment of weekly calls between low caseload performing districts and DHS leadership to timely 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 Interim Child Welfare Director 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 began to improve steadily, ultimately exceeding the 80 percent caseload compliance target established for December 31, 2018; DHS was also able to eliminate any caseloads over 200 percent. In order for DHS to achieve and sustain the caseload Target Outcome, DHS leadership

must remain steadfast in its robust oversight of caseloads, particularly in the area of hiring and retention, as described below.

Increasing Hiring

While the department's focused efforts this period produced marked improvement in caseload compliance, DHS struggled to hire and maintain its target number of caseworkers. This period, despite its hiring to backfill positions, the department experienced a net loss of staff due to attrition.

At the end of the report period, DHS reported having 1,618 case carrying staff, 1,451 of whom were managing at least one case. Of the remaining 167 caseworkers not carrying a case, 125 were still early in their training and not yet eligible to receive case assignments. Since June 30, 2018, the total number of caseworkers statewide decreased by 61 workers, from 1,679 to 1,618. Further, from June 30 to December 31, 2018, the number of staff carrying at least one case decreased by 94, from 1,545 to 1,451.

Due to the net loss of workers, DHS reported this period an increase in the statewide total of vacant positions. At the close of the current period, DHS reported 320 vacant positions, an increase from 271 vacant positions at the end of last period on June 30, 2018.

As reported last period, DHS leadership has recognized the department's ongoing challenge to hire and retain staff. During this period, DHS reported that district and regional leadership staff worked to identify and re-assign hard-to-fill positions to new, bordering districts that can fill positions at a higher rate. Next period, the Co-Neutrals will closely monitor DHS' efforts to reduce the number of vacant positions statewide.

Staffing to Meet Total Workload

DHS' efforts to meet and sustain the caseload Target Outcome must be driven by the department's commitment to ensure districts are sufficiently staffed to meet their total workload. As DHS is aware, the total workload fluctuates during the year due to seasonal trends, such as an increase in cases in late summer as children return to school, and following unexpected incidents that raise awareness of child maltreatment, such as a well-publicized case of child abuse or neglect. As the Co-Neutrals have stressed in prior Commentaries, the department must ensure that its authorized staffing levels for each district are sufficient to meet total workload when caseloads are at the highest levels during the year. This will ensure the department is able to effectively respond to cyclical increases in total workload without experiencing a drop in caseload compliance and the pressures high caseloads place on caseworker retention and quality case practice.

A review of DHS' data from the years 2016, 2017 and 2018 shows that the department consistently experienced a spike in the number of cases during the fall, as Table 8 below shows.

Table 8: Workload Spikes, Fall 2016, 2017 and 2018

Year	August	October	December
2016	1,452	1,568	1,457
2017	1,386	1,508	1,371
2018	1,382	1,450	1,238

In each of these three years, the result of the increase in total workload in October was a subsequent decline in caseload compliance. For example, during the peak in cases in October 2017, caseworkers in Oklahoma City were responsible for over 450 more investigations than in June 2017, and Tulsa caseworkers had over 200 additional investigations placed on their caseloads. The Table below shows the drop in caseload compliance in October of each year and the following rise in compliance after total workload declined in December.

Table 9: Caseload Compliance, Fall 2016, 2017 and 2018

Year	August	October	December
2016	71%	66%	77%
2017	77%	65%	70.5%
2018	72%	63%	86.1%

This data clearly illustrates that in each of these three years the department was not adequately staffed or prepared to meet the increased number of cases that were assigned to DHS in the fall of each year. The department must hire and maintain sufficient staff to ensure that it is able to weather these fluctuations in total workload without placing intensified strain on caseworkers to carry excessive caseloads.

Total Workload

DHS' total workload not only fluctuates during a year, it also varies from year to year due to larger trends, such as a drop over time in the number of children in care. DHS' reported total workload at the close of 2018 was 1,238. This is an historic, low total case weight that corresponds to DHS' focused efforts to reduce the number of children in custody. Specifically, DHS' total workload has declined by over 200 points since 2015. Nonetheless, the department must remain prepared for its total workload to increase throughout the year and in the future.

The Co-Neutrals commend the department on its good faith efforts to achieve a substantial improvement in caseload compliance this period. The Co-Neutrals caution that history and

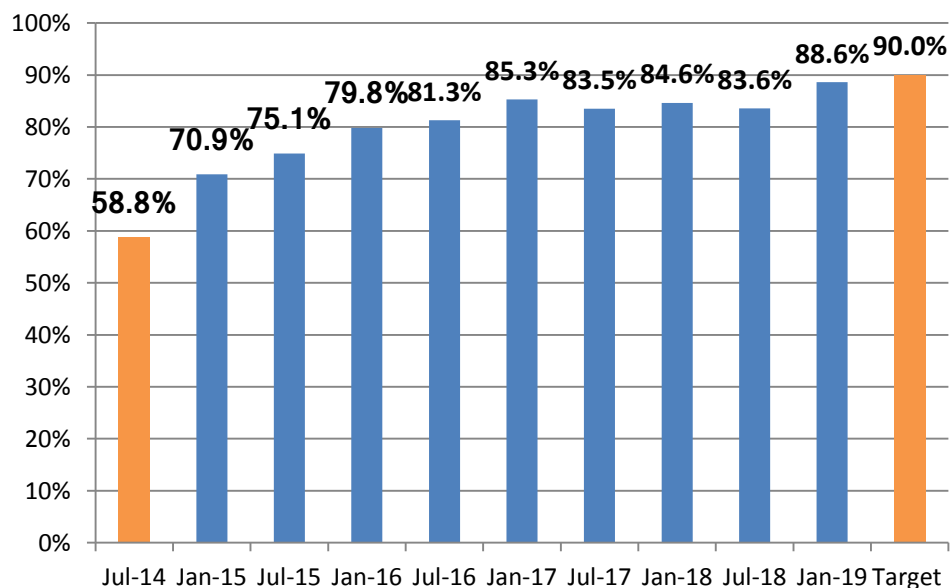
data make plain the current, low total workload will rise and the department must ensure that staffing levels are sufficient to effectively absorb such an increase without a return to unmanageable caseloads.

Performance Standards and Target Outcomes – Supervisor Workloads

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.

During this period, DHS made significant progress toward the Target Outcome as 88.6 percent of supervisors met the 1:5 workload standard as of December 31, 2018, compared to 83.6 percent on June 30, 2018. As Figure 9 below shows, DHS has made substantial and sustained progress from the baseline toward the Target Outcome.

Figure 9: Supervisor Workloads: Percent of Supervisors Meeting Workload Standards



Source: DHS Data

DHS also reported a decrease in the number of supervisors who are assigned and manage their own cases. Child welfare cases managed by supervisors carry the same case weight as the cases managed by caseworkers and are calculated into each supervisor's workload ratio. As of December 31, 2018, 20 supervisors carried more than two cases, an improvement from the 23 supervisors who carried more than two cases on June 30, 2018.

For this report period, the Co-Neutrals again find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for meeting supervisor workload standards.

D. Shelter Use

This period, DHS' efforts to reduce shelter care resulted in fewer children in DHS' custody experiencing a shelter stay and significantly fewer child-nights in a shelter than last period. For the fifth consecutive period, DHS successfully ensured that no child in the youngest age group (ages 0 to 1) experienced a shelter stay and, for children between the ages of two and five, the department reported the lowest number (four) of shelter nights during this reform. Lastly, and importantly, for children six years of age and older, DHS achieved significant reductions in shelter care this period, reporting the lowest number of shelter nights for teens in DHS custody.

The primary two practices DHS has utilized to reduce shelter care are multidisciplinary staffings, which are used to identify needs-based placements for children already in shelters, and a heightened authorization process, which requires DHS leadership to approve shelter care before children are placed there. Over the last year, DHS increased its efforts to ensure that rigorous searches of alternative needs-based placements occur prior to authorizing a shelter placement. In addition, DHS developed and implemented an enhanced statewide staffing model that establishes a series of clear protocols staff must complete before, during and after a child's staffing to identify and secure a needs-based placement outside of a shelter. The development of this statewide staffing model, which is administered by shelter leads in each of the state's five regions, has created a uniform framework to guide and support each DHS region's efforts to reduce the length of time children remain in shelters. During this period, DHS effectively focused on implementing and supporting caseworkers' understanding of these shelter reduction practices, which resulted in better outcomes across all shelter Metrics. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward each of the five shelter use Target Outcomes.

Performance Standards

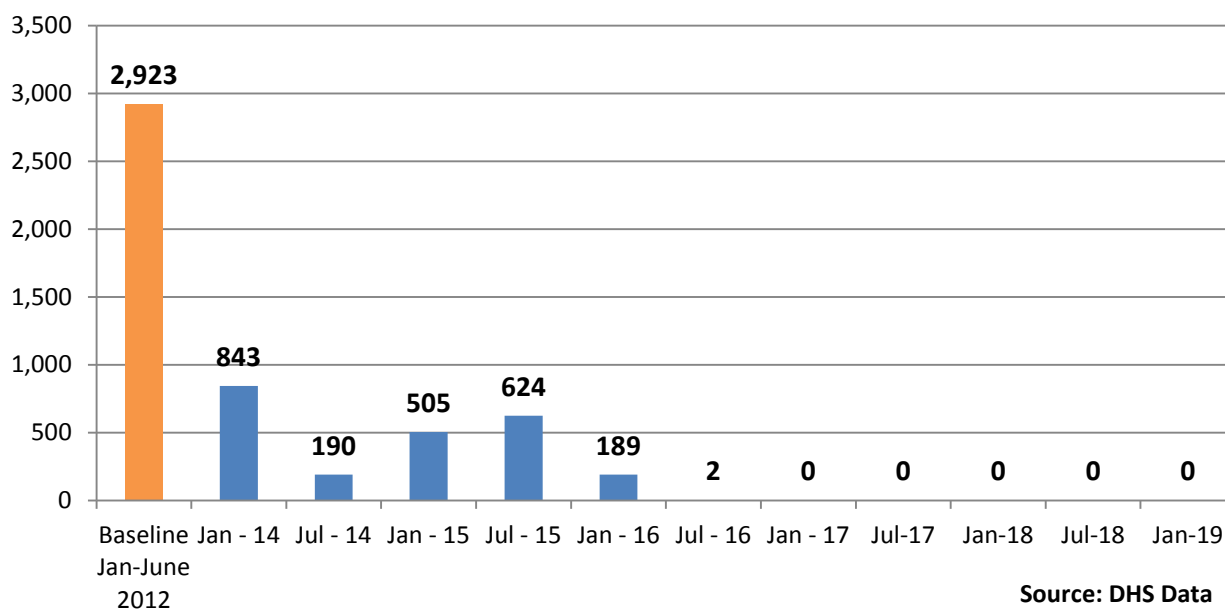
DHS committed that it would "ensure all children are cared for in family-like settings" and "stop its use of temporary placement in shelters for all children under 13 years of age." In the Metrics Plan, the Co-Neutrals selected the number of "child-nights" spent in shelters as the measure to assess Oklahoma's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

reporting period. The Pinnacle Plan includes an exception for shelter placement if the child is part of a sibling set of four or more being placed together. The Co-Neutrals have also allowed for the exception to place a minor parent with their child if necessary to keep the parent and child together (note that the child must, in fact, be placed with their minor parent).¹³ 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

This report period, DHS achieved the Target Outcome of zero child-nights in shelters for children under two years of age. From its baseline of 2,923 child-nights, DHS has successfully eliminated shelter care for this youngest cohort of children for over three years.

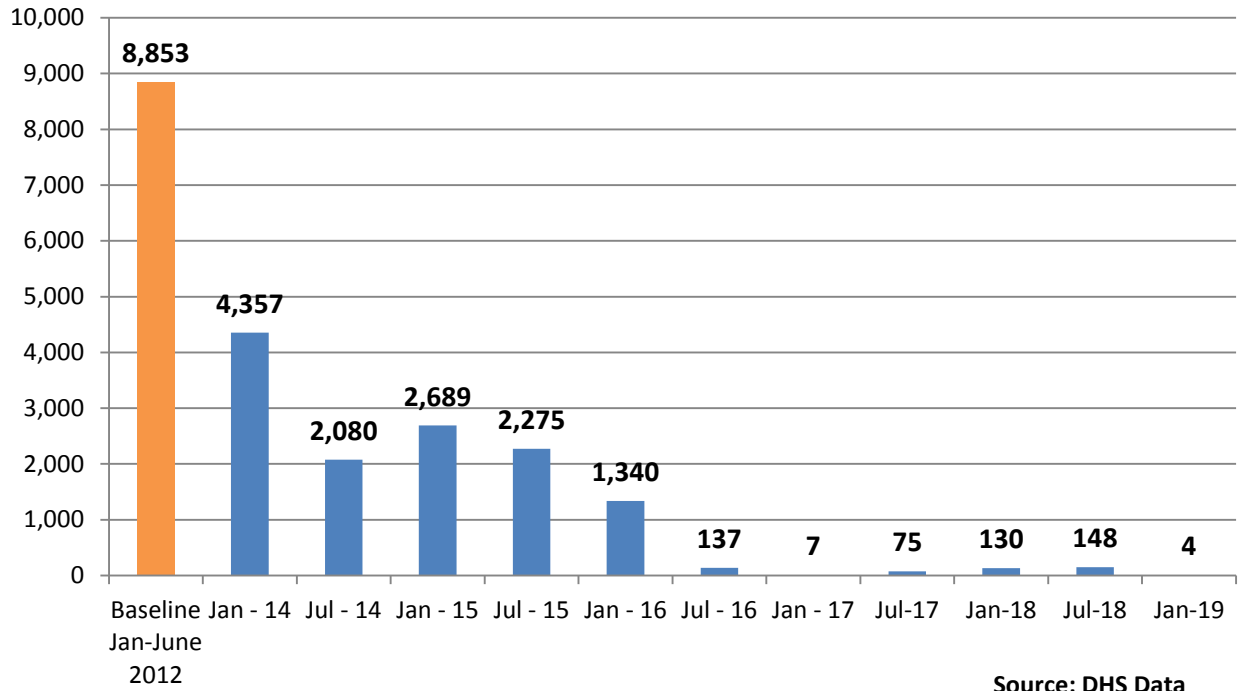
Figure 10: Metrics 5.1 – Shelter-Nights, Children Ages 0 - 1



For children ages two to five, the original recorded baseline was 8,853 child-nights. For this period, June 30, 2018 to December 31, 2018, two children spent a combined total of four nights in a shelter. This is DHS’ best performance to date for this measure, bringing the department markedly close, within four nights, of meeting the Target Outcome of zero child-nights for this age group.

¹³ Children who meet the criteria for one of the two exceptions are included in the shelter outcomes data. For this report period, DHS reported that none of the children who experienced a shelter stay met the exception criteria.

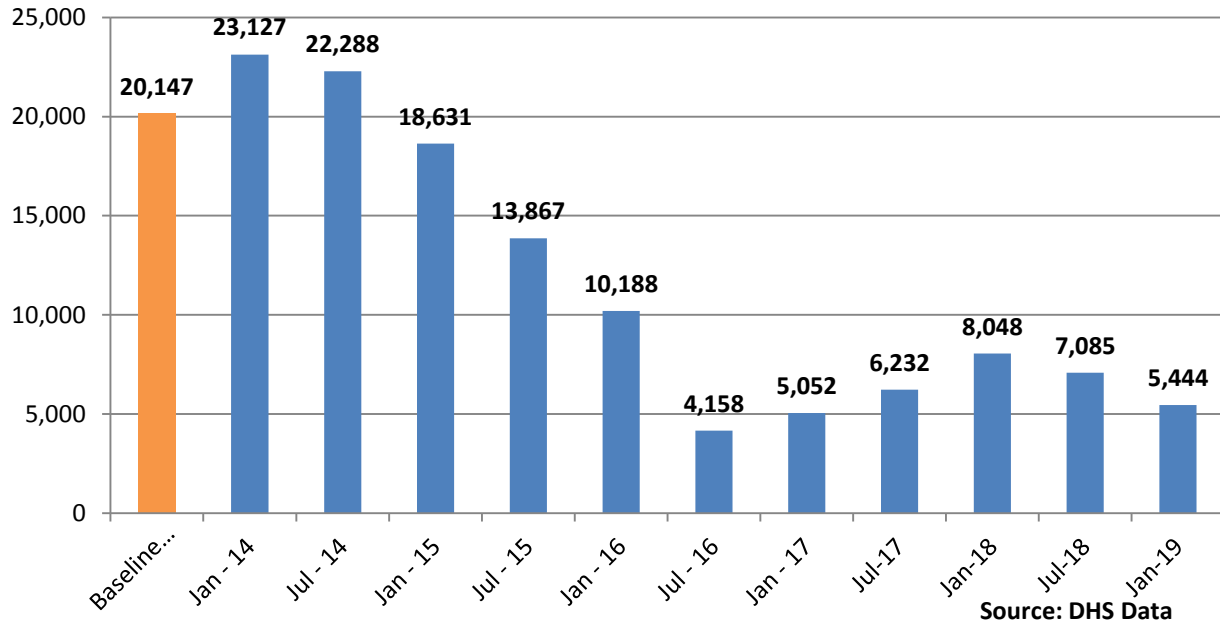
Figure 11: Metric 5.2 – Shelter-Nights, Children Ages 2 – 5



Shelter Metric 5.3 – Children Ages Six to 12

For children ages six to 12, DHS reported this period a decrease in the number of child-nights experienced by this age group. This period, DHS reported 5,444 child-nights compared to 7,085 during the previous six-month period, a 23 percent decline in shelter utilization. These shelter nights represent 137 unique children, which is 19 fewer children than DHS reported spent a night in a shelter last period.

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

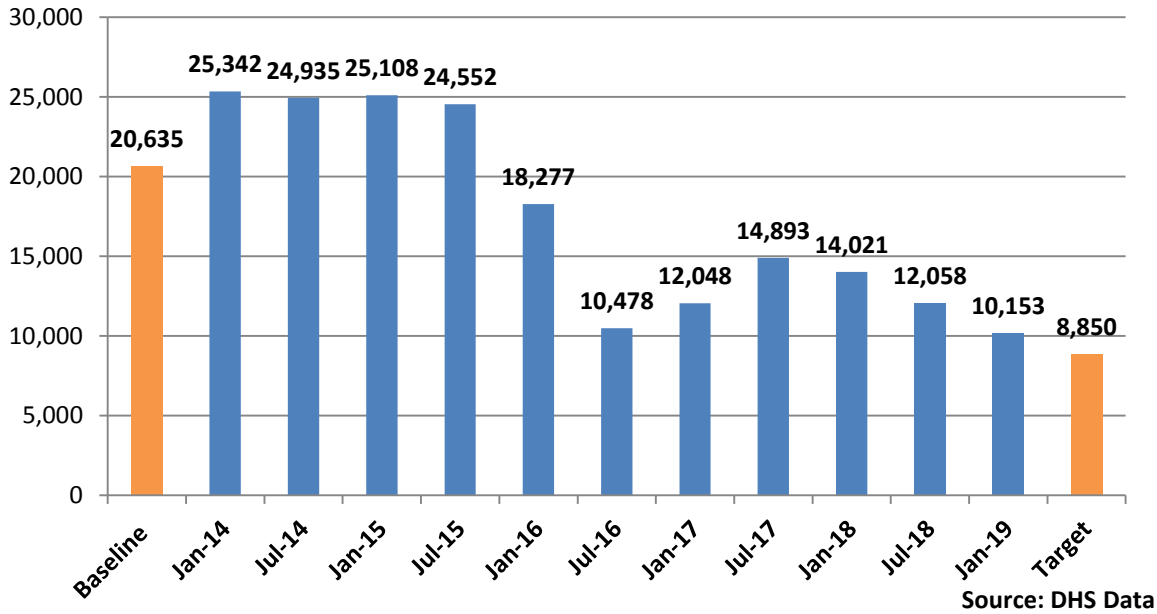


Shelter Metric 5.4 – Children Age 13 or Older

Neither DHS’ Pinnacle Plan nor the Compromise and Settlement Agreement require that emergency shelter usage for children 13 years and older be completely eliminated. However, DHS did commit under the Pinnacle Plan (Point 1.17) that by June 30, 2014, 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, DHS would not place any child over age 13 in a shelter more than one time and for no more than 30 days within a 12-month period.

For this report period, the number of unique children ages 13 and older who spent a night in a shelter decreased from 274 children in the last period to 257 children this period. DHS reported 10,153 child-nights for this oldest group of children, which represents a 16 percent reduction from last period when DHS reported 12,058 child-nights. As shown in Figure 13 below, this is the third consecutive period DHS has positively reduced the number of shelter-nights teens experienced in a shelter. Further, DHS reported for this period the lowest number of shelter-nights for teens under this reform.

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



Reducing Shelter Usage for Children

DHS has substantially reduced shelter usage for children of all ages in Oklahoma over the past six years. As Table 10 below illustrates, DHS has reduced by just over 70 percent the total number of nights children experience in shelters since the start of this reform. DHS has importantly achieved the most significant percentage reduction for children five years of age and under and, for children ages six and older, the department achieved the greatest reduction in the total number of shelter-nights. Compared to the baseline period, DHS has reduced shelter-nights for children ages six and older by 25,185: the volume of this reduction is more than the total number of child-nights in a shelter (15,601) reported this period for children of all ages combined. This represents substantial and sustained progress.

Table 10: Child-Nights in Shelters by Age, Change from Baseline to Current Period

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2013)	Performance (July 2018- December 2018)	Change (N)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	4	-8,849	-99.9%
6 to 12	20,147	5,444	-14,703	-73.0%
13 & Older	20,635	10,153	-10,482	-50.8%
TOTAL	52,558	15,601	-36,957	-70.3%

Pinnacle Plan Commitment 1.17 – Youth 13 and Older

DHS’ Pinnacle Plan Commitment 1.17 requires that these older youth 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, 90 percent of all children ages 13 and older who experience a shelter stay would be in compliance with Pinnacle Plan 1.17.

For the period of July 1, 2018 to December 31, 2018, DHS reported that 35 percent (90) of the 257 children ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. As Table 11 below shows, this represents a significant, positive increase in performance from last period (July 2018) when DHS reported that 27.7 percent of children were placed consistent with Pinnacle Plan 1.17. The Table below shows a modest performance improvement this period compared to four years ago (January 2015) from 33.7 percent to 35 percent. The more marked change is reflected in the sharp drop in the number of teens (393 versus 167) who experienced multiple and/or extended shelter stays.

This represents important progress and reflects DHS’ concerted efforts to reduce shelter care for this oldest population. At the same time, work still remains for DHS to increase the percentage of older youth who are compliant with 1.17 in closer range of the Target Outcome.

Table 11: Pinnacle Plan 1.17: July 2018 to December 2018

Shelter Initiative 1.17	July 2014 Baseline		July 2018		January 2019	
	# of Youth	%	# of Youth	%	# of Youth	%
Children with a shelter stay of at least 1 day	593	100%	274	100%	257	100%
Those with 1 stay, less than 31 days	200	33.7%	76	27.7%	90	35.0%
Those not compliant with 1.17	393	66.3%	198	72.3%	167	65.0%

Of the 167 youth whose placements were not compliant with Pinnacle Plan 1.17 this period, 118 youth experienced more than one shelter stay. As Table 12 below shows, most of these youth (57 percent) experienced two shelter stays while a smaller subset of 24 youth experienced four or more shelter stays.

Table 12: Youth with More than One Shelter Stay during Period (N=118)

# of Shelter Stays	# of Children
2	67
3	27
4	15
5	5
6	2
8	2
Grand Total	118

In comparison to the total number of children in DHS custody, the population of children in shelter care is relatively small, and those who cycle in and out of shelters are an even smaller population. However, these children’s placement instability underscores the need for DHS to deepen its continuum of placements to meet the needs of children in custody, particularly those with higher level needs. As highlighted in the TFC section above, the Co-Neutrals found that a number of children who experience multiple shelter stays are children either approved and waiting for a TFC placement, as well as children denied a TFC placement. DHS has acknowledged that the development of a full placement continuum, with an emphasis on family-based placements, is fundamental to better outcomes for children and youth who present a variety of therapeutic treatment needs and for whom DHS still relies on shelters for placement. DHS leadership must work with great speed to develop a continuum of placements (and care) that meet the needs of this population of children.

Efforts to Reduce Shelter Care

DHS enhanced its application of heightened oversight of shelter placements by implementing during this period the use of a more comprehensive shelter placement authorization form. Since February 2014, DHS has required that for children less than 13 years of age, all shelter authorizations must be approved by the CWS Director and for children 13 years of age or older, shelter authorization must be approved by the regional deputy director. In order to approve a child’s placement in a shelter, the CWS Director or a regional deputy director is responsible for ensuring caseworkers have exhausted and clearly documented all efforts to secure an alternate, needs-based placement to prevent a shelter stay.

The new shelter authorization form that DHS implemented prompts workers to assess all appropriate levels of care (family-based through inpatient) for the child and to document, as appropriate, efforts related to each level of care. The four-page document is comprehensive, and if thoroughly completed by workers and closely reviewed by leadership, each approved shelter authorization should reflect an extensive record of efforts pursued to prevent shelter placement. As DHS reported, the shelter authorization form “is expected to direct [child welfare] staff to identify a more appropriate placement prior to ever utilizing shelter care.” DHS’ team of shelter leads continued to review a sample of approved authorization forms to determine how effectively the field is pursuing needs-based placement options prior to placing a child in a shelter.

Reducing Shelter Stays

Over the last year, DHS has focused on strengthening the quality of multi-disciplinary staffings to expedite children’s exit from shelters. The department’s staffing protocol requires that each child placed in a shelter is staffed bi-weekly with the following required participants: the child’s assigned permanency worker and supervisor, ATU worker, if appropriate, a representative from Foster Care and the Resource Family Partners Unit (RFP) and the assigned regional shelter lead. Prior to the staffing, the child’s permanency worker is required to complete the Progressive Shelter Staffing Form, which asks workers to document the specific efforts undertaken to find a placement outside of a shelter and the outcomes of these efforts. The last page of the new form is an “Action Plan” which is to be completed during the staffing with a listing of any follow-up actions to be taken after the staffing. To ensure accountability, the regional shelter lead is responsible for monitoring if the items included in the Action Plan are completed timely. If the regional shelter lead determines any items have not been completed timely, the field manager and deputy director are notified.

A critical component of DHS’ enhanced staffing protocols is the addition of elevated staffings for children ages 0-12 who remain in a shelter for at least 30 days and for youth ages 13-17 who remain in a shelter for at least 60 days. These elevated staffings are used for children who, as DHS reports, “often have extended shelter stays because they have unique needs that are not easily matched with a typical family setting or treatment program.” The statewide shelter field representative is responsible for organizing and leading the elevated staffings, which include in addition to the child’s assigned worker and supervisor, a district director and resource field manager. If any pending, concerning or recently denied kinship placements exist, the resource specialist and supervisor are also required to attend the staffing. Lastly, these staffings may include additional individuals depending on the specific needs of the child (i.e.: programs staff for Developmental Disabilities Services (DDS), Therapeutic Foster Care (TFC), or the Specialized

Placement and Partnership Unit (SPPU)). The statewide shelter field representative and this multi-program team undertake a more intensive case review of the child being staffed, including a close review of placement options that may have previously been denied or ruled out but may be appropriate for a child if additional supports can now accompany the placement.

Similar to the standard staffings, action steps are developed at the elevated staffings and monitored by the district director and the regional shelter leads for timely completion. DHS has sought to establish a team effort not only for completing the staffings but also in assigning action steps in order to apply the team's best expertise and resources to meet the placement needs of the child under review. Elevated staffings occur every 30-calendar days until a child exits the shelter.

New Training on Best Placements and Reducing Shelter Stays

DHS recognized that because a relatively small percentage of children in custody experience a shelter stay, not all child welfare staff and supervisors have experienced and are prepared to knowledgeably implement the shelter authorization and staffing protocols. As such, during this period, DHS' statewide shelter team and field representative began to develop an interactive training to enhance case practice across the state to prevent and reduce the length of shelter stays through diligent searches and efforts to secure placements that best meet a child's needs.

Through this training and ongoing mentoring and coaching in the field, DHS has focused on preparing child welfare staff to better comprehend their roles and responsibilities related to preventing shelter placement, ensuring children's needs are met while placed in a shelter and timely locating need-based placements outside a shelter. Emphasis has been placed on modeling a case practice that remains focused on understanding each child's individual needs, challenges and strengths so that placement decisions strategically support and advance a child's well-being and permanency goal. The Co-Neutrals will report in their next Commentary DHS' efforts to implement their new shelter reduction training across the state.

Youth Service Agency (YSA) Shelters

This is the first period in which all shelter placements and nights occurred in a YSA shelter as DHS closed the Laura Dester Children's Center, the last of two public shelters previously operated in Oklahoma, at the end of the last period on June 30, 2018. DHS' shelter team reported expanded efforts this period to collaborate with the YSA shelters and Oklahoma's Office of Juvenile Affairs (OJA), which hold the contracts for children placed in a YSA shelter. An

additional, third, DHS shelter liaison was assigned to work directly under the shelter field representative so that the department maintains consistent contact with each YSA shelter and regularly engages youth placed in a shelter to help ensure their needs are met. Each shelter liaison must be knowledgeable of shelter processes, protocols, and policies and ensure timely follow up and correction to any identified concerns regarding safety or policy violations. DHS also continues to offer the YSA shelters per diem monetary supports to help care for children whose needs require 1:1 supervision 24 hours a day. During this period, four shelters contracted with the department to receive these added services; however, only one YSA shelter used this direct care contract to support two children with higher level needs. The YSA shelters have reported some difficulty using these funds, which should be addressed in ongoing meetings with DHS and shelter directors.

DHS' shelter field representative has begun to collaborate more with the YSA shelter directors to avoid placing children outside of their county and to place them where it best supports their permanency goal, which may require additional efforts to identify and provide services and community supports that a child may need while placed in the shelter. DHS is also working with OJA as it implements new YSA contracts established during the period, which include a per diem reimbursement rate structure that corresponds to a child's specific needs.

E. Child Maltreatment in Care

This period, DHS achieved an important and necessary reduction in the maltreatment of children (MIC) in DHS custody. For this Commentary, which reflects data for the period of October 31, 2017 to September 30, 2018, DHS reported its greatest gains on the two principal child safety metrics, 1a: MIC by a resource caregiver and 1b: MIC by a parent. In fact, DHS exceeded the Target Outcome on Metric 1b this period and thereby secured the safety of over 99 percent of children in DHS custody while in the care of their parents.

For Metric 1a, which measures child maltreatment in foster homes and institutional settings, DHS reported this period a sharp decline in the incidence of abuse and neglect in institutional settings. This positive decline is the result of DHS' focused oversight and resolution of identified safety concerns at many institutional settings through intensified monitoring and engagement and contractual enforcements, as well as a placing a hold on any new child placements in specific facilities. DHS' focused efforts contributed to a substantial reduction in the incidence of child maltreatment in institutional settings this period. The Co-Neutrals commend DHS on this achievement and urge the department to sustain, and build upon, the gains it has made in creating a safer system for children than the one that existed in Oklahoma at the time this litigation was brought.

In the area of foster homes, the department developed in 2015 a set of initiatives designed to address recurrent concerns surfaced by the Co-Neutrals and DHS in their respective case record reviews of substantiated child maltreatment in foster homes. These identified areas of concern included the prevalence of maltreatment in foster homes with previous maltreatment referral histories; inadequate child safety assessments during caseworker visits with foster families and children; and the approval of foster homes that appear to lack the protective capacities to ensure the safety of children. Due to ongoing challenges to improve the quality of its work in these areas, last period DHS developed an expanded set of core strategies with the specific purpose of ensuring caseworkers have sufficient training, guidance and resources to execute these practices as intended and thereby prevent child maltreatment in foster homes.

During the current report period, the Co-Neutrals assess that DHS substantially increased its focused efforts to implement its expanded core strategies in the field. The Co-Neutrals are encouraged by the scope and depth of these strategies to address the department's historical challenge to remedy longstanding case practice concerns that have contributed to child maltreatment in foster homes. DHS must continue its good faith efforts to implement thoroughly these strategies in order to achieve substantial and sustained progress in child safety.

For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve the Target Outcomes for the child maltreatment metrics. This finding is based on DHS' rigorous oversight of institutional settings which resulted in a substantial reduction of child maltreatment in these placements and the department's focused efforts to develop structures and processes to ensure caseworkers develop the necessary skills to prevent child maltreatment in foster homes. DHS' improved performance on both Metric 1a and 1b, reflects these efforts. When both metrics are combined, 94 fewer children in DHS custody were maltreated this period when compared to last period, a very strong movement in the right direction. Preliminary child maltreatment data for the next report period, ending March 31, 2019, indicates that these efforts continue to yield improved child safety outcomes.

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

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

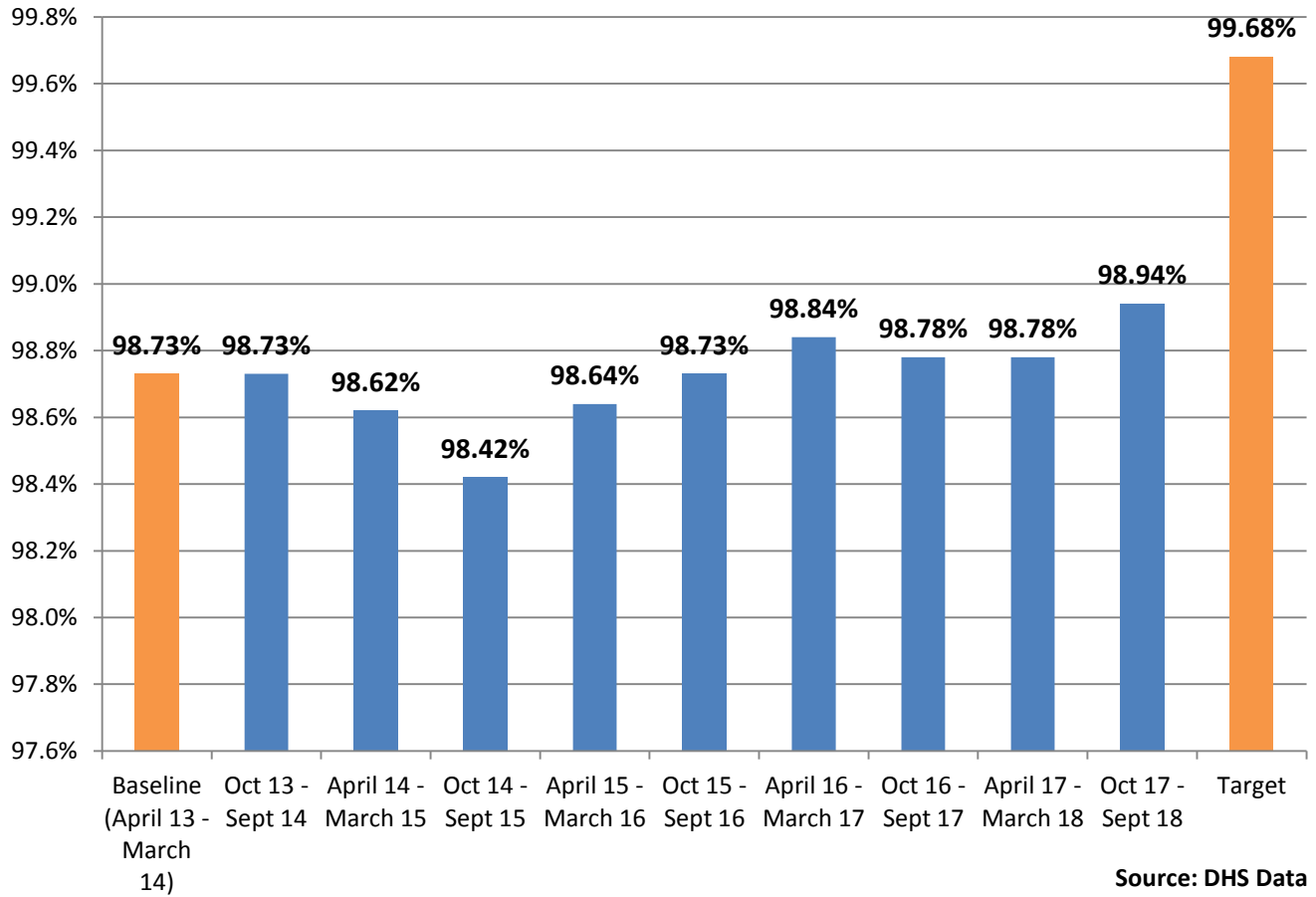
maltreatment by a foster parent or facility staff.¹⁴

For this metric's current measurement period, October 31, 2017 to September 30, 2018, DHS reported that 147 children out of 13,901 in DHS custody were abused or neglected while in care. This represents a rate of 98.94 percent of children in DHS custody during the period who were not victims of child maltreatment. For DHS to have met the Target Outcome of 99.68 percent of children safe in custody, DHS would have had to keep an additional 103 children safe from abuse and neglect by a resource caregiver.

As shown in Figure 14 below, during the baseline period, April 2013 to March 2014, DHS reported that 98.73 percent of children in DHS custody were not victims of child maltreatment. Over the eight subsequent reporting periods, DHS' safety outcomes did not substantially or sustainably progress toward the Target Outcome. This period, as Figure 14 below shows, DHS achieved significant progress toward the Target Outcome and reported its highest performance on this metric since the beginning of this effort.

¹⁴ In October 2014, the federal Children's Bureau changed the metric it uses to assess state child safety in care. The new federal metric combines maltreatment in care by resource caregivers and by parents, with some additional adjustments to the methodology. For consistency and comparability, the Co-Neutrals and DHS continue to use the two metrics and methodology originally established in the Metrics Plan.

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



In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment monthly. Over the same 12-month period, October 31, 2017 to September 30, 2018, DHS reported 209 substantiations of child abuse and neglect by a resource caregiver. Of these, 62 substantiations are not included in the federal measure adopted by the Co-Neutrals as Metric 1a for two reasons: (1) 58 child abuse or neglect substantiations were excluded 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; and (2) four child abuse or neglect substantiations were not counted in the federal metric because they represent multiple substantiations for the same child. Of the 209 substantiations of maltreatment reported in the monthly data, 176 substantiations (84 percent) are for children in family-based foster care settings, while 33 substantiations (16 percent) are for children in residential facilities or higher-level institutions.

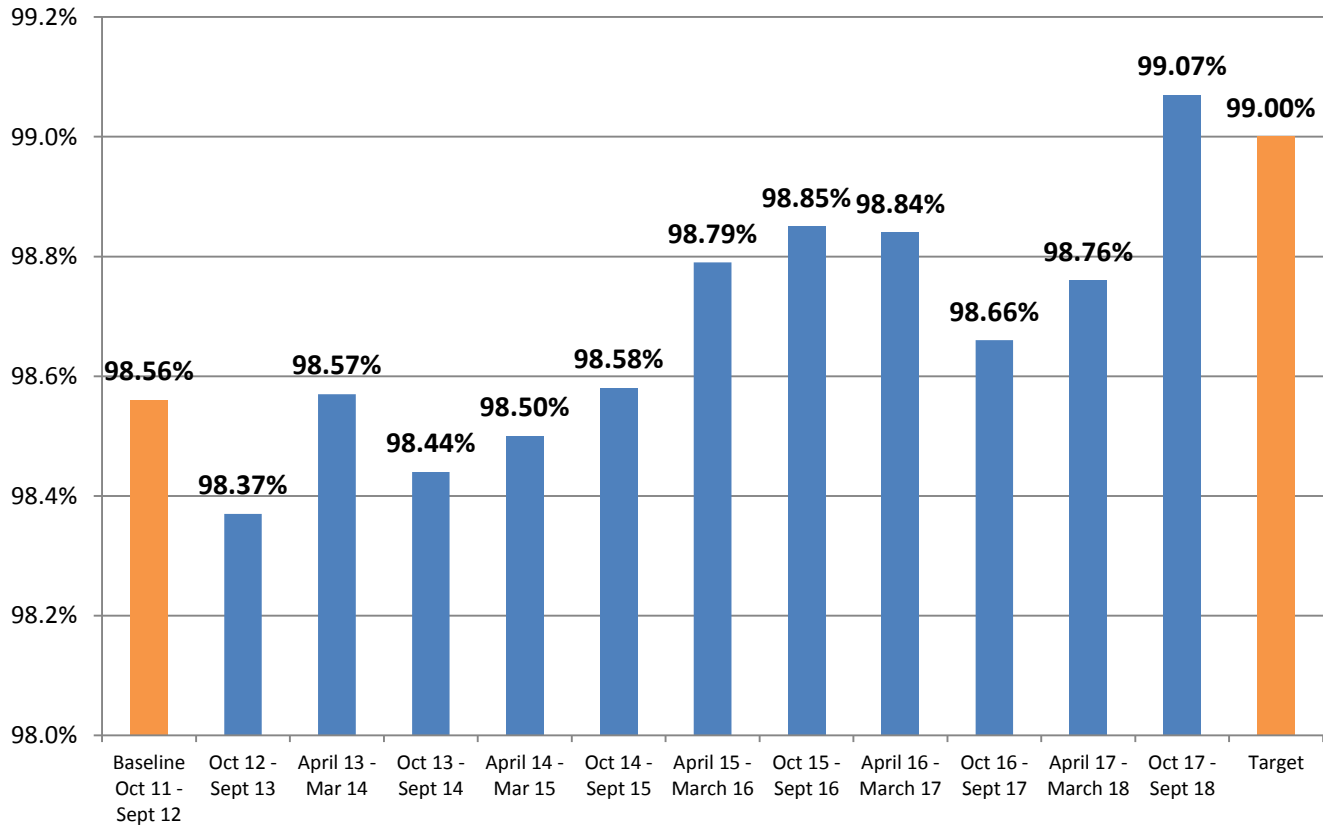
Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b

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

This 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.

For this report period, October 31, 2017 to September 30, 2018, DHS served 13,901 children in custody, 129 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 99.07 percent against a target of 99 percent. DHS, for the first time, exceeded the Target Outcome on this metric.

Figure 15: Metric 1b – Absence of Maltreatment in Care by Parents



Source: DHS Data

DHS’ data show an additional 37 substantiations of maltreatment of children by their parents while in DHS custody that were excluded in the measure because of the same federal exceptions applicable in Metric 1a: 33 are excluded because the referral date (date when an allegation is made to DHS) and findings date (date when the case is substantiated) do not exist in the same 12-month reporting period or due to multiple substantiations on the same child; and, four are excluded for other applicable criteria.¹⁵

Comparative Maltreatment in Care Rates by Placement Types

The Co-Neutrals reviewed whether children are maltreated by a resource caregiver more often in certain placement types through an analysis of Maltreatment in Care (MIC) rates for each placement type (see Table 13 below). The Co-Neutrals used the method that the United States

¹⁵ The exclusion of the MIC substantiations for these four children is due to the confirmed maltreatment occurring during a prior removal, and AFCARS only counts the current removal episode.

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: Rate of MIC by Placement Type, Current and Prior Report Periods

Placement Type	Current Period (Oct '17 to Sept '18)		Last Period (April '17 to Mar '18)	
	# of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate
Regular Foster Family Care	70	12.1	50	8.2
Foster Family Care - Supported Home	26	5.1	19	3.4
Kinship Foster Family Care Relative	46	4.4	68	6.3
Kinship Foster Family Care Non-Relative	21	6.9	17	5.7
Therapeutic Foster Family Care	8	10.3	11	10.3
Congregate Care	33	16.9	69	33.4
Other Foster Family Care	5	3.0	1	.6
Total	209	7.2	235	7.7

The Table above shows that while children in congregate care had the highest rate of maltreatment by a resource caregiver of any placement type, the rate of maltreatment in these settings was reduced by 50 percent from last period, with 36 fewer children maltreated this report period. Children in family-based placements experienced an increase in maltreatment when compared to last period. Of family-based placements, children placed in regular foster homes experienced the highest MIC rate, while the rate of maltreatment in kinship relative homes decreased for the fourth consecutive period. Overall, the rate of maltreatment for all children in DHS custody positively decreased when compared to the previous 12-month report period.

Core Strategies to Reduce MIC in Family-Based Placements

Over the past four years, DHS and the Co-Neutrals have conducted joint case record reviews of all substantiated child maltreatment investigations to understand the causes of child

maltreatment and assess the department's efforts to prevent it.¹⁶ For this report period, the Co-Neutrals reviewed substantiated maltreatment referrals that were closed between July 2018 and December 2018. These reviews have consistently identified three primary case practice concerns which have thwarted DHS' ability to reduce child maltreatment in foster homes. The three primary concerns are:

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

In response to these identified concerns, in 2015 DHS developed a set of core strategies designed to strengthen case workers' assessment and assurance of child safety in each of these areas. As documented in prior Commentaries, the Co-Neutrals' ongoing reviews of substantiated maltreatment investigations have found that while caseworkers are routinely performing the enhanced safety-focused practices contained in the core strategies, the quality of these practices have often been insufficient to identify and resolve safety concerns before maltreatment occurs in foster homes.

Last period, DHS developed and began implementation of an expanded set of MIC core strategies to give caseworkers sufficient training, guidance and resources to improve the quality and efficacy of these safety-focused case practices originally designed in 2015. The strategies focus on: establishing timely and effective feedback channels to field staff on key findings from central office's ongoing reviews of maltreatment cases; enhancing annual caseworker training on the main contributing factors to maltreatment in foster homes and providing clear instruction on the case practices necessary to identify and mitigate safety threats; and, using enhancements in the KIDS system to do so. These enhancements to the agency's child welfare information management system are intended to improve information sharing among a foster

¹⁶ In addition, the Co-Neutrals conducted a case record review of scores of maltreatment investigations that did not result in a maltreatment substantiation, and agreed with the department's conclusions in the vast majority of cases. In one instance where the Co-Neutrals disagreed with the department's original determination, department leaders re-evaluated the original investigative findings and reversed their decision, ultimately substantiating maltreatment regarding children placed at the Laura Dester Children's Center in May 2018.

home's caseworker and caseworkers assigned to the children placed in the home to ensure any pertinent safety information is known and monitored by all workers.

The expanded core strategies reflect a comprehensive effort by DHS to resolve identified practice deficiencies. During the current period, the Co-Neutrals found DHS implemented the expanded core strategies with a high level of focus and thoughtfulness. The Co-Neutrals urge DHS to maintain its full commitment to strengthening caseworkers' ability to assess and address child safety risks in foster homes. These efforts will better position DHS to achieve a long overdue reduction in child maltreatment in foster home placements.

Enhancing the Quality of Case Practice

Described below are DHS' efforts this period to implement three overarching initiatives that represent the department's core strategies to reduce maltreatment in foster homes.

Transfer MIC Qualitative Review Findings to Field

In its expanded core strategies, the department committed to enhance its quality assurance work to ensure key findings from DHS' maltreatment case record reviews are transferred timely and effectively to the field to improve practice. As discussed above, DHS' central office MIC team has undertaken ongoing, monthly reviews of all substantiated maltreatment referrals in foster homes and a sample of eight unsubstantiated referrals since 2016. Through these reviews, DHS has gained a significant understanding of the ongoing practice issues that contribute to child maltreatment in foster homes. This period, DHS developed structured information sharing processes to ensure key findings from these reviews are shared routinely and widely across the agency. Specifically, the department implemented or set in motion the following ambitious set of activities during this report period:

- Each district director is responsible for completing a monthly review of two substantiated and two unsubstantiated maltreatment referrals in their district in order to identify and address district-specific practice issues related to maltreatment.¹⁷ District directors began in December 2018 to engage in discussions with those staff, primarily permanency planning and foster care caseworkers, assigned to these cases to identify opportunities to enhance the risk assessment skills of those workers involved in the case.
- Quarterly, district directors are responsible for completing an in-depth case analysis of a substantiated maltreatment referral and presenting their analysis to local office

¹⁷ Not every district will have two substantiated or unsubstantiated referrals every month. Such districts are required to review up to two substantiated and unsubstantiated referrals each month.

caseworkers and supervisors.¹⁸ In their presentations, district directors are to identify factors that contributed to maltreatment in their reviewed case so that prevention strategies for the district/region can be planned and implemented. DHS reported the first round of case analyses will be completed between April and June 2019. The central office MIC team will attend quarterly presentations to monitor content and efficacy.

- In November 2018, DHS assigned a MIC lead to each region. Each regional MIC lead is required to meet bi-monthly with DHS' central office MIC team to present MIC data and trends related to their region. The first meeting was held December 17, 2018. Each MIC lead, in collaboration with their MIC team established for each region, is responsible for reviewing the completed substantiated and unsubstantiated maltreatment reviews of the district directors in their region. The regional MIC team must then compile this information into a quarterly report of trends, practice strengths and weaknesses, and any other identified issues that will be presented to the MIC central office team for review. Through this work, DHS reported that each MIC lead will identify a primary regional issue that has contributed to child maltreatment and, by January 2019, submit to DHS' central office MIC team an action plan to address this issue.
- Lastly, DHS reported that the MIC team will partner with the foster care and adoption quality assurance team to jointly review the home approval records of resource homes. The review will focus on homes substantiated for maltreatment with identified home approval concerns to ensure knowledge is transferred between the teams around the quality and rigor of safety assessments conducted during the new home approval process.

By expanding its quality assurance review structure to include district directors and MIC leads, DHS is integrating field staff into this key information sharing process. Further, by bringing this work to the district level, local staff can identify district specific challenges and strengths in case practice and develop targeted strategies to address any challenges that may not have been visible at the statewide level.

Training Informed by MIC Case Review Findings

DHS committed to develop an annual online training that is informed by DHS' findings from its ongoing reviews of maltreatment cases (both substantiated and unsubstantiated). During the current period, DHS finalized the training and, in late November 2018, made the training available for staff. DHS reported all child welfare staff at all levels were required to complete the training by December 31, 2018. As of March 2019, DHS reported that 97 percent (2,406 of

¹⁸ An in-depth case analysis also occurs in the event of an unsubstantiated referral that contains significant risk factors.

2,480) of department staff required to take the training had completed the course and two percent (49) were in progress. DHS identified a remaining 25 staff (one percent) who had not started the training and leadership reported they were following up to ensure course completion.

As reported in the last Commentary, the Co-Neutrals assessed the training to be comprehensive and cover the most pertinent case practice areas of concern with clear and detailed instruction. Specifically, the training includes a section dedicated to each of the three practice area concerns that have continuously emerged in the maltreatment case reviews – referral histories, quality of visits and home approval.

As noted in the last Commentary, the training accurately emphasizes the importance of quality workers' visits that incorporate a thorough assessment of child safety as a key practice to reduce child maltreatment. The current review of substantiated maltreatment referrals continue to identify the need to strengthen worker visits, particularly in the areas of: workers completing unannounced visits to foster homes and discussing with foster children if any unapproved individuals frequent the foster home. To support improved visits, on October 30, 2018, the Interim Child Welfare Director issued a numbered memo to all staff regarding updated guidance on visits, which includes instructions on the steps caseworkers are required to take before, during and after a visit. The memo articulates that quality visits "improve assessment of safety, risk and needs." This period, leadership was also trained on the updated worker visits guidance and was instructed to share this information with local caseworkers and supervisors. During the next report period, the Co-Neutrals will continue to assess the quality of worker visits to assess child risk and address any safety concerns.

After staff complete the new online MIC prevention training, DHS requires caseworkers to complete a series of booster questions and trainings at two days, two weeks, and six weeks following the initial training to reinforce the concepts learned. The Co-Neutrals will report in their next Commentary on DHS' qualitative analysis of staff's responses to the booster questions to assess any opportunities to strengthen the training and ensure the information presented is understandable and clear to caseworkers.

KIDS Enhancements to Heighten Safety Assessments

DHS' third initiative in its expanded core strategies involves enhancements in the KIDS information system to help caseworkers identify and address, as appropriate, foster homes that may present a safety risk to children. A fundamental initiative DHS implemented during the current period is an alerts system in KIDS that will notify all caseworkers assigned to a home or child of any safety related issues or identified stressors in the home that require increased monitoring, support and/or engagement by staff. In its review of confirmed maltreatment

investigations, DHS has identified that, in some cases, a lack of information sharing about concerns in a foster home between the resource home worker and the child's permanency or adoption worker resulted in critical safety concerns going unaddressed. As a result, DHS reported a primary purpose of the alerts system is to increase communication between the different caseworkers to ensure all workers are informed of and monitoring any concerns in a foster home.

On September 6, 2018, the Interim Child Welfare Director issued a numbered memo to all CWS Staff stating that effective September 17, 2018, an alert notification must be created in response to any issue in a foster home that requires ongoing monitoring. The memo provides clear instruction on the information staff must include in the alert, including the reason for the alert and the type of follow-up or ongoing monitoring that must be done. The instructions detail the type of issues or concerns that warrant an alert, such as:

- A resource parent is under a high amount of stress and needs additional support;
- A resource parent has a history of substance abuse; or
- Safety risks in the home, such as excess clutter, lack of baby gates or cleaning supplies or medicine within reach.

Both the Co-Neutrals and DHS have found in their respective case record reviews that maltreatment correlated to unapproved individuals in foster homes. DHS now requires that during monthly visits, permanency workers discuss with children if any other individuals are in the home beyond the foster parents and children. The development of the alert system should support improved case practice in this area. However, this period's review of maltreatment investigations found that caseworkers are not yet consistently asking children during monthly visits about who visits and/or lives in the home. DHS will need to ensure that caseworkers are completing this required practice in order for the alert system to have the intended impact and help address this area of concern.

DHS also developed an alert to support heightened engagement of foster homes that were approved to care for foster children, despite the department having identified during the home approval process potential safety issues that warrant intensified monitoring and/or support by DHS to remedy any risks. Should any concerns or issues be identified during the home approval process, caseworkers will be required to create a new contact note in KIDS, which documents the specific concern or issue that needs to be monitored. DHS reported that staff must take action to address the concern and when the concern no longer requires monitoring, staff must enter a contact note which clearly documents how the issue was resolved.

In meetings in field offices this period, the Co-Neutrals received positive feedback from supervisors on the new alerts system. In particular, supervisors stressed that the alerts are a helpful tool to ensure staff more effectively communicate about any issues in a resource home. During the next report period, the Co-Neutrals will review DHS' efforts to fully implement the alert system in the field and ensure staff effectively use the alerts to prevent child maltreatment in foster homes.

Reducing the Incidence of Foster Homes with Concerning Referral Histories

Included within DHS' third initiative described above is a commitment to develop guidance for the safety-focused practice known as the screen-out consultation, which was developed as part of DHS' original MIC core strategies in 2015. This multi-staff joint review is required following DHS' decision not to accept for investigation, but instead screen out, an abuse/neglect referral for a child placed in a foster home. During this review, staff are required to assess the foster home's referral history and any other information that may reveal safety concerns and require follow up action by the department. The Co-Neutrals' and DHS' respective reviews of foster homes that have been substantiated for maltreatment identified the existence of referral histories that contain previously screened out, ruled out, or unsubstantiated allegations in some instances. These referral histories often present a pre-existing, documented pattern of safety risks to children in the home that were either overlooked or not considered in their entirety. The purpose of the screen out consultation, as well as DHS' long standing 10-day staffings that are conducted after DHS initiates an investigation of maltreatment in care, is for caseworkers and supervisors to identify any patterns of safety risks in a home and to take prompt and appropriate action to mitigate unreasonable risks of harm for children.

As reported in multiple prior Commentaries, the Co-Neutrals have observed through their case record reviews that caseworkers and supervisors are generally consistent in completing these post-referral reviews. This period, DHS made efforts to strengthen the quality of post-referral staffings. In August 2018, DHS developed detailed guidance for both staffings, which instruct staff on how to prepare for the staffings, and the distinct actions that must be taken during and after the staffings. The guides state that staff must review all previous referrals and/or investigations on the resource family in their totality, assess if the resource family needs additional supports and/or if a written plan of compliance (WPC) is necessary to correct any issues in the resource home. In October 2018, DHS conducted training for district directors on the enhanced expectations for the 10-day and screen-out consultation staffings. The new guides were also shared with district directors. At the training, district directors were instructed to bring this information back to their local offices and review the new guides with caseworkers and their supervisors.

As discussed in the last Commentary, DHS finalized an enhanced screen-out consultation guide in KIDS to address identified practice deficiencies last period. The new guide, which DHS reported released in KIDS in February 2019, is comprehensive and requires staff to assess the following information about the foster home: the number and content of referrals and investigations involving the home, the number and content of Written Plans of Compliance (WPC) involving the home, and any safety issues in the home. Most importantly, the guide requires staff to document their justification for keeping a child in the home or, conversely, removing a child following the screened-out referral. If it is decided that it is in the best interest of the child to stay in the home, staff must document if a Written Plan of Compliance is necessary to secure child safety, and any specific additional supports that will be placed in the home to mitigate risk and promote safety for a child. By specifically requiring staff to address and document these topics that have not consistently been addressed during post-referral staffings, DHS hopes the quality and depth of this practice will be strengthened and the safety of children in foster care will be improved.

Improving the Foster Home Approval Process

The last recurrent area of concern identified in both the Co-Neutrals' and DHS' ongoing maltreatment record reviews is the foster home approval process. This period, the Co-Neutrals' review of substantiated maltreatment referrals continued to identify foster homes with concerning histories that were documented during the home approval process but were nonetheless approved to care for children in DHS custody.

In 2017, DHS proposed, and the Co-Neutrals approved, a detailed action plan to address the specific concerns with the home approval process. The Resource Family Assessment (RFA) Action Plan includes: ongoing, quality assurance through resource home case reviews; training for staff and supervisors to enhance their assessment skills and use of new resource home review tools; the development of new training for all resource staff on conducting thorough home assessments; and guidance on higher-level reviews and approval of homes with concerning histories.

Over the current period, the department has made important progress implementing the RFA Action Plan, as discussed earlier in the foster care section, which may be correlated to a slight decline in the prevalence of foster homes substantiated for maltreatment with concerning home approvals as identified in this period's case record review of maltreatment cases. Next period, the Co-Neutrals will continue to monitor through case record reviews the number of substantiated foster homes with initial home approval concerns. Further, the Co-Neutrals will also continue to assess the department's ongoing efforts to implement its RFA Action Plan, specifically DHS' assessment of the protective capacities of prospective foster parents who may

care for children in DHS custody.

DHS' Efforts to Reduce Child Maltreatment in Institutional Settings

During the fall of 2015, DHS began implementing a series of commitments to expand and strengthen protocols for oversight, monitoring, and engagement with higher-level institutions to reduce the risk of maltreatment of children and youth living in institutional settings. These protocols require DHS to initiate and enforce corrective actions to mitigate any identified safety concerns in an institution. For those institutions with confirmed child maltreatment, DHS is to apply heightened monitoring and oversight to ensure the timely and full resolution of safety concerns. DHS also committed through new contract requirements to ensure that all group home facility staff are trained on Managing Aggressive Behaviors (MAB), a model of positive youth development selected by DHS to prevent child restraints and de-escalate behavioral challenges presented by children and youth.

Based on the data period for this report, October 31, 2017 to September 30, 2018, DHS achieved a substantial reduction in child maltreatment in these settings. Specifically, DHS more than halved the number of children maltreated in institutional settings last period (69) when compared to this period (33), which reflects 36 fewer child victims. DHS achieved this significant reduction in child maltreatment through its intensive and persistent monitoring and focused engagement with placement providers to ensure any identified safety concerns were resolved timely and effectively. In cases where institutional settings were unable and/or unwilling to ensure the safety of children in DHS custody, DHS appropriately ended placement contracts and/or closed facilities in order to secure child safety. DHS' oversight and monitoring of many institutional settings that serve children in DHS custody has produced real progress reducing maltreatment for children placed in these higher-level settings.

Comprehensive Protocol Following an Investigation

Under the core strategies, DHS designed a comprehensive protocol that strengthened the action steps DHS and facilities are required to take during and following an investigation of maltreatment or when any issue of concern is identified. The protocol established a series of deadline-driven actions to ensure facilities effectively implement corrective action to promptly remedy child safety concerns. The Co-Neutrals have consistently observed in case records that facility liaisons in DHS Specialized Placement and Partnerships Unit (SPPU) have monitored and enforced corrective action plans (CAP) and facility action steps (FAS). The reviews have identified that DHS appropriately initiated a CAP following an investigation to address any employee-specific concerns identified. DHS also committed to develop Facility Action Step (FAS) plans to address facility-wide (or agency-wide) behaviors or conditions of concern, including contract compliance, lack of training, low staffing levels, over-use of restraints, or overall non-

therapeutic environments. SPPU's heightened monitoring efforts and corresponding action plans have effectively improved facility-wide concerns at selected institutions.

Heightened Monitoring of Facilities with Prior Maltreatment

DHS committed in 2015 to undertake heightened monitoring of institutions with the highest number of maltreatment substantiations. This should include, among other activities, quarterly audits with facility leadership to review agency data and performance; bi-weekly heightened monitoring meetings within DHS to track safety and progress on risk mitigation; and a formal accountability process when improvements are not implemented by established deadlines. The facilities subject to heightened monitoring are selected quarterly based on DHS' most current child maltreatment data. As a result of DHS' focused work to reduce child maltreatment in facilities, the number of facilities which require heightened monitoring due to confirmed child maltreatment and identified safety risks has sharply declined during this period. As of December 31, 2018, DHS reported only one facility was subject to heightened monitoring.

All three facilities DHS reported were subject to heightened monitoring at the close of last period (June 30, 2018) were removed from heightened monitoring during the current period after resolution of identified safety concerns. Through the close of the current period (December 31, 2018), none of these three facilities have had any subsequent substantiated maltreatment.

As DHS committed in its core strategies, each facility subject to heightened monitoring had an active Facility Services Plan (FSP) during the report period. The FSP is a rolling document created and maintained by the assigned SPPU liaison to track and monitor a facility's maltreatment referral history and all identified child safety risk factors. The Co-Neutrals observed that on the FSP for each facility subject to heightened monitoring, the SPPU worker recorded their observations monthly from their visits to the facility, and made note of issues that needed to be addressed. For the facilities subject to heightened monitoring during the current period, DHS documented consistent engagement with and focused monitoring of these facilities to drive program improvements toward better safety outcomes for children. For two of these facilities removed from heightened monitoring this period, the FSP documented extensive efforts the department undertook to resolve safety concerns. At both facilities, the department identified that facility leadership was a barrier to the reforms needed to secure child safety and required these facilities to change the director at each facility. New leadership has been installed at both facilities. The Co-Neutrals will continue to monitor these facilities to ensure efforts to maintain child safety are continued.

In addition to each of these facilities having an active FSP, DHS developed and monitored an action plan for each facility during the period which included program-specific tasks the facility

is required to effectively complete to exit heightened monitoring. The department updates weekly action plans with the facility's progress (or lack thereof) on each task. During this period, DHS submitted weekly to the Co-Neutrals and plaintiffs' counsel its action plan updates for the single facility that remained subject to heightened monitoring as of December 31, 2018. The action plan, developed on August 2, 2018, is comprised of five thematic areas determined by DHS to need improvement (Psychiatric Consultation, Youth Behavioral Support, Staff Development, Behavioral Support/Trauma Focused Programming, and Medication/Safe Environment), and embedded under each area is a set of actions the facility must take to fully address each area. Through the action plan updates completed during the current period, the Co-Neutrals found that the department closely monitored the facility's actions to improve child safety beginning in August. The Co-Neutrals will continue to monitor the department's efforts to address these concerns.

At the end of the period, DHS reported that the facility had successfully completed numerous components included in the action plan and the department "determined the overall safety and well-being of the youth placed in the program had improved." As a result of this progress, DHS developed a supplemental action plan that more narrowly focuses on the following three areas: trauma responsive treatment, staff development and overall sustainability of the progress achieved. Through this action plan, the department intends to elevate the quality of services provided to youth at the facility. This plan will be implemented at the facility over the next period.

While the roster of facilities subject to heightened monitoring has positively declined this period, DHS' SPPU workers maintain their oversight and monitoring of all facilities where children in DHS custody are placed through weekly visits to these placements. Next period, the Co-Neutrals will continue to evaluate DHS' efforts to timely and effectively resolve any safety concerns identified at facilities subject to heightened monitoring.

Expanded Core Strategies in Facilities

This period, DHS continued implementation of two new core strategies developed last period designed to address identified concerns with the placement process of a child into higher-level settings. The first strategy addresses the placement of a child in a group home subject to heightened monitoring. Any group homes subject to heightened monitoring may have unresolved safety and quality of care concerns that DHS must consider when making placement decisions. As a result, it may be prudent for DHS 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 addressed and 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 strategy aims to strengthen the placement process for those 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 due to this vulnerability. Similarly, any child with known problematic sexual behaviors who is placed in a facility must have an individualized safety plan upon placement. Central to this safety plan will be a description of the level of supervision the child requires to maintain their safety, and the safety of other children.

On April 25, 2018, DHS issued a numbered memo to staff with instructions on the new placement protocols for group homes. DHS reported that, since the implementation of the new placement protocols through December 31, 2018, 26 children have had an individualized safety plan developed to support both their safety and well-being once placed at a group home.

F. Caseworker Visitation

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

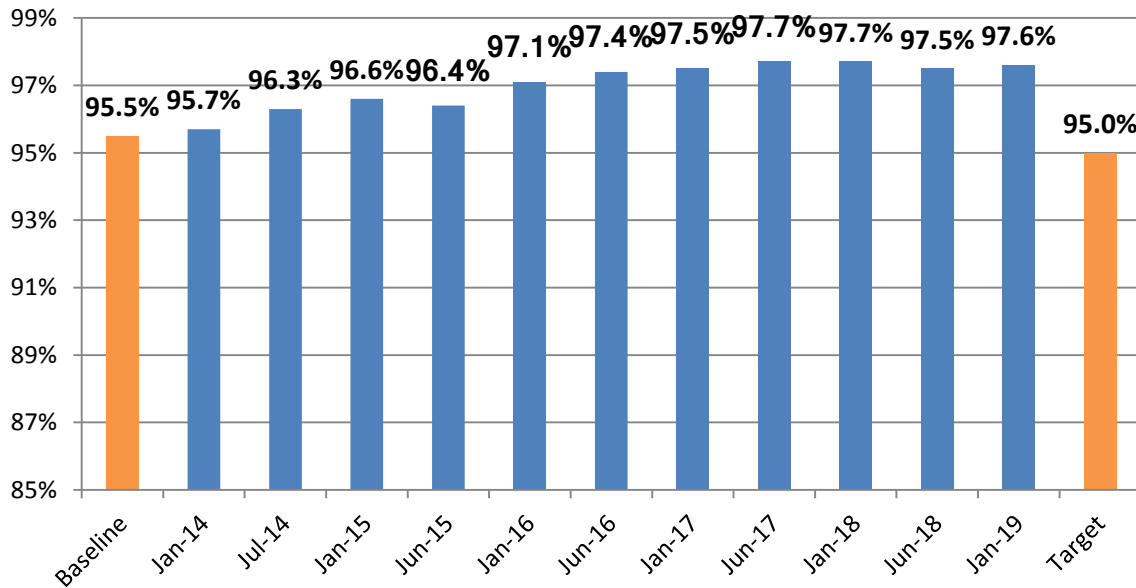
Metric 3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.

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

Regarding Metric 3.1, DHS reported that caseworkers made 94,582 (97.6 percent) of 96,870 required visits with children during the reporting period of January 1, 2018 to December 31, 2018. DHS started strong with an original baseline performance of 95.5 percent of all required

visits made. DHS has consistently shown performance that exceeds the Target Outcome of 95 percent for this metric.

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

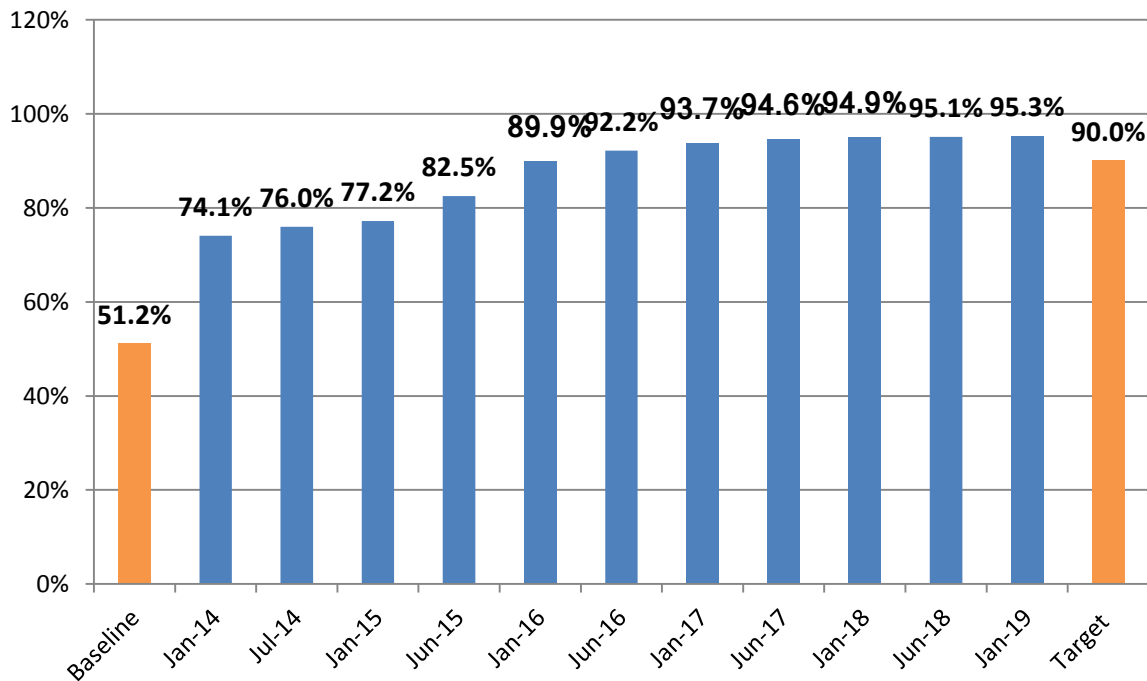


Source: DHS Data

DHS' consistent, strong performance on Metric 3.1 demonstrates a commitment to regular monthly visits between children and a caseworker. The Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 3.1.

The second indicator, Metric 3.2, measures monthly required visits made by primary caseworkers only. To improve casework practice, DHS committed to end the use of secondary workers across the state by January 2014. During the current report period (January 2018 to December 2018), DHS reported that primary workers made 89,532 (95.3 percent) of the 93,917 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 six consecutive periods, including the current.

Figure 17: Metric 3.2 – Frequency of Primary Worker Visits



Source: DHS Data

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

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

The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).¹⁹ DHS is now in the second phase, reporting for the sixth time its performance outcomes on continuity of visits over six months

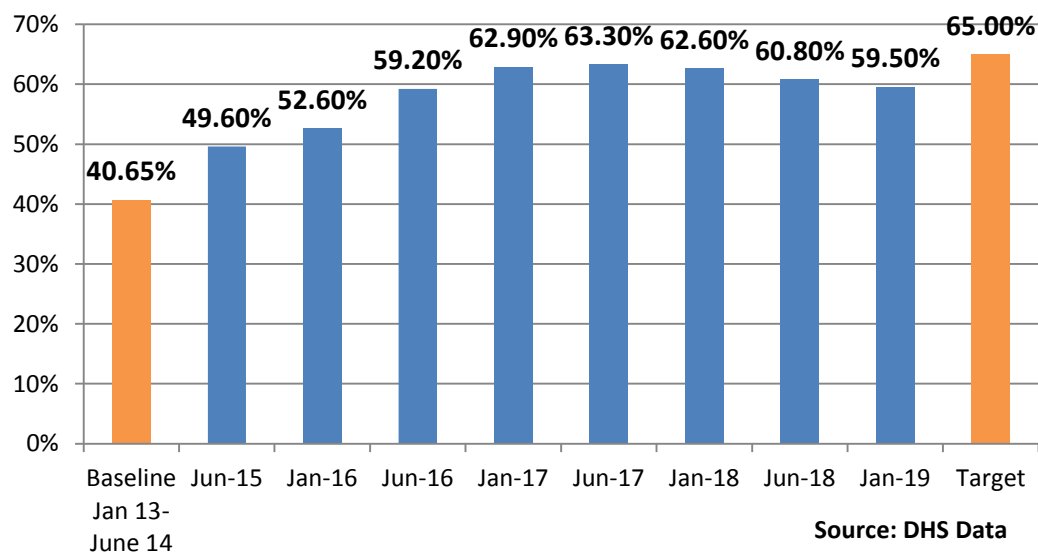
¹⁹ DHS is no longer required to report on Metric 3.3a, which measured three month continuity of visits with the same primary caseworker.

(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.

DHS' performance for this period remained significantly above the baseline that was set at 40.65 percent. For this reporting period from January 1, 2018 to December 31, 2018, DHS reported that 7,726 children required at least six consecutive visits. Of these 7,726 children, 4,599 children (59.5 percent) were visited by the same primary worker in their most recent six months in care. This represents a decline from last period when DHS reported performance on this metric at 60.8 percent. DHS remains in proximity to the final Target Outcome of 65 percent; however, the department must review more closely why the performance outcome for this measure has declined over the last several periods and undertake efforts to reverse this downward trend and again move toward the Target Outcome.

Figure 18: Metric 3.3b – Continuity of Primary Worker Visits Over Six Months



DHS' performance on Metric 3.3b also reflects DHS' commitment to end the use of secondary workers and to support and retain caseworkers through more manageable caseloads. This strengthens DHS' efforts to ensure the same caseworkers perform visits each month with children in DHS custody more often. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for continuity of visits over a six-month period.

G. Placement Stability

During this report period, DHS continued to implement and expand upon a number of strategies to improve placement stability outcomes for children in DHS custody. These strategies have focused primarily on stabilizing children in their first placements, including increasing the number of children who are placed in kinship homes as their first placement; improving supports and services to foster parents; and conducting ongoing reviews to understand where DHS needs to focus its efforts to improve placement stability. The department has expanded its efforts to improve how these new practices are being implemented throughout the state, with new guidance, and better collaboration among key, lead staff. During this period, DHS grew its efforts to support stable placements for children and reported improved outcomes in all four placement stability metrics. As a result of these efforts, the Co-Neutrals find that DHS made substantial and sustained progress toward the placement stability Target Outcomes.

Performance Standards

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves to measure children's placement stability. This report reviews performance data for the period October 1, 2017 to September 30, 2018 for Metrics 4.1 a, b and c and Metric 4.2.

Performance Outcomes

For this report period, DHS' performance improved in all four placement stability metrics, as detailed in Table 14 below. Metrics 4.1 a, b and c report on the number of children who experience two or fewer placements within different lengths of time in DHS custody (e.g., 0-12 months, 13-24 months, over 24 months), while Metric 4.2 reports on the number of children who experience two or fewer placements after their first 12 months in care.

Table 14: Placement Stability Baselines, Targets, and Current Performance

Metric	Baseline Oct 2011 - Sept 2012	Performance April 2016 - March 2017	Performance Oct 2016 - Sept 2017	Performance Apr 2017 - March 2018	Performance Oct 2017 - Sept 2018	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%	76.0%	76.6%	77.7%	80.7%	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 months	50.0%	55.5%	58.0%	58.2%	59.0%	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%	30.2%	28.6%	29.9%	30.8%	42.0%
4.2: percent of children in care more than 12 months, with 2 or fewer placements after their 12 months in care	74% (Apr.'12– Mar.'13)	78.0%	78.4%	79.1%	79.8%	88.0%

Kinship as First Placement

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

Starting with a focus on first placements, DHS developed guidance and strategies to enhance the department’s efforts to identify kinship placements early in a case, starting with gathering pertinent information from any person who calls the statewide Hotline to report suspected abuse/neglect and during the beginning of any investigation for children living with their families.

To ensure that staff, particularly CPS investigators, have sought out and assessed all kinship placement options for children entering state custody, DHS established that a caseworker’s

supervisor must document for a district director’s review and approval all efforts undertaken to identify a viable kinship placement, including the specific kinship placement options reviewed and ruled out before a non-kinship placement is approved.²⁰

As shown in Table 15 below, the percentage of children whose first placement is in a kinship home has increased since DHS first began in 2016 to make this practice a strategy for placement stability. DHS established baseline data for kinship first placements during the six-month period of July to December 2016, with 34.6 percent of children being placed in kinship homes as their first countable placement.

Table 15: Percent of Children Whose First Countable Placement is a Kinship Home²¹

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-17	122	399	30.6%
Feb-17	190	443	42.9%
Mar-17	206	517	39.8%
Apr-17	162	432	37.5%
May-17	151	397	38.0%
Jun-17	170	410	41.5%
Jan - June 2017	1,001	2,598	38.5%
Jul-17	176	398	44.2%
Aug-17	240	489	49.1%
Sep-17	158	373	42.4%
Oct-17	149	357	41.7%
Nov-17	136	344	39.5%
Dec-17	150	303	49.5%
July - Dec 2017	1,009	2,264	44.6%
Jan-18	188	402	46.8%
Feb-18	146	350	41.7%

²⁰ Before DHS makes a decision to remove and seek custody of a child, the department’s required practice is first to hold a child safety meeting (CSM) to assess if there remains any opportunity to maintain the child safely with their birth family with supports and services from DHS and the family’s available support system. If a CSM is held where a decision is made to remove a child and during the meeting kinship options are reviewed and determined not to be an option at that time, a district director’s approval for a non-kinship placement is not required.

²¹ 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.

Month	Children Placed in Kinship as 1st Placement	Children Removed during the Month and Entered in Countable Placement	% of Kinship as 1st Placement
Mar-18	147	312	47.1%
Apr-18	183	353	51.8%
May-18	197	389	50.6%
Jun-18	188	332	56.6%
Jan - June 2018	1049	2138	49.1%
Jul-18	163	344	47.4%
Aug-18	213	431	49.4%
Sep-18	157	379	41.4%
Oct-18	139	307	45.3%
Nov-18	118	299	39.5%
Dec-18	169	353	47.9%
July – Dec 2018	959	2113	45.4%

Source: DHS Data

The percentage of first placements in kinship homes decreased this six-month period from last period by 3.7 percent, but the department maintained its priority to identify and support safe kinship placements and is developing placement stability training for all child welfare staff in order to advance this goal. With 45.4 percent of first placements in kinship homes this period, DHS remains well above a starting baseline of 34.6 percent for first kinship placements reported two years ago.

DHS has worked to address barriers to kinship as a first placement, including ensuring that caseworkers understand that they do not have to wait until a child is in DHS' physical and legal custody to request or begin an initial assessment of a prospective kinship family. This had been a practice in some local offices and prevented adequate advance planning to obtain initial approvals for first kinship placements. Further, DHS is in the process of determining the most efficient way to use local staff resources to help CPS and permanency caseworkers identify safe kinship homes, when these caseworkers have exhausted efforts to locate kinship families who can care for a relative child while in DHS custody.²²

²² DHS no longer requires foster care recruitment staff to work with CPS and permanency caseworkers to use the Actively Seeking Kinnections (ASK) process and guidance to conduct more in depth kinship searches, allowing new home recruiters to focus on their primary role of developing new traditional foster homes.

Efforts to Stabilize First Placements

Since January 2017, DHS has focused on two specific efforts to help stabilize a child's first placement in a foster home, which includes foster homes of all types. These are the "two-day call" and the Initial Meeting. Following a child's first placement in care, DHS requires caseworkers to call the foster family within two days of placement as a mechanism to help ensure a child's needs are being met and that the resource family feels supported. Further, DHS has had a standing requirement that an Initial Meeting is held within 10 days after a child is newly placed in DHS custody.²³ The meeting is to include the child's parent(s), the foster family, the child's permanency worker, the foster family's resource worker and the CPS worker, who is also responsible for scheduling and coordinating the meeting. However, DHS had found that this practice was not being implemented as required. DHS made it a priority to clarify with caseworkers the mandate and importance of completing the Initial Meetings and added a new requirement that during the Initial Meeting, DHS must develop a child and resource family support plan. The support plan includes any individualized services and/or supports identified as important to ensure stable placements for children.

During this period, DHS began to require that an Initial Meeting be completed for both first placements and new placements for children already in care. Prior to this, DHS implemented this strategy only for children entering a first placement. DHS formally updated its policy for Initial Meetings in November 2018 to require the application of this practice for all new family-based placements. This is a significant expansion of this strategy, emphasizing the need to support foster parents as a way to advance placement stability for children.

Shortly after DHS began to implement the two-day call and Initial Meetings for a child's first placement as placement stability strategies, the department established baseline data for the completion rate of these practices. For the two-day call, DHS reported a starting baseline for the three-month period of February to April 2017 with 13 percent of the newly required calls completed. For the last three months of this period (October to December 2018), DHS reported that 90 percent of the two-day calls were documented as complete for a child's first placement. For the same three-month baseline period (February to April 2017), DHS reported that only 11 percent of the required Initial Meetings were completed, which confirmed DHS' earlier assessment that these meetings, although a long-time requirement, were not a common practice in the field. In comparison, from October to December 2018, DHS reported that 86.9

²³ In previous reports the Co-Neutrals noted that the Initial Meeting must occur within the required timeframe (seven or 10 days) from the date the permanency worker is assigned. DHS has since reported that the Initial Meeting must occur within 10 days after the child is newly placed in a family-based placement.

percent of the required Initial Meetings were documented as complete after a child's first placement, with 88.4 percent completed during December 2018, the last month of the period.

DHS is currently working to capture and establish baseline data for the completion of Initial Meetings for all subsequent foster home placements, allowing some additional time for initial implementation before setting the baseline. The Co-Neutrals will provide an update on DHS' efforts to track implementation of the expanded application of this strategy in the next Commentary.

To support caseworkers' real-time tracking of the placement stability practices needed for new child removals, DHS developed a report (yi867b) that runs each night and offers caseworkers a daily tracking tool. Once the new practices have been completed and properly documented, the case no longer appears on the report. This new report supplements DHS' initial tracking report (yi867), which runs on the 20th of each month and is used as a management tool to assess DHS' progress monthly towards increasing the rate of completion of each of the placement stability practices.

DHS' placement stability efforts this period have also focused on supporting caseworkers to improve the quality of foster parent and child support plans and ensuring that workers properly document their efforts and the actual plans in each child's record in KIDS. Starting in September 2018, the placement stability lead staff for each region began to review the records of at least two Initial Meetings each month to assess quality, including the level of discussion and planning regarding both the child and foster parent's support needs and a plan for ongoing, regular child-parent visits. The monthly Initial Meeting reviews also assessed and noted deficiencies in the documentation of the Initial Meetings and the required child and resource family support plans.

In order to advance the quality of Initial Meetings, DHS implemented a new guide that caseworkers must use to document and develop a support plan during these meetings. The new support plan guide prompts discussion about what, if any, medical or mental health treatment/counseling needs the child may already receive. The guide documents what supports the foster parent may need and what supports (i.e., transportation) are required to facilitate parent-child visits, as well as other information that is important to share among the natural family, foster parents, and caseworkers to support the child's well-being and stability. DHS' Interim Child Welfare Director distributed the new guide to all child welfare staff in December 2018 and stressed that the plan must be completed at every Initial Meeting and "reviewed quarterly by the permanency planning and resource specialist to make sure all services, resources and supports are in place to ensure placement stability."

During the period, DHS continued to work in collaboration with the University of Oklahoma, to prepare a new online placement stability training for staff which focuses on: engaging families early in a case to support first and ongoing kinship placements; selecting the best placement for a child; conducting quality two-day calls and Initial Meetings; and assessing and addressing each foster family's support needs continuously.

DHS continues to track completion of the face-to-face quarterly meetings that foster care workers are required to complete with their assigned foster families. DHS views these contacts as a primary opportunity to review and update the child and resource parent support plan. DHS reported that foster care caseworkers are completing 96 percent, on average, of their required face-to-face quarterly meetings with foster parents.

Assessments of Placement Stability

During this period, DHS continued to use its One-Move report to track all children who experienced a move from their first to second placement to better understand the specific reason for the placement move. The One-Move report from December 2018 shows that 146 children statewide exited their first placement and entered their second. The primary reasons children exited their first placement during the month of June was to be placed in a kinship home (32 percent) and the provider requested the placement move (24 percent). Another reason for children exiting their first placements was to place children in closer proximity to siblings and/or other family (10 percent).

Focusing on DHS' priority to increase the number of children whose first placement is in a kinship home, DHS revised its One-Move report last period to include an explanation of barriers that prevented the kinship resource from being used for the child's first placement. Some identified barriers documented in the One-Move report include delays related to approving kinship homes that require out-of-state background checks and a lack of upfront, early family identification prior to removal.²⁴ An initial purpose of the One-Move tracking report was to identify and reduce the number of children who experienced a placement move due to foster families being unable to meet children's behavioral needs. DHS required that caseworkers ensure that every child who experiences their first placement move due to their behaviors is referred for therapeutic services. For December 2018, DHS' One-Move report shows that nine percent of children were moved to a second placement reportedly due to a child's behaviors, down from 15 percent in December 2017.

²⁴ If a prospective kinship family has lived outside of Oklahoma within the past five years, DHS must request criminal and child welfare background checks from the out-of-state jurisdiction where the family previously resided before approving the placement, which can result in delays beyond the department's control.

The Co-Neutrals also reviewed DHS' data of all children placed in DHS' custody between July and December 2018. In this six-month period, 2,113 children were removed from their families and placed in DHS custody. As Table 16 below shows, the greatest number of children were placed in traditional foster homes (49 percent), followed closely by kinship foster homes (45 percent) as their first placement. The great majority of children's first placements (95 percent) were in family-based placements, which is essential to supporting these children's placement stability and eventual permanency. For 87 children, a shelter was their first placement in care, which automatically indicates a future placement move for these children.

Table 16: First Placement of Children Removed between July and December 2018

First Placement	# of Children	%
KINSHIP	958	45%
TRADITIONAL FOSTER CARE	1034	49%
SHELTER	87	4%
TRIBAL	23	1%
OTHER	2	0%
PSYCHIATRIC/RESIDENTIAL TREATMENT	9	0%
Grand Total	2,113	100%

DHS reported, as of January 2019, that 28 percent (591) of the 2,113 children removed during the current period of July through December 2018 moved to a second placement. Table 17 below lists the top three exit reasons documented in KIDS by caseworkers to describe why these children exited their first placement. As Table 17 shows, the primary reason children exited their first placement this period was due to the providers' request.

Table 17: Top Three Exit Reasons for First Placement Moves

Placement Exit Reason	# of Children	Percent
PROVIDER REQUESTED CHANGE OF PLACEMENT	160	27%
PLACEMENT WITH A RELATIVE	122	21%
OTHER	75	13%

The second leading reason DHS reported for children who exited their first placement was placement with a relative and the third most common reason was documented as "other." DHS recognizes that supporting foster parents and meeting the needs of children placed with them is vital to ensure stable placements. However, a foster parent may ask DHS to remove a child from their home for reasons outside the department's influence, such as foster parents having a baby or experiencing other changes in their own family dynamic.

During this period, DHS focused on ensuring that child welfare staff and foster parents are aware of the mental and behavioral health services available to support the well-being and stability of children placed in their care. In August 2018, DHS expanded its placement stability team by adding a supervisor to lead the departments' five regional behavioral health consultants and implement a statewide effort to connect DHS' district offices and the families they serve with local Systems of Care sites, community mental health centers, substance abuse providers and mobile response teams.

By September 2018, DHS, in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services, established mobile response teams statewide and distributed information to all foster parents about the mobile crisis services available to them in October 2018. The placement stability team reinforced the importance of making this and other behavioral health services available to foster parents by training all DHS foster care leadership in each region on the support services available through DHS' partnership with ODMHSAS. The training included a detailed listing of local service providers.

Moving forward, DHS leadership has directed its team of behavioral health consultants (five regional consultants and one supervisor) to serve as proactive liaisons between the district offices in their region and the corresponding local System of Care sites to ensure the needs of children and families involved with the child welfare system are met. The department has further charged its behavioral health consultants to continue the rollout of the new statewide mobile response apparatus by offering ongoing trainings to local staff and community health centers, providing technical assistance and coaching, as needed, and evaluating stabilization outcomes for children and families that access mobile response.

With Initial Meetings serving as a primary strategy to establish an effective support plan to meet the needs of children in custody and their foster parents, the Co-Neutrals encourage DHS to remain focused on assessing and improving the quality of this practice across the state, which includes supporting staff in understanding what services and supports they should offer foster parents to best advance placement stability.

H. Permanency

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

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

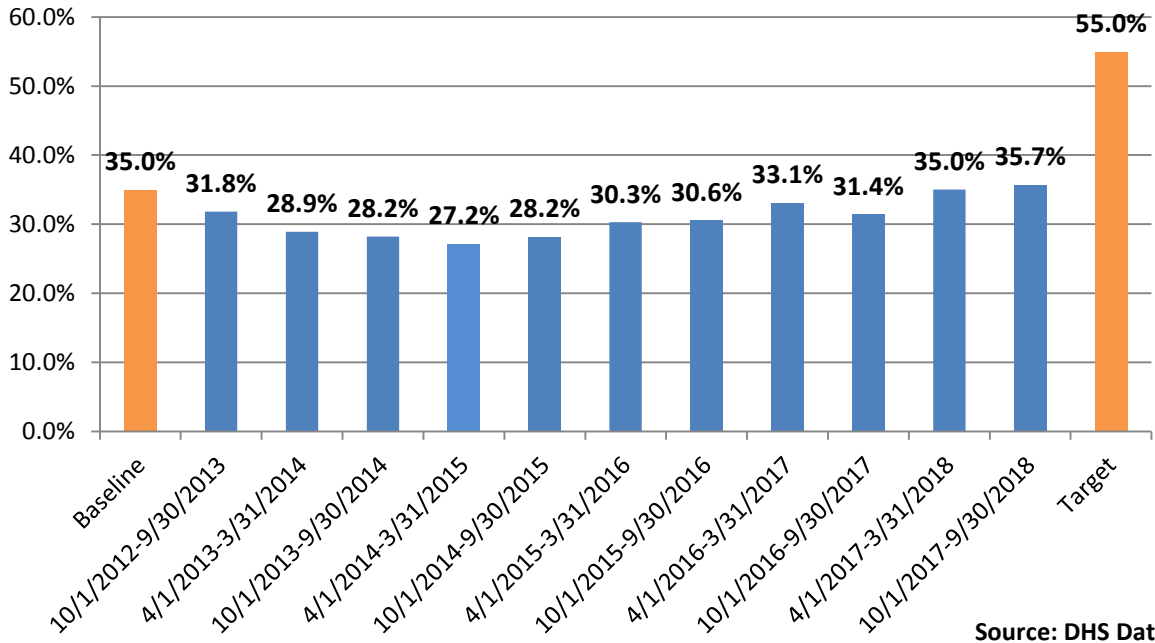
The four 6.2 Metrics (a, b, c and d) measure DHS' progress to achieve timely permanency for children who entered DHS' custody at a designated time and who achieved permanency in 12, 24, 36 or 48 months from the child's removal from their family. As discussed in previous Commentaries, DHS has implemented Permanency Safety Consultations (PSCs) as the primary core strategy to achieve timely permanency for children with the goal of reunification. In addition, during the report period, DHS has prioritized a more proactive and systematic practice to engage birth families early and often after a child is placed in DHS custody in an effort to secure more timely permanency for children with reunification goals. For children who have a permanency plan of adoption, DHS has implemented a number of strategies described below to finalize more timely each child's life-long connection with an adoptive family.

The following summaries and tables detail the baselines, performance to date and Target Outcomes for each of the 6.2 Metrics.²⁵

Metric 6.2a, Permanency within 12 months of removal: DHS reports that of the 2,372 children who entered foster care between April 1, 2017 and September 30, 2017, 847 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 35.7 percent for Metric 6.2a, which is DHS' highest reported performance to date.

²⁵ For this report period, 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 19: Metric 6.2a – Permanency within 12 Months of Removal



The vast majority of children who achieve permanency within 12 months of removal do so through reunification. This makes it critical for DHS to have in place a strong practice model to return children to their own homes as soon as safely possible in order to achieve substantial and sustained progress under Metric 6.2a. Of the 847 children in this 6.2a cohort who achieved permanency this period, 662 (78 percent) were reunified, 70 (eight percent) were adopted and 115 (14 percent) achieved permanency through guardianship or custody with a relative.

Permanency Safety Consultations (PSCs) to Expedite Reunification

DHS has remained focused on building the quality and effectiveness of its PSC practice so that when a child’s permanency goal is to return to their own home, ongoing and timely safety assessments are conducted. PSCs are essentially structured case conferences scheduled to occur at regular intervals, and designed to assess through a team approach the viability of a child’s safe reunification with their family. PSCs are required to be conducted for every child whose permanency plan is reunification. PSCs begin 90 days after a child’s removal from his or her birth family to identify and address opportunities for safe reunification as well as ongoing concerns preventing a child from returning to the parental home. At the conclusion of each PSC, the participating team records a recommendation of “safe” or “unsafe” to indicate if a pathway for safe reunification has or has not been identified. When reunification is determined to be possible, a plan of action is developed to move the child timely back home with their

family, with the supervisor and permanency worker completing a follow up case review every 30 days until the child is placed in trial reunification. For PSCs that conclude with an unsafe finding, subsequent PSCs are required at least every 90 days as long as reunification remains the child's permanency goal.

In addition to establishing a statewide PSC coordinator, DHS has designated and trained at least one reviewer in every region to conduct fidelity reviews of the PSCs to assess practice strengths and areas that require improvement. During this period, DHS began to assign quality assurance staff to each region, beginning with Regions 2 and 5, so that the department can better identify trends and more effectively remediate barriers to permanency through the PSCs. To help district directors and supervisors remain on track in completing all required PSCs, the PSC coordinator distributes monthly reports showing the children who are due or overdue for their next PSC. The monthly report also lists for each district all children who were identified more than 90 days previously as having a "safe" pathway to reunification but are not yet placed in trial reunification so that supervisors can review what may be impeding progress. As of this report writing, DHS was in the process of finalizing additional guidance for caseworkers through the development of new online PSC training. The Co-Neutrals will provide an update on this training in their next Commentary.

DHS has established an expectation that permanency caseworkers, with the support of their supervisors, are prepared to present in each PSC a thorough and current understanding of any ongoing safety threats preventing reunification and to take all follow up actions assigned to address those threats within the designated timeframes. The Co-Neutrals received feedback in discussions with permanency planning caseworkers and supervisors in the field that the PSCs also help prepare caseworkers to more thoroughly and clearly articulate to the court their safety assessments and recommendations for trial reunification, final reunification or continued out of home care. The PSC process appears to be resulting in the development of stronger caseworker assessment and recommendation skills, which help courts determine when to order trial or final reunification.

Increasing Family Engagement and Quality Parent-Child Visits

As a result of prior case record reviews, DHS identified a lack of quality engagement with birth parents, as well as deficiencies in the frequency and quality of child visits with their birth parents, as practice barriers to achieve timelier reunification. To improve the quality of caseworker visits with parents and with children, DHS developed a new practice guide to help staff prepare for and conduct quality visits with birth families and support birth parents to remain engaged in their child's life and case planning while they are in DHS custody. During this period, DHS trained all district directors on the new quality visits guide.

Also during this period, DHS reviewed its data with respect to timely permanency under the 6.2 metrics for selected target districts in each of the state's five regions. That data informed focused efforts designed to enhance family engagement and permanency outcomes. More specifically, each district developed a detailed plan regarding timely, frequent and quality visits between birth parents and their children, as well as between birth parents and their assigned permanency worker. The district plans also focus on: conducting regular and thorough assessments during visits to evaluate and support the birth parents' protective capacities; engaging parents in developing their individual service plans toward reunification; proactively collaborating and advocating with the courts; and implementing accountability measures with supervisors reviewing a minimum number of permanency cases for each worker assigned to them and providing follow up coaching as needed. DHS is developing a tool to standardize the department's review of these enhanced family engagement efforts in the target districts. Part of this review will look at the quality of the Initial Meetings conducted for each child placed in a family-based setting. DHS has identified the Initial Meetings, discussed in greater detail earlier in this report, as a key strategy and practice to advance not only placement stability but also permanency. A central focus of these meetings is to support the foster parents and birth parents to best meet the needs of the child as they bridge toward safe and timely reunification. This includes developing a parent-child visitation plan, taking into consideration any transportation or other support needs the child's parents may require to attend the visits. As noted in the placement stability section above, during this period, DHS began to require Initial Meetings after all new family-based placements, not just after a child's first placement in DHS custody, which represents an important expansion of this practice.

Working with the Courts to Achieve Timely Reunification

The department reported that an additional barrier to timely reunification lies outside of DHS' control and with the court system. DHS reports that at times the courts do not support DHS' recommendations to initiate trial reunification or to advance from trial to final reunification. DHS began working with judges through Oklahoma's Court Improvement Project (CIP) to strengthen relations and establish a shared understanding of a safety threshold for determining when reunification remains viable and is appropriate. During this period, DHS completed a joint pilot project launched in May 2017 with the courts in three counties (Adair, Canadian and Pottawatomie). In each county, a 12-month action plan was developed to achieve more timely permanency for a cohort of 144 children who were removed in those counties and placed in DHS' custody between October 2017 and March 2018. DHS reported that it is in the process of assessing the permanency outcomes of this effort, which the department expects will be available before the next Co-Neutral Commentary.

In the interim, DHS highlighted a number of practice improvements and new initiatives implemented in the pilot districts to support timely permanency, including, as DHS wrote in its most recent semi-annual report, “increased parent engagement; increased engagement from judges at the bench, praising parents for the progress they are making and encouraging them to complete treatment plans; reduced time to appointment of attorneys for parents; reduced time to adjudication and disposition hearings; and, increased numbers of combined adjudication and disposition hearings.” In September and October of this period, DHS collaborated with the courts to sponsor new CIP workshops in each region and shared information about the activities undertaken in each of the pilot district’s annual plans to advance permanency.

The department also focused on promoting legal guardianship as a viable permanency option, particularly for children who are placed in kinship foster homes but are not legally free for adoption. During this period, DHS provided training to its judicial partners in each region (Oklahoma City, Tulsa, Lawton, Enid and McAlester), offering information on funded guardianships and the principles of permanency. Internally, DHS guided permanency and adoptions staff to maintain guardianship as a standing permanency option to consider during adoption placement staffings and permanency safety consultations.

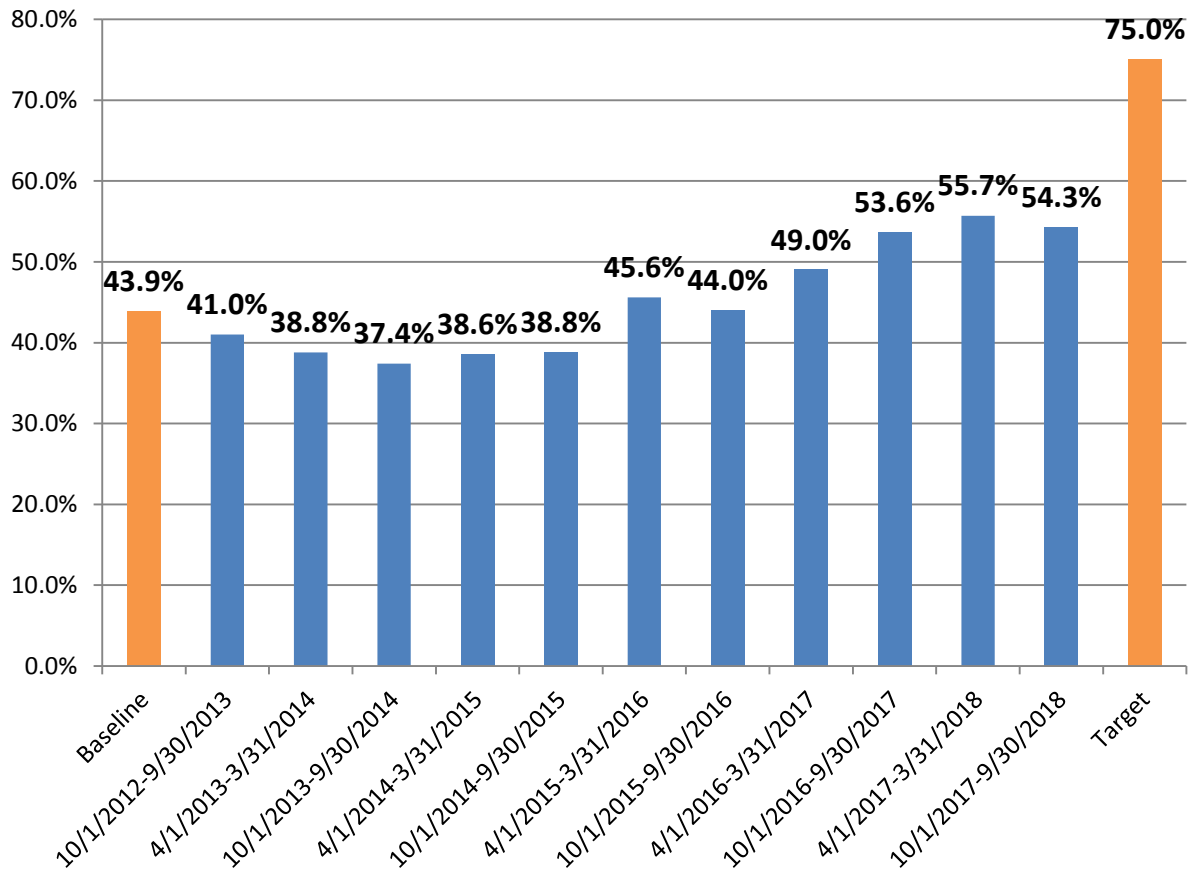
Through this report period, DHS focused on breaking through barriers and addressing deficiencies identified in case practice, particularly engagement with birth families, to establish permanency for children as soon as safely possible after entering care. For this report period, the Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.2a.

Over the last two periods, DHS made progress to achieve better permanency outcomes for children within their first 12 months in custody. During this report period, for the first time DHS achieved an outcome above the starting baselines for the 6.2a measure. However, while this progress is encouraging, it is critical that DHS continue to focus on assessing additional improvements necessary in case practice or available services in order to propel timely permanency outcomes further toward the Target Outcome. Further, as DHS understands, supporting families toward successful reunification within the first 12 months of a child entering care, when reunification is a child’s case plan goal, is critical as the percentage of children who maintain a goal of returning to their birth parents drops precipitously after one year in custody. As such, DHS must ensure that caseworkers embrace and implement early, high-quality family engagement and connect families with the supports and services they need to meet the safety threshold for reunification.

Metric 6.2b, Permanency within two years of removal: DHS reports that of the 1,640 children who entered foster care between April 1, 2016 and September 30, 2016 and stayed in foster care for at least 12 months, 891 children achieved permanency within two years of their

removal date. This represents a permanency achievement rate of 54.3 percent for Metric 6.2b. The starting baseline for this metric was set at 43.9 percent and the target is 75 percent. Of the 891 children in this cohort who achieved permanency, 407 (46 percent) were reunified, 423 (47 percent) were adopted and 61 (seven percent) achieved permanency through guardianship or custody with a relative.

Figure 20: Metric 6.2b – Permanency within 2 years of Removal



Source: DHS Data

Prior to this period, DHS reported four consecutive periods of improved outcomes on this measure, achieving an increase of over 10 percent, with most of those permanency gains secured through a steady increase in the percentage of children who achieved permanency through adoption. For this report period, DHS reported an overall decrease of 1.4 percent in the performance outcome for 6.2b, and the data as shown in Table 18 below indicates this decrease was caused by a drop in the percentage of children who achieved permanency through adoption. As further shown by the data in Table 18, reunification remains a constant, primary permanency outcome for children in the 6.2b cohort and if the department’s efforts described above to support timely reunification are successful, outcomes for children in the

6.2b cohort should improve as well. At the same time, the department’s efforts to finalize timely adoptions are a leading factor in achieving further gains toward the Target Outcome for the 6.2b Metric.

**Table 18: Measure 6.2b, Permanency Rates by Report Period
Children Who Achieved Permanency within 2 years (Most Recent on Left Side)**

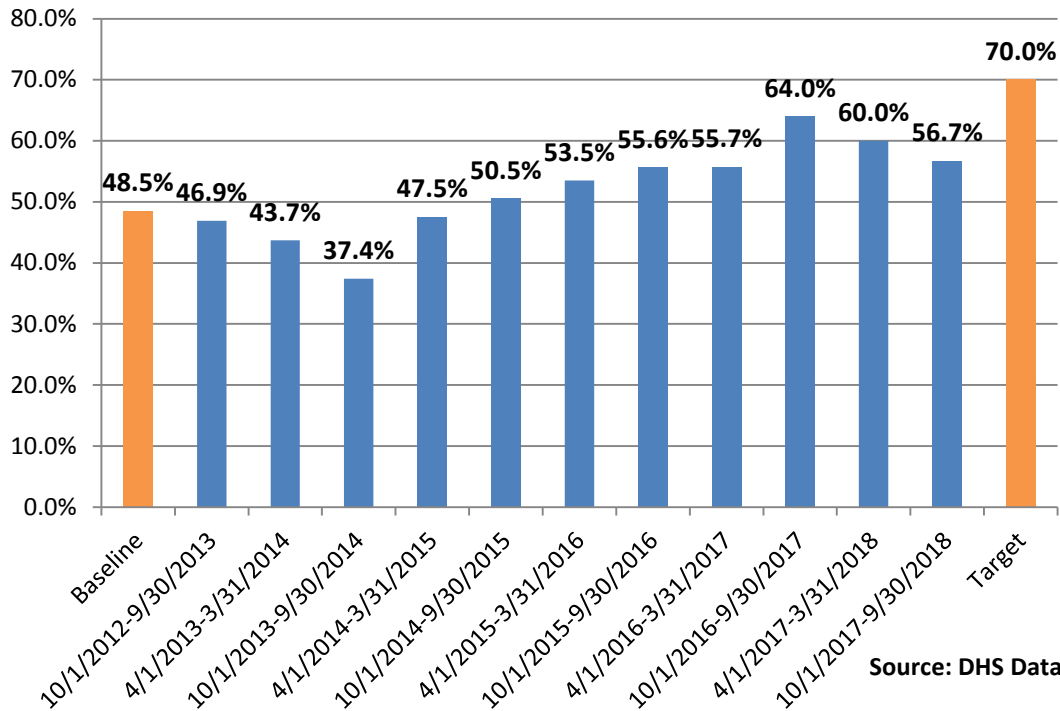
Permanency Type	12-Month Data Report Period End				
	Sept-18	Mar-18	Sep-17	Mar-17	Sep-16
ADOPTION	26%	30%	24%	21%	17%
REUNIFICATION	25%	24%	25%	24%	23%
CUSTODY TO RELATIVE	0%	1%	0%	1%	1%
GUARDIANSHIP	3%	1%	4%	4%	3%
TOTAL	54%	56%	54%	49%	44%

Source: DHS Data

While PSCs, as noted above, provide the practice structure to keep child welfare staff systematically focused on achieving permanency through reunification as soon as possible, PSCs also compel DHS to evaluate continuously if and when it may be in a child’s best interest to terminate parental rights and work toward achieving permanency through adoption. DHS must understand the factors that prompted this downturn in the percentage of adoptions finalized for the 6.2b cohort in order to prevent stagnation or an additional reduction in permanency outcomes under this measure. For this report period, the Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.2b.

Metric 6.2c, Permanency within three years of removal: DHS reports that of the 781 children who entered foster care between April 1, 2015 and September 30, 2015 and stayed in foster care for at least 24 months, 443 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 56.7 percent for Metric 6.2c. The Target Outcome is 70 percent and the baseline for this metric was set at 48.5 percent.

Figure 21: Metric 6.2c – Permanency within 3 years of Removal



For this metric, permanency is achieved most often through adoption. Of the 443 children who achieved permanency during this report period, 319 (72 percent) were adopted and 92 children (21 percent) were reunified with their families. As with the previous measure (Metric 6.2b), DHS experienced an increase in the percentage of adoptions over the prior three periods for the cohort of children reviewed in Metric 6.2c but reported a decrease in adoptions this period. This downturn in adoption finalizations resulted in a decrease of 3.3 percent from last period in the overall performance outcome for the 6.2c measure.

**Table 19: 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				
	Sept-18	March-18	Sept-17	March-17	Sept-16
ADOPTION	41%	46%	46%	38%	36%
CUSTODY TO RELATIVE	0%	0%	0%	0%	1%
GUARDIANSHIP	4%	4%	3%	3%	3%
REUNIFICATION	12%	10%	15%	15%	16%
TOTAL	57%	60%	64%	56%	56%
Source: DHS Data					

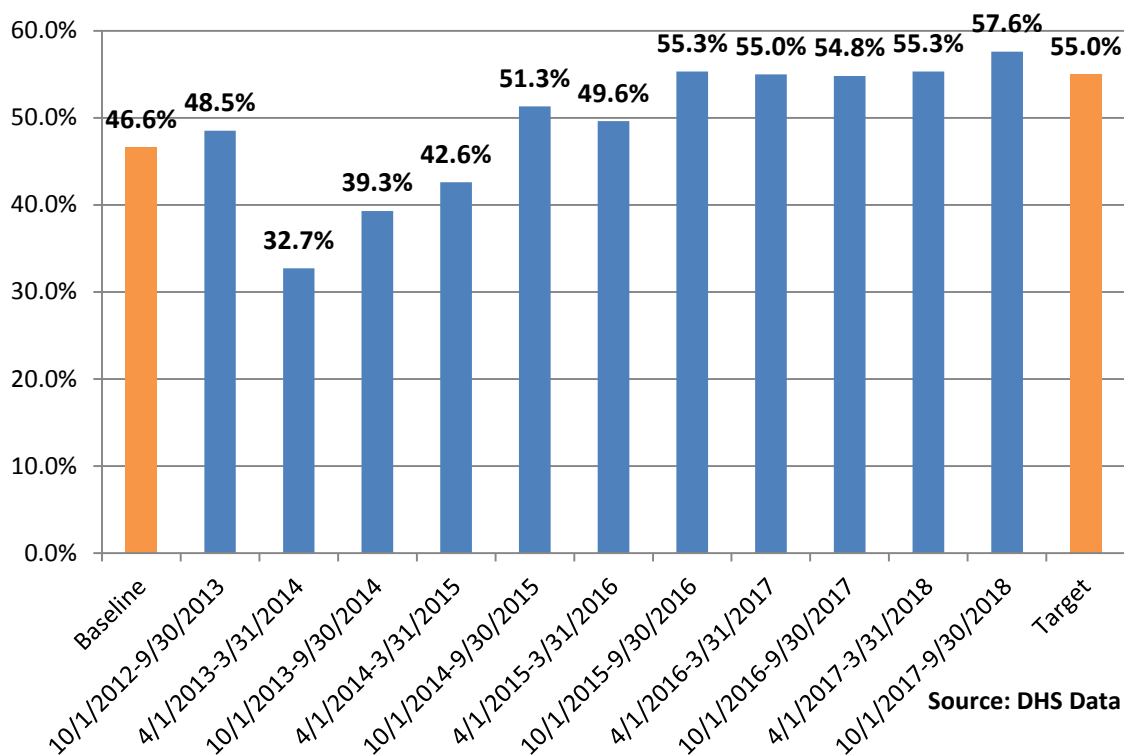
During this period, DHS continued to conduct permanency backlog calls for children in this cohort (in care more than 24 months) who are not yet in trial reunification but still have a case plan goal of return to home. The PSC coordinator and quality assurance staff have been directed to confer every 30 days with the child’s permanency caseworker and supervisor to discuss any identifiable barriers, as well as action steps, to move the child to permanency. Depending on the needs of the child and their family, other DHS subject matter experts (i.e., Developmental Disability Services) are asked to join the call. At times, these calls will lead the department to cease pursuing reunification and shift its focus to pursue another more viable and appropriate permanency option.

The Co-Neutrals find that DHS had made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.2c. However, the Co-Neutrals have urged DHS to review the children in the 6.2c cohort, including their permanency goals, to assess what efforts may be required to regain and advance the level of performance outcome reported for this measure two periods ago, when 64 percent of children reviewed achieved permanency. Good faith efforts must include DHS proactively assessing and reversing the causes of DHS’ more recent downward performance to support better permanency outcomes for children moving forward. The Co-Neutrals will report on DHS’ findings and efforts to improve performance in the next Commentary.

Metric 6.2d, Permanency within four years of removal: DHS reports that of the 330 children who entered foster care between April 1, 2014 and September 30, 2014 and stayed in foster care for at least 36 months, 190 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 57.6 percent, which exceeds the Target Outcome set at 55 percent. Of the 190 children who

achieved permanency, 155 (82 percent) were adopted, 22 (12 percent) were reunified with their families and 13 (seven percent) achieved guardianship or custody with a relative. DHS has met or exceeded the Target Outcome for this measure in four of the last five report periods. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for Metric 6.2d.

Figure 22: Metric 6.2d – Permanency within 4 years of Removal



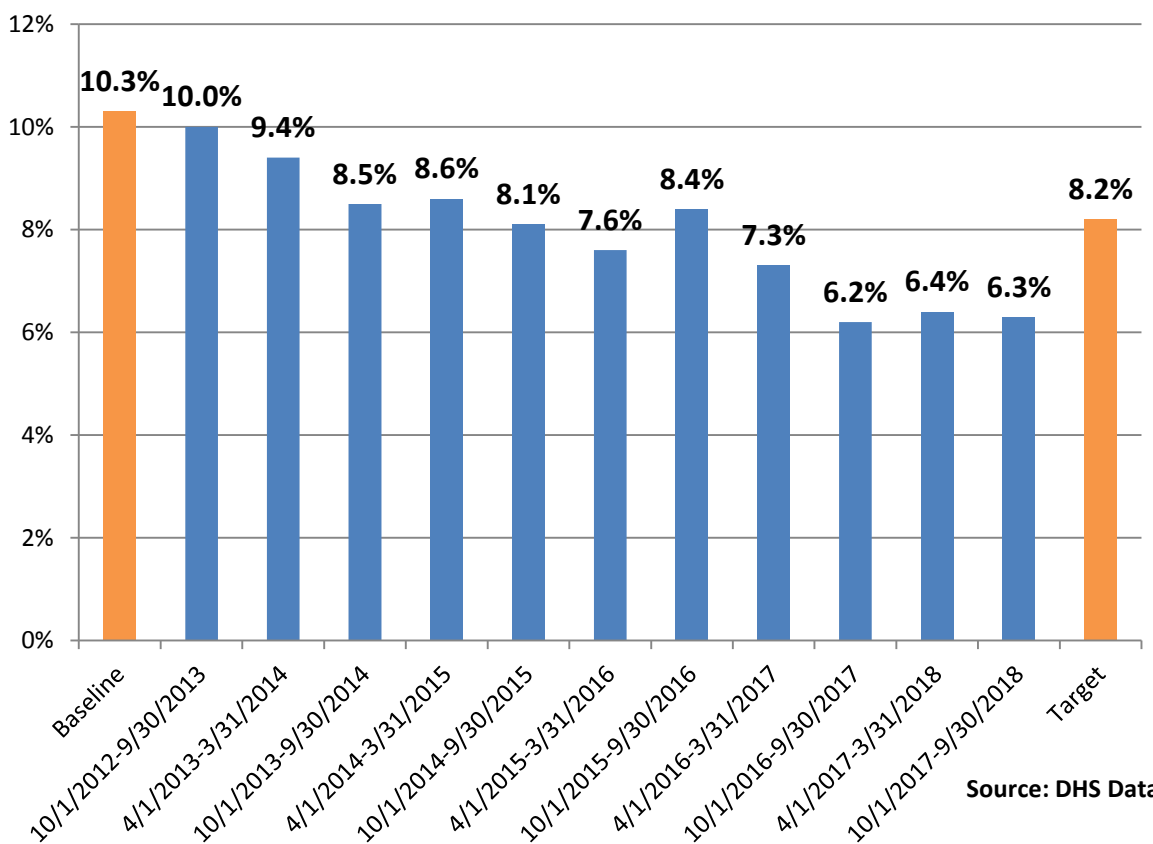
Children’s Re-entry to Foster Care within 12 Months of Exit, Metric 6.3

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) in the 12-month period prior to the reporting period. The baseline for this metric is 10.3 percent of children re-entering care and the final Target Outcome is no more than 8.2 percent of children re-entering care. For this period, DHS reports that of the 2,622 children who discharged to permanency (not including adoption) between October 1, 2016 and September 30, 2017, 165 children re-entered care within 12 months, which represents 6.3 percent of child re-entries. This is the fourth consecutive report period that DHS met and exceeded the final Target Outcome of 8.2 percent for this measure. The Co-

Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3.

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

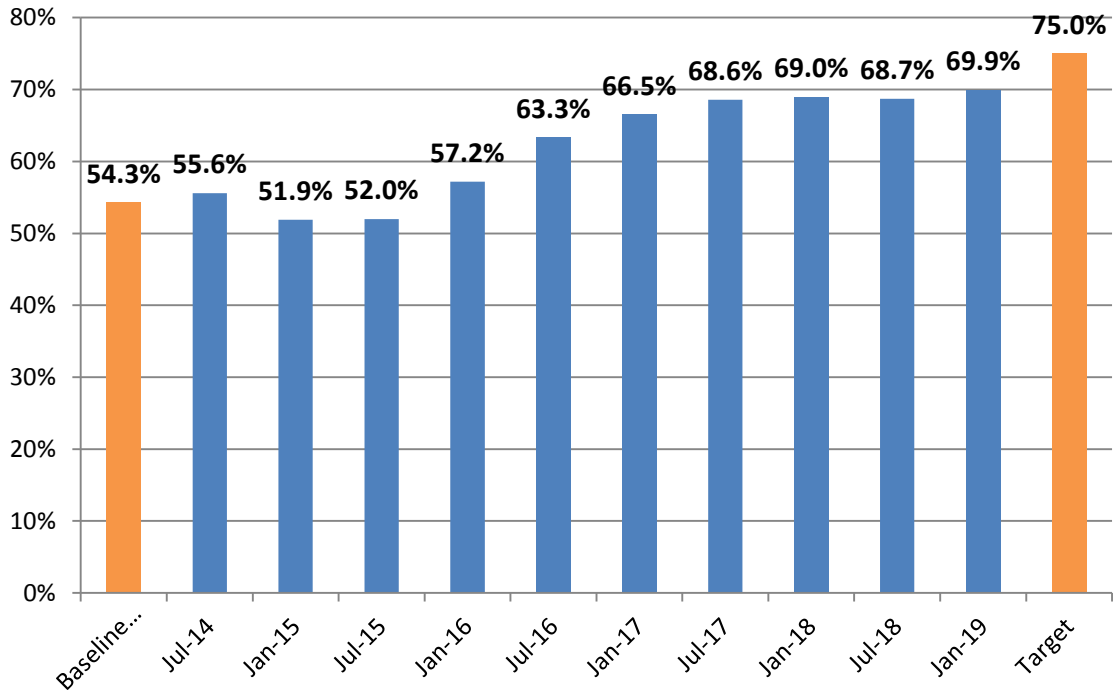
Figure 23: Metric 6.3 – Re-entry within 12 Months of Exit



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 2,395 children who became legally free between October 1, 2016 and September 30, 2017, 1,674 (69.9 percent) were adopted within 12 months of becoming legally free. This represents an increase of 1.2 percent since the last report period and the department’s best performance under this measure to date.

Figure 24: Metric 6.5 – Permanency Performance



Source: DHS Data

As previously highlighted in the Co-Neutrals’ Commentaries, DHS has sustained improved outcomes for Metric 6.5 over the last eight report periods at the same time the number of children reviewed under this metric has increased substantially. Table 20 below shows for each period the underlying number of children (denominator) who became legally free in the 12 months prior to the period and the number of children (numerator) who achieved permanency through adoption in the 12 months after becoming legally free.

Table 20: Number of Children who became Legally Free Each Report Period under Metric 6.5²⁶

Metric 6.5	July 2014	Jan 2015	July 2015	Jan 2016	July 2016	Jan 2017	July 2017	Jan 2018	July 2018	Jan 2019
Numerator	857	839	935	1200	1459	1567	1754	1886	1770	1674
Denominator	1540	1618	1797	2099	2304	2355	2558	2734	2577	2395
Performance Outcome	55.6%	51.9%	52%	57.2%	63.3%	66.5%	68.6%	69.0%	68.7%	69.9%

DHS’ Adoption Timeliness Accountability Teams (ATATs) were established to set and track target dates for adoption finalizations and address barriers to finalizing adoptions, particularly for children who have an identified adoptive family.²⁷ During this report period, DHS identified some performance and practice lags within specific regions with respect to the work of the ATATs. For example, in Region 5 (Tulsa County), DHS identified a backlog of cases in which children had a goal of adoption and could have moved toward finalization but were delayed. In response, DHS leadership increased the number of positions allocated to adoptions in Region 5, established quarterly meetings in the region, which include DHS legal staff, to address cases considered in backlog. DHS also expanded communication with Tulsa County judges to strategize on decreasing the adoption backlog. Further, the department found that the ATAT teams in two regions, as a result of staff changes, were not holding their standing meetings to track and discuss children whose adoptions may reflect a delay. DHS reported that the ATAT team meetings in these regions have resumed, which DHS’ permanency leadership team monitors, and enhancements to these meetings have been made statewide to better involve stakeholders and ensure accountability and follow through on actions required to address barriers to adoption finalization. The Co-Neutrals find DHS has made good faith efforts during this report period to achieve substantial and sustained progress toward the Target Outcome for Metric 6.5.

Adoption Permanency, Metrics 6.6, and 6.7

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

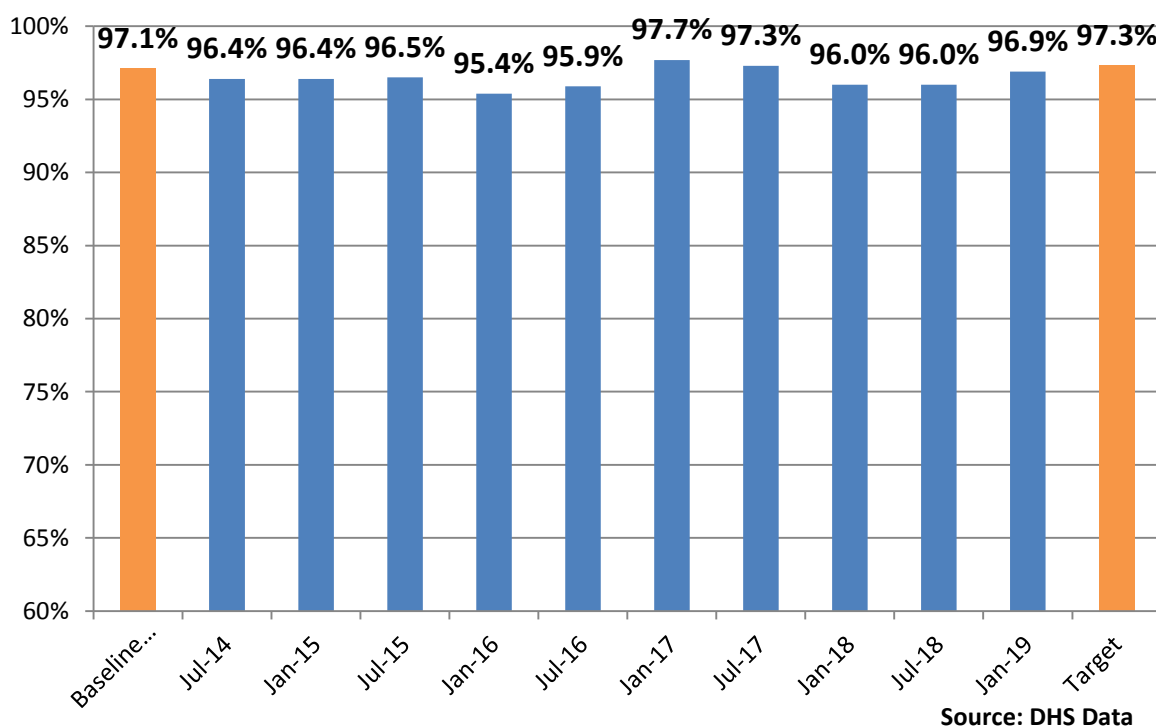
²⁶ The column headings contained in this table reflect each semi-annual report date measured for this metric. The semi-annual report dates listed in the table correspond to the 12-month reporting periods contained in Table 19.

²⁷ DHS refers to children who are legally free and have an identified adoptive family as Quad 1 children.

Metric 6.6 – Adoption Disruptions

Metric 6.6 measures the percentage of adoption placements that do not disrupt over a 12-month period, of all new trial adoption placements made during the previous 12-month period. The baseline for this metric was set at 97.1 percent and the Target Outcome was set at 97.3 percent. For this reporting period, DHS' data shows that of the 2,516 children who entered a trial adoption placement between October 1, 2016 and September 30, 2017, 2,437 children did not disrupt from their placements within 12 months of entering trial adoption resulting in a performance outcome of 96.9 percent. This represents an improvement of 0.9 percent from the last report period. In order for the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent 12 of the 79 pre-adoption disruptions reported this period.

Figure 25: Metric 6.6 – Permanency Performance



Of the 2,516 children who entered a pre-adoptive placement, only 180 (seven percent) were identified as children in Quad 2, which means the child was placed with a pre-adoptive family that was not identified based on any prior relationship. In comparison, children in Quad 1 most often had a prior relationship with their pre-adoptive family. As shown in Table 21 below, the percentage of disruptions for children in Quad 2 (24.4 percent) is highly disproportionate

compared to the percentage of disruptions experienced by children in Quad 1 (1.5 percent), as well as the total percentage of disruptions (3.1 percent) reported for this period.

Table 21: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type

Trial Adoption Disruptions			
	Total Children	% Disrupted	# of Children Disrupted
Quad 1 (Previous relationship with the family)	2,336	1.5%	35
Quad 2 (No Previous relationship with the family)	180	24.4%	44
Total	2,516	3.1%	79

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 “many of these children are older with increased special needs, and placed with families where there was no previous relationship.” However, DHS reported that the department is undertaking efforts to ensure pre-adoptive families, particularly those preparing to adopt a child in Quad 2, receive the appropriate level of DHS staff support and that any services required to meet any special needs of the child and/or the family are in place before trial adoption begins.

DHS requires that a DHS behavioral health consultant participate in all adoption disclosure meetings for children in Quad 2 and for children in Quad 1 as requested based on a child’s behavioral health needs. During a 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. The behavior health consultant helps the pre-adoptive family to understand a child’s past trauma and behavioral challenges and identify and access supports and resources they may need. During this period, the department streamlined and combined the form that caseworkers must submit to request the support of both a behavioral health consultant and a post-adoption field service worker to help ensure a seamless transition of supports from pre-adoption to post-adoption.

Also during this period, DHS distributed to all child welfare staff a Quad 2 Transition to Trial Adoption flow chart that outlines the standing roles and responsibilities of the various DHS staff who work with and support a child and family through trial adoption, including the permanency planning, resource and adoption transition caseworkers. Among the different responsibilities noted, the chart makes clear that the families’ resource caseworker must initiate any required services before trial adoption begins and create a post-adoption service plan. DHS reported that it found in the past that referrals would be made for services; however, those services were not

always established. This lack of follow-through on requested services is consistent with DHS' initial findings from its review of all pre-adoption disruptions that occurred during the first three quarters of SFY18. The findings indicated several causes of disruptions, including: insufficient services; too many caseworkers involved in the case; and, the inexperience of caseworkers. DHS found that disruptions decreased based on the assigned caseworkers' experience.

Accompanying the Quad 2 trial adoption flow chart distributed to all child welfare staff in October 2018 was a memo from the Interim Child Welfare Director. That memo instructed the field staff to confer among the various assigned caseworkers and supervisors involved in a Quad 2 pre-adoption transition and designate a lead caseworker "based on identifying the specialist with the most complete understanding of the complexities of adoption-related family issues, and the prioritization of the family and child(ren)'s needs." Caseworkers and supervisors were instructed to consider other factors when selecting the lead worker, including:

- What are the ongoing and/or long-term needs of each child in TA [trial adoption] placement based on placement and disruption history, trauma history, articulated understanding of adoption, and past and current behaviors which demonstrate need?
- Which specialist best meets the emerging family's complex needs and has the knowledge and understanding of adoption-specific supportive resources?
- Which specialist does the child know and trust? This relationship is not necessarily based on length of assignment.

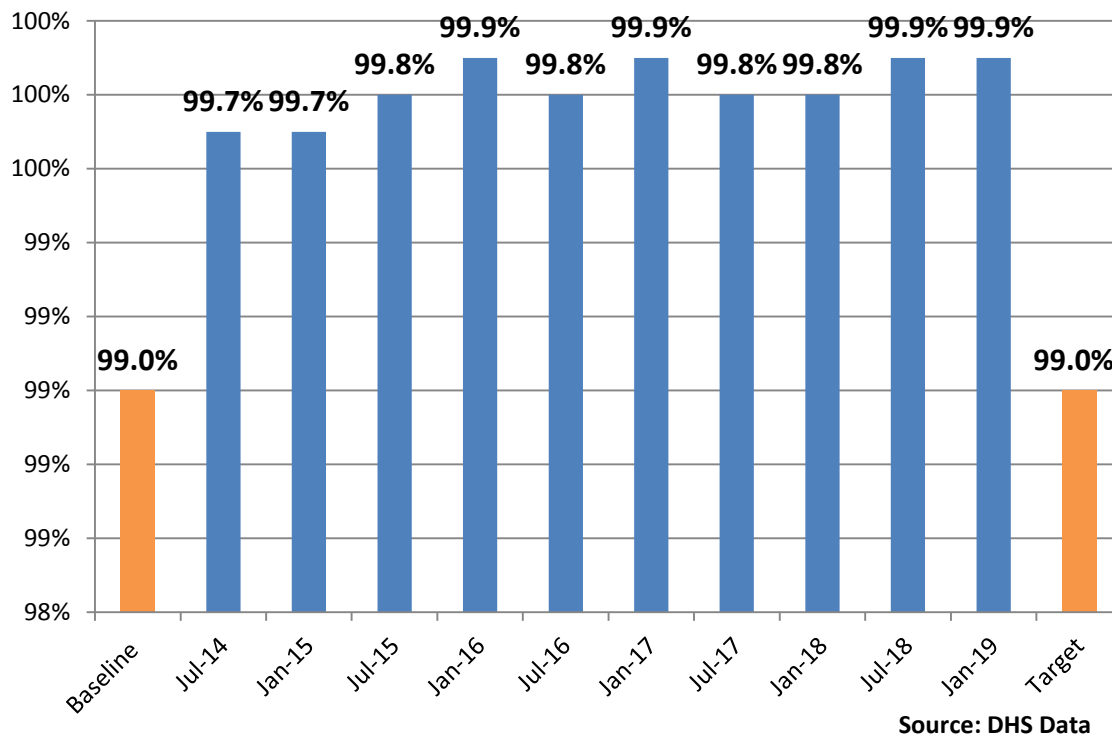
As previously reported, it is important to highlight again that the number of children who are reviewed under this measure has more than doubled since earlier in this reform effort. Four years ago, in the review period of April 1, 2013 to March 31, 2014, there were 1,239 children whose pre-adoption success was reviewed in this measure (with an outcome of 96.4 percent that did not disrupt), which is fewer than half of the 2,516 children in pre-adoptive placements reviewed in this report period. Further, as noted here, DHS has undertaken a number of actions to reduce pre-adoption disruptions. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcome for Metric 6.6.

DHS will need to make efforts to ensure the field is implementing the new guidance to transition pre-adoptive placements to adoption finalizations effectively. Further, as the Co-Neutrals have discussed with department leadership, DHS must also ensure that its pool of behavioral health consultants have the capacity to meet the demands placed on these specialists to support the behavioral health counseling and service needs required by children and families to improve performance outcomes not only in this measure but several others under the reform as reported by DHS.

Metric 6.7 – Adoption Dissolution

Metric 6.7 measures the percentage of children who achieved permanency through adoption over a 24-month period and did not experience adoption dissolution within 24 months of adoption finalization. The baseline for this metric was established at 99 percent and the Target Outcome was set to maintain a 99 percent performance outcome. For this reporting period, DHS’ data shows that, of the 4,727 children who were adopted between October 1, 2014 and September 30, 2016, the adoptions of 4,721 children (99.9 percent) did not dissolve within 24 months of finalization. DHS has consistently exceeded the Target Outcome for this metric in every report period, as shown in Figure 26 below. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

Figure 26: Metric 6.7 – Permanency Performance



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

DHS, under Metric 6.1, committed to move to permanency an identified cohort of children and youth who are legally free without an identified family. DHS and the Co-Neutrals established the point-in-time cohort of 292 children who were legally free for adoption and did not have an

identified adoptive placement as of January 10, 2014. The Co-Neutrals established permanency targets for these children and youth as follows:

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

DHS reported that 174 (84.1 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of December 31, 2018. This is an increase of three children since June 30, 2018 when DHS last reported. At the end of the period, 32 children in the younger cohort remained in DHS custody. For the 85 youth in the older group (ages 13 and older), DHS reported that 42 youth (49.4 percent) achieved permanency as of December 31, 2018, with three additional children achieving permanency since June 30, 2018.

Table 22: Metric 6.1 – Permanency Performance

Permanency Metric	Baseline	Permanency Target by 6/30/2016	Permanency Achieved as of 12/31/2018
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%	174 children (84.1%) achieved permanency
	85 children: Age 13 and older	80%	42 children (49.4%) achieved permanency

DHS also reported that as of December 31, 2018, 43 youth (50.6 percent) in the older cohort have aged out of care without achieving permanency, and no children in this cohort remain in DHS custody. As such, 49.4 percent is the final performance outcome for the older cohort under this measure.

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

A primary strategy DHS has implemented to advance permanency, primarily with a focus on adoption, for the children in the 6.1 cohort is to assign an Adoptions Transition Unit (“ATU”) worker to help identify and secure a permanent family. DHS reported that these ATU workers,

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

DHS now assigns an ATU worker to all children in Quad 2. Over the last two years, DHS has focused on adding and filling new ATU positions in order to meet the caseload standards for these workers. As of December 31, 2018, 98 percent (42) of the 43 ATU caseworkers carrying at least one case met their caseload standard. One year earlier on December 31, 2017, DHS had 38 ATU workers carrying at least one case and only 42 percent met the caseload standard. DHS has made significant progress in building its statewide team of ATU workers and supervisors to help children without an identified placement find a permanent adoptive family. Having achieved manageable caseloads for ATU workers, the department reported collaborative efforts across several DHS offices (Foster Care and Adoptions and Communications) to assess and improve the outreach and case staffing methods ATU workers employ to identify possible adoptive homes for Quad 2 children. DHS also reported efforts to build, through formalized training, the skill level of the ATU team.

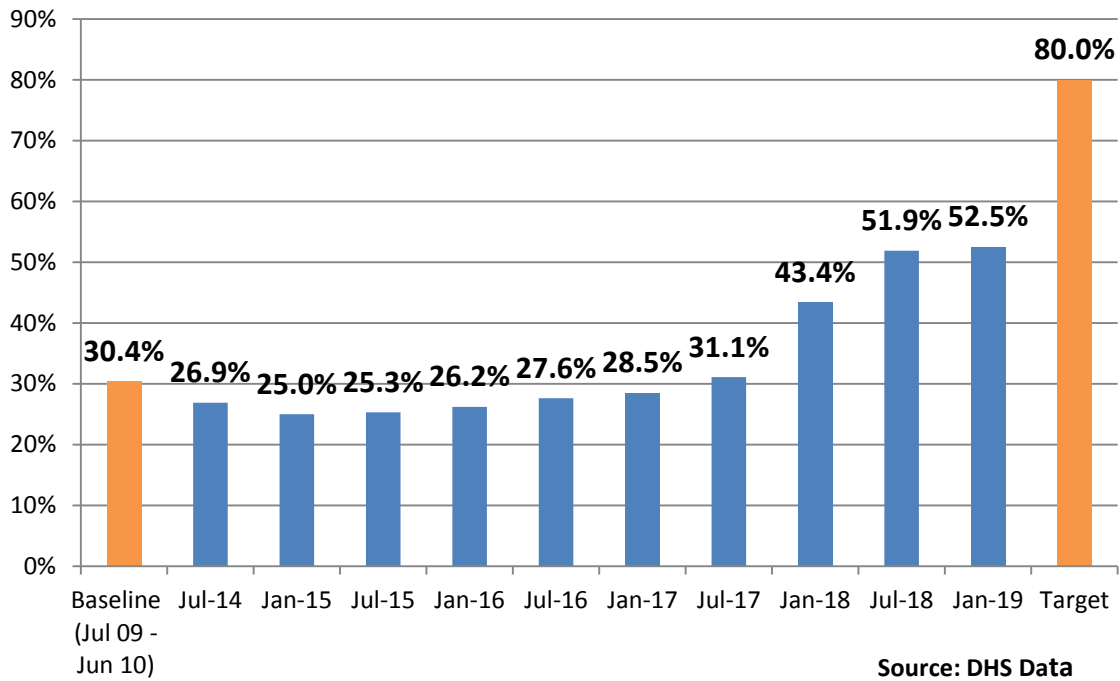
The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the 6.1 Target Outcomes.

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.

For this period, DHS reported that 139 legally free youth turned 16 years of age between October 1, 2015 and September 30, 2016. Seventy-three of these youth, representing 52.5 percent, achieved permanency as follows: 59 youth were adopted, 13 youth exited through guardianship, and one youth exited through custody with a relative.

Figure 27: Metric 6.4 – Permanency Performance



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

To serve children who enter the cohort, DHS developed a caseworker position type, Permanency Expeditor (PE), who is assigned to youth with a permanency case plan goal of planned alternative permanent placement (PAPP).²⁸ PEs provide added support to the child’s permanency worker to identify and advance all remaining opportunities to achieve permanency before the youth ages out of care. DHS decided to implement this permanency specialist position, as some caseworkers found it challenging to engage and communicate effectively with

²⁸For youth whose experiences are measured by Metric 6.4, those with a case plan goal of adoption and no identified adoptive home, DHS assigns an ATU caseworker to support the permanency caseworker’s efforts to achieve permanency for the child.

some youth who request a PAPP goal and struggled to support youth toward achieving stability and legal permanency with a family.

As reported in past Commentaries, the majority of youth reviewed in Metric 6.4 during prior report periods had a PAPP goal, not a goal of adoption, guardianship or reunification, which often lead, in part, to the youth aging out of foster care. DHS continued in this report period to reduce the percentage of youth reviewed in Metric 6.4 with a PAPP case plan goal. In the review period of October 2015 to September 2016, 66 percent (81 of 123 youth) in the 6.4 cohort had a PAPP case plan goal, which DHS reduced to 38 percent (62 of 162 of youth) the last period and 35.3 percent (49 of 139 youth) in the current period. Forty-eight of the 49 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting the correlation between these two factors and the importance of reducing the number of children assigned a PAPP case plan goal.²⁹

Importantly, DHS has strengthened the reviews and requirements to change a youth's case plan goal to PAPP. Supervisors are permitted to approve the change only after the youth's caseworker has explored and documented that all other permanency options have been determined not to be feasible or in the child's best interest. Further, staff must identify a sufficient number of permanent connections upon whom the youth can depend after aging out of DHS custody. Still, if PAPP becomes a youth's approved case plan goal, DHS assigns a PE to continue, in collaboration with the youth and permanency worker, to support the youth in achieving permanency before he or she ages out of care.

Through this period, DHS maintained a team approach to seek legal permanency options for youth with a PAPP goal, bringing together on a regular basis, weekly in some cases, PE workers, permanency caseworkers and DHS' statewide Permanency Teens Coordinator to discuss barriers and successes to permanency for these youth. Achieving permanency for youth with a PAPP goal can be challenging as their specific needs and behavioral challenges often present significant barriers to finding a stable, permanent placement. For example, DHS reviewed the higher number of youth (23) in Region 3 who are part of the total 66 children who exited DHS custody without permanency this period. Seven of the 23 youth in Region 3 who exited were AWOL, which hindered their permanency team's ability to work with the teen to pursue permanency options.

In DHS' semi-annual report for this period, the department stated it is currently building a professional development training focused on "the importance of continually searching for teen permanency, ways to achieve permanency from the start, how to engage teens in permanency

²⁹ A total of 66 youth (47.5 percent) in this cohort of 139 youth exited DHS custody without permanency. Forty-eight of those who exited without permanency had a PAPP goal.

conversation, and the misconceptions surrounding permanency for teens and benefits.” DHS reported this training will be available in spring of 2019 in each region for all caseworkers, supervisors and district directors, as well as foster parents and tribal specialists. DHS must remain focused on the work of achieving permanency for all youth as early as possible, with respect to a child’s length of stay in custody as well as their age as the challenges to achieving permanency become greater with passing time. The department’s ongoing efforts to ensure that older, legally free youth receive the support and attention they deserve to achieve permanency whenever possible has resulted in substantial progress over the last three years and through the current period. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress toward the 6.4 Target Outcome for this report period.

Appendix A: 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(c): Percent of children in legal custody of OKDHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 24 months, the percentage that had two or fewer placement settings.	Same	23% (Oct 2011 – Sept 2012)	42%
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	Same	74% (Apr 2012 – Mar 2013)	88%
4.3: Of all moves from one placement to another in the reporting period, the percent in which the new placement constitutes progression toward permanency. (Note: the Co-Neutrals have suspended this metric.)	N/A	N/A	N/A

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

* Pinnacle Plan Point 1.17: “By June 30, 2014, children ages 13 years of age and older may be placed in a shelter, only if a family-like setting is unavailable to meet their needs. Children shall not be placed in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period. Exceptions must be rare and must be approved by the deputy director for the respective region, documented in the child’s case file, reported to the division director no later than the following business day, and reported to the OKDHS Director and the Co-Neutrals monthly.

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 ³⁰ , 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%

³⁰ 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.

<p>6.2(d): 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.</p>	<p>Same</p>	<p>Total = 46.6% Reunification = 8.8% Adoption = 37.3% Guardianship = .4%</p>	<p>Total = 55%</p>
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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		

