

# Co-Neutral 11th Commentary

## December 2018

### Compromise and Settlement Agreement

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

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## **I. Introduction**

This is the Eleventh Commentary issued by the Co-Neutrals to review 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 January 1, 2018 to June 30, 2018 that DHS has made good faith efforts in 26 of 31 areas, representing a marked improvement from the previous period. In five areas, 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 June 30, 2018. In several of these five areas, subsequent to the close of the report period, the Co-Neutrals have observed positive, emerging efforts by the department to achieve substantial and sustained progress toward the respective Target Outcome, which the Co-Neutrals will detail in the next Commentary.

### **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 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 (TFC);
- 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.<sup>1</sup>

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

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<sup>1</sup> Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals.

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.

This document serves as the Co-Neutrals' Eleventh Commentary under the CSA and reflects DHS' performance, data, and information available through June 30, 2018. In numerous instances, as described in this report, data and information are only available through March 31, 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.

### **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	No
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.	No	No	No
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	Target due June 30, 2018	No	Yes
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	Target due June 30, 2018	No	Yes
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	Target due June 30, 2018	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
Net gain/loss in TFC homes for the reporting period.	Target due June 30, 2018	No	No
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

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
3.3b: The percentage of children in care for at least six consecutive months during the reporting period who were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from DHS legal custody during the reporting period, the six months prior to discharge.	No	Yes	Yes
4.1a: Percent of children in legal custody of DHS that experience two or fewer placement settings: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, the percentage that had two or fewer placement settings.	No	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
4.1b: 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
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	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
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	No	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
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

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
6.2a: 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 <sup>th</sup> month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	No	Yes	Yes
6.2c: The number and percent of children who entered their 24 <sup>th</sup> month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	No	Yes	Yes
6.2d: The number and percent of children who entered their 36 <sup>th</sup> month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Yes	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
6.3: 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
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

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	No	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	No	No
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 26 of the 31 distinct performance areas. In five 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 June 30, 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.

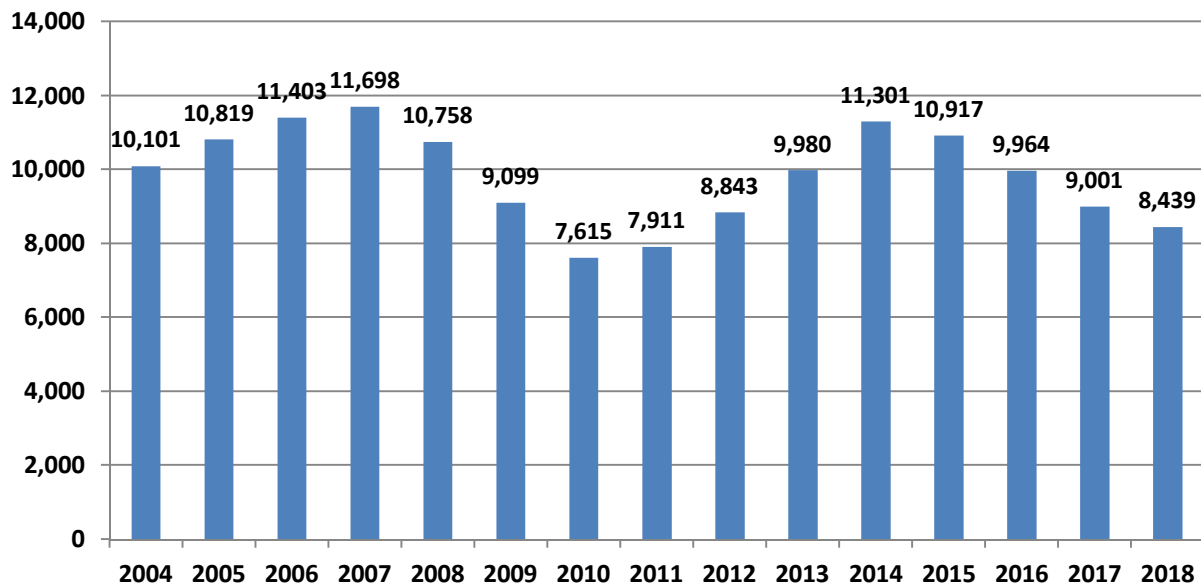
The remainder of this report includes:

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

## 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 years later, on June 30, 2018, there were 8,439 children in DHS custody, a 25 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 2018**



Source: DHS Data

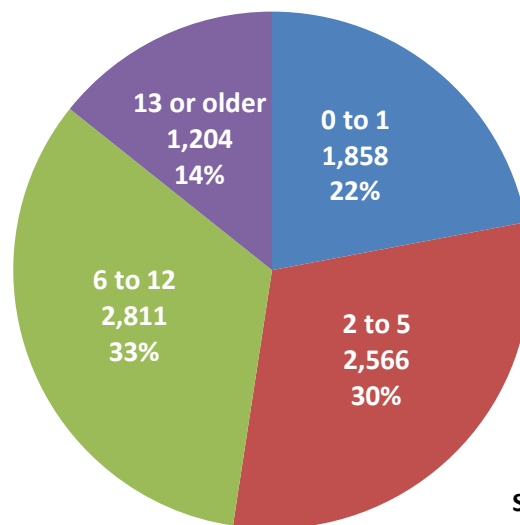


## Demographics

DHS' data show that there were 8,439 children in custody on June 30, 2018, while there were 8,665 children in custody on December 31, 2017.<sup>2</sup> During the reporting period from January 1, 2018 to June 30, 2018, 2,326 children entered care and 2,552 children exited care.

Young children aged zero to five years make up the largest portion (4,424 or 52 percent) of children in care. Children aged 6 to 12 years comprise 33 percent (2,811) of the population in care and fourteen percent (1,204) are 13 years or older, as detailed in the following Figure:

**Figure 2: Children in Custody on June 30, 2018 by Age Group (Total = 8,439)**



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 39 percent White, nine percent African-American, and eight percent Native American. In addition, 12 percent of children identified with Hispanic ethnicity (and can be of any race). Thirty-two percent identified with multiple race and ethnicity categories, of which 70 percent identified as Native American.<sup>3</sup>

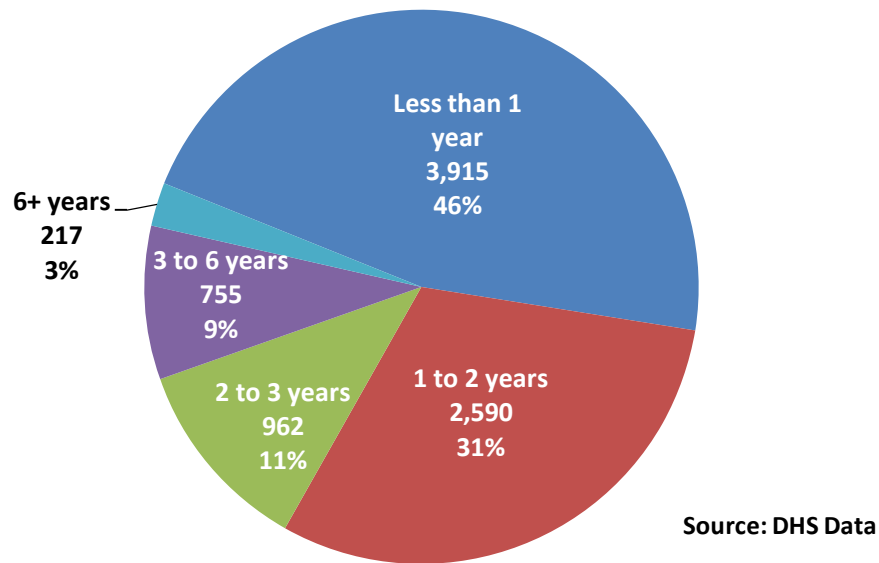
As presented in Figure 3 below, DHS' data shows that of the children in care on June 30, 2018, 46 percent (3,915) were in care for less than one year; 31 percent (2,590) between one and two

<sup>2</sup> In the prior commentary, DHS reported 8,667 children in care on December 31, 2017. Due to data entry lag and merged identifying numbers, OKDHS data now indicate 8,665 children in care on December 31, 2017. These types of adjustments are common in child welfare administrative data.

<sup>3</sup> 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.

years; 11 percent (962) between two and three years; nine percent (755) between three and six years; and three percent (217) for more than six years.

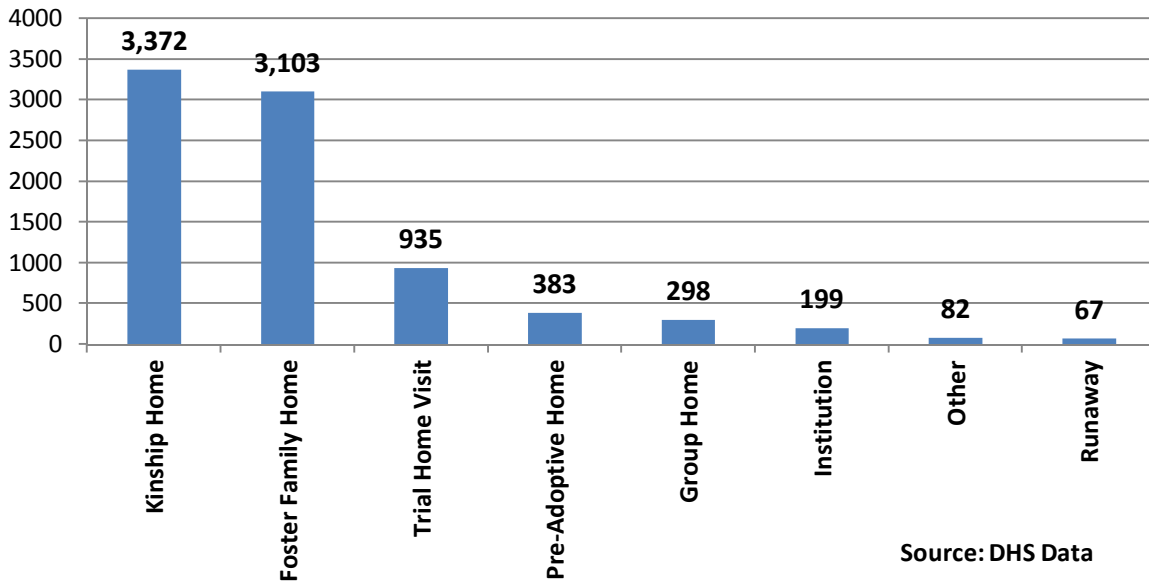
**Figure 3: Children in Custody on June 30, 2018 by Length of Stay (Total = 8,439)**



As Figure 4 below demonstrates, 92 percent of children (7,793) in DHS custody on June 30, 2018 live in family settings, including in relative and non-relative kinship homes (40 percent), with foster families (37 percent), with their own parents (11 percent), and in homes that intend to adopt (five percent). Of children in custody, 497 (six percent) live in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining two percent reside in unidentified placements (listed as “other” in the Figure below) or are AWOL (listed as “runaway” in the Figure below).<sup>4</sup>

<sup>4</sup> Percentages in this paragraph may not add up to totals due to rounding.

**Figure 4 : Children in Custody on June 30, 2018 by Placement Type**



Of the 7,793 children living in family settings, 1,837 (24 percent) are less than two years old, 2,532 (32 percent) are two to five years old, 2,633 (34 percent) are six to 12 years old, and 791 (10 percent) are 13 years or older. Of the 497 children living in institutional settings, four (one percent) are less than two years old, 15 (three percent) are 2 to 5 years old, 157 (32 percent) are 6 to 12 years old, and 321 (65 percent) are 13 years or older.<sup>5</sup>

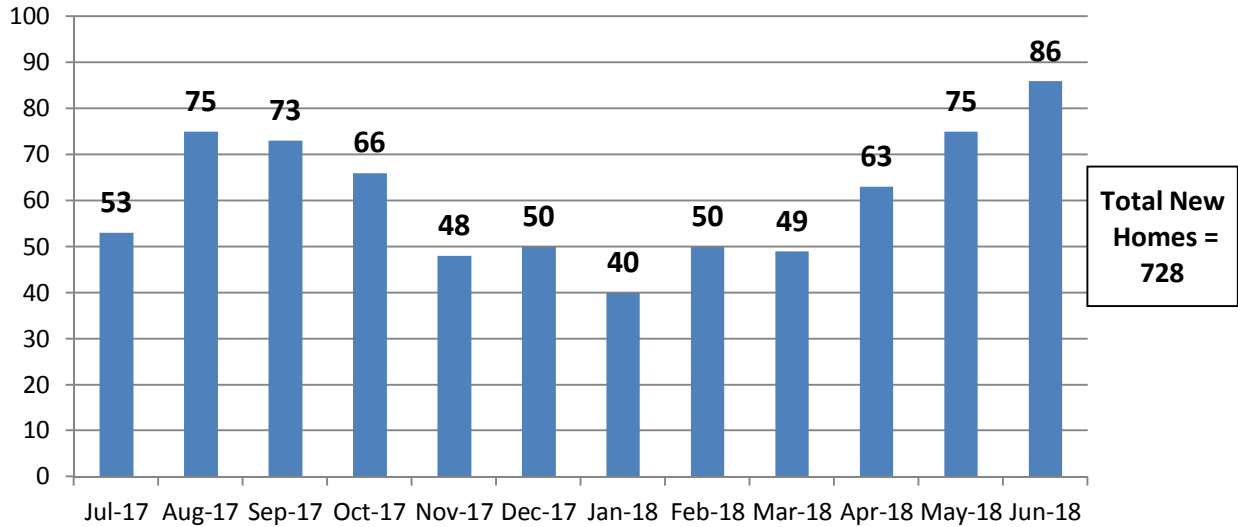
### **A. Foster Care**

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

For SFY18, DHS committed to develop 1,075 new traditional, non-kinship foster homes. During this six-month report period (which represents the second half of SFY18), DHS, along with its private agency partners, approved 363 new traditional foster homes. For the full fiscal year, DHS developed 728 new traditional foster homes, which represents 68 percent of the annual target.

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

**Figure 5: New Foster Care Homes Developed by Month, July 2017-June 2018**

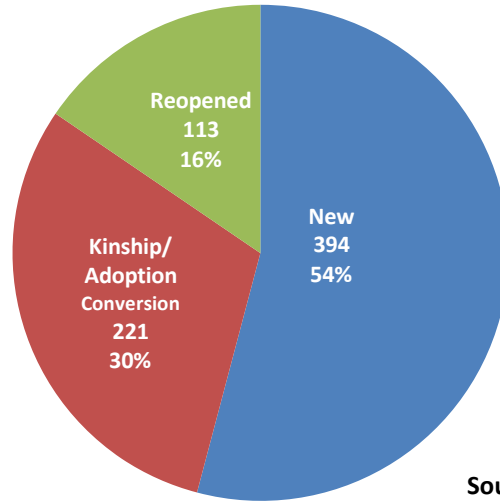


Source: DHS Data

Of the 728 new foster homes approved during SFY18, 394 families (54 percent) were newly recruited by DHS and the private agencies, 221 homes (30 percent) were already approved by DHS as adoption homes or kinship homes that were then converted to traditional foster homes to serve non-kin children, and 113 (16 percent) were DHS resource homes<sup>6</sup> that were closed for more than a year and reopened during this report period.

<sup>6</sup> 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 2017-June 2018 (N=728)**



Source: DHS Data

During this report period, DHS’ team of regional foster home recruiters and private agency partners collaborated with community partners across the state to recruit and develop new traditional foster homes. The Oklahoma Fosters team also continued to support DHS’ efforts to recruit additional foster homes. During the period, the team expanded the Oklahoma Fosters campaign through new public service announcements which highlighted the need for more foster families of all types and held several recruitment events throughout the state to attempt to address this need.

Together, DHS and its partners developed 728 new homes; however, they were unable to reach the SFY18 new home target. DHS reported that the department, along with its private agency partners, confronted a number of challenges during the year that hindered the department’s ability to achieve better outcomes in this performance area.

**Focus on Safety: Reviews of New and Existing Foster Homes**

Throughout SFY18, DHS dedicated a significant amount of time and attention at every level of the foster care program to strengthen and improve the process used to assess the protective capacities of prospective foster families. As discussed in greater detail in the maltreatment in care section ahead, DHS and the Co-Neutrals have consistently identified concerns with the home approval records of a significant number of foster homes that have been substantiated for the maltreatment of children in DHS custody. As a result, DHS has focused on making substantial changes to the tools, guidelines, staff training and accountability structure used to assess the safety of every potential foster home prior to approval. Part of this effort included requiring supervisors to assume greater responsibility for reviewing and approving every new

home while adhering to enhanced guidelines and requirements to document how any concerning history or issue with the family has been resolved prior to approval.

During this period, DHS continued to revise the Resource Family Assessment (RFA) tool based on reviews conducted by the department and the Co-Neutrals of recent new home approvals, including homes approved during SFY18. DHS trained all resource home and private agency staff on the assessment tool updates, which includes requiring staff to initiate second-level interviews, questions or reviews of discrepancies found in a family's references or any information gathered during the approval process. DHS also established a quality assurance (QA) team dedicated to review new home approvals and foster family supports provided by DHS, as well as the family assessments and approval records of all homes substantiated for maltreatment during each period. DHS reported that the focus of this QA team is to evaluate continuously the practice (of both DHS and the private agencies) to approve new homes to ensure caseworkers and their supervisors are critically assessing the safety of each prospective foster home.

In addition, over a six-month period during SFY18, DHS completed an assessment of the home approval records of every open kinship and traditional foster home (DHS and private agency homes), regardless of how long the home has been open. The purpose of this review was to help ensure the safety of all children who are or could be placed in these foster homes. This review of approximately 4,000 homes, which involved caseworkers, supervisors and managers in the foster care program, was resource intensive. It focused on criminal history, child welfare history, reference checks and the social history segment of the resource family assessment. DHS reported that the review resulted in the closure of some homes and a placement move for some children. While DHS reported that not many foster homes required such actions, the department did not track which homes required removal of a child and/or closure. Staff was also instructed to determine if there were any missing records or lack of documentation in each home's approval records, whether the information was safety related or not, so that DHS could identify and focus on all areas of the family assessment process that may require improvement.

During SFY18, DHS worked with 16 private agencies to recruit new foster homes. Five of these agencies met or exceeded their individual recruitment goals but others presented significant challenges and concerns that further diverted both DHS and private agency attention away from a steady focus on new home recruitment. DHS terminated its contracts with two agencies based on concerns with their performance and quality of home approvals. An additional three agencies experienced changes in leadership and staffing that affected their ability to achieve their recruitment goals. Lastly, DHS placed a hold on new homes approved by two agencies after identifying shortfalls and concerns with the skill level of some private agency staff to

assess safety with prospective foster families. Appropriately, these agencies, with the assistance of DHS' foster home program staff, shifted attention away from recruitment during the period to instead hone in on establishing new practices to help ensure only safe homes are approved to care for children in DHS custody.

At the same time, DHS reported that it provided technical support and guidance throughout the year to private agencies that struggled to meet their recruitment targets. DHS also continued to hold bi-weekly discussions with each private agency in order to review and quickly address any non-safety related barriers delaying the approval of homes in the pipeline.

### ***Changes in DHS Organizational Structures and Leadership to Support Better Recruitment***

During SFY18, DHS made significant organizational changes in its now fully integrated Foster Care and Adoption program. These changes focused primarily on providing additional senior leadership and management support to the field operations of the program statewide. Toward the end of the last six-month report period, DHS established a new senior-level, executive team position of Foster Care and Adoptions Field Deputy Director. Previously there was one statewide Deputy Director for Foster Care and Adoptions responsible for overseeing and directing every component of the foster care and adoptions program; all foster care and adoptions staff and operations in the field, including recruitment; the contracts and work of the private agencies; and, the development and execution of all practices, policies and trainings for foster care and adoptions. The new Field Deputy Director has assumed responsibility for providing direction and support to all DHS field operations and staff. The Field Deputy Director immediately assumed a lead role in helping DHS carry out the work underway to review the home approval records of all open foster homes and improve the current practice of ensuring all new foster homes are thoroughly vetted and reviewed.

Another significant organizational change DHS implemented during SFY18 was to reassign all of the department's recruitment specialists to ten field managers across the state. Placing the recruiters under the supervision of the ten field managers was intended to integrate more fully the work of DHS' foster home recruitment team into the casework of the local offices. At the end of this report period (June 30, 2018), there were 51 DHS recruiters on board. All of DHS' recruiters previously reported to two field administrators who each covered half of the state. During this report period, DHS leadership learned that the ten managers who assumed the additional responsibilities of managing the foster home recruiters in the field found it difficult to effectively manage the competing priorities of the foster care, adoption and recruitment programs. The ten field managers were already responsible for managing and guiding the foster care specialists who support all of DHS' foster homes (kinship and traditional) as well as the department's adoption resources, caseworkers and field practice.

Upon entering the newly established position, the Field Deputy Director met with and gathered feedback directly from the field managers and frontline recruitment specialists across the state and reported that, “Due to the nature of the work, emergency needs in foster care such as placement needs, efforts to prevent shelter placements, kinship assessments, and on-going safety assessments of resources take a priority for leadership. The need for timely permanency through adoption was next in line as to priority, resulting in recruitment not receiving the focus needed from leadership.”

DHS’ focus was also strained by its commitment to increase the number of children whose first and best placements are in safe kinship homes. Starting in September 2017, DHS assigned all Actively Seeking Kinnections (ASK) referrals to the foster home recruitment specialists. Through the ASK project, DHS established a formal process for permanency and child protective specialist caseworkers to request assistance in locating and reviewing potential kinship families when workers need a new or first placement for a child but have been unable to identify a viable kinship home. DHS’ efforts to implement the ASK project and secure more safe, kinship homes for children’s placements are intended to serve the best interests of children, as kinship placements often result in better outcomes with respect to a child’s well-being, placement stability and permanency. However, as reported by DHS, assigning diligent searches for kinship homes to foster home recruiters proved to be onerous. As outlined above, the department’s recruitment specialists, supervisors and field managers experienced during SFY18 a convergence of a number of new responsibilities and process changes and requirements. While all of these changes were implemented to improve practice, some of these adjustments made it difficult to maintain sufficient focus on recruiting new traditional foster homes.

DHS has recognized the problem and made modifications, shifting back to sharpen the focus on recruitment for the specialists by designating one statewide field administrator, a person with prior experience in this area, to lead the ten recruitment units across the state. DHS believes this restructure will renew recruitment efforts, provide better support to recruitment staff, and increase accountability and oversight of the recruitment plans, activities and approval time of new homes. Further, effective October 1, 2018, DHS discontinued sending ASK referrals to the foster home recruiters and was in the process of exploring the most efficient way to establish the ASK practice in each region. The Co-Neutrals will present in their next Commentary an updated assessment of how these changes are impacting recruitment of new traditional homes.



### ***Recruiting Specialized Homes for Children with Developmental Disabilities***

DHS had previously reported in May 2018 that it had added to the TFC program staff a special unit focused on the statewide recruitment of homes for children with developmental disabilities (agency companion homes). DHS had decided to move this unit of recruiters (one supervisor and five child welfare specialists) from DHS' Developmental Disabilities Services (DDS) program office to the TFC program. However, DHS has since decided to move this recruitment unit again and place them with the Oklahoma Foster's team, which has been working on the statewide recruitment of all types of resource homes needed to build DHS' family-based placement continuum. DHS has been challenged to meet the placement needs of children in DHS custody who are dually diagnosed with intellectual disabilities and mental and/or behavioral challenges.

As of September 2018, DHS reported that, "there are approximately 27 children approved for DDS level foster care with no identified placement matches with existing approved DDS families and no identified potential families in the approval process. From January to August 2018, there have been 33 children approved for DDS level of foster care. An average of an additional 4.125 children are added per month [and...] need a DDS placement. With this data trend in mind, we need to be developing approximately 50 additional DDS placements per year to keep pace with the number of newly added children and additional placements for children that are already approved for DDS services."

Over the last year, DHS has focused on building its pool of DDS homes to help meet the therapeutic placement needs of children in DHS custody who have a developmental disability or who are dually diagnosed. Budget and staffing cuts over the last several years had impacted the DDS program and DHS' ability to recruit more DDS homes. However, DHS has made it a priority to support its team of DDS home recruiters and has looked to place them organizationally in the best place to advance the success of their recruitment efforts.

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

DHS' net gain target for the full 12 months of SFY18 was set at 206 foster homes. While DHS made progress with the development of 728 new foster homes during this fiscal year, DHS closed more homes than it developed. DHS began the fiscal year on July 1, 2017 with a starting baseline of 2,137 open foster homes and by the end of the year, July 1, 2018, DHS reported 1,982 open homes, which represents a net loss of 155 foster homes. Of the 2,137 foster homes open at the beginning of SFY18, 857 were no longer open at the period's end, which represents a closure rate of 40 percent. DHS closed fewer homes during the second half of SFY18, with 397 homes closed compared to the 460 closures reported during the first six months of SFY18. Of the 728 new foster homes approved during SFY18, 88 closed by July 1, 2018.

The Co-Neutrals continue to urge DHS to diagnose the reasons for Oklahoma’s high foster home closure rate. At the beginning of SFY18, DHS provided foster care caseworkers and supervisors instructions on the use of an updated and expanded menu of closure reasons that the department added to the KIDS database system. Staff’s use of the updated menu for recording home closures provided DHS with some initial indications of the leading causes. As shown in the Table 2 below, DHS staff recorded that 221 (26 percent) of the 857 total SFY18 homes closures were the result of families finalizing an adoption. DHS further reported that an additional 57 of the SFY18 home closures finalized an adoption during the period; however, staff selected a closure reason other than adoption services completed. The percentage of homes closing due to an adoption would increase to 34 percent if these 57 homes were documented as closing for this reason. The department is continuing to work with staff to ensure they carefully select the most prominent reason a home closes in order to better inform the department’s understanding and, where appropriate, prevention efforts.

For ten percent of the home closures (80 homes total), DHS or the managing private agency made the decision to close the home, with 39 of these homes closed as a result of a referral or investigation of child maltreatment. For 222 homes (26 percent), the closure reason appeared to be outside the department’s control and resulted from the families experiencing a change in their family dynamic, an illness or a physical move. There are 262 (31 percent) of the 857 home closures listed below that were identified as closing for more general, open-ended reasons.

**Table 2: Traditional Home Closure Reasons, July 2017-June 2018**

<b>Resource Closures July to December 2017</b>	<b># Resources</b>	<b>% Resources</b>
ADOPTION SERVICES COMPLETED	221	27%
AGENCY DECISION	41	5%
AGENCY DECISION-REFERRAL/INVESTIGATION	39	5%
RESOURCE REQUEST-DISPLEASED WITH PROCESS	19	2%
RESOURCE REQUEST-FAMILY DYNAMIC CHANGED	138	17%
RESOURCE REQUEST-MEDICAL/ILLNESS	40	5%
RESOURCE REQUEST-MOVING	44	5%
RESOURCE REQUEST-NO DESIRE TO FOST/ADOPT	236	28%
RESOURCE REQUEST-PLCMT PREFER NOT MET	6	1%
RESOURCE REQUEST-UNABLE TO MT CHILD NEED	7	1%
CHILD SPECIFIC	5	1%
OTHER	33	4%
<b>TOTAL</b>	<b>829</b>	<b>100%</b>
RESPIRE ONLY	28	3%
<b>TOTAL CLOSURES</b>	<b>857</b>	<b>100%</b>

To gather more specific, qualitative information from families as to why they have decided to close their foster homes, particularly if the reasons relate to processes and practices, DHS is conducting exit surveys with families that have voluntarily closed their homes. DHS developed a short list of questions to understand what led to the closure, what families found to be most challenging as a foster parent and what families would recommend DHS or the private agency do differently to enhance the experience of foster parents. The department's goal is to use the survey results to help identify and address systemic challenges as well as any foster home support or customer service needs that may help retain more foster homes in Oklahoma.

DHS' Foster Care and Adoption Support Center (FCASC) staff conducted interviews with 101 (62.3 percent) of the 162 families that closed their homes at their own request between January and June 2018. DHS grouped the families' responses to the survey questions into related topic areas. For example, for the question of what led families to the decision to no longer be a foster parent, DHS identified five categories of responses: the families' need to focus on their immediate family, including their biological or adopted children; the families' expectations of fostering were not met; the families' feeling that they did not have enough time to foster or wanted to take a break; the families experienced personal life changes; and the families' practice-related concerns with DHS and/or their private agency. Table 3 below shows the number of family responses related to each of these topic areas, as well as more specific answers offered in each category.

**Table 3: Home Closure Reason Responses to Exit Survey Question #1**  
*What led you to the decision to no longer be a foster parent?*

Category of Issue	Occurrences	%
<b>Family Focus</b>	<b>45</b>	<b>44.6%</b>
Adopted/Bio Child's Needs	25	24.8%
Quality Time with Own Family	11	10.9%
Expand Family	5	5.0%
Adopted a Child	4	4.0%
<b>Expectations Not Met</b>	<b>16</b>	<b>15.8%</b>
General	11	10.9%
Grief and Loss	5	5.0%
<b>Time</b>	<b>16</b>	<b>15.8%</b>
Not Enough	10	9.9%
Need a Break	6	5.9%
<b>Life Changes</b>	<b>12</b>	<b>11.9%</b>
Moving	5	5.0%
Significant Relationship	3	3.0%
Employment	4	4.0%
<b>Agency Issue</b>	<b>11</b>	<b>10.9%</b>
<b>Other</b>	<b>1</b>	<b>1.0%</b>
<b>Total</b>	<b>101</b>	<b>100%</b>

The majority of reasons shared for closing homes reflect circumstances about the families' own dynamics or situation outside of DHS' influence. However, other responses in the survey provide a window into areas of DHS' (and the private agencies') practice that, if improved, could better support foster families and foster home retention. DHS provided the following summary of the 101 full survey findings (See Appendix B for DHS' complete survey report):

- 89 percent decided to no longer foster based on a family decision that was independent from their experience with CWS.
- 79 percent stated they would consider fostering in the future.
- 83 percent would recommend fostering/adopting with DHS or an agency partner.
- 31 percent reported that family expectations were the most challenging aspect of being a foster parent. This includes attachment with the foster children, working with biological parents, adjusting to fostering, expectations about fostering not being met, and placement preferences not being met.
- 28 percent indicated working with the system was the most challenging part of being a foster parent. This includes general system issues, working with caseworkers, lack of information at placement, and paperwork.

- 18 percent stated needs of the child in custody was the most challenging part of being a foster parent.
- 37 percent did not have any recommendations for DHS and/or resource family partner agencies to enhance the experience of foster parents.
- 24 percent stated improved communication would enhance their experience as a foster parent.
- 20 percent recommend system changes to enhance their experience as a foster parent. This includes staff training, staff retention, revising requirements, and court process improvement.
- 19 percent stated more support would enhance their experience as a foster parent. This includes access to resources, respite care, foster parent education, DHS staff availability, and additional financial resources.

DHS reported it is continuing to analyze the ongoing exit survey results to determine what actions it can take to improve its processes and practice and the experience of foster parents. One step DHS has initiated as a result of the survey results is to add one new foster parent support network group in every region. DHS is also exploring how the department's mental health consultants can support these and other foster parent groups around the state. DHS is doing so in response to families expressing that they found it challenging to deal with the feelings of grief and loss after becoming attached to children who they have fostered but who eventually leave their home. While this emotional challenge is highly personal to families, DHS recognizes it can help families through this sense of loss by ensuring they have access to foster parent support groups and counseling.

### ***Retention Calls to Prevent Home Closure***

As noted in the last Co-Neutral Commentary, DHS found during its first round of home closure exit surveys that some families shared they had not planned to close their homes but were encouraged to do so after informing their foster care caseworker that they wanted to take a temporary break from fostering. As a result, DHS initiated a requirement that the assigned supervisor or field manager must contact or visit any family that has requested or expressed their intention to close their foster home in order to inquire about their experience, resolve any issues when possible and ensure there has been clear communication between the family and their assigned caseworker. Toward the end of the period, DHS also developed talking points for supervisors to use when making these retention calls and has required that the calls be documented in the KIDS data system so that leadership can track how the field is progressing in implementing this new requirement. (See Appendix C)

## Supporting Foster Parents

DHS reported it is focused on identifying the additional supports, services and practice improvements it can implement to improve the experience of foster parents and retain more foster homes in Oklahoma. With its efforts underway to retain homes and a new, focused management structure in place to address foster family concerns that lead to home closures, DHS is creating a stronger feedback loop among foster families, caseworkers, supervisors and senior leadership to drive better practice and foster home retention.

On a broad scale level, DHS is advancing a number of efforts to support foster parents. First, DHS has reinstated the regular convening of its Foster Parent Support Workgroup, which includes DHS child welfare staff and representatives of tribes, foster care private agencies and other community partners, foster parents and foster parent advocates. Among other efforts, the group is currently exploring ways to launch a mentoring program for foster families and has documented the observation that such a program needs to be formalized with sufficient resources for the program to endure. The workgroup is also continuing to review opportunities for developing and sharing helpful information with foster families and ensuring that foster families know how to access in-service training courses.

A major development in support services for foster families is the statewide availability of Mobile Crisis Response Teams. DHS has worked with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to begin promoting this mobile crisis response service to all foster parents. Mobile Crisis Response Teams, located throughout the state, will respond to foster parents' calls for on-site assistance to help stabilize and de-escalate a mental or behavioral health crisis that a foster child may experience and, beyond the immediate emergency, will provide follow-up evaluations, crisis planning and referrals for ongoing therapy and supports as needed. This service is vitally important as foster parents often 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 also reported that Oklahoma Fosters has started a monthly newsletter for foster parents, which highlights unique benefits, service discounts, and special events for foster families and children and establishes an ongoing communication tool to share new helpful information with families.

As outlined above, DHS confronted a number of challenges during SFY18 that made it difficult for the department's foster care team to remain steadily focused on new home recruitment and achieve its annual Target Outcomes for new home development and a net gain in foster

homes. DHS identified the need to strengthen its protocols and practice for ensuring that all approved foster homes possess the protective capacities needed to safely care for children in DHS custody. DHS worked diligently during this period to make significant changes to address this need both within DHS and in its work with the private agencies. DHS added new leadership positions in the foster care program to provide more senior level focus and attention to support the work of foster home recruiters and caseworkers in the field. Not all the organizational changes made during this period led to the positive impacts DHS had hoped for, but department leadership listened and learned from caseworkers and managers in the field and made adjustments as needed. During this period, DHS also made significant strides to establish a standing process for understanding why foster families are deciding to close their homes and to assess and use this information to improve practice and supports for foster parents in order to retain more homes and achieve a net gain. For this report period, and for the reasons described in this Commentary, the Co-Neutrals find that 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.

DHS undertook important work this period that has cleared the path and laid the groundwork for the department to focus squarely on recruiting new homes and further building quality supports and customer service for foster parents so that it can achieve better outcomes in new home development and expand the state's pool of foster homes through net gains. This vital work must continue with DHS leadership remaining fully engaged and committed to providing the direction, support and resources required in order to achieve these outcomes for foster children and families.

## **B. Therapeutic Foster Care**

Children who are eligible to be placed in therapeutic foster care (TFC) homes have been assessed to have emotional and behavioral health needs and can live in the community with specially trained foster parents and therapeutic services. TFCs are intended to ensure that children in need of behavioral health treatment can live in family-based placements with appropriate services and avoid placement in congregate care settings, offer family-based placements for those children ready to step-down from higher-levels of care and support more stable and therapeutic placements for children with increased behavioral needs.

At the beginning of the reform, DHS identified TFC homes as a key component of Oklahoma's continuum of care and as the primary family-based placement resource for children with behavioral health treatment needs. As documented in the Co-Neutrals' previous Commentaries, DHS and its private agency partners, who recruit, approve and manage the homes, have not been successful in their efforts to grow the pool of Oklahoma's therapeutic

foster homes. As a result, with respect to recruiting and retaining TFC homes, DHS has been unable to meet its annual Target Outcomes for new TFC home development and net gains during this reform effort. In fact, DHS has reported net losses for the last six report periods, with the largest net loss of 109 TFC homes reported most recently for SFY18.

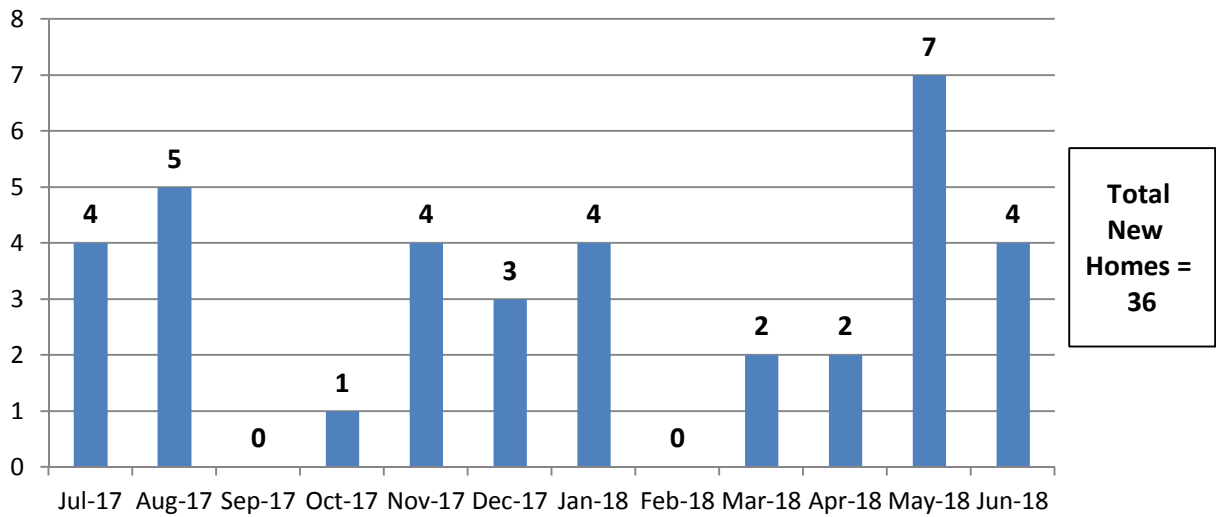
In addition to the decrease of open TFC homes across the state, the number of children served in TFCs has also steadily decreased. Further, during SFY18, the number of private TFC agencies partnering with DHS decreased from 10 to six, as four agencies canceled their TFC contracts. As discussed further below, these agencies, as a group, have struggled throughout the reform to recruit and retain TFC families and to show progress in improving the quality of individualized treatment services provided to children in their programs. As a result of these trends, DHS' primary family-based placement option for children in DHS custody with increased behavioral needs has contracted throughout most of this reform, despite the acute need in Oklahoma for an expanded pool of quality TFC homes able to meet the specialized needs of children in DHS custody.

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

The Co-Neutrals accepted DHS' proposed Target Outcome for new TFC home development for SFY18, which was set at 138. DHS reported that its private agency partners developed 17 new TFCs during the first half of SFY18 and added 19 new TFC homes in the most recent six month period of January through June 30, 2018, for a total of only 36 TFC resources developed during the full 12 months of SFY18. Eleven of the 36 new TFC homes that opened during SFY18 closed within the year.



**Figure 7: New Therapeutic Foster Homes by Month, July 2017-June 2018**



Source: DHS Data

Of the 36 total new TFC homes, 20 were newly developed homes, six were adoption/kinship home conversions, and ten were reopened homes.

***TFC Net Gain/Loss***

On July 1, 2017, DHS began the fiscal year with a starting baseline of 280 TFC homes and ended SFY18 on July 1, 2018 with 171 open TFC homes, which represented a net loss of 109 TFC homes. The SFY18 net gain target was established at 20 TFC homes. Of the 280 TFC homes open on July 1, 2017, 140 were no longer open on January 1, 2018, resulting in a TFC home closure rate of 50 percent for the fiscal year.

DHS has struggled to reduce its high closure rate of TFC homes. In fact, the closure rate increased from 42 percent during SFY17 to the current high rate of 50 percent during SFY18. It continues to be very important that DHS assess the leading factors contributing to the ongoing high number of TFC families closing their homes. DHS has noted that one significant challenge with retention is that children placed in TFC homes present with increasingly higher level needs and challenges than TFC families are prepared to manage, which reportedly results in these families choosing to close their homes.

***Converting Resource Homes to TFC***

The Co-Neutrals have approved for SFY19 DHS’ request to count toward the new TFC home target any traditional foster home that successfully completed the requirements to become a

TFC home. To date, DHS has not counted any traditional homes that have converted to TFC if that home was open as a traditional home within the prior twelve months of becoming a TFC home. For SFY18, DHS reported that 22 new TFC homes were approved but not counted based on the established criteria for counting new TFC homes. In order for a traditional foster home to become a TFC resource, the family must complete every step required of any new family seeking to become a TFC home. This includes completing a comprehensive family assessment, all new criminal and child welfare background checks, and the advanced therapeutic foster home training. DHS will begin in SFY19 to count these traditional homes that convert to a TFC. For any traditional foster family that converts to a TFC resource, DHS will require that the family's traditional foster home be closed to ensure that only one agency is managing the home as a foster care resource.

### ***Decline in the Number of Children Served in TFC Homes***

During SFY18, the number of children in a TFC-authorized placement declined substantially (44 percent) from 307 children on June 30, 2017 to 170 children on July 1, 2018. The decline is even starker (59 percent) when reviewed over an 18-month period, as there were 413 children in a TFC placement on December 31, 2016. During this same 18-month period, DHS began to use a new management tool called the Application for Therapeutic Foster Care ("Application"). The application requires information about a child supplied by the child's caseworker to 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 both the Oklahoma Health Care Authority (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, with the more extensive information about each child documented on the new Application, including the child's needs, diagnosis and placement and behavioral histories, the department is in a better position to communicate and match more timely the needs of a child to available TFC homes.

DHS' data shows there has also been a steady decline in the number of Applications submitted to OHCA to request TFC placement authorizations. During the month of May 2017, DHS submitted 133 completed Applications to OHCA, which decreased to 62 Applications submitted in December 2017 and 54 submitted in September 2018. The average number of monthly applications for TFC authorization submitted to OHCA from January to June 2018 was 69. The Co-Neutrals remain concerned that the number of children for whom DHS submits a TFC placement authorization request continues to decline and again urge DHS to assess and understand more clearly the reason for this ongoing decrease. Further, the Co-Neutrals urge

DHS to take steps to ensure that children who need and require therapeutic family-based care are supported through the full TFC application and placement process.

During the six-month period of January to June 2018, DHS submitted a total of 414 TFC child placement Applications to OHCA, of which 233 (56 percent) were denied and 181 (44 percent) were approved. DHS has noted the primary reasons OHCA denies TFC authorization requests include a child having an intellectual disability that does not meet the TFC authorization criteria or a child having behavioral challenges and needs that are too acute to be met in a TFC home. Children who are diagnosed with an intellectual disability are not eligible for a TFC placement in Oklahoma.

Despite the continuing decline in the number of children served in TFC homes in Oklahoma, the waitlist of children who need a TFC placement has fallen significantly. As of November 2018, there were 19 children on the TFC waitlist, all but one of whom had been on the waitlist for less than 30 days. This represents a marked decline in the number of children who are waiting for a TFC placement, which decreased from 120 children on the waitlist in March 2016, to 62 children in March 2017 and 41 children in May 2018. DHS was able to reduce the number of children on the waitlist, in part, by requiring only designated TFC program staff to place a child's name on the waitlist and only after receiving initial authorization approval from OHCA for the child. Previously any child welfare staff could place a child's name on the list even if they had not yet requested OHCA's initial authorization.

DHS must work to develop a continuum of therapeutic placements that can provide children for whom the department determines that family-based therapeutic treatment is needed the care and services they require to help ensure their well-being, stability and permanency in the least restrictive placement setting.

### ***Quality of Therapeutic Services***

It has been two years since DHS undertook a comprehensive evaluation of its TFC program in order to identify and resolve historic and longstanding issues with the TFC program. A primary, ongoing concern with the program has centered on the lack of quality therapeutic services and care provided to children placed in these specialized homes. DHS' 2016 qualitative review of the TFC program confirmed various deficiencies in the quality and "cookie-cutter" nature of the treatment services received by children in TFC homes. More recently, DHS again reported concerns with the quality of TFC services after participating in the 90-day treatment team meetings for 20 TFC-placed children. DHS reported, "As the TFC Program team participated in the treatment team meetings of these identified children, it became evident that specific treatment modalities were limited in their use. When pressed for information as to how a child was doing with the identified model, client centered or cognitive behavioral therapy, it was

challenging for providers to identify how that approach was assisting the client towards their treatment goals. It appeared as though goals were identified for each child, but the therapy provided, either individual or family, was not necessarily in line with achieving those identified goals.”

DHS committed to use the treatment team meetings that are scheduled, as required by OHCA, every 90 days for every child in a TFC placement as a forum to have DHS staff more fully engaged in assessing if each child’s treatment plan and services meet their needs and help them progress toward their placement and permanency goals. DHS reported that DHS caseworkers generally do not participate in these required 90-day treatment and progress reviews for children assigned to them, despite being notified of the meetings by the TFC agencies that coordinate them.

DHS’ plan was to have the department’s five mental health consultants support DHS caseworkers in their participation in these ongoing TFC treatment assessments; however, as noted in previous Co-Neutral Commentaries, DHS reported that staffing limitations and other priorities in the TFC program prevented DHS from implementing this commitment. The Co-Neutrals noted concerns that DHS had not, at minimum, taken steps to offer guidance or stress to its caseworkers the importance of their participating in these treatment assessments in order to monitor and help ensure children in TFC placements receive quality, individualized care. After the end of the period, DHS reported that it would in the near future send out a notification to all field staff reminding them of policy and the importance of their attending the treatment plan meeting. At the same time, DHS reported that supervisors and district directors received notification if caseworkers in their area failed to attend a treatment meeting so that managers in the field can discuss and address the issue locally with their assigned caseworkers.

Also, after the end of the period, DHS developed a Treatment Team Meeting guide so that during each 90-day assessment the child’s needs, strengths, behavioral and emotional improvement goals, permanency plans, education goals, treatment modalities and medications, etc. are reviewed. (See Appendix D) The Co-Neutrals will report in their next Commentary on DHS’ efforts to work with its partners to implement this new meeting guide, as well as its efforts to support caseworkers in their participation in and utilization of these meetings to help ensure TFC-placed children receive effective treatment services that are selected to meet their specific needs.

Treatment team meetings are important to ensure all the key individuals involved in the child’s treatment and permanency planning and care are sharing information about the child’s progress. DHS is most fully aware of this having recently reported that the “current model of infrequent, low quality treatment team meetings are likely leading to unnecessary lengths of stay in the TFC program, with little to no evidence of true behavior modifications and emotional

well-being impacting each child while placed in TFC.” The Co-Neutrals remain concerned that DHS has not taken the necessary steps to ensure that the diminishing number of children who are approved and placed in TFC-level care have treatment plans that align with their individual treatment needs and goals and their ongoing progress is appropriately assessed by the department in light of DHS’ now longstanding understanding of inadequacies in this performance area.

### ***Therapeutic Training for TFC Families***

DHS also found in its TFC program assessment that TFC families often lacked the skills and abilities to meet the higher level behavioral health needs of children who are placed in TFC homes. DHS concluded the supplemental, advanced training that TFC families have been required to complete does not adequately prepare TFC families to provide higher-level therapeutic care for children authorized for TFC placement. DHS also found that this supplemental training, Behavioral Crisis Management Training (BCMT), endorses the use of physical therapeutic holds, which they found can escalate a child’s behaviors. DHS committed to establish a new training module that would better prepare Oklahoma’s TFC families to safely, effectively and therapeutically care for children with behavioral challenges and reviewed several alternative training modules used from around the country. DHS selected the Presley Ridge training module and during this report period prepared to begin statewide implementation of the new course. In July 2018, TFC private agency staff and DHS staff were trained to be Presley Ridge Model trainers. As of September 1, 2018, all new families in the process of becoming TFC approved homes receive this new, enhanced training and all existing TFC families receive the Presley Ridge training as their required annual in-service training.

### ***DHS TFC Program Staff and Capacity***

The Co-Neutrals have noted concerns in previous reports that DHS’ TFC program office has operated with an inadequate number of staff, which has impacted the strength of the program and impaired DHS’ ability to achieve better outcomes with respect to expanding the number of TFC homes available in the state and ensuring children placed in TFC homes receive quality care and services. During this period, DHS began the process to fill new positions in its TFC program office but the positions were not filled until after the period ended. Three positions were filled in August 2018 and one in September 2018. DHS represents that two of the new staff members hired into the program will focus on completing the DHS reviews required to approve new, prospective TFC families, which includes managing the fingerprinting process for background checks and searching and assessing any child welfare history the family may have. The other two staff members will focus on recruiting new TFC families and working closely with the private agencies to monitor and support recruitment plan implementation.

### ***Safety of Care in TFC Homes***

As noted in previous Commentaries, DHS undertook efforts to address concerns regarding a disproportionately high rate of children maltreated while placed in a TFC home during the period of October 2015 through September 2016. DHS began to require that TFC program and agency staff participate in reviews of all abuse/neglect investigations and referrals, in the same manner that such reviews are conducted with traditional foster homes through screen out consultations and 10-day staffings. These reviews require that when a report of suspected abuse or neglect is called into DHS' Hotline regarding a TFC home, staff must review the report in the context of the family's referral history so the team can decide if the home should be closed, placed on a written plan of compliance, provided additional support, or some other action to ensure child safety is warranted. DHS also established that higher level approval is required to place more than two children in a TFC home as DHS found that some TFCs were over-utilized, which created a level of stress and pressure that can contribute to maltreatment incidents. For the 12-month period that ended March 2017, DHS reported a positive decline in the rate of maltreatment of children placed in TFC homes, decreasing from 9.51 percent (18 child victims) to 5.34 percent (nine victims), which is based on the total number of days children were placed in a TFC home. For the following period of October 2017 to September 2018, the rate further declined to 5.08 (seven victims), but for this current report period measuring maltreatment in care, April 2017 to March 2018, the rate increased to 10.36 (11 victims).

### ***Challenges to Improve TFC Program***

The department has thus far been unable to increase either the number of TFC homes or the quality of therapeutic care provided to the children placed in these TFC homes. DHS presented to the Co-Neutrals that, "It has become extremely difficult as a system to require and mandate high quality treatment services when the qualifying payee [OHCA] does not support positive progress, but rather requires justification of the child's behaviors to remain a candidate for TFC." The Co-Neutrals presume that both OHCA and DHS, as well as the treatment providers, share the same goal of providing quality therapeutic services to children who require behavioral and mental health treatment so that children can make marked, sustained progress. However, there continues to be a fundamental breakdown in Oklahoma's current TFC program that would benefit greatly from the state undertaking a high-level, inter-departmental review to establish a family-based therapeutic program for children that begins to lead the state toward reaching its Target Outcome. During this report period, there does not seem to have been any progress toward OHCA and DHS' establishing a shared understanding of, or direction for, the TFC program.

### ***Efforts to Develop a New TFC Model***

Over the last several years, DHS acknowledged it had exhausted options to meet the needs of children requiring family-based therapeutic services by relying solely on Oklahoma's existing TFC model. Toward the end of this report period, DHS worked with its TFC agency partners who are leading an effort to propose a new model for providing higher level therapeutic care and services for children in family-based settings. As of this report writing, DHS was working with its TFC agency partners to review the programmatic and implementation details of the proposal, as well as cost estimates.

The draft proposal focuses on establishing a heightened level of family-based therapeutic care, which the proposal refers to as Intensive Treatment Family Care (ITFC). DHS envisions this more intensive therapeutic foster care model to serve children who have greater behavioral health needs than children who are currently authorized for TFC placements but who may cycle between TFC placements and residential treatment and/or psychiatric hospitals and require more advanced home-based therapeutic services and care. 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 are:

- Only one child can be placed in a home by DHS.
- At least one parent 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.

At the end of the period, DHS began to build an in-house clinical team, which includes a psychologist and a psychiatrist, who DHS intends to support the department's various programs focused on placements and care for children with behavioral and mental health challenges, including the TFC program. The psychologist DHS brought onto this clinical team has been

helping the department develop the programmatic details of the new ITFC model. DHS' draft model proposal, as described in November 2018, will require a significant increase in the daily rate provided to ITFC parents, compared to the traditional, current TFC family model, and may begin with funding for 20 ITFC homes. In order to deliver a higher level of therapeutic care, DHS and the private agencies are discussing recruitment efforts focused on reaching out to people with particular skill sets, including individuals with a background in mental health, psychology, case management, nursing or medical assistance and special education. Through this new intensified form of therapeutic foster care, DHS is seeking to respond therapeutically to the higher acuity of behavioral health needs of children in DHS care. With OHCA as the authorizing state Medicaid agency and the private agencies as the managers of TFC homes and services, DHS will need to work through the multi-faceted challenges this tri-lateral partnership presents, which, as reported by the department throughout this reform, has historically presented challenges to establishing a high quality TFC program in Oklahoma. At the time of this report writing (and certainly by the close of this report period), DHS did not know how OHCA would view the ITFC model as it had not yet been vetted with them.

The Co-Neutrals urge DHS leadership to develop placement options to meet the higher-level behavioral health and therapeutic care needs of children in a family-based setting. Exploring more approaches is warranted as DHS examines building the ITFC model with a diminishing pool of TFC agency partners. Further, the Co-Neutrals urge DHS leadership to engage OHCA as necessary, with a sense of urgency and priority, so that all forms of therapeutic foster care that DHS pursues, including the current model with 171 open TFC homes, will be effective for the children they serve.

DHS has much work ahead to establish a high-quality TFC program in Oklahoma. Toward the end of the period, DHS took some steps to strengthen its recruitment and retention of TFC homes as described above. However, given the significant and recurrent gross and net TFC losses experienced by DHS, these steps were inadequate. Given the many years that have already passed in this reform effort and, as acknowledged by DHS, the broken state of the TFC program in Oklahoma, a more focused and robust DHS plan and strategy to grow therapeutic foster care in the state is long overdue. For this report period, the Co-Neutrals find that DHS did not make good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for TFC homes.



### 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 4: Pinnacle Plan Caseload and Workload Standard Commitments**

Role	Standards	Weight Per Case
CPS	12 Open Investigations or Assessments	0.0833
OCA	12 Open Investigations	0.0833
Family Centered	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

At the beginning of this reform effort, the great majority of caseworkers carried caseloads which far exceeded the established workload standards. Over the past six years, DHS has substantially reduced the number of workers who are responsible for carrying cases over the workload standard. At the close of this report period, in contrast to six years ago, the majority of workers were meeting workload standards, which is a significant achievement for the department. Critical work remains to improve caseloads for those districts in the state that continue to lag far behind the established standards. To advance its efforts to achieve substantial and sustained progress toward manageable caseloads, last year DHS committed to achieving the following three goals by December 31, 2018:

1. Eighty percent of caseworkers will meet the caseload standard;
2. The department will hire a sufficient number of staff to meet the caseload Target Outcome; and,
3. Ensure no caseworkers carry a caseload over 200 percent of the caseload standard.

During this period, DHS' progress toward meeting these commitments was mixed. DHS made modest progress toward the first commitment by increasing the percent of caseworkers who met the caseload standard this period, but that progress quickly reversed following the conclusion of the period. With respect to the second and third commitments, DHS lost ground when compared to last period. At the end of this period, the number of vacant caseworker

positions increased relative to last period. The Co-Neutrals assess that DHS did not make good faith efforts this period to continue to achieve substantial and sustained progress toward the caseload Target Outcome. It is important to note that this judgment is focused on the current period only (January 1, 2018 to June 30, 2018). However, since 2014 the department has made substantial progress improving caseloads.

Following the close of this single period, department leadership significantly intensified their efforts to improve caseload performance. The Co-Neutrals' assessment of the department's efforts for the next period (July 1, 2018 to December 31, 2018) will be informed by an evaluation of DHS' efforts to implement the three commitments made by DHS: to eliminate caseloads more than twice the standard, secure caseloads standards for at least 80 percent of the workforce and implement a revised hiring strategy, which requires renewed attention and heightened engagement by DHS leadership to manage closely the lowest performing districts toward the Target Outcome.

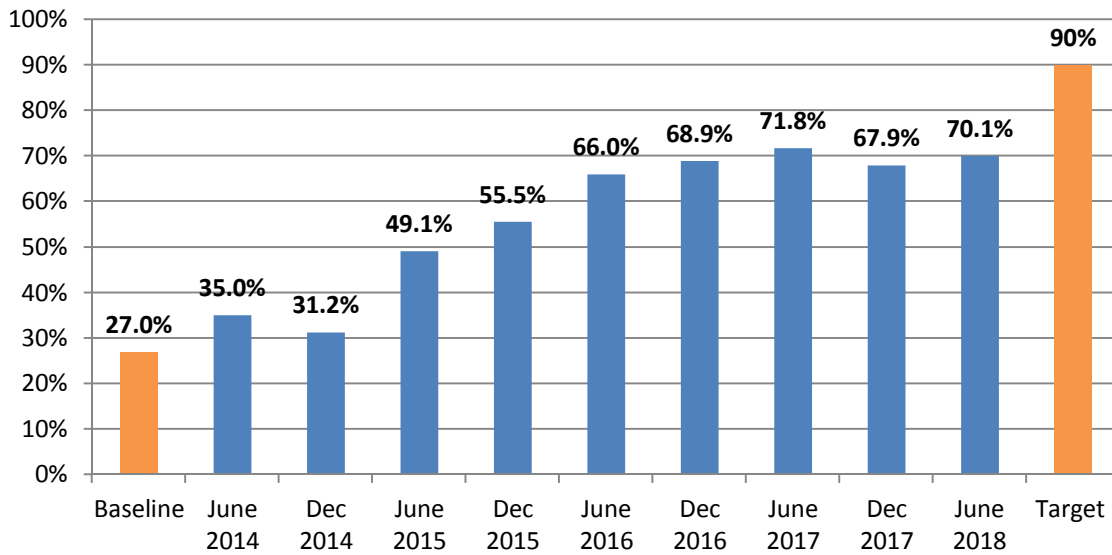
Given the fundamental importance of ensuring caseworkers in Oklahoma have manageable caseloads, DHS must act with urgency and focus to ensure the department makes substantial and sustained progress toward the caseload standard.

#### **Performance – Target Outcomes**

##### ***Quarterly Caseload Data (April-June 2018)***

DHS reported that 70.1 percent of all caseworkers met the established caseload standard for the last three months of the period (April 1, 2018 to June 30, 2018). Since last period, DHS' quarterly caseload performance increased from 67.9 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 71.6 percent of all caseworkers met the established standard on June 30, 2018. When compared to the PIT data at the end of the last report period, DHS’ compliance modestly increased from 70.5 percent.

DHS’ statewide caseload performance of 71.6 percent obscures the wide variations in caseload performance among the 29 districts that collectively comprise the statewide performance outcome. As the Co-Neutrals have reported in prior commentaries, the department has worked to improve the caseload performance among the state’s 29 districts. For some districts, these efforts have produced substantial improvements in caseload performance, but for others, progress toward improved caseload performance has not materialized.

On June 30, 2018, DHS’ data shows that seven of the state’s 29 districts had 90 percent or more of caseworkers meeting the caseload standard, and an additional seven districts had between 80 and 89 percent of caseworkers meeting the standard. Positively, nearly half (48 percent) of Oklahoma’s districts have already met DHS’ first goal of 80 percent of caseworkers meeting caseload standards by December 31, 2018.

The remaining 15 districts have less than 79 percent of workers meeting caseload standards and six of these districts have, for two consecutive periods, reported that less than 60 percent of caseworkers meet the caseload standard. DHS has been unable to gain any meaningful

traction in these low performing districts to achieve substantial and sustained progress toward the Target Outcome.

There are also significant differences in caseload compliance by worker type. On June 30, 2018, caseload compliance by worker type varied, as detailed in Table 5 below. Some worker types, such as recruitment workers, enjoyed much higher ratios of caseload compliance (97.8 percent) than the statewide outcome of 71.6 percent, while other worker types saw lower compliance, such as investigative workers (66.5 percent). As discussed in the last Commentary, DHS had too few investigative workers onboard when it experienced a sharp spike in the total number of referrals accepted for investigation last period, which negatively affected statewide caseload compliance. This period, the number of investigative cases assigned to these workers has leveled out, but still remains higher on average than in 2017. This is demonstrated by an ongoing backlog of abuse and neglect investigative cases overdue for completion, which DHS reported as 559 at the end of the period

**Table 5: Caseload Compliance by Worker Type – June 30, 2018**

<b>WORKER TYPE</b>	<b>MET</b>	<b>TOTAL</b>	<b>% MEETING</b>
INVESTIGATION	288	433	66.5%
PERMANENCY PLANNING	481	678	70.9%
PREVENTIVE / VOLUNTARY	58	81	71.6%
FOSTER CARE / ADOPTION	205	262	78.2%
ATU	29	45	64.4%
RECRUITMENT	45	46	97.8%
<b>TOTAL</b>	<b>1,106</b>	<b>1,545</b>	<b>71.6%</b>

DHS' greatest challenge over the next period is to improve caseload performance for districts and worker types that continue to remain far from the caseload standard established six years ago.

### **Improving Staffing Levels**

To make substantial and sustained progress toward the caseload Target Outcome of 90 percent of caseworkers meeting the caseload standard, each district must be sufficiently staffed. Since the beginning of this reform, DHS has successfully increased the total number of caseworkers. As of June 30, 2018, the department had nearly 200 more caseworkers onboard than it did in 2014. Despite this positive increase in caseworkers since 2014, the department has struggled in recent periods to hire and maintain an adequate number of caseworkers. In fact, DHS reported

that despite its hiring to backfill positions, the department experienced a net loss of staff due to attrition this period.

At the end of the report period, DHS reported having onboard 1,679 case carrying staff, 1,545 of whom were managing at least one case. Of the remaining 134 caseworkers not carrying a case, 77 were still early in their training and not yet eligible to receive case assignments. Since December 31, 2017, the total number of caseworkers statewide decreased by 16 from 1,695 to 1,679 caseworkers as of June 30, 2018. Further, the number of case carrying staff decreased by 10, from 1,555 last period to this period 1,545. The result of DHS' staff attrition was a loss in the total case carrying capacity of all caseworkers on board for the period.

To increase the total number of staff onboard and reduce the number of vacant positions, the department committed in 2018 to hire approximately 500 new<sup>7</sup> staff across DHS' 29 districts by December 31, 2018. Of these 500 positions, DHS reported that half were already vacant as of March 2018 and the other half DHS projected would be vacated over the remainder of the calendar year as a result of staff turnover.

At the end of the current period, DHS reported a total of 271 vacancies up from 264 vacancies at the end of the last period. Throughout the report period, DHS reported the total number of vacancies was consistently above 270. DHS did not make any progress reducing the high number of vacancies during the period.

The impact is evidenced by the caseloads of those districts that are not sufficiently staffed to meet their total workload. A review of DHS' data at the end of this period shows that 20 of the 29 child welfare districts in Oklahoma had the capacity to either meet or exceed their total workload, without accounting for projected attrition, but eight districts did not have sufficient caseworker staffing capacity to meet their total workload.<sup>8</sup> These eight districts, as Table 6 below shows, have lagged behind the rest of the state in caseload performance, with three districts reporting fewer than half of caseworkers meeting the caseload standard this period.

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<sup>7</sup> To determine the number of estimated positions DHS will need to fill to meet the caseload Target Outcome of 90 percent of caseworkers meeting the standard, the department included the following factors into its calculations: anticipated turnover, workload projections, capacity of workers already onboard, and total number of vacancies at time of calculation.

<sup>8</sup> A ninth remaining district did not have sufficient capacity to meet its total workload but was excluded as this district historically has sufficient workload capacity and all caseworkers meeting workload compliance.

**Table 6: Caseload Compliance of Eight Struggling Districts**

<b>District</b>	<b>Caseload Compliance June 2018</b>	<b>Caseload Compliance Dec 2017</b>
8	53%	43%
10	40%	59%
14	34%	40%
20	59%	57%
21	55%	58%
23	54%	94%
26	39%	38%
27	66%	73%

Further, six of these eight districts reported low caseload performance last period as well. A primary contributing factor to these districts' high caseloads is vacant positions that have not been filled.

If DHS were able to fill the vacant positions authorized for these eight districts, these districts' caseload compliance would dramatically improve, allowing the state to make substantial progress toward the caseload Target Outcome.

#### **Workers Carrying Caseloads over the Standard**

For those districts with poor caseload compliance, too many caseworkers carry large caseloads, making their work of supporting children and families more difficult. On June 30, 2018, 19 caseworkers carried a caseload of more than 200 percent of the standard, up from 14 caseworkers on December 31, 2017. All 19 of these workers are child abuse and neglect investigators, which highlights DHS' challenge to ensure staffing levels are sufficient to meet the total workload for this worker type. This period, DHS was unable to make progress toward its commitment that by December 31, 2018 no staff will have a caseload that exceeds 200 percent of the standard. However, as Table 7 below shows, since the beginning of this reform, DHS has made substantial progress in reducing the number of caseworkers who carry excessively large caseloads.

**Table 7: Number of workers with a Caseload over 200%, 2014 to 2018**

<b>Date</b>	<b># of Workers Over 200%</b>
June 2014	332
June 2015	140
June 2016	50
June 2017	24
December 2017	14
June 2018	19

During the next period, the Co-Neutrals will monitor DHS’ efforts to eliminate caseloads that exceed two times the standard. DHS’ efforts, described below, to more effectively and timely fill vacant caseworker positions will be fundamental to DHS’ progress to achieve this commitment.

**Efforts to More Successfully Fill Vacant Positions**

This period, DHS leadership recognized that for some districts which lag behind the statewide average in caseload compliance, the approach it has used to improve caseloads by assigning and filling positions needed to be adjusted due to persistent hiring challenges in those districts. DHS reported there is an insufficient applicant pool in some of these districts to fill vacant positions. DHS reports applicant pools may be insufficient due to factors such as a district’s rural location or a lack of qualified candidates, and DHS reported, as a result, the department has been challenged to fill chronically vacant positions in some of these districts. At the close of this report period, DHS reported it was still reviewing data to develop a revised hiring plan.

**Post Report Period**

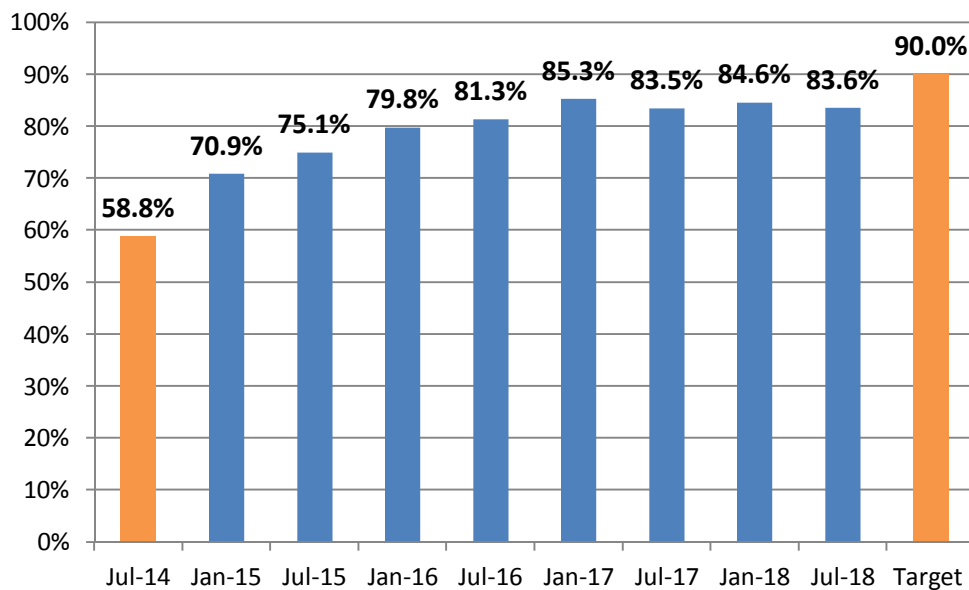
Following the close of the report period, DHS experienced a decline in caseload performance statewide. In addition, data on key indicators, such as the statewide number of vacancies, moved in the wrong direction. In response to these concerning developments, the Co-Neutrals engaged multiple times with DHS leadership and urged the department to take immediate responsive actions to reverse these trends before the close of the report period on December 31, 2018. On October 8, 2018, DHS submitted to the Co-Neutrals a set of strategies aimed at intensifying DHS leadership’s oversight of caseload performance. The Co-Neutrals will continue to monitor DHS’ efforts to reverse the declines in caseload performance the department experienced after the close of the current report period.

## 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.

As of June 30, 2018, DHS' data showed that 83.6 percent of supervisors met the 1:5 workload standard, compared to 84.6 percent on December 31, 2017. As Figure 9 below shows, DHS has made substantial and sustained progress from the baseline toward the Target Outcome, despite DHS' slight decline in performance this period.

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



Source: DHS Data

DHS reported an increase 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 June 30, 2018, 23 supervisors carried more than two cases, a slight worsening from the 21 supervisors who carried more than two cases on December 31, 2017.

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 fewer nights in a shelter than last period. Most notably, for the youngest children in custody (ages 0 to 1), DHS has successfully ensured no child in this age group has experienced a shelter stay for the fourth consecutive period. While DHS has not yet eliminated shelter care for children between the ages of two and five, DHS has continued to ensure such placements are rare, with five children in this age group experiencing a shelter stay this report period. Lastly, and importantly, for children six years of age and older, DHS achieved an important reduction in shelter care this period after consecutive periods of declining or stagnant performance.

The primary two practices DHS has utilized to reduce shelter care are: multidisciplinary staffings, which are used to identify needs-based placements for children placed in shelters, and a heightened authorization process, which requires DHS leadership to sign off on shelter placements for all children. Last period, the Co-Neutrals found that DHS had not maintained sufficient efforts to implement these practices adequately to reduce shelter care. This period, the Co-Neutrals report that DHS' targeted and revitalized efforts resulted in a finding that DHS made good faith efforts in all of its shelter work.

In the area of multidisciplinary staffings, this period, 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 expeditiously 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 region's efforts to reduce the length of time children remain in shelters. As discussed later in this section, the new shelter staffing model establishes heightened expectations that all children placed in shelters must be consistently and rigorously staffed, and if implemented and assessed well, the new model should support DHS' efforts to urgently secure needs-based placements for children outside of shelters. In the area of preventing shelter placements, DHS undertook an analysis, finalized in March 2018, of the shelter authorization process and found in some cases the department did not adequately exhaust all potential placement options for a child prior to shelter placement. In response to these findings, during this period, DHS increased its efforts to ensure an exhaustive search of alternative needs-based placements is completed and documented prior to authorizing a shelter placement.

This period, the Co-Neutrals observed DHS refocus and strengthen its efforts to substantially and sustainably reduce shelter care for children in DHS custody. These efforts yielded a

positive decline in shelter usage for children in DHS custody. The department must remain steadfast in its commitment to eliminate shelter care for children 12 years of age and under and significantly reduce shelter care for children 13 years of age and older. It is vital that DHS maintain its continuous and rigorous efforts to strengthen and build practices that ensure children receive, as often as possible, needs-based placements that support their well-being and permanency. The Co-Neutrals find DHS made good faith efforts to achieve substantial and sustained progress toward the shelter Target Outcomes.

### **Laura Dester**

At the outset of this reform, DHS placed children in two state-operated shelters. DHS successfully closed Pauline E. Mayer (PEM) in November 2015, one of two state-operated shelters. While DHS had planned to close the second state-operated shelter, Laura Dester (LD), by December 31, 2015, the department was unable to meet this goal due to a severe lack of needs-based placements which necessitated the prolonged use of the shelter for some of the highest needs children in state custody. Due to increasing safety concerns at Laura Dester, on March 5, 2018, the Co-Neutrals issued a directive to DHS to cease placements at the shelter and to place all children out of the shelter by a date to be determined but not later than June 30, 2018. On June 30, 2018, DHS formally closed Laura Dester.

### ***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).<sup>9</sup> However, while the Co-Neutrals approved these exceptions, they are not automatic. For each child or youth in need of placement, DHS has committed to undertake reasonable efforts to place the child in a family-like setting, regardless of whether the child meets an exception.

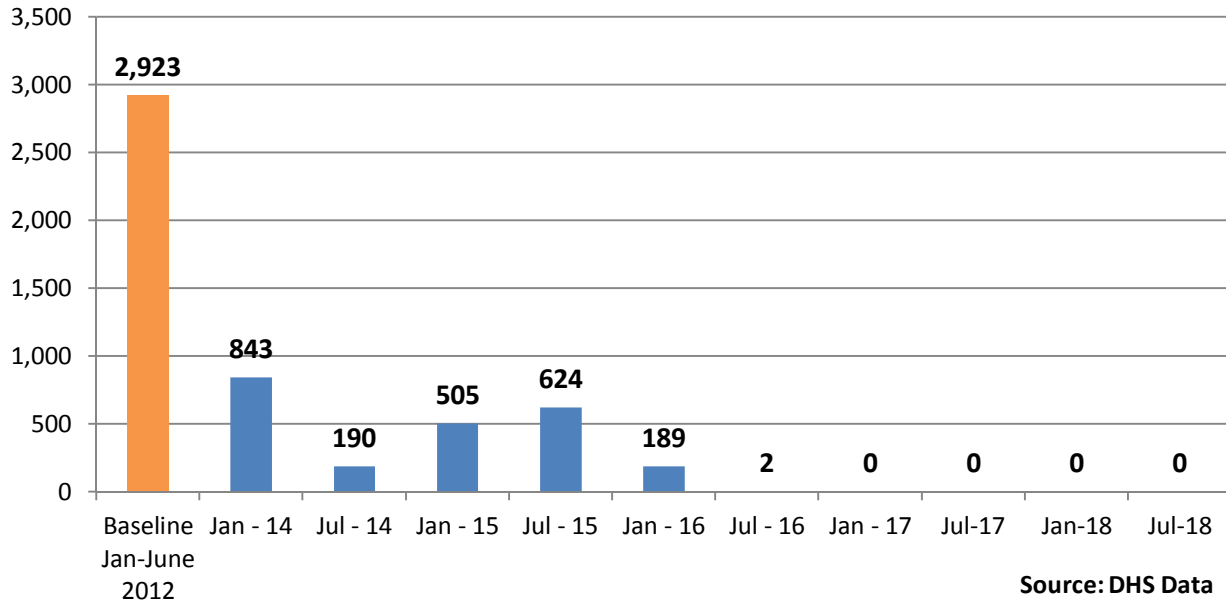
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<sup>9</sup> Children who meet the criteria for one of the two exceptions are included in the shelter outcomes data. For this report period, DHS reported that none of the children who experienced a shelter stay met the exception criteria.

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

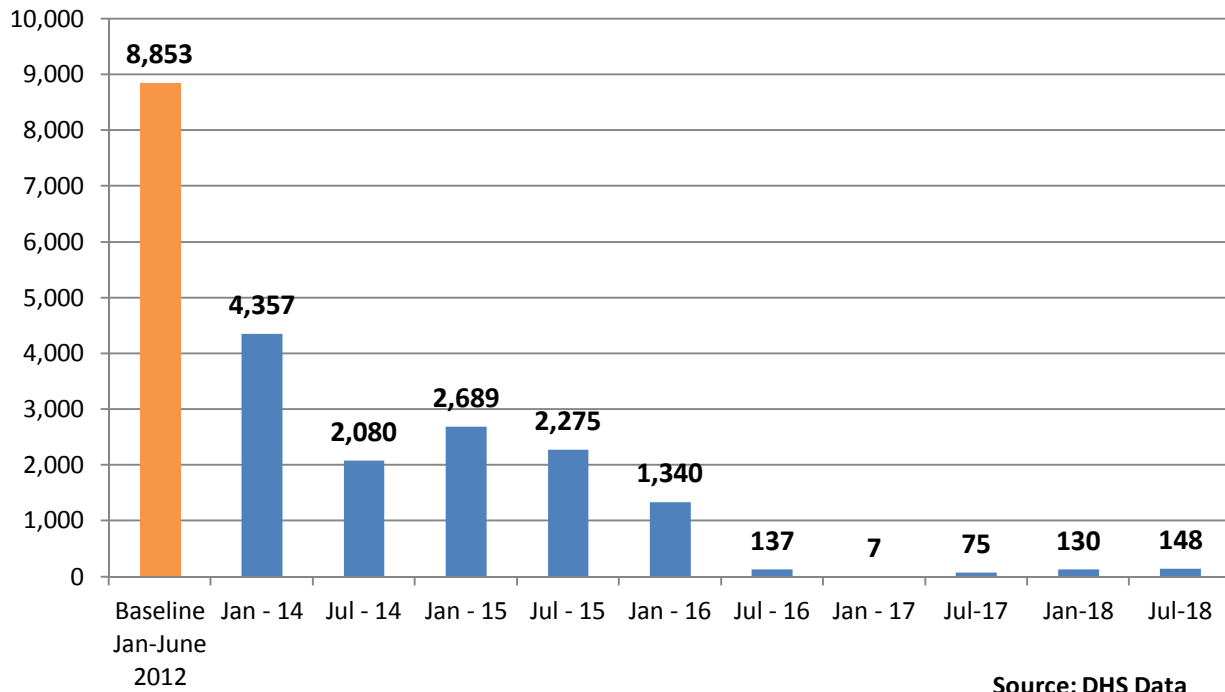
This report period, DHS achieved the Target Outcome of zero child-nights in shelters for children under two years of age. DHS has successfully eliminated shelter care for this youngest cohort of children from its baseline of 2,923 child-nights to zero for the fourth consecutive report period.

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



For children ages two to five, the original baseline recorded was 8,853 child-nights, and DHS’ most recent data shows that while DHS did not meet the Target Outcome of zero-child nights for this age group, DHS remains close to meeting this Target Outcome. For this period, January 1, 2018 to June 30, 2018, five children spent a combined total of 148 nights in a shelter. In comparison to the last report period, DHS’ data shows one additional child experienced a shelter stay this period. The data also shows an increase this period in the total number of shelter-nights children in this age group experienced, going from 130 nights last period to 148 shelter nights this period.

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

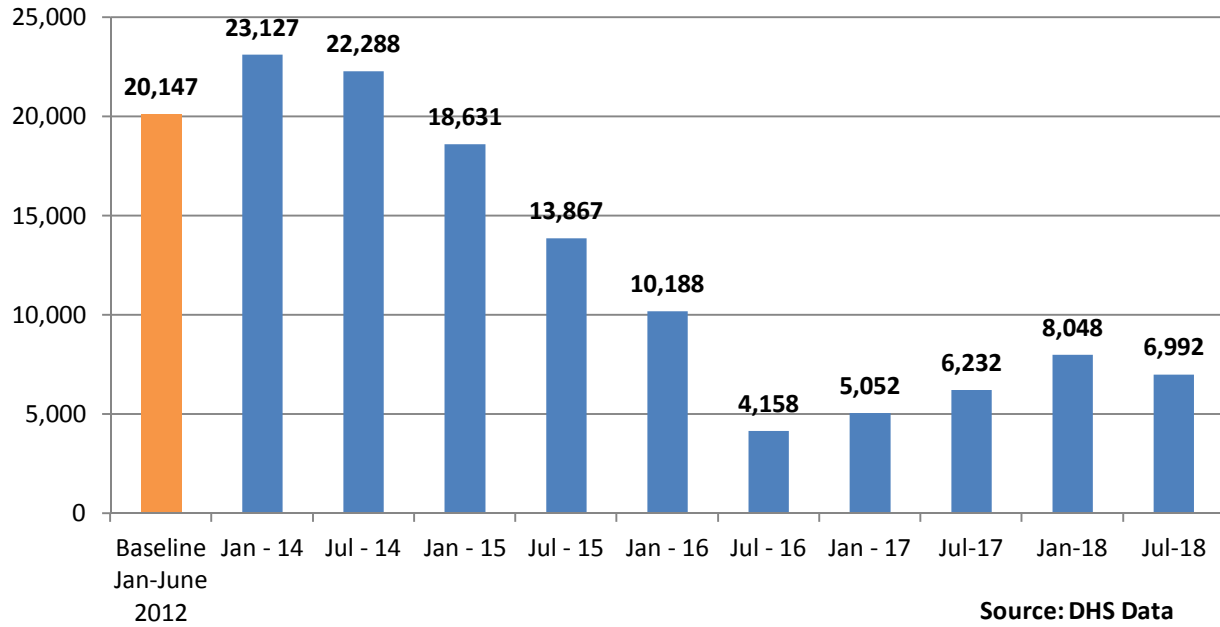


***Shelter Metric 5.3 – Children Ages Six to 12***

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 6,992 child-nights compared to 8,048 during the previous six-month period. These shelter nights represent 156 unique children, which is seven fewer children than DHS reported spent a night in a shelter last period. As Figure 12 below presents, after three consecutive periods of increased shelter usage for this age group, DHS, this period, reversed this trend with a 13 percent reduction in child-nights.

It is important to highlight not only DHS’ commitment to achieve zero shelter nights for children under the age of 13 but also to ensure that children under 13 years old are placed in family-like settings. This includes avoiding placements for children under 13 years old in group home settings or other types of institutional care, except in rare circumstances such as when a child requires intensive residential treatment or hospitalization.

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

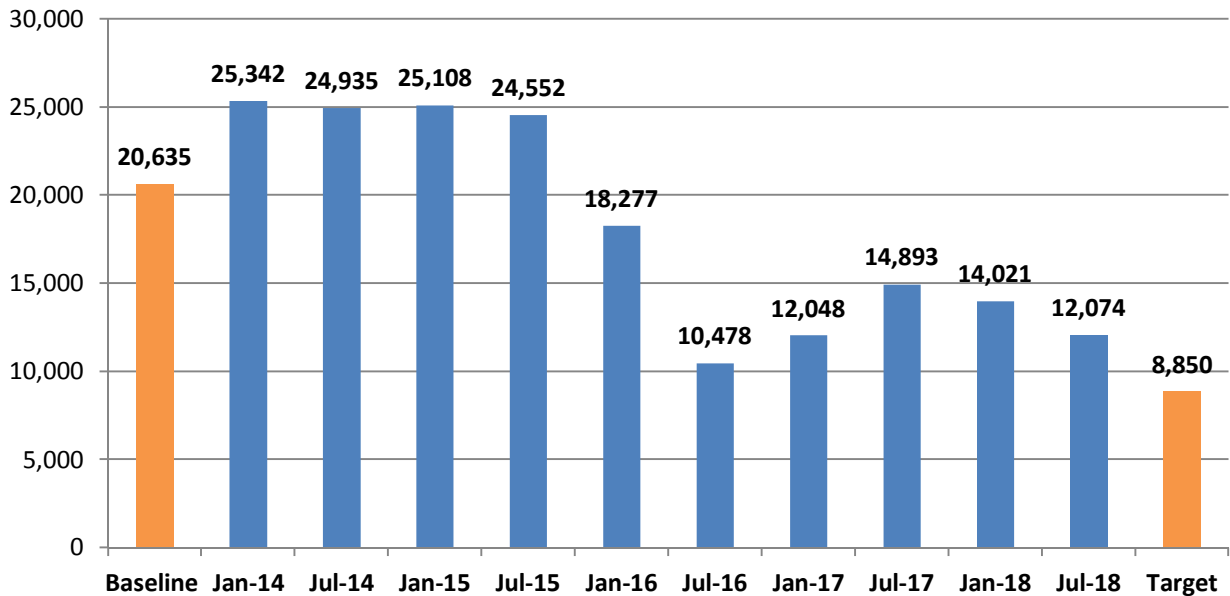


**Shelter Metric 5.4**

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 313 children in the last period to 274 children this period. DHS reported 12,074 child-nights for this oldest group of children, which represents a 14 percent reduction from last period when DHS reported 14,021 child-nights. As shown in Figure 13 below, this is the second period DHS has positively reduced the number of shelter-nights teens experienced in a shelter.

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



Source: DHS Data

### Reducing Shelter Usage for Children

DHS has substantially reduced shelter usage for children of all ages in Oklahoma over the past five years. As Table 8 below illustrates, DHS has more than halved the number of nights children experience in shelters since the start of this reform. DHS has achieved the most significant reductions for children five years of age and under.

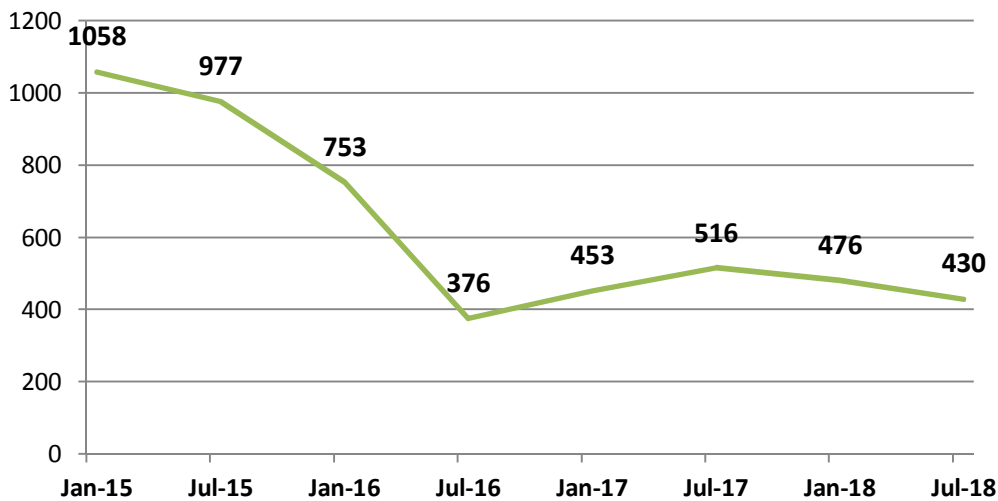
**Table 8: Child-Nights in Shelters by Age, January 2018 to June 2018**

Child-Nights in Shelters by Age	Baseline (Jan 2012-June 2013)	Performance (January 2018-June 2018)	Change (N)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	148	-8,705	-98.3%
6 to 12	20,147	6,992	-13,155	-65.3%
13 & Older	20,635	12,074	-8,561	-41.5%
<b>TOTAL</b>	<b>52,558</b>	<b>19,214</b>	<b>-33,344</b>	<b>-63%</b>

While significant work remains for DHS to reduce shelter care for older children, over the course of this reform, DHS has achieved a positive decline in the number of older children who experience a shelter stay. Specifically, as shown in Figure 14 below, since the beginning of the

reform, DHS has reduced the number of children between the ages of six and 17 who experience a shelter stay by nearly 60 percent.

**Figure 14: Number of Unique Children Six Years and Older with a Shelter Stay  
January 2015 to June 2018**



Source: DHS Data

As the Co-Neutrals have highlighted in multiple prior Commentaries, the greatest challenge to DHS' ability to meet its commitment to eliminate shelter care for children 12 years of age and younger and significantly reduce shelter care for youth 13 years of age and older is the severe lack of available needs-based placements for children with increased behavioral, mental or developmental needs. Until DHS effectively develops and retains a robust placement continuum that is able to serve the diverse needs of children six years of age and older, DHS will struggle to make further gains reducing shelter care in Oklahoma for this population of children.

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

The effect of DHS' insufficient placement array is most strikingly evidenced by the shelter experience of teens measured under Pinnacle Plan 1.17. This measure 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 January 1, 2018 to June 30, 2018, DHS reported that 27.7 percent (76) of the 274 children ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17, but 198 children were not. As Table 9 below shows, this represents a

decline in performance from last period when DHS reported that 28.1 percent of children were compliant with Pinnacle Plan 1.17. While DHS has been unable to increase the number of youth in compliance with 1.17, the department has positively reduced both the number of youth measured under 1.17, as well as those youth determined not compliant. As a result, since June 2017, 92 fewer teens experienced a shelter stay and 47 fewer teens experienced multiple and/or extended shelter stays. While this progress is important and reflects DHS' concerted efforts to reduce shelter care for this oldest population, much difficult work remains for DHS to increase the percentage of older youth who are compliant with 1.17.

**Table 9: Pinnacle Plan 1.17: June 2017 to June 2018**

Shelter Initiative 1.17	June 2018		December 2017		June 2017	
	# of Youth	%	# of Youth	%	# of Youth	%
Children with a shelter stay of at least 1 day	274	100%	313	100%	366	100%
Those with 1 stay, less than 31 days	76	27.7%	88	28.1%	121	33.1%
Those not compliant with 1.17	198	72.3%	225	71.9%	245	66.9%

Of the 198 youth whose placements were not compliant with Pinnacle Plan 1.17 this period, a total of 123 youth experienced more than one shelter stay. As Table 10 below shows, most of these youth (54 percent) experienced two shelter stays while a small subset of 23 youth experienced four or more shelter stays. In comparison to the total number of children in DHS custody, the population of children in shelter care is small, and those who cycle in and out of shelters are an even smaller population. As such, these children present some of the most pressing challenges the department faces and illustrate most starkly the gaps in DHS' placement continuum and the consequences of a lack of needs-based placements on youth's placement stability, permanency and emotional well-being.

**Table 10: Youth with More than One Shelter Stay during Period (N=123)**

# of Shelter Stays	# of Children
2	67
3	33
4	10
5	7
6	3
7	1
8	1
9	1
<b>Grand Total</b>	<b>123</b>



The Co-Neutrals undertook a case review of 30 youth who experienced multiple shelter stays during this period. The review showed that while each youth's circumstances and needs differed, DHS struggled to find stable placements for these youth that met their therapeutic needs and supported their permanency. The review highlighted the significant lack of foster homes willing to care for teens, a dearth of available group home beds for youth with severe behavioral needs, and, lastly, an insufficient supply of well-supported family-based placements willing and able to care for teens with behavioral challenges. In the absence of established DHS placements, caseworkers attempted to identify kinship homes for these youth; however, many of the extended families of these youth declined their placement citing their identified behaviors and histories. For some of the youth with multiple shelter stays, an unfortunate cycle emerged of movement in and out of shelters, inpatient and detention centers and AWOL episodes.

The case records of these youth included documented efforts by caseworkers, in some cases quite extensive, to identify and secure needs-based placements outside of a shelter. Due to a lack of placement options for this population of children, some of the efforts undertaken by caseworkers to expedite a youth's exit from a shelter or prevent re-entry into a shelter were unsuccessful as there was simply no placement available other than the shelter. In other cases, caseworkers' persistent searches for an appropriate placement for a youth succeeded after a shelter placement, and for some youth, stabilization was achieved.

As the Co-Neutrals observed in prior Commentaries, as DHS successfully reduces the population of children who use shelter care, the children for whom the department still relies upon shelters are children who are most difficult to place due to their specific and, often, significant special needs. This trend is most acutely demonstrated by the youth measured in 1.17. As DHS' efforts have resulted in fewer youth experiencing shelter care for fewer shelter-nights, DHS remains challenged to further this progress for a smaller population of youth who present with more complex needs. As DHS understands, the development of a full placement continuum is fundamental to better outcomes for children and youth who use shelter care. However, since this placement continuum does not yet exist, the robust efforts of the department to support caseworkers in preventing shelter stays is critically important.

### **Efforts to Reduce Shelter Care**

In this period DHS ramped up its efforts to better support field staff (district directors, supervisors and caseworkers) to prevent and reduce the length of shelter placements for children in DHS custody. Earlier in the reform, DHS developed two primary practices to ensure that children are only placed in shelters if there is absolutely no other placement available for that child and that once that child is placed in a shelter, efforts begin immediately to identify and secure a placement outside a shelter, preferably in a family-based placement, if

appropriate. As discussed in the sections below, this period DHS enhanced these practice protocols to better guide and support staff.

### ***Preventing Shelter Placements***

In February 2014, DHS heightened oversight and accountability of shelter placements by requiring 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, as appropriate, is responsible for ensuring all necessary efforts to identify and secure a needs-based placement for a child were completed and documented on a pre-authorization form prior to shelter admission.

During the last report period, DHS leadership acknowledged that the department had reduced its focus and attention on the shelter authorization process. According to DHS, this was evident by a decline in the diligent efforts to prevent shelter placement that caseworkers reported on their pre-authorization forms. DHS' March 2018 analysis of the shelter authorization process identified similar concerns. The analysis found that some pre-authorization forms presented sufficient efforts to prevent a shelter placement, while other authorization forms were approved despite a lack of information to demonstrate thorough efforts to divert the shelter placement.

In response to these findings, DHS leadership decided to revise the shelter authorization form to ensure it better incorporated all efforts caseworkers must exhaust and document prior to receiving approval to place a child in a shelter. (See Appendix E) In particular, the revised form 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, approved shelter authorizations should reflect an extensive record of efforts pursued to prevent shelter placement. DHS reported the revised form was shared with the field in November 2018.

In some cases, district directors will elevate the placement review when it appears that a child may be at risk of a shelter placement due to their specific needs and/or placement history prior to a caseworker completing a shelter authorization form. The statewide shelter field representative is also involved in these child specific staffings and works with the district director to explore potential placement options for the child that a caseworker or supervisor may not have the expertise to identify. In some of these cases, these early efforts successfully

result in children not entering a shelter with caseworkers never needing to complete a shelter authorization form.

DHS must continuously assess the efficacy of its revised pre-authorization form to limit shelter admissions to only those children with no alternative placement. As a part of its ongoing quality assurance work, DHS has committed to a quarterly review of a sample of shelter authorization forms. Prior to implementation of the revised form, quarterly quality assurance reviews were performed in February and June 2018 of this period. The Co-Neutrals will monitor the findings from DHS' ongoing quarterly reviews to assess if the revised form is effectively preventing shelter placements.

### ***Reducing Shelter Stays***

Beginning in 2015, DHS implemented multi-disciplinary staffings as its primary strategy to expedite the exit of children placed in the two state-operated shelters. In the latter half of 2016, following DHS' significant reduction in statewide shelter usage, DHS made the decision to re-structure multi-disciplinary staffings. In 2016, DHS decided that due to the decrease in shelter utilization and to ensure the sustainability of the staffings, it was appropriate to transition the centralized, statewide staffings to regional staffings. Each region identified a specific person to lead staffing efforts. Each shelter staffing lead was provided a staffing tool to facilitate staffings, and also receives ongoing consultation from the state office shelter staffing team.

As reported in prior Commentaries, the transition to the new regional model impacted the effectiveness of the staffings. Specifically, the Co-Neutrals observed that, at the outset, DHS had not established processes to transfer the knowledge and skills developed from the centralized staffings to the regions. Further, the department did not develop a systematic approach among the five regions to establish clear expectations of, and accountability for, staffings and their outcomes. The inadequate implementation of the regional staffings contributed during 2017 to the concerning rise in the length of time children remained in shelters. In response to concerns raised by the Co-Neutrals, DHS committed to develop and disseminate guidance to the regions to strengthen the quality and efficacy of staffings to expedite children's exit from shelters.

This period DHS developed and implemented, effective March 1, 2018, a uniform Progressive Shelter Staffing Form and Action Plan to be used by each regional lead during each child's shelter staffing. The 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, and a representative from Foster Care and the Resource Family Partners Unit (RFP). 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. (See Appendix F) This new form was developed to ensure staffing consistency across the regions. 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 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. 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 Specialized Placement and Partnership Unit (SPPU)). During the staffing, 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 supports or a safety plan 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. Elevated staffings occur every 30-calendar days until a child exits the shelter.

DHS reported that the implementation of the new staffing protocols has resulted in: increased engagement of shelter direct care staff in providing current information about the children; improved collaboration among various programs and agency divisions to ensure child's needs are met while in shelter care; improved staff focus on swiftly making efforts to exit a child from a shelter; and, most critically, the reduction of shelter care over the current period.

To support quality and effective shelter staffings, DHS committed to quarterly peer-reviewed staffings between the regional shelter leads. In February and June 2018, the first round of peer-reviewed staffings were completed. Following these reviews, DHS developed a uniform review form and guidance to support regions in completing the reviews. In the next

Commentary, the Co-Neutrals will assess DHS’ ongoing efforts and activities to strengthen its practices to reduce the length of time children spend in shelters.

### Youth Service Agency (YSA) Shelters

As in prior periods, the majority of children who experienced a shelter stay this period were placed at YSA shelters across Oklahoma, as Table 11 below shows.

**Table 11: Total Children who Experienced a Shelter Stay, January to June 2018**

Shelter	Age Group: 0-1	Age Group: 2-5	Age Group: 6-12	Age Group: 13+	Total
Laura Dester	0	0	35	27	62
YSA Shelters	0	5	121	247	373
<b>Total Unique Children</b>	<b>0</b>	<b>5</b>	<b>156</b>	<b>274</b>	<b>435</b>

*Each child is included in the shelter category where they spent the most nights during the period.*

This period, in an effort to enhance the quality of care children receive at YSA shelters DHS undertook the following efforts:

- DHS entered into a contractual agreement with two YSA shelters to support these providers through additional per diem monetary supports to care for children whose needs require 1:1 supervision 24 hours a day.
- DHS is working to expand the number of contract nurses who provide general medical assistance to children in shelters.
- DHS re-assigned two SPPU facility liaisons to work directly under the Shelter field representative at the YSA shelters to support efforts to reduce abuse and neglect in shelters.

With the closure of Laura Dester at the end of this period, DHS must make efforts to ensure YSA shelters are adequately supported to care for children who may have been formerly served at Laura Dester.

## E. Child Maltreatment in Care

Ensuring the safety of children placed in DHS' custody must be the department's paramount priority. Over the course of this reform effort, DHS has struggled to achieve substantial and sustained progress on the two principal metrics, 1a: MIC by a resource caregiver and 1b: MIC by a parent, established to measure the safety of children in DHS custody. For this Commentary, the Co-Neutrals reviewed data for the period of April 1, 2017 to March 31, 2018. DHS reported a slight improvement in child safety under Metric 1b, and a lack of significant progress improving children's safety for Metric 1a.

To reduce the incidence of abuse and neglect of children while in DHS custody, in August 2015, DHS developed and began implementation of a set of core strategies designed to address recurrent concerns surfaced in case record reviews of maltreatment investigations, as described in previous Commentaries. Both the Co-Neutrals and DHS have continued to conduct ongoing reviews of all substantiated child maltreatment investigations over the past three years to understand the causes of child maltreatment and assess DHS' efforts to prevent it. DHS and the Co-Neutrals agree these reviews have continued to identify the same systemic practice concerns that correlate with maltreatment. These concerns, which have been surfaced since the Co-Neutrals' first case record review, are: previous maltreatment referral histories; the quality of worker visits with families and children; and the home approval process.

DHS undertook some efforts this period to develop new guidance and training for staff in the specific areas of case practice that have been identified as contributing to child maltreatment in recent years, particularly in family-based settings. These practice initiatives are new and were not implemented in the field until after the close of the period. DHS must closely monitor their implementation and respond promptly if the desired transfer of learning and outcomes do not improve child safety.

In the area of institutional settings, the Co-Neutrals reported extensively in their last Commentary on the lack of safety of children placed at the state-operated Laura Dester shelter. These conditions continued during the current report period resulting in substantiated instances of child maltreatment. The Co-Neutrals' previous Commentary discussion is fully incorporated here by reference. During the current period, the rate of child maltreatment dramatically rose at the shelter, resulting in the confirmed maltreatment of 13 children this report period.<sup>10</sup> DHS did not achieve a reduction in child maltreatment in institutional settings; nine more children were maltreated in institutional settings this period when compared with

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<sup>10</sup> The 13 MIC substantiations confirmed at Laura Dester represent 11 unique children.

last period. As discussed in detail in the Co-Neutrals' Tenth Commentary, a significant barrier to DHS' reduction in child maltreatment this data period was the high rate of maltreatment experienced by children placed at Laura Dester.

DHS began during this period to design and implement some additional initiatives intended to address longstanding practice deficiencies and advance the state's efforts to reduce maltreatment in care. However, DHS reported a higher number and rate of children who experienced maltreatment in both family-based and institutional settings compared to the last period and did not achieve a reduction in child maltreatment. The department's efforts to do so this period were not adequate to make substantial and sustained progress toward the Target Outcome. However, if DHS' new plans and initiatives are implemented well in the future, these efforts could yield important and necessary progress toward increased safety for children in DHS custody. The Co-Neutrals' assessment for the current period is that DHS did not make good faith efforts this period to prevent child maltreatment. The Co-Neutrals' assessment of the department's efforts next period, extending through December 31, 2018, will be informed by the quality and focus of DHS' efforts to implement its expanded core strategies to improve child safety in foster homes and institutional settings.

***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.<sup>11</sup>

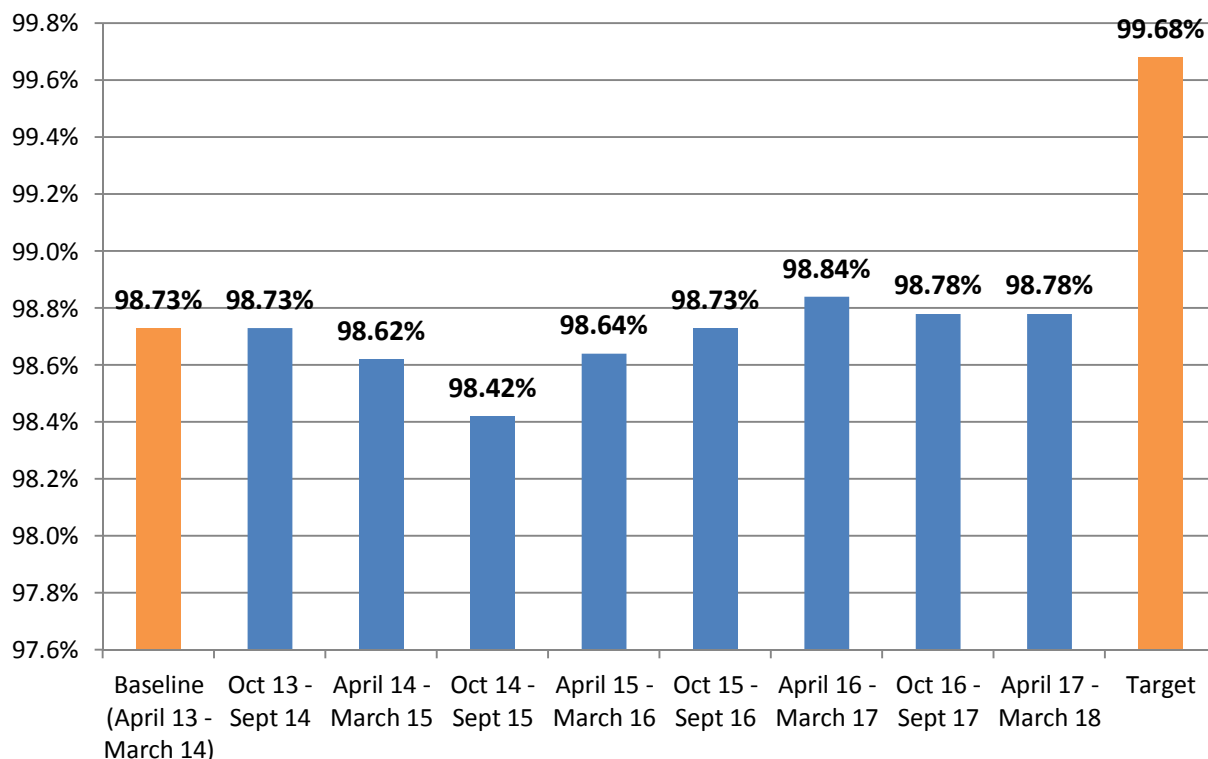
For this metric's current measurement period, April 1, 2017 to March 31, 2018, DHS reported that 176 children out of 14,405 in DHS custody were abused or neglected while in care. This represents a rate of 98.78 percent of children in DHS custody during the period who were not victims of child maltreatment. 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 130 children safe from abuse and neglect by a resource caregiver.

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<sup>11</sup> In October 2014, the federal Children's Bureau changed the metric it uses to assess state child safety in care. The new federal metric combines maltreatment in care by resource caregivers and by parents, with some additional adjustments to the methodology. For consistency and comparability, the Co-Neutrals and DHS continue to use the two metrics and methodology originally established in the Metrics Plan.

As shown in Figure 15 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 (including the current period), DHS' safety outcomes have not substantially or sustainably progressed toward the Target Outcome.

**Figure 15: Metric 1a – Absence of Maltreatment in Care by Resource Caregivers**



Source: DHS Data

In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment monthly. Over the same 12-month period, April 1, 2017 to March 31, 2018, DHS reported 235 substantiations of child abuse and neglect by a resource caregiver. Of these, 59 substantiations are not included in the federal measure adopted by the Co-Neutrals as Metric 1a for two reasons: (1) 52 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) seven child abuse or neglect substantiations were not counted in the federal metric because they represent multiple substantiations for the same child. Of the 235 substantiations of maltreatment reported in the monthly data, 166 substantiations (71 percent) are for children in family-based foster care settings, while 69 substantiations (29 percent) are for children in residential facilities or higher-level institutions. Of those 69 substantiations, 13



reflect substantiated abuse and neglect of children while placed at the Laura Dester shelter.

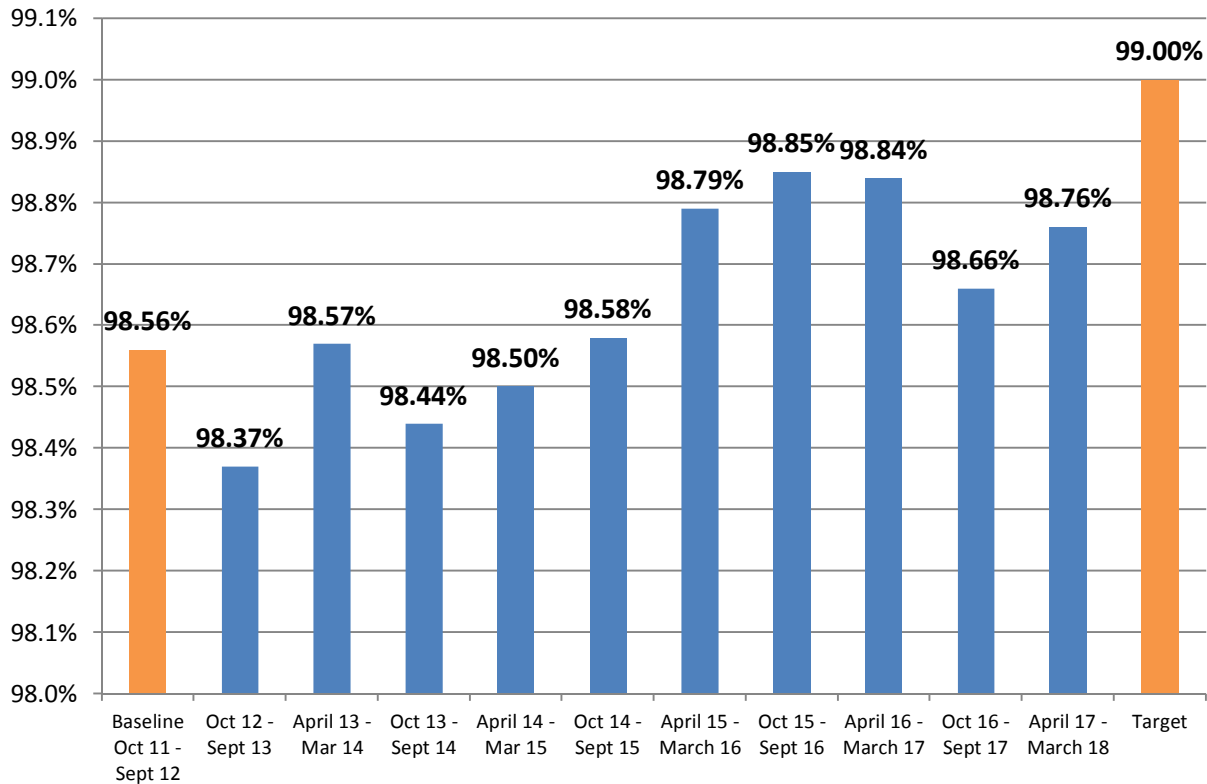
***Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b***

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 children's 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, April 1, 2017 to March 31, 2018, DHS served 14,405 children in custody, 179 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 98.76 percent against a target of 99 percent. For DHS to have reached the Target Outcome during this period, the agency would have had to prevent maltreatment to an additional 35 children.

**Figure 16: Metric 1b – Absence of Maltreatment in Care by Parents**



DHS’ data show an additional 55 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: 46 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, nine are excluded for other applicable criteria.<sup>12</sup>

**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 12 below). The Co-Neutrals used the method that the United States Department of Health and Human Services Children’s Bureau adopted to measure how often

<sup>12</sup> The exclusion criteria for these nine children are: two child abuse and neglect substantiations were not counted because the child’s first placement in care was in trial reunification and seven child abuse and neglect substantiations were not counted because MIC occurred during a prior removal, and AFCARS only counts the current removal episode.

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

Placement Type	Current Period (April '17 to Mar '18)		Last Period (Oct '16 to Sept '17)	
	# of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate
Regular Foster Family Care	50	8.29	33	5.38
Foster Family Care - Supported Home	19	3.46	19	3.36
Kinship Foster Family Care Relative	68	6.31	73	6.48
Kinship Foster Family Care Non-Relative	17	5.72	14	4.76
Therapeutic Foster Family Care	11	10.36	7	5.08
Congregate Care	69	33.49	60	27.15
Other Foster Family Care	1	.58	2	1.1
<b>Total</b>	<b>235</b>	<b>7.72</b>	<b>208</b>	<b>6.57</b>

The Table above shows that children in congregate care had the highest rate of maltreatment by a resource caregiver of any placement type, a rate five times higher than children placed in family-based care and the greatest number of child victims of any placement type. The rate of maltreatment in congregate care settings increased from last period.

Children in family-based placements also experienced an increase in maltreatment when compared to last period. Therapeutic Foster Care had the highest MIC rate among family-based placements despite having the fewest total number of child victims. Children placed in regular foster homes experienced the next highest MIC rate during this period. The rate of maltreatment in kinship relative homes decreased for the third consecutive period. While the rate of maltreatment has positively declined in this placement type, kinship relative homes have the greatest number of child victims of all family-based placements. Overall, the rate of maltreatment for all children in DHS custody increased when compared to the previous 12-month report period, clearly indicating the urgency with which the department must act to reduce the number of children maltreated while in DHS custody.

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

In August 2015, DHS began implementing a set of core strategies to improve child safety. DHS reported the strategies were intended to address the predominant concerns identified in the Co-Neutrals' first case record review of all MIC substantiations in foster homes between October 2013 and September 2014. The three primary concerns were:

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, DHS designed a set of specific case practices to integrate critical child safety assessments into each of these three areas of concern. In their design, these practices reflect a comprehensive approach to reduce child maltreatment, informed by the correlates surfaced in numerous case record reviews to child maltreatment in Oklahoma.

To assess DHS' efforts to implement these new practices, the Co-Neutrals, along with DHS, have continued to review the case records of every substantiated MIC allegation, as well as a significant sample of investigations that did not result in a substantiation. This period, the Co-Neutrals reviewed substantiated referrals in foster homes between January and June 2018. This most recent review again continued to surface the primary issues of concern identified over the last three years through the review of more than 250 substantiated referrals.

The Co-Neutrals' reviews have found that while caseworkers are routinely performing the enhanced safety-focused practices contained in the MIC core strategies, the quality of these practices was at times insufficient to achieve the intended outcome of increasing child safety. To address this, DHS developed and began implementation of an expanded set of MIC core strategies this period. (See appendix G) The purpose of these expanded core strategies is 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 loops to the field 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 home's and child's caseworkers to ensure any pertinent safety information is known and monitored by all workers. DHS' MIC core strategies are a robust set of commitments that aim to build a case practice model that establishes, through a series of protocols and practices, consistent and thorough assessments of child safety throughout a child's time in care. The department's implementation efforts must be focused and consistent to elevate the quality of the department's case practice, particularly as it relates to assessing safety during child visits, and identifying patterns of concern with foster homes that have a history of maltreatment referrals.

### **Enhancing the Quality of Case Practice**

During the current report period, DHS developed and began implementation of its expanded MIC core strategies which consist of the following three overarching initiatives described below.

#### ***Strengthen MIC Qualitative Reviews***

DHS committed to enhance its MIC quality assurance system to ensure the department effectively identifies systemic strengths and needs in order to best evaluate its efforts to prevent child maltreatment in foster homes. Central to this initiative is DHS' ongoing, monthly reviews of all substantiated maltreatment referrals in foster homes and a sample of eight unsubstantiated referrals that the central office MIC team has undertaken since 2016. In its expanded core strategies, the department has committed to enhance this quality assurance work to transfer the key findings from these reviews to the field through trainings and guidance and/or revised policies and protocols as determined necessary. To achieve this goal, the department developed the following activities, which the Co-Neutrals will continue to monitor to assess the department's efforts. During the current period, DHS made some initial progress toward implementing these activities, which the department indicates shall be fully implemented by December 31, 2018:

- District Directors and Field Managers are responsible for completing reviews of substantiated and unsubstantiated maltreatment referrals each month. As a part of this effort, DHS reports that these managers make quarterly presentations to staff in their local areas regarding the identified factors contributing to maltreatment so that prevention strategies for the district/region can be planned and implemented.
- For substantiated referrals, District Directors and/or Field Managers will engage in discussions with those staff assigned to substantiated cases who were responsible for

the permanency case, resource and investigation. DHS reports the objective is to identify any opportunities to enhance risk assessment skills for these workers.

- Assign a MIC Lead for each region who is required to meet bi-monthly with DHS' central office MIC team to present MIC data and trends by district/region and to discuss what, if any, additional prevention strategies should be developed as well as enhancements that should be made to the ongoing implementation of existing MIC prevention efforts and training.
- The MIC team will partner with the foster care and adoption quality assurance team to jointly review the home approval records of resource homes substantiated for maltreatment to ensure knowledge is transferred between the teams specifically on DHS' efforts to strengthen the quality and rigor of safety assessments during the new home approval process.

In the next commentary, the Co-Neutrals will report on DHS' efforts to implement this initiative to timely and effectively transfer key case practice findings to the field to increase child safety in foster homes.

### ***Training Informed by MIC Case Review Findings***

In developing and implementing its expanded core strategies this period, the department acknowledged that it must better support caseworkers in understanding that reducing maltreatment in foster homes is the responsibility of all workers (permanency, foster care, CPS). In addition, the department reported it must better support caseworkers in understanding not only the purpose behind the practices they are expected to perform as a part of the MIC core strategies, but also how these practices, when collectively tied together, prioritize ongoing and rigorous child safety assessments.

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 developed the training and provided a draft version for the Co-Neutrals' review following the close of the period. The Co-Neutrals submitted feedback to DHS on the training, which is comprehensive and covers the most pertinent case practice areas of concern. DHS reported that the training will become available for caseworkers to complete online in November 2018.

The training covers statewide trends on the characteristics of children most vulnerable to maltreatment and the most common factors that contribute to child maltreatment. DHS reported this information will be updated annually to reflect any changes in statewide trends. The essence of the training focuses on the specific actions caseworkers and supervisors must

take to prevent child maltreatment. 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. The training speaks directly to the imperative for caseworkers to regularly discuss with a child the types of discipline used in a foster home during a monthly visit and for caseworkers and supervisors to fully assess a foster home’s referral history during the 10-day staffing after a referral is accepted for investigation. The training includes instruction on how caseworkers can strengthen practice in these areas, such as providing sample questions a caseworker can ask a child during monthly visits to learn, in more nuanced ways, the types of discipline used in the home.

The training incorporates and reinforces the new guidance DHS developed last period for caseworkers to use to prepare for visits with children and families and to establish the required actions they must take during and after a visit to assess and ensure child safety. The training accurately states that quality of visits is a critical performance area that must be strengthened to prevent child maltreatment. This period, the principal concern that DHS identified in its review of foster homes substantiated for maltreatment was the insufficient quality and consistency of caseworkers’ monthly visits to identify and/or address issues related to child safety. After the close of the current report period, DHS released its enhanced quality of visits guidance to the field. During the next period, the Co-Neutrals will assess DHS’ efforts to improve the quality of caseworker visits to identify, assess and address any safety threats to children placed in foster homes.

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. DHS reported all staff at all levels are required to complete the training (CPS, FCS, Permanency Planning, Foster Care, and Adoptions). The Co-Neutrals will report in their next Commentary on DHS’ roll-out of the online training and the percent of required staff who completed the training.

### ***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. One such effort implemented this period is the Resource Information Sheet. DHS developed this sheet, which staff can print out from KIDS, to provide staff, in one comprehensive document, an overview of key safety related information on any foster home. The sheet generates automatically when a child’s placement is changed to a new foster home, providing caseworkers a tool to inform their full assessment of safety in the child’s new foster home. DHS reported the Resource Information Sheet includes the following

information on a foster home: the total number of foster children currently placed and the total number of other children (including birth, adopted, or other children) in the home; the number of child placements in the home's history; any open Written Plan of Compliance (WPC) and investigation information; any prior referral history; any pets; and the family makeup/demographics. DHS reported the Resource Information Sheet has been in use by staff since February 2018.

This period DHS also began development in KIDS of alert systems that will notify all caseworkers assigned to a home or child of any safety related issues that require increased monitoring and engagement by staff. The first alert the department developed is an injury alert. DHS reported that when a permanency worker documents a child injury in KIDS under the client injury screen, an alert will be generated to the assigned resource specialist and supervisor informing them that a child in one of their assigned foster homes had an injury and thereby ensuring critical information is shared between all workers involved with the family home. By ensuring all workers are aware of any child injuries in a foster home, workers are better positioned to identify any patterns of injuries children may have received in any open foster home. This information is particularly vital for assessing the safety of non-verbal children and babies who are unable to explain the cause of any injuries.

The Co-Neutrals' review of substantiated maltreatment referrals this period illustrates the importance of this new injury alert. This period, over a quarter of 40 foster homes substantiated for maltreatment involved the confirmed physical abuse of children three years of age and younger. The case records for some of these young children and their foster homes included prior documented injuries that, under the new alert system, may have resulted in caseworkers preventing some of the substantiated maltreatment incidents if staff had reviewed the injuries collectively as a pattern instead of singular incidents.

DHS is also developing 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 support by caseworkers. Should any concerns or issues be identified during the home approval process, caseworkers will be required to create a new contact note in KIDS with the purpose of "Alert-Resource Notice" 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 enters a contact note with the purpose of "Alert-Resource Notice Resolved," which must clearly document how the issue was resolved.

Lastly, staff are able to create the same type of alert at any time for any other safety related issue identified in a foster home that requires monitoring and information sharing by all



workers assigned to the resource, such as monitoring an unapproved individual who frequents the home or the stress level of a foster parent. The foster home's resource worker is responsible for creating and closing the alert in KIDS; however, any child welfare staff working with the foster home or assigned children placed in the home can request that an alert be opened. Any open alerts will be included automatically on a foster home's Resource Information Sheet.

DHS reported the alerts will be released in KIDS in November 2018. In their next Commentary, the Co-Neutrals will report on DHS' efforts to implement these new alerts in the field with clear guidance and support.

### ***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. 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 have consistently identified the existence of extensive referral histories that contain previously screened out, ruled out, or unsubstantiated allegations. 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 prevent any subsequent referrals on the home that may result in confirmed abuse or neglect.

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. However, the quality and depth of these reviews has been an ongoing challenge for the department to improve, which has resulted in some children remaining in unsafe foster homes when there was information available to the department that, if taken into account, should have led to the removal of children from the homes.

During this period, DHS finalized an enhanced screened-out consultation guide in KIDS to address identified practice deficiencies in the execution of this staffing. The new guide, which DHS reported will be released in KIDS in early 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 the 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 the staffing, DHS hopes the quality and depth of these staffings will be strengthened and the safety of children in foster care will be improved.

After the close of the current report period, DHS developed enhanced guidance for the 10-day staffing. DHS reported that in November 2018 leadership will be trained on both the screen-out consultation and 10-day staffing guides. During the next report period, the Co-Neutrals will assess DHS' efforts to improve the quality and efficacy of both the screen-out consultation and 10-day staffing.

### **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. As highlighted in past Commentaries, the Co-Neutrals' case record reviews have historically revealed concerns regarding the approval of some foster homes with concerning child welfare, criminal and/or personal histories. 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 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. 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.

As discussed throughout this section, the department has been unable to increase the safety of children placed in foster homes during the course of this reform effort. DHS' highest priority during the next period must be child safety, and specifically strengthening practice in the field to monitor and assess the safety of children placed in foster homes.

### **Core Strategies to Reduce MIC in Facilities**

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.

DHS has not yet achieved a reduction in child maltreatment in these settings; nine more children were maltreated in institutional settings this period when compared with last period. As discussed in detail in the Co-Neutrals' Tenth Commentary, a significant barrier to DHS' reduction in child maltreatment this data period was the high rate of maltreatment experienced by children placed at the state-operated shelter, Laura Dester. By court order, DHS formally closed Laura Dester on June 30, 2018.

While the department was unable to mitigate longstanding identified safety concerns at Laura Dester to prevent the maltreatment of 13 children this period, DHS did improve child safety in other institutional settings through caps on enrollment, intensive monitoring and ongoing and focused engagement with some of these placement providers. The Co-Neutrals are optimistic that DHS' final MIC data for the next reporting period will reflect these improvements, which will be presented and discussed in the next Commentary.

## **DHS' Efforts to Reduce Child Maltreatment in Institutional 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 SPPU workers have monitored and enforced corrective action plans (CAP) and facility action steps (FAS). The reviews have identified that DHS appropriately initiated CAPs 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, or over-use of restraints during an investigation. The Co-Neutrals have found in their reviews that FAS plans are less often initiated to address systemic or cultural concerns within a facility or agency.

### ***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 of June 2018, DHS reported that four facilities were subject to heightened monitoring.

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.

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 each Action Plan with the facility's progress (or lack thereof) on each task. While each Action Plan is distinct to reflect the specific challenges of each facility subject to heightened monitoring, all Action Plans reviewed this period focused on ensuring the following components were established for each facility: align all policy and procedures with the core principles contained in the positive behavioral model Managing Aggressive Behavior (MAB); provide the necessary support and training for staff to build expertise around MAB and trauma responsive interactions with children; continuously evaluate, learn from and improve on staff's positive engagement with children; and, improve the structure and routine of the program through the development and posting of weekly schedules, and involve children in selecting the outings and recreational activities for the each week.

The Co-Neutrals reviewed the FSP and Action Plan for each facility subject to heightened monitoring during the current period, met with DHS supervisors and managers responsible for heightened monitoring and found that the department closely monitored these facilities' actions to improve child safety. The department confronted challenges to achieve timely and consistent shifts in practice at institutions where DHS' records document a culture of care that runs counter to the trauma informed model DHS is attempting to build. The Co-Neutrals' observed over the period that progress in these facilities can be slow and non-linear, as illustrated by DHS' monthly summary for one facility in March 2018, "The team has an overall concern for [facility] being able to sustain the progress they have made... [The program] will have several excellent days followed by several days where the program appears to be in chaos." DHS leadership understands it must ensure the leaders of these facilities have sufficiently established the necessary structures and processes, as well as appropriate staff training and supports, to consistently provide the level of trauma-informed, therapeutic care and safety the department expects for children. Otherwise, as DHS has done, the department must cease child placements at any facility that cannot meet these expectations.

Two of the facilities subject to heightened monitoring this period struggled to make and sustain the necessary practice and administrative changes to improve child safety. To address this critical lack of progress and ongoing concerns for child safety, DHS took appropriate actions to hold these facilities accountable for the safety of the children placed there. For the first facility, DHS placed a hold on new placements effective March 28, 2018 and, on April 26, 2018, the department issued a Notice to Comply (NTC), stating the facility was "either unable or unwilling to correct the conditions which have led to children being victims of maltreatment in their program as a result of lack of supervision and or inappropriate physical intervention." The NTC

included the following two requirements the facility must comply with to avoid financial penalties or termination of their contract with DHS:

- The provider will select a qualified individual, other than the current Executive Director, to manage the contract with DHS.
- The provider will have no substantiations of abuse related to inappropriate physical interventions or neglected related to supervision of children for sixty (60) days following the receipt of this NTC.

DHS reported the facility complied with the terms set in the NTC and promptly put in place a new director by the close of the current report period. DHS reported in June 2018 that under new leadership, the facility “appears to be moving quickly in the right direction.” The department also documented that “[t]he program still has work to do in regards to being consistent on all steps listed in their Action Plan, but overall improvements are being noted.”

For the second facility, the department also ceased any new placements to the facility in response to ongoing concerns that “the program continues to struggle to shift the overall culture” and the program director does not embrace a trauma-informed model of care, but instead “continues to place blame on the youth for the negative things occurring in the program.” Due to continued concerns for child safety at this facility, DHS, following the close of the report period, engaged in discussions with the facility owner about the necessity to remove the current program director to strengthen the program and child safety. DHS reported the facility owner agreed to remove the current director and efforts are underway as of this writing to hire a new director that can better facilitate program change and safety improvements.

For the other two facilities subject to heightened monitoring this period, DHS reported discernable progress in the quality of care provided to children in DHS custody. Due to the improvements in child safety, DHS reported one of these facilities was no longer subject to heightened monitoring as of July 2018 and the second is making clear progress on its implementation of its Action Plan.

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. The Co-Neutrals will also closely review the department’s ability to take swift and appropriate action to ensure the safety of those children placed at facilities subject to heightened monitoring.

## **Expanded Core Strategies in Facilities**

This period, DHS developed and began implementation of the following two new core strategies designed to address identified concerns which have contributed to maltreatment in institutional settings:

1. Implementation of a comprehensive, considerate, informed and supportive process of all referrals for placements to group homes subject to heightened monitoring, which includes the development and execution of an individualized safety or support plan.
2. Implementation of a more comprehensive, considerate, informed and supportive process of all referrals for placements to any group home involving a youth with a known history of problematic sexual behavior which includes the development and execution of an individualized safety or support plan.

DHS' development of these two strategies is in response to concerns around DHS' higher level placement process and the identified need for DHS to make more informed child placement decisions to prevent child maltreatment. The first strategy addresses the placement of a child in a group home subject to heightened monitoring. As discussed above, some group homes subject to heightened monitoring have unresolved safety and quality of care concerns that DHS must consider when making placement decisions. In some cases, it is prudent for DHS to cease placements 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, a safety plan must be developed and monitored 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 children with this behavior 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 and other children's safety.

On April 25, 2018, DHS issued a numbered memo to staff with instructions on the new placement protocols for group homes. (See Appendix H) DHS reported that, since the implementation of the new placement protocols through September 2018, 22 children have had an individualized safety plan developed to support both their safety and well-being once placed at a group home. DHS reported that its next step is to focus on the quality of these safety plans and to assess facility compliance with these plans. Next period, the Co-Neutrals

will report on DHS' efforts to ensure quality safety plans that are effectively monitored to best ensure child safety.

### **Looking Forward**

Over the course of this reform, DHS' intensified engagement and oversight of institutional settings has resulted in the appropriate ending of placement contracts and/or closure of facilities unable and/or unwilling to ensure the safety of children in DHS custody. For this report period, of the 19 facilities involved with at least one child maltreatment substantiation, six are either no longer providing services to children in DHS custody or DHS has terminated their contracts. Of the 69 children who were maltreated this period in institutional settings, 30 of these children (43 percent) were maltreated in facilities where DHS no longer holds a contract for placing children in state custody. The significant reduction in the number of institutional placements for children in DHS custody over the course of this reform has removed from DHS' placement roster many unsafe facilities that contributed significantly to DHS' high rate of maltreatment in institutional settings. If DHS remains vigilant in its oversight and monitoring of institutional settings that serve children in DHS custody, it appears the department may be able to achieve progress toward reducing maltreatment for children placed in institutional settings in the near future.

### **F. Caseworker Visitation**

Quality visits by the same caseworker with the same child is 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:

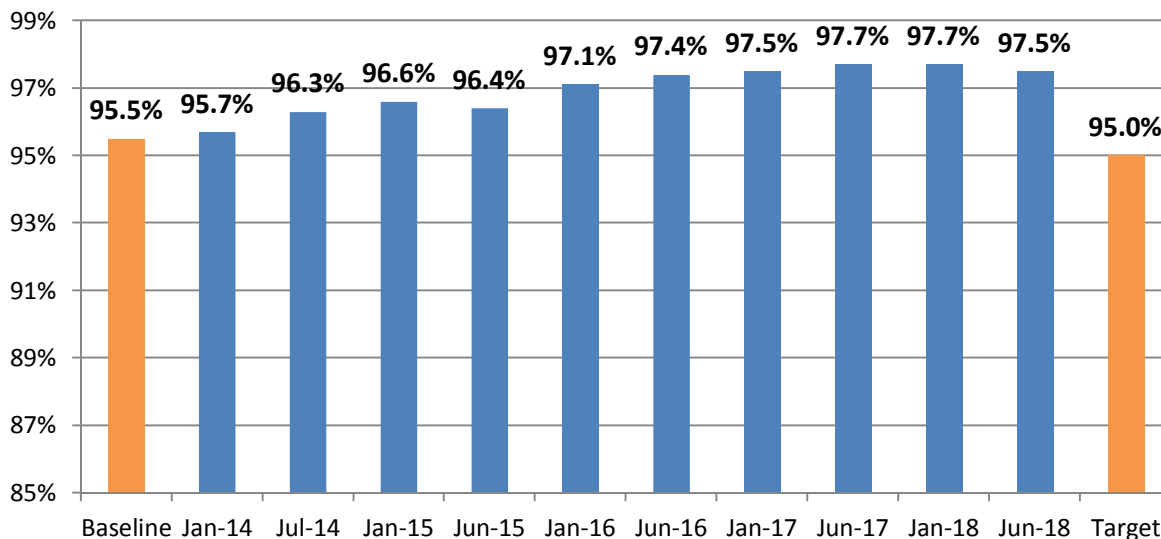
Metric 3.1: The percentage of the total minimum number of required monthly face-to-face contacts that took place during the reporting period between caseworkers and children in foster care for at least one calendar month during the reporting period.

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 98,321 (97.5 percent) out of 100,853 required visits with children during the reporting period of July 1, 2017 to June 30, 2018. DHS started strong with an original baseline performance of 95.5 percent of all required visits made. DHS has consistently shown in every report period performance that exceeds the Target Outcome of 95 percent for this metric.

**Figure 17: Metric 3.1 – Frequency of Visits by All Workers**

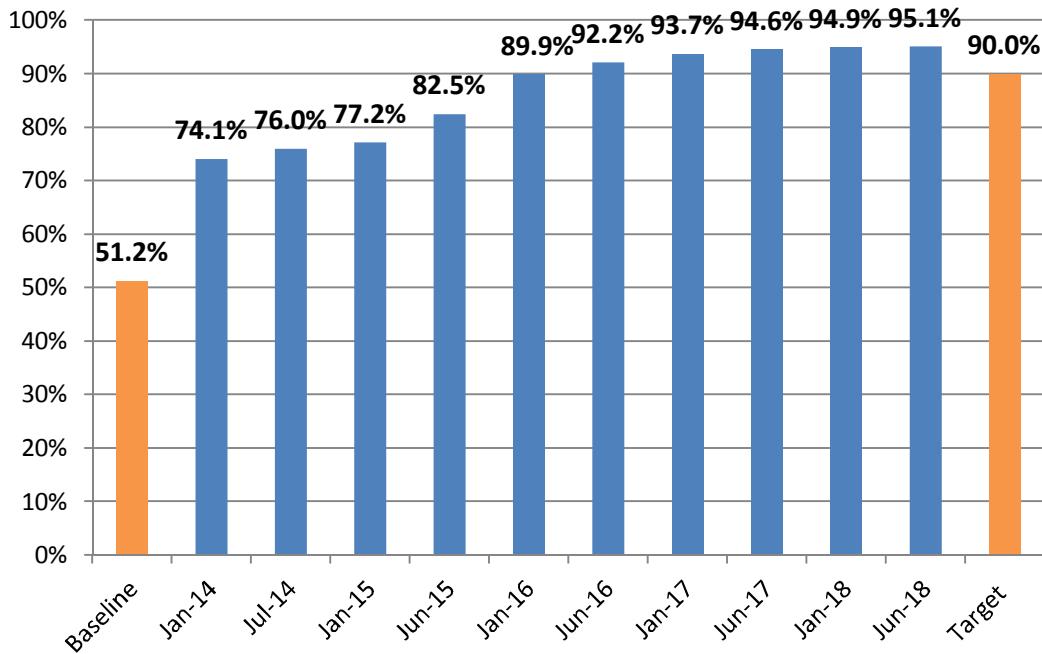


Source: DHS Data

DHS' consistent, strong performance on Metric 3.1 demonstrates DHS' 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 (July 2017 to June 2018), DHS reported that primary workers made 93,124 (95.1 percent) of the 97,873 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 the last five periods (including the current).

**Figure 18: 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 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***

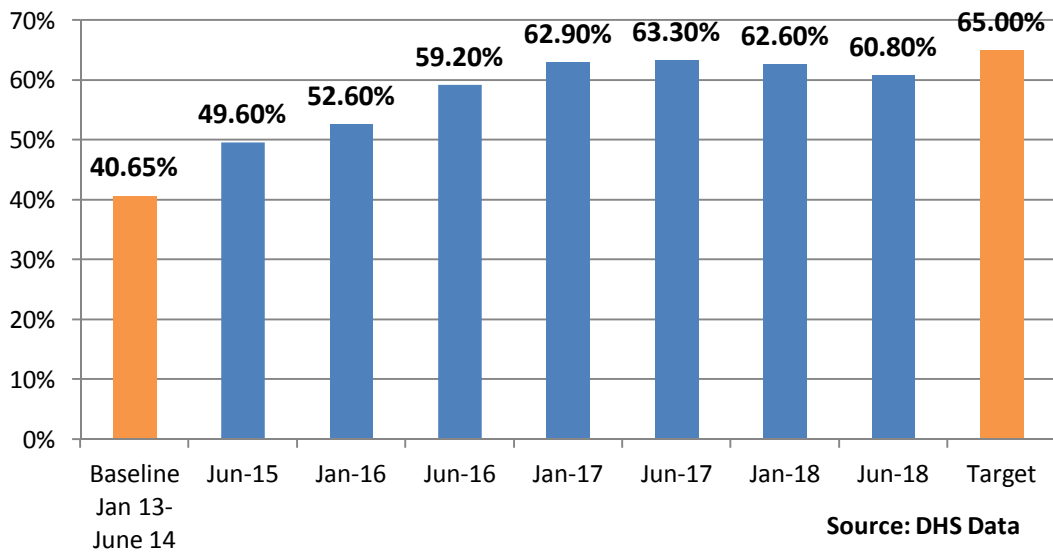
The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).<sup>13</sup> DHS is now in the second phase, reporting for the sixth time its performance outcomes on continuity of visits over six months (Metric 3.3b). Metric 3.3b measures the following:

<sup>13</sup> DHS is no longer required to report on Metric 3.3a, which measured three month continuity of visits with the same primary caseworker.

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 July 1, 2017 to June 30, 2018, DHS reported that 8,140 children required at least six consecutive visits. Of these 8,140 children, 4,951 children (60.8 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 62.6 percent, however, DHS remains in close proximity to the final Target Outcome of 65 percent and substantially above the starting baseline of 40.65 percent.

**Figure 19: Metric 3.3b – Continuity of Primary Worker Visits Over Six Months**



DHS’ improved 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 a number of strategies to strengthen practices impacting placement stability outcomes for children in DHS custody. These strategies focus primarily on stabilizing children in their first placements, and include increasing the number of children who are placed in kinship homes as their first placement in care; 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, better collaboration among key staff and additional monitoring of practice and progress to support families and children toward improved placement stability.

### **Performance Standards**

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves to measure children's placement stability. This report reviews performance data for the period April 1, 2017 to March 31, 2018 for Metrics 4.1 a, b and c and Metric 4.2.

### ***Performance Outcomes***

For this report period, DHS' performance improved marginally in all four placement stability metrics, as detailed in Table 13 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 reported on the number of children who experience two or fewer placements after their first 12 months in care.

**Table 13: Placement Stability Baselines, Targets, and Current Performance**

Metric	Baseline Oct 2011 - Sept 2012	Performance Oct 2015 - Sept 2016	Performance April 2016 - March 2017	Performance Oct 2016 - Sept 2017	Performance Apr 2017 - March 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%	75.2%	76.0%	76.6%	77.7%	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%	53.4%	55.5%	58.0%	58.2%	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%	30.6%	30.2%	28.6%	29.9%	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)	77.4%	78.0%	78.4%	79.1%	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. When a child welfare system determines that a child must be removed from their birth 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 birth families.

Historically, placing children with kinship families has always been the department’s priority; however, DHS’ placement data suggested that the department had missed many opportunities to make a child’s first placement with an available kinship family. Data analysis showed that a

large number of children were placed in a stable kinship home on their second or third placement after removal, not their first. To ensure that staff, particularly CPS investigators, have sought out and assessed all kinship placement options for children entering state custody, DHS established that in order for a non-kinship placement to be approved, 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. The supervisor is required to document all efforts made to locate a kinship placement on the Non-Kinship District Director Approval form and record these efforts and the district director's approval in KIDS.<sup>14</sup>

As shown in Table 14 below, the percentage of children whose first placement is in a kinship home has grown significantly 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. Kinship first placements increased markedly over the next three six-month periods as shown in Table 14 below, reaching 49.1 percent for the most recent period of January to June 2018.

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<sup>14</sup> Before DHS makes a decision to remove and seek custody of a child, the department's required practice is first to hold a child safety meeting (CSM) to assess if there remains any opportunity to maintain the child safely with their 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.

**Table 14: Percent of Children Whose First Countable Placement is a Kinship Home<sup>15</sup>**

Month	Children Placed in Kinship as 1st Placement	Children Removed during the Month and Entered in Countable Placement	% of Kinship as 1st Placement
<b>Baseline: Jul - Dec 2016</b>	<b>878</b>	<b>2,540</b>	<b>34.6%</b>
Jan-17	122	399	30.6%
Feb-17	190	443	42.9%
Mar-17	206	517	39.8%
Apr-17	162	432	37.5%
May-17	151	397	38.0%
Jun-17	170	410	41.5%
<b>Jan - June 2017</b>	<b>1,001</b>	<b>2,598</b>	<b>38.5%</b>
Jul-17	176	398	44.2%
Aug-17	240	489	49.1%
Sep-17	158	373	42.4%
Oct-17	149	357	41.7%
Nov-17	136	344	39.5%
Dec-17	150	303	49.5%
<b>July - Dec 2017</b>	<b>1,009</b>	<b>2,264</b>	<b>44.6%</b>
Jan-18	188	402	46.8%
Feb-18	146	350	41.7%
Mar-18	147	312	47.1%
Apr-18	183	353	51.8%
May-18	197	389	50.6%
Jun-18	188	332	56.6%
<b>Jan - June 2018</b>	<b>1049</b>	<b>2138</b>	<b>49.1%</b>

Source: DHS Data

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. DHS and the Co-Neutrals' previously found in discussion with staff in the field that this was the practice and understood requirement in some local offices, which resulted in initial kinship assessments beginning too late to secure kinship first placements for some children.

<sup>15</sup> Countable placements include foster care, kinship, shelters, TFC, group homes, and tribal homes. Examples of placements that are not countable include inpatient, hospitals, or trial reunification.

As noted in the foster care section of this Commentary, DHS assigned foster care recruitment staff to use the Actively Seeking Kinnections (ASK) process and guidance 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 in DHS custody. While DHS is in the process of determining the most efficient way to reassign responsibilities for conducting more in depth kinship searches, the department continued to report that establishing safe kinship placements remains a priority, which is evidenced by the high rate of kinship placements reported for this period.

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

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 now 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. This is referred to as the "two-day call."

Further, following a child's first placement in care, DHS has had a standing requirement that an Initial Meeting is held within 10 days after a permanency worker is assigned to a child newly placed in DHS custody.<sup>16</sup> The meeting is to include birth parent(s), the foster family, the child's permanency worker, the foster family's resource worker and the CPS worker, who is also responsible for scheduling and coordinating the meeting. DHS now includes a requirement that during the Initial Meeting, DHS must develop a child and resource family support plan, which includes any individualized services and/or supports identified as important to ensure stable placements for children.

For these practices, which DHS identified as core strategies to improve placement stability, the department established baseline data to assess how implementation of these practices improves over time. For the two-day call, DHS reported a starting baseline for the three-month period of February to April 2017 (only two months after this practice began) with 13.2 percent of the newly required calls completed. For the last three months of this period (April to June 2018), DHS reported that 86.9 percent of the two-day calls were documented as complete. For the same three-month baseline period (February to April 2017), DHS reported that only 10.5 percent of the required Initial Meetings were completed, which confirmed DHS' earlier assessment that these meetings, although a long-time requirement, had not become a common

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<sup>16</sup> Previously the requirement was for the initial meeting to be held within seven days after the permanency worker is assigned to a child newly placed in custody and during this report period, DHS changed it to within 10 days.



practice in the field. In comparison, from April to June 2018, DHS reported that 80 percent of the required Initial Meetings were documented as complete, with 83 percent completed during the month of June alone.

To support caseworkers' real-time tracking of the placement stability practices they need to complete for new child removals, DHS developed a new report (yi867b) that runs each night and offers caseworkers a daily tracking tool to ensure they timely complete each new practice. 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 20<sup>th</sup> 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.

As DHS continues to improve the completion rate of the Initial Meetings above 80 percent, it has taken steps to improve the quality of the discussions around identifying, confirming and documenting foster parent and child support needs and visitation plans. During this period, DHS' placement stability team, which includes a placement stability lead for each region and program staff from state office, began to include managers from DHS' foster care program, including program leads who manage the private agency foster home contracts, in the team's quarterly meetings to collaborate on how best to support children placed in foster homes of all types and their foster families in order to improve placement stability. Toward the end of this period, the expanded placement stability team began to revise and enhance the child and resource family support plan form, which guides caseworkers in developing a support plan during the Initial Meetings. The new support plan guide includes information about the child, including what, if anything, triggers behavioral changes in the child, what techniques are known to comfort or calm the child and what medical or mental health treatment/counseling the child may already receive. The guide documents what supports the foster parent may need and what supports (i.e., transportation) that may be required to facilitate parent-child visits, as well as other information that is important to share among the biological family, foster parents, and caseworkers to support the child's well-being and stability.

Upon further review, DHS determined during this report period that the video training the department previously developed to guide staff on conducting an Initial Meeting was not adequate. The video training (which the Co-Neutrals discussed in a previous Commentary) did not appropriately stress the importance of developing a child and resource family support plan or provide the necessary level of information and guidance on how best to prepare and initiate the plan. As such, DHS has begun, in collaboration with the University of Oklahoma, to prepare a new online training for staff on the key steps to complete during the Initial Meeting to lay the groundwork for ongoing family engagement and an effective support structure to improve placement stability.

DHS reported that it continues to stress with staff the importance of assessing each foster family's support plan and needs continuously, and then update and implement the support plan accordingly. While every caseworker contact with a foster parent presents an opportunity to check on the family's and their foster child's support needs, DHS is tracking completion of the face-to-face quarterly meetings that foster care workers are required to complete with their assigned foster families as 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. Going forward, DHS must also assess how well staff is using, adjusting and following through on the support plans to meet the needs of foster parents and children.

With improvements in the frequency of these two selected strategies (two-day call and Initial Meeting), as well as DHS' focus on improving the quality of these practices, the department reported their efforts are resulting in improved – albeit incremental – placement stability outcomes. DHS will need to remain focused on coaching field staff in this practice area and ensure caseworkers are aware of and have access to the support services that families and children require to stabilize placements. Further, as the Co-Neutrals noted in the last Commentary, DHS only focuses on implementing Initial Meetings when a child enters their first placement after removal. As such, DHS must begin to apply these strategies fully to any new family-based placement, not just the first, in order to further advance placement stability outcomes.

### **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 June 2018, the last month of the current period, shows that statewide a total of 236 children 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 (25 percent) and the provider requested the placement move (25 percent.) The other most common 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 for those children who are moved from their first placement into a kinship placement an explanation of any barriers that prevented the kinship resource being used for the child's first placement. Some identified

barriers documented in the One-Move report include, a lack of upfront family identification and delays in DHS' foster care program staff approving the initial kinship assessment for placement.

The One-Move report also identified that for some of these children who moved to kinship as a second placement, the department could not have reasonably secured these homes as first placements due to kinship families' personal or other issues that prevented placement at the time of a child's removal. For example, some families needed time to secure appropriate housing or to complete a medical treatment and some families were located out of state, which takes additional time to clear the home for placement through the receiving state's child welfare agency. DHS' records also show that for a number of these children, their first placements were in kinship homes; however, due to various reasons, the initial kinship placement was not stable, which resulted in the child being moved to a second kinship placement. To help DHS secure stable and safe kinship first placements for children, caseworkers must have sufficient guidance on the importance of engaging in family finding efforts as early as possible before a child is placed in DHS custody. This will better allow the department the time needed to identify and assess potential family members who may be able and willing to care for a child.

The Co-Neutrals understand that in some cases DHS must remove children from their homes immediately, with no advance planning, and the department must act quickly to secure a safe first placement. As such, DHS must ensure it has an adequate pool of safe and available traditional foster homes to serve children who, for various reasons, could not be placed with kin.

An initial purpose of the One-Move tracking report was to reduce the number of children who experienced a placement move due to foster families being unable to meet children's behavioral needs. For June 2018, DHS' One-Move report shows that 10 percent of children were moved to a second placement due to a child's behaviors, down from 15 percent in December 2017. This is positive progress.

The Co-Neutrals also reviewed DHS' data of all children placed in DHS custody between January and June 2018. In this six-month period, 2,006 children were removed from their families and placed in DHS custody. As Table 15 below shows, the greatest number of children were placed in kinship homes (49 percent), followed closely by traditional foster homes (44 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 72 children, a shelter was their first placement in care, which automatically indicates a future placement move for these children.

**Table 15: First Placement of Children Removed between January and June 2018**

<b>First Placement</b>	<b># of Children</b>	<b>%</b>
KINSHIP	992	49%
TRADITIONAL FOSTER CARE	881	44%
SHELTER	72	4%
TRIBAL	30	1%
OTHER	26	1%
PSYCHIATRIC/RESIDENTIAL TREATMENT	5	0%
<b>Grand Total</b>	<b>2,006</b>	<b>100%</b>

DHS reported, as of July 2018, that nearly half (47 percent) of the children removed during the current period have exited their first placement. Table 16 below lists the top three exit reasons documented in KIDS by caseworkers to describe why these children exited their first placement. As Table 16 shows, the primary reason children exited their first placement this period was due to the providers' request.

**Table 16: Top Three Exit Reasons for First Placement Moves**

<b>Exit Reason</b>	<b># of Children</b>	<b>Percent</b>
PROVIDER REQUESTED CHANGE OF PLACEMENT	273	29%
OTHER	146	16%
PLACEMENT WITH RELATIVE	129	14%

As DHS is aware, the reasons a foster parent may ask DHS to remove a foster child from their home are varied. Some of these reasons may be outside the department's influence, such as foster parents having a baby or experiencing a job loss, but others may be within the department's realm of control, and require DHS to offer services to address these issues such as the need for respite or support in engaging with the child's birth parents to preserve the placement. The second leading exit reason DHS reported for children who exited their first placement was "other." Lastly, as the Table shows, the third reason children exited their first placement this period was due to being placed with kin.

In order for the department to effectively assess its placement stability efforts as well to identify areas that require strengthening, DHS should consider modifying its pick list of exit reasons caseworkers select from KIDS to provide the department with better insight into the reasons for placement moves. The Co-Neutrals will continue to assess this going forward.

## 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 presented in greater detail below, 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 intensified the collaboration with the courts to focus systemically on timely permanency for children with reunification goals. Those efforts are particularly important because the courts determine when to order the final discharge of children from DHS custody after a period of trial reunification. 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.

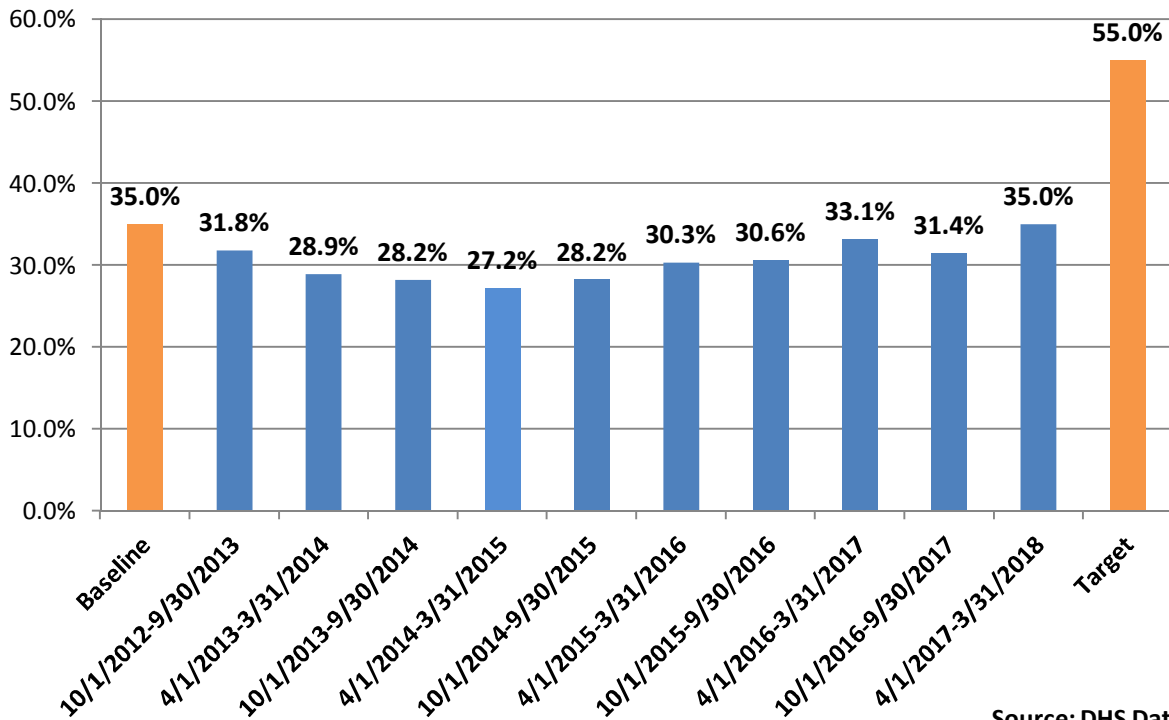
The following summaries and tables detail the baselines, performance to date and targets for each of the 6.2 Metrics.<sup>17</sup>

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<sup>17</sup> For this report period, the Co-Neutrals counted in the 6.2 Metrics children who in their 12<sup>th</sup> month of care entered trial reunification as having achieved permanency.

**Metric 6.2a, Permanency within 12 months of removal:** DHS reports that of the 2,375 children who entered foster care between October 1, 2016 and March 31, 2017, 832 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 35 percent for Metric 6.2a.

**Figure 20: Metric 6.2a – Permanency within 12 Months of Removal**



Source: DHS Data

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 832 children in the 6.2a cohort who achieved permanency this period, 650 (78 percent) were reunified and discharged from DHS' custody, 79 (9.5 percent) were adopted and 103 (12.4 percent) achieved permanency through guardianship or custody with a relative.

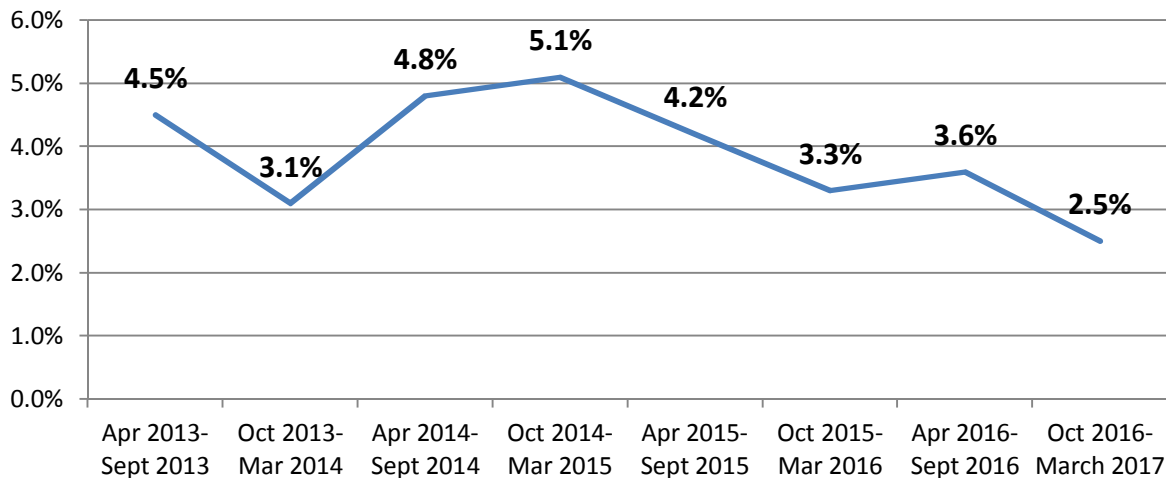
The Co-Neutrals have reviewed with DHS the practice, data and court-related factors described below that the department has identified as presenting significant challenges to achieve permanency for children within 12 months of entering DHS custody.

### **Impact of Efforts to Safely Prevent Child Removals**

DHS reported that the department’s ongoing efforts to enable children to remain safely in their own homes with supports and services, rather than placing them in foster care unnecessarily, has had the unintended consequence of making it more difficult to achieve improved outcomes under Metric 6.2a. As noted in the Co-Neutrals’ last Commentary, DHS has focused on providing family prevention services when it has determined that risk factors identified during a referral investigation can be safely addressed with the child remaining in their own home. Primarily, DHS provides families with Comprehensive Home-Based Services (CHBS), which are based on an evidenced-based model focused on health, home safety, parent-child interactions, and problem-solving and communication.

DHS reported those efforts have resulted in a reduction in the number of children who are removed from their own homes only to be returned home shortly thereafter (within 30 days). As shown in Figure 21 below, the percentage of children reviewed in the 6.2a measure who returned to their homes and exited DHS custody within 30 days of removal has declined significantly over the last five report periods. For the report period of October 2014 to March 2015, 5.1 percent (121 of 2359) of the children in Metric 6.2a exited care between eight and 30 days after removal, which decreased to 2.5 percent (60 of 2375) children exiting care within eight and 30 days for the period between October 2016 to March 2017.

**Figure 21 : Reduction in Short-Term Removals**



**Source: DHS Data**

Keeping families together when safely possible and preventing the trauma a child experiences through removal is appropriately DHS’ priority. DHS reported that the department is now more consistently removing children from their birth families only when their families present with

serious and complex concerns that represent a safety threat that cannot be immediately addressed with in-home prevention supports. Consequently, it is more difficult to reunify children within their first 12 months in care as their families require intensive services and supports of longer duration to address the safety threats that required a child's removal. By reducing the number of children who are removed for short periods of time, DHS' family preservation efforts have reduced the prevalence of the speediest reunifications among the Metric 6.2a cohort of children. That is unquestionably a positive development.

DHS further reported a correlation between regions with the lowest permanency outcomes within 12 months and the number of families served preventatively in those regions. For example, DHS reported that Region 3 (Oklahoma County) has the lowest rate of removals per capita of the five regions, as well as the highest number of families who were supported with preventive services during fiscal years 2017 and 2018. As a result, according to DHS, Region 3 also has the lowest reunification rate within 12 months of removal among the five regions.

### ***Permanency Safety Consultations (PSCs) to Expedite Reunification***

DHS has remained focused on building upon 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. Staff are both guided and held accountable to support families in their efforts to address any ongoing safety threats so that children may be timely reunified with their families.

PSCs are structured case conferences scheduled to occur at regular intervals and are 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 a follow up PSC occurring 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.

DHS' PSC data report (Y1838) shows the department completed between January and June 2018 a total of 3,062 PSCs for 3,975 unique children, with some children having received more



than one PSC within the period.<sup>18</sup> During this report period, DHS continued to implement statewide the PSC process and practice with attention to ongoing quality improvement.

In addition to designating a statewide PSC coordinator who participates in consultations in districts of every region to review the quality of the PSC process and assist staff as needed on individual cases, DHS has designated and trained at least one reviewer in every region to conduct fidelity reviews of the PSCs. These reviewers gather data and information regarding any trending barriers to permanency or PSC practice shortfalls that may need to be addressed. 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 in these cases.

As of this report writing, DHS was in the process of finalizing additional guidance for caseworkers through the development of new online PSC training. As both the new and existing PSC guidance explain, there is 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. During this report period, DHS developed training curriculum and tools as part of the new Supervisory Framework to lend additional support to caseworkers and their supervisors in assessing child safety with respect to reunification. As previously noted, DHS has begun a staged regional implementation of the Supervisory Framework training, which started in Region 1 after the period in August 2018.

### ***Improving Family Engagement to Improve Reunification Outcomes***

In the last two Commentaries, the Co-Neutrals urged DHS to address the barriers and practice challenges preventing timely reunification, which the department identified through a permanency analysis and case review completed last year. In its review, DHS conducted an assessment of 125 cases utilizing federal Child and Family Services Review (CFSR) protocols for the period of October 2015 through March 2016, as well as a review of 234 PSCs completed between October 2016 and March 2017. DHS identified that a “lack of quality engagement with parents and families and assessing their needs is a reoccurring theme found throughout the study.” The review showed that another practice area needing significant improvement is the frequency and quality of child visits with their birth parents. DHS also reported that the PSC

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<sup>18</sup> Some PSCs include the review of more than one child as they are part of a sibling group.

feedback process observed deficiencies in these same practice areas, specifically related to engagement with a child's birth family and the quality and frequency of child-parent visits, both of which are essential to support timely and safe reunification.

During this report period, DHS focused on improving the quality of caseworker engagement and visits with birth families. As part the Supervisory Framework training and tools developed this period, DHS has worked to guide staff's understanding of how the department's many core strategies under the reform effort support each other and serve to improve outcomes in more than just one performance area. Improving the quality of caseworker visits with parents and with children is one such practice area as these contacts can positively impact the outcomes for permanency, placement stability and safety. During this report period, DHS developed a new 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 the period, DHS strove to improve the frequency and quality of the initial meetings held within 10 days of a child's removal. As discussed earlier in this report, the initial meetings have become one focal point of DHS' efforts to improve placement stability for children. A key component of the initial meeting is to ensure that shortly after a child enters DHS custody, the birth parents are fully engaged by DHS to participate in the development of support plans for the child's stability and well-being while in DHS custody. This may include any information the child's family can share to support the child's transition to a new home. Further, during the initial meeting, child welfare staff is instructed to develop a parent-child visitation plan, taking into consideration any transportation or other support needs the child's parents require to attend the visits. In addition to supporting placement stability, these meetings provide an opportunity to help foster parents work with the child's parents toward successful reunification when returning home is the child's permanency goal.

### ***Working with the Courts to Achieve Timely Reunification***

The department reported an additional barrier to timely reunification lies outside of DHS' control and with the court system. Courts must approve any decision DHS makes to reunify a child with their family and, at times, the courts do not support DHS' recommendations to initiate trial reunification or to advance from trial to final reunification. DHS reported it is working with the courts and judges through Oklahoma's Court Improvement Project (CIP) to improve relations and establish a shared understanding of a safety threshold for determining when reunification remains viable and is appropriate. In addition, in May 2017, DHS began to implement a joint project with the courts in three counties (Adair, Canadian and Pottawatomie) to develop 12-month action plans for achieving 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. The Co-Neutrals will provide in the next Commentary an update on any practice lessons learned and preliminary outcomes reported from this project.

Expanding the use of guardianships to improve permanency outcomes is another focus of DHS' efforts to enhance collaboration with its judicial partners. DHS developed a practice guide regarding funded guardianships for use by judges, assistant district attorneys and other partners in the courts.

During this report period, DHS worked with its national consultants to develop a Jurist-in-Residence (JIR) program in Oklahoma, which will be led by a retired judge. As reported by DHS, "the JIR will promote judicial best practices, influence judicial education, mentor juvenile judges, and [serve] as a liaison between CWS and the juvenile deprived court system to improve CW outcomes with a focus on improving permanency timeliness." DHS reported that it has selected its JIR and is in the process of negotiating a start date to begin in early 2019.

Most of the case specific hurdles DHS must clear to reunify a child safely with their family must be completed before a child enters trial reunification. This includes supporting the child's parent(s) as needed through an individual service plan in order to conclude: that no safety threats persist; that "there appears to be a good prognosis for successful reunification;"<sup>19</sup> and, that newly completed national criminal history record checks on all adults in the family home do not present any unacceptable level of concerns.

In the Tenth Commentary, the Co-Neutrals found that DHS had not made good faith efforts with respect to the 6.2a Metric, noting concerns that DHS has relied primarily on a singular strategy (PSCs) to improve timeliness to permanency despite the fact that the performance outcome for this measure remained below the starting baseline. The Co-Neutrals urged DHS to assess any barriers preventing DHS from reporting better permanency outcomes for children within 12 months of entering DHS custody.

DHS diversified and intensified their efforts to improve case practice to achieve permanency for children within 12 months and presented an analysis of both practice and data-based barriers which impact DHS' ability to make substantial and sustained progress toward the Target Outcome for this measure. DHS must continue to collaborate with the courts to ensure that children who can be reunified safely are returned timely. 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. As noted above, some of the barriers to DHS' progress on Metric 6.2a are the result of improvements in DHS case practice which better support children and families, but also make progress on this measure more difficult. During the next period,

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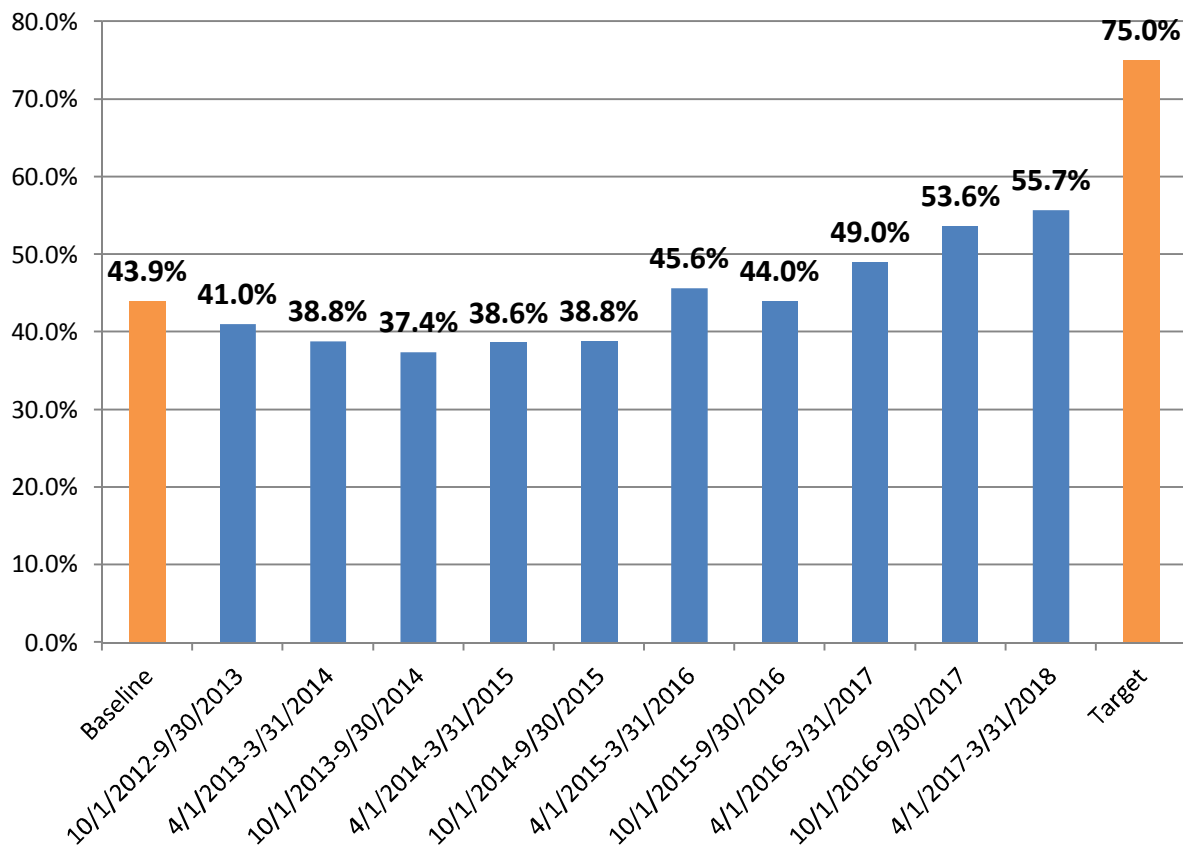
<sup>19</sup> DHS policy for Trial Reunification, 340: 75-6-31.3.

DHS will need to continue its efforts to assess and address practice areas identified that must be improved to achieve more timely permanency within 12 months, including ensuring that caseworkers are consistently engaging birth families and connecting them 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 1,493 children who entered foster care between October 1, 2015 and March 31, 2016 and stayed in foster care for at least 12 months, 831 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 55.7 percent for Metric 6.2b, and an increase of 2.1 percent since the last report period. The starting baseline was set at 43.9 percent and the target is 75 percent.

Of the 831 children in this cohort who achieved permanency, 362 (44 percent) were reunified, 441 (54 percent) were adopted and 28 (three percent) achieved permanency through guardianship or custody with a relative.

**Figure 22: Metric 6.2b – Permanency within 2 years of Removal**



Source: DHS Data

Over the last four report periods, DHS’ performance on this measure steadily increased by over 10 percent, with a substantial and sustained increase in the percentage of children who achieved permanency through adoption, which represents the primary permanency outcome for children in this cohort. DHS’ progress in achieving permanency for children through adoption is the clear reason the overall performance outcome for this measure has improved over time. As shown in Table 17 below, the percentage of children reviewed in the 6.2b cohorts who achieved permanency through adoption increased from 17 to 30 percent over the last four report periods. At the same time, the percentage of children who achieved permanency through reunification has remained fairly constant.

**Table 17: Measure 6.2b, Permanency Rates by Report Period  
Children Who Achieved Permanency within 2 years (Most Recent on Left Side)**

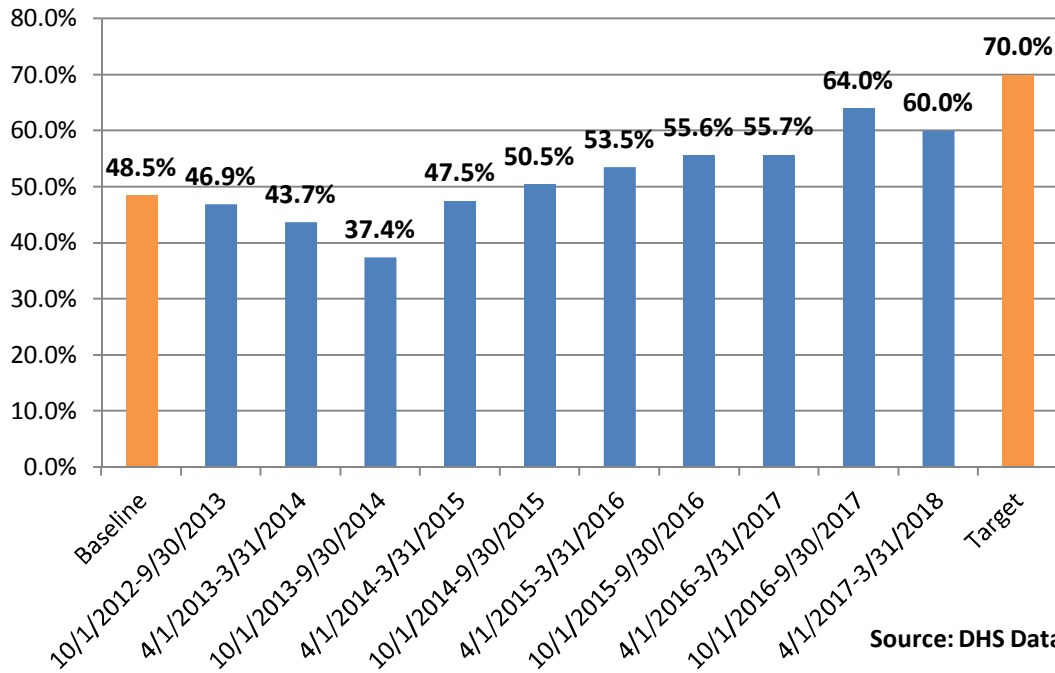
Permanency Type	12-Month Data Report Period End			
	Mar-18	Sep-17	Mar-17	Sep-17
ADOPTION	30%	24%	21%	17%
CUSTODY TO RELATIVE	1%	0%	1%	1%
GUARDIANSHIP - NON-RELATIVE	0%	1%	1%	0%
GUARDIANSHIP – RELATIVE	1%	3%	3%	3%
REUNIFICATION	24%	25%	24%	23%
<b>TOTAL</b>	<b>56%</b>	<b>54%</b>	<b>49%</b>	<b>44%</b>

Source: DHS Data

When possible, safe reunification is DHS’ priority for children who enter state custody. The 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 can also support a child achieving permanency more timely through adoption or other means. With the ongoing focus to assess both safety and the protective capacities of a child’s parents, the PSCs should compel DHS to evaluate continuously if and when it may be in a child’s best interest to terminate parental rights and work towards achieving permanency through adoption. 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 742 children who entered foster care between October 1, 2014 and March 31, 2015 and stayed in foster care for at least 24 months, 445 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 60 percent for Metric 6.2c and a decrease of four percent since the last report period. The Target Outcome is 70 percent and the baseline for this metric was set at 48.5 percent.

**Figure 23: Metric 6.2c – Permanency within 3 years of Removal**



For this metric, permanency is achieved most often through adoption. During this report period, 340 (46 percent) children in the cohort of 742 were adopted and 76 (10 percent) were reunified with their families. As with the previous measure (Metric 6.2b), DHS’ practice to achieve permanency through adoption has improved over the last several periods for the cohort of children reviewed in Metric 6.2c. In contrast, the percentage of children achieving permanency through reunification has decreased over the last three periods, with the most significant drop (15 to 10 percent) reported this period as shown in Table 18 below. This also may be the result of the PSC practice both advancing reunification earlier in a child’s case and facilitating more timely decisions to move toward permanency through adoption.

**Table 18: 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			
	March 2018	September 2017	March 2017	September 2016
ADOPTION	46%	46%	38%	36%
CUSTODY TO RELATIVE	0%	0%	0%	1%
GUARDIANSHIP - NON-RELATIVE	1%	0%	0%	0%
GUARDIANSHIP - RELATIVE	3%	2%	2%	3%
REUNIFICATION	10%	15%	15%	16%
<b>TOTAL</b>	59%	64%	56%	56%

Source: DHS Data

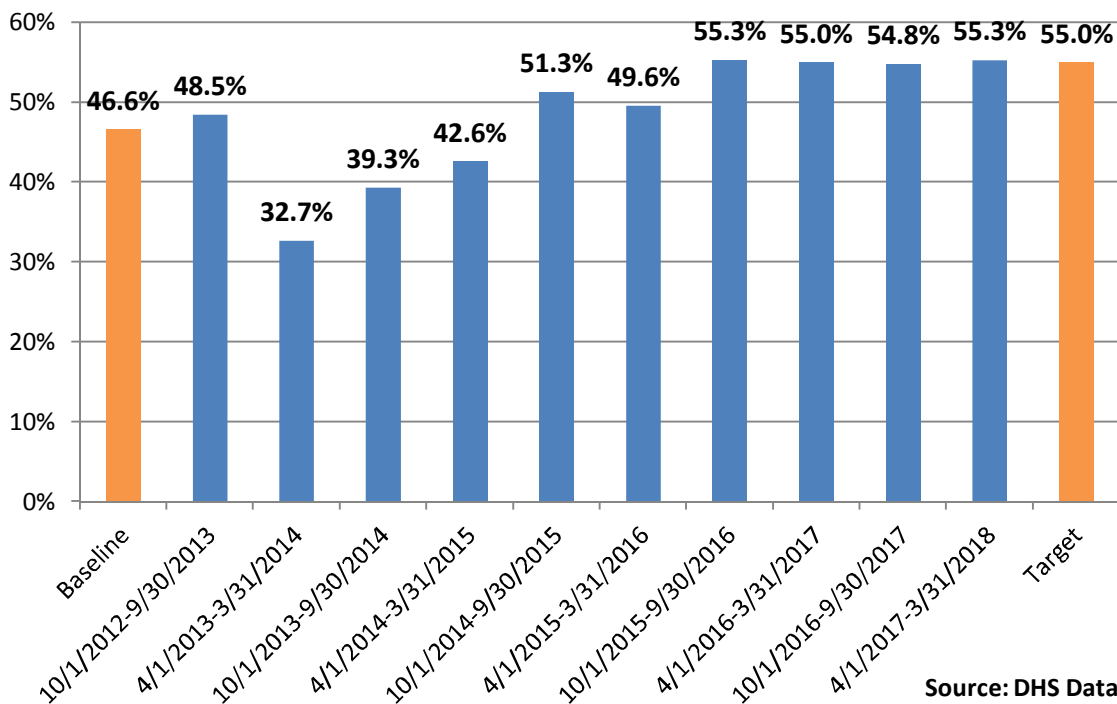
At the beginning of January 2018, DHS began to implement Permanency Planning Backlog Calls, a new effort and strategy to achieve permanency for children in the 6.2c and 6.2.d cohorts whose case plan goal is reunification.<sup>20</sup> The calls focus on children who have been in DHS custody for more than 24 months, have a case plan goal of return to home and are not in trial reunification. In a December 2017 email to all child welfare staff presenting this new strategy, DHS leadership explained that “The purpose of the [permanency planning] backlog calls with the assigned worker and supervisor is to discuss barriers to permanency and resulting action steps for barrier busting. The calls will be held monthly until permanency is achieved. The follow-up calls will address the previously set action steps and progress made, as well as assessing the case plan goal.” DHS reported that other program and subject matter experts are asked to join these calls to review additional supports for the family as needed and new suggestions for achieving permanency.

Although DHS reported a dip in performance this period for 6.2c, the department has made, since the beginning of the reform, significant improvements in the permanency outcomes for this cohort of children. Further, DHS’ new backlog calls implemented statewide this period reflect scaled-up, focused efforts to achieve better permanency outcomes for the children reviewed under this measure. 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.

<sup>20</sup> DHS’ lead staff person responsible for facilitating these calls was on leave from May to July 2018 and these calls were placed on hold, but resumed in August 2018 as shown in reports provided to the Co-Neutrals, documenting the discussions in the calls completed for the months of January, February, March, April and August 2018.

**Metric 6.2d, Permanency within four years of removal:** DHS reports that of the 412 children who entered foster care between October 1, 2013 and March 31, 2014 and stayed in foster care for at least 36 months, 228 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 55.3 percent, which exceeds the Target Outcome set at 55 percent. Of the 228 children who achieved permanency, 194 (85 percent) were adopted, 28 (12 percent) were reunified with their families and six (3 percent) achieved guardianship. 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 24: 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.

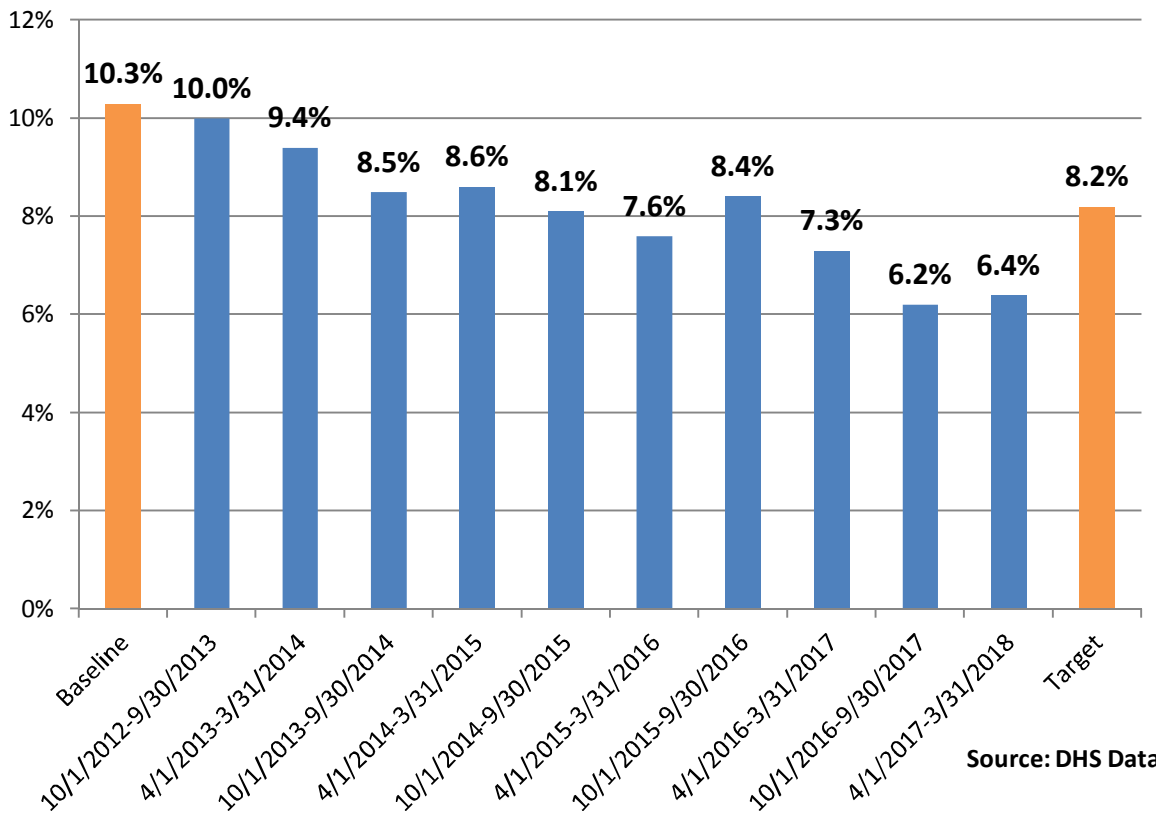
The baseline for this metric is 10.3 percent of children re-entering care and the final Target Outcome is no more than 8.2 percent of children re-entering care. For this period, DHS reports that of the 2,879 children who discharged to permanency (not including adoption) between



April 1, 2016 and March 31, 2017, 185 children re-entered care within 12 months, which represents 6.4 percent of child re-entries. This is the third 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 25: Metric 6.3 – Re-entry within 12 Months of Exit**

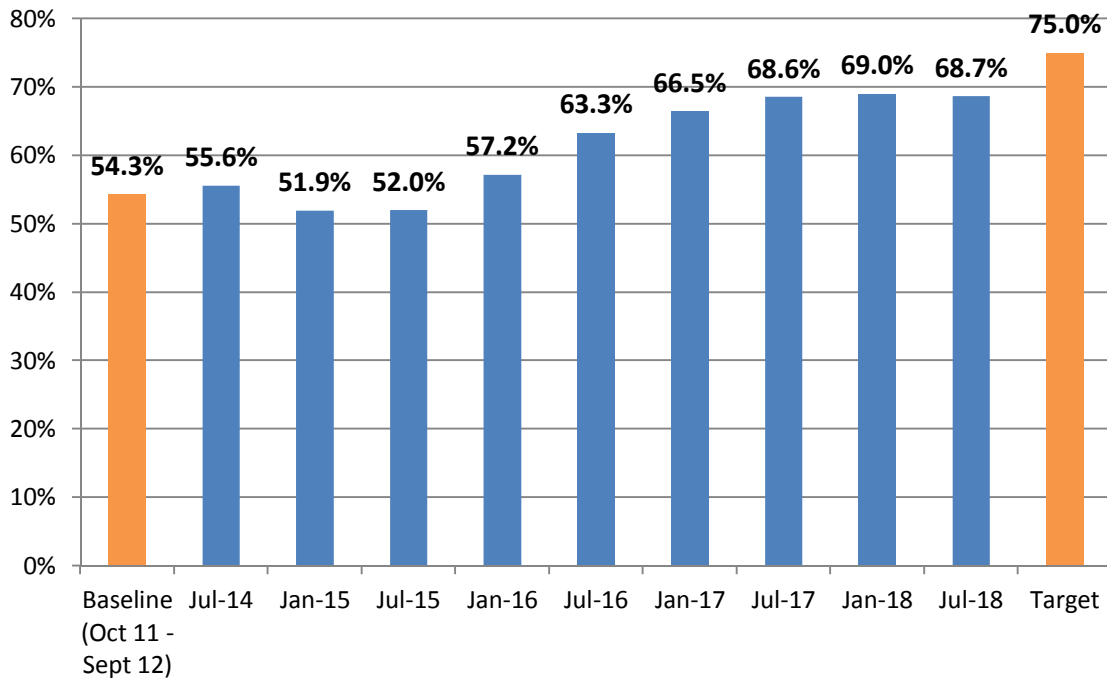


***Timeliness to Adoption for Children Who Become Legally Free, Metric 6.5***

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 2,577 children who became legally free between

April 1, 2016 and March 31, 2017, 1,770 (68.7 percent) were adopted within 12 months of becoming legally free. While this represents a small decrease of 0.3 percent since the last report period, DHS has reported substantial and sustained progress toward the Target Outcome over the last seven report periods.

**Figure 26: Metric 6.5 – Permanency Performance**



As previously highlighted in the Co-Neutrals’ Commentaries, DHS has sustained improved outcomes for Metric 6.5 over the last four years at the same time the number of children subject to the metric has increased substantially. Table 19 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 19: Number of Children who became Legally Free Every Report Period under Metric 6.5<sup>21</sup>**

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

DHS’ regional Adoption Timeliness Accountability Teams (ATATs) continue to set and track target dates for adoption finalizations and address barriers that have delayed permanency for legally free children, with a focus on timely permanency for children who have an identified adoptive family. At DHS’ request, the department’s national consultants are reviewing the current ATAT processes and adoption data to provide recommendations to achieve more rapid permanency for children who are legally free for adoption. DHS also reports that it is in the process of modifying its ATAT report to better identify the types and frequency of barriers to finalizing adoptions. 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.

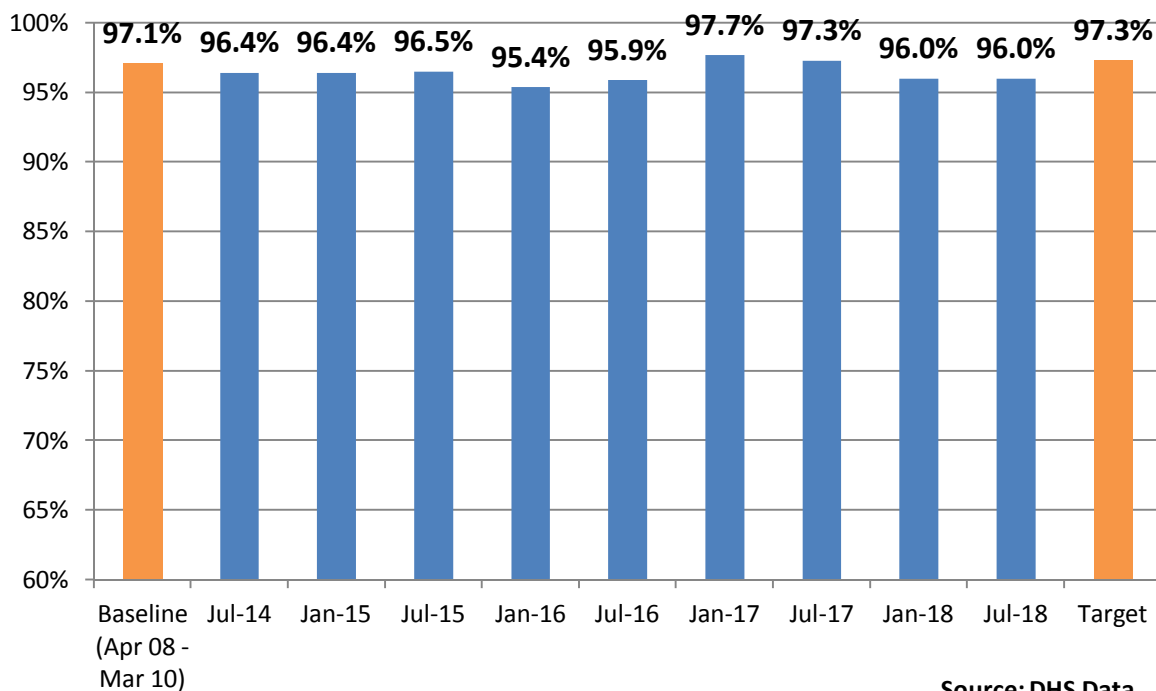
***Metric 6.6 – Adoption Disruptions***

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 2,615 children who entered a trial adoption placement between April 1, 2016 and March 31, 2017, 2,511 children did not disrupt from their placements within 12 months of entering trial adoption resulting in a performance outcome of 96 percent. This is the same performance outcome DHS reported the last period. Similar to the last report period, DHS needed to prevent 34 of the 104 pre-adoption

<sup>21</sup> 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.

disruptions reported this period in order to achieve the Target Outcome. DHS was able to successfully meet the Target Outcome two and three periods ago as shown in the Figure 27 below.

**Figure 27: Metric 6.6 – Permanency Performance**



The Co-Neutrals again conducted a case review of children whose pre-adoption placements disrupted this report period and found circumstances similar to those found in their review of the case records of children whose pre-adoptions disrupted last period. In a review of 50 child adoption disruption cases, the Co-Neutrals found that the majority (36) of the disruptions were the result of the foster parent communicating to DHS that they were not able to manage the child’s behaviors. In all but one of these 36 cases, the Co-Neutrals located in the child’s records that DHS had offered services for the family and child and made efforts to stabilize the trial adoption.

DHS also reviewed pre-adoption disruptions that occurred this report period to identify any factors that contributed to the disruptions that the department can work to address. DHS’ analysis was not yet complete at the time of this report writing and the Co-Neutrals will report on the findings in the next Commentary. In the meantime, DHS reported that it plans to require and provide new training to adoptive parents who are preparing to adopt a child but do not have a prior connection to the child as kin or foster parents. For these adoption cases, DHS

reported that it continues to have behavioral health consultants support the adoptive families, particularly through the disclosure process when adoptive parents are informed about any behavioral or other special need a child may have and appropriate supports and services can be identified and planned. DHS' focus for the new adoption parent training will be on caring for children who have experienced trauma.

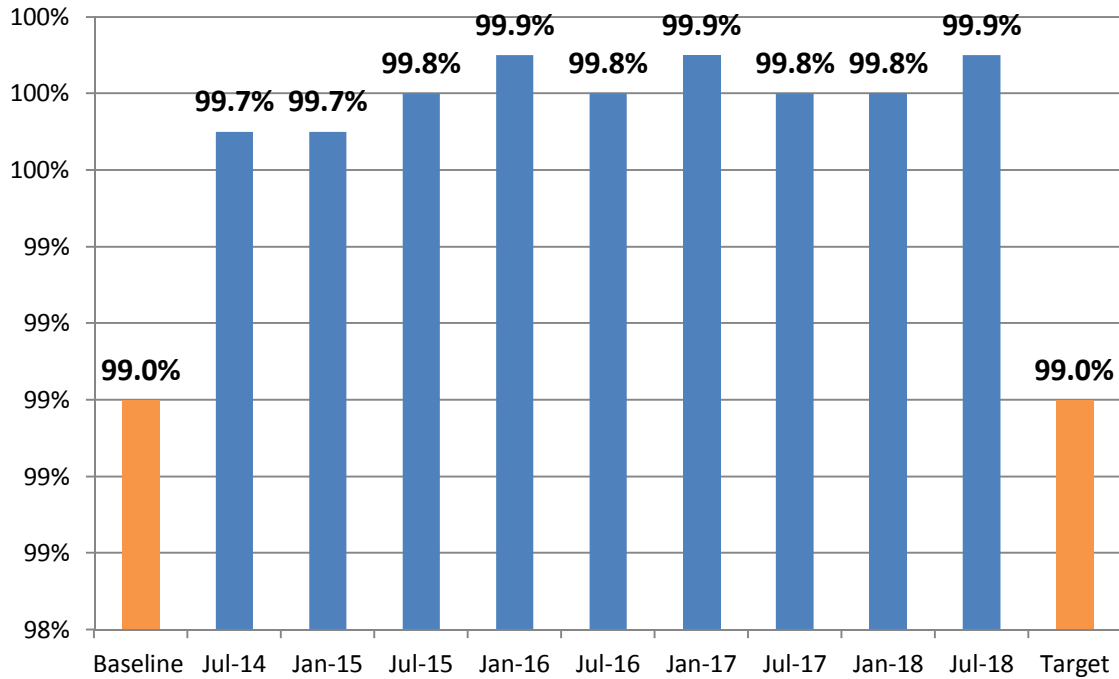
As previously reported, it is important to highlight again that the number of children who are reviewed under this measure has more than doubled since earlier in this reform effort. Four years ago, in the review period of April 1, 2013 to March 31, 2014, there were 1,239 children whose pre-adoption success was reviewed in this measure (with an outcome of 96.4 percent that did not disrupt), which is less than half of the 2,615 children in pre-adoptive placements reviewed in this report period.

DHS will need to follow through timely to assess what practice enhancements or supports are necessary to help stabilize pre-adoptive placements that may be at risk of disruption. However, the Co-Neutrals again found through their case record review that DHS has mostly shown to have a solid case practice of supporting pre-adoptive parents when they face challenges in caring for the children they are planning to adopt. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcome for Metric 6.6.

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

Metric 6.7 measures the percentage of children who achieved permanency through adoption over a 24-month period and did not experience adoption dissolution within 24 months of adoption finalization. The baseline for this metric was established at 99 percent and the Target Outcome was set to maintain a 99 percent performance outcome. For this reporting period, DHS' data shows that, of the 4,317 children who were adopted between April 1, 2014 and March 31, 2016, the adoptions of 4,312 children (99.9 percent) did not dissolve within 24 months of being adopted. DHS has consistently exceeded the Target Outcome for this metric in every report period, as shown in Figure 28 below. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

**Figure 28: Metric 6.7 – Permanency Performance**



Source: DHS Data

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

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

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

DHS reported that 171 (82.6 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of June 30, 2018. This is an increase of four children since December 31, 2017 when DHS last reported that 167 children in the cohort had

achieved permanency. At the end of the period, 35 children in the younger cohort remained in DHS custody, one of whom was in trial reunification.

For the 85 youth in the older group (ages 13 and older), DHS reports that a total of 39 youth (45.9 percent) achieved permanency as of June 30, 2018, with no additional children achieving permanency since December 31, 2017. At the end of the period, five youth in this cohort remained in DHS custody, one of whom was in trial reunification. Each of the remaining five children will age out of care by December 31, 2018 if they do not achieve permanency before their respective 18<sup>th</sup> birthdays.

**Table 20: Metric 6.1 – Permanency Performance**

<b>Permanency Metric</b>	<b>Baseline</b>	<b>Permanency Target by 6/30/2016</b>	<b>Permanency Achieved as of 12/31/2017</b>
6.1: Of all legally free children not in an adoptive placement on 1/10/14, the number who have achieved permanency.	207 children: Age 12 and younger	90%	171 children (82.6%) achieved permanency
	85 children: Age 13 and older	80%	39 children (45.9%) achieved permanency

DHS also reports that as of June 30, 2018, 41 youth (48.2 percent) in the older cohort have aged out of custody without achieving permanency, an increase of two youth since December 31, 2017, the end of the previous report period.

#### **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 for children in this cohort. 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.

In order to further support the ATU process and to bring ATU workers closer toward agreed upon caseload standards, DHS has increased the number of full-time ATU positions, which are distributed statewide in eight supervisor groups with four to six ATU specialists in each region. As of June 30, 2018, DHS' caseload data showed there were 45 ATU caseworkers on board, with three workers carrying a reduced graduated caseload. One year earlier on June 30, 2017, DHS had 27 ATU workers carrying at least one case. During the last quarter of the period (April-June 2018), 54.6 percent of ATU workers met the caseload standard, 32.4 percent were close and 13 percent were over. DHS' workload data shows that by the end of this report period the department had a sufficient number of ATU caseworker positions allotted to manage all of the adoption cases assigned to ATU workers. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the 6.1 Target Outcomes.

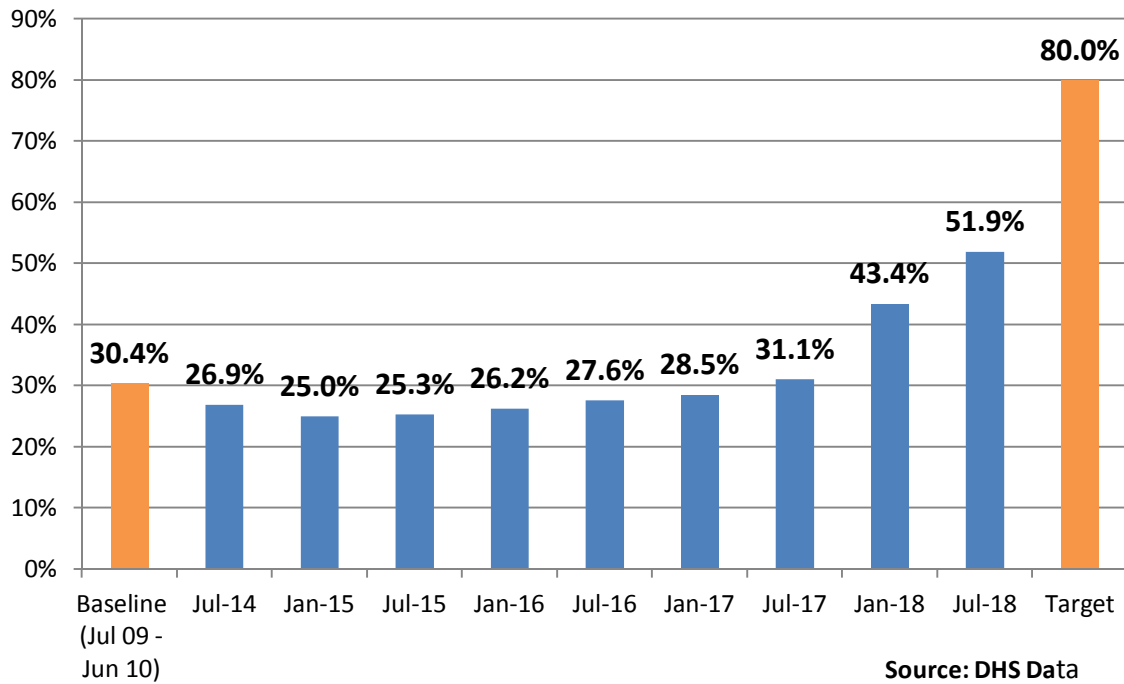
***Permanency for Older Legally-Free Youth, Metric 6.4***

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 162 legally free youth turned 16 years of age between April 1, 2015 and March 31, 2016. Eighty-four of these youth, representing 51.9 percent, achieved permanency as follows: 69 youth were adopted, 12 youth exited through guardianship, two exited through custody with a relative and one youth exited through reunification. This is an increase of 8.5 percent from the last period, when performance was at 43.4 percent. Over the last two periods combined (an 18-month period), DHS increased permanency outcomes for these older youth by 20 percent as shown in Figure 29 below.



**Figure 29: Metric 6.4 – Permanency Performance**



DHS has implemented strategies to improve outcomes under this measure with a focus on both curbing the number of children 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.

For 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). 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 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. 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 49 percent (67 of 136 of youth) the last period and 38 percent (62 of 162 youth) in the current period.

Importantly, DHS has strengthened the reviews and requirements to change a youth's case plan goal to PAPP. Supervisors 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.

DHS has made significant efforts to ensure that older legally free youth receive the support and attention they deserve to achieve permanency whenever possible and DHS should be commended for these efforts which have resulted in rapid and substantial improvement toward the 6.4 Target Outcome. 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.**

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

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

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

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

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

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

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

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

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

<b>6. PERMANENCY</b>			
<b>Metric</b>	<b>Report Frequency</b>	<b>Baseline</b>	<b>Target</b>
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 <sup>22</sup> , the number of children who have achieved permanency.	Semi-Annually, in the January and July monthly reports - same for all permanency metrics	Jan 10, 2014 Cohort  292 children	90% of children ages 12 and under on Jan 10, 2014 will achieve permanency  80% of children ages 13 and older on Jan 10, 2014 will achieve permanency
6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Same	Total = 35%  Reunification = 31.4% Adoption = 1.6% Guardianship = 2%	Total = 55%
6.2(b): The number and percent of children who entered their 12 <sup>th</sup> month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Same	Total = 43.9%  Reunification = 22.3% Adoption = 18.9% Guardianship = 2.7%	Total = 75%
6.2(c): The number and percent of children who entered their 24 <sup>th</sup> month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Same	Total = 48.5%  Reunification = 13.0% Adoption = 32.7% Guardianship = 2.9%	Total = 70%

<sup>22</sup> The legally free cohort for Metric 6.1 was to be set originally on March 7, 2013, the date the Metrics Plan was finalized, but due to since-corrected data challenges the cohort was established for January 10, 2014.



<p>6.2(d): The number and percent of children who entered their 36<sup>th</sup> month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.</p>	<p>Same</p>	<p>Total = 46.6%  Reunification = 8.8%  Adoption = 37.3%  Guardianship = .4%</p>	<p>Total = 55%</p>
--	-------------	--	--------------------

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

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

# Exit Interviews

January ó June 2018 Closures

An Initial Data Analysis: Segmentation

August 2018

# Overview

The Foster Care and Adoption Support Center (FCASC) staff conducts interviews with former traditional foster parents whose resource closed at their own request. The interviews seek to gain insight and a deeper understanding of the foster parent's request for closure and overall experience with DHS and/or RFP agency while fostering. The results of the interviews will assist DHS in addressing systemic challenges, agency barriers and identified support needs that may contribute to resource closures. The results of the interviews will also assist in improving the customer service experience of resource parents. FCASC staff completed interviews with 101 (62.3%) of 162 foster parents whose homes closed at their request between the months of January and June 2018. Responses to the following questions were recorded:

1. *Tell us about what led you to the decision to no longer be a foster parent with DHS (or applicable agency name).*
2. *What might lead you to foster or adopt with DHS (or applicable agency name) in the future?*
3. *Would you recommend fostering or adopting with DHS (or applicable agency name) to a friend? Why or why not?*
4. *What was most challenging about being a foster parent?*
5. *Is there anything you would recommend DHS (or applicable agency name) consider doing differently that might enhance the experience of foster parents?*

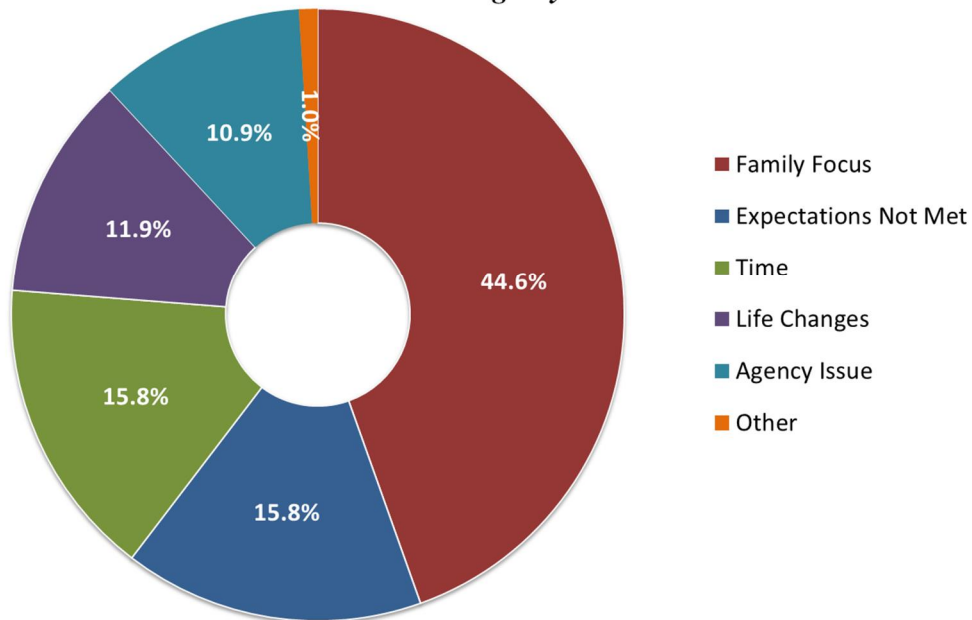
Responses to these questions have been segmented based on their topic and similarity. This segmentation provides a quick overview of comparable answers. It is important to note there is a vast range of responses to each question. The responses were reviewed and categorized in the topic area that best fit. Most individual interviews with a foster parent provide expanded details that are not represented in the general segment classification. If all 5 responses from a foster parent are viewed collectively, this comprehensive perspective may provide a deeper understanding of any one singular response.

## Question #1

Tell us about what led you to the decision to no longer be a foster parent with DHS (or applicable agency name).

This question was asked to discover what led foster parents to no longer be willing to provide foster care services for the state of Oklahoma. The responses that are categorized as "Agency Issue" refer to issues with either DHS or an RFP agency. The following is a list of most mentioned responses:

*What led you to the decision to no longer be a foster parent with DHS/Agency?*



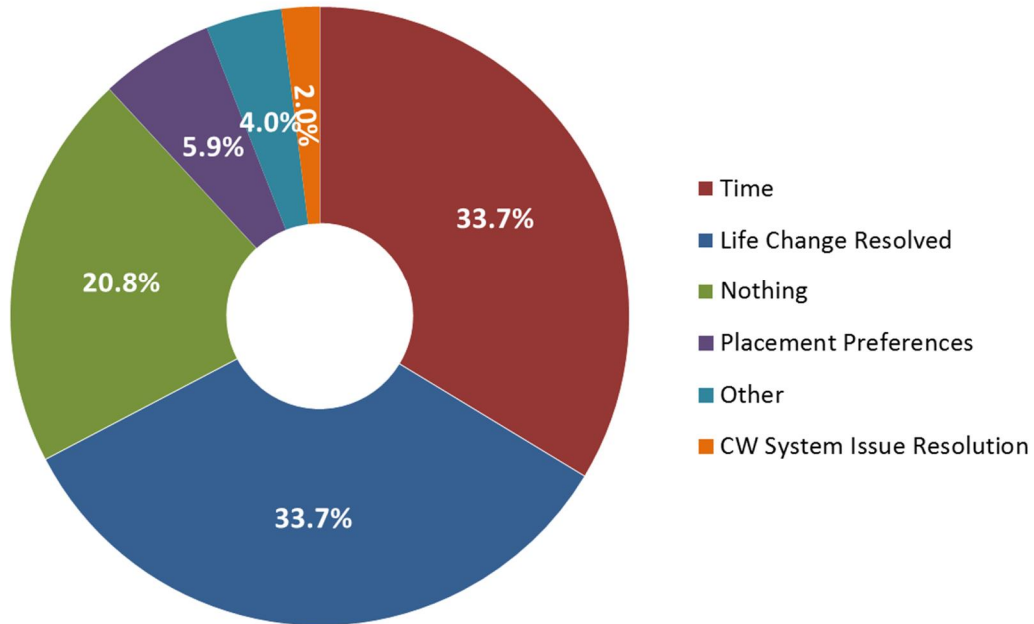
Category of Issue	Occurrences	%
<b>Family Focus</b>	<b>45</b>	<b>44.6%</b>
Adopted/Bio Child's Needs	25	24.8%
Quality Time with Own Family	11	10.9%
Expand Family	5	5.0%
Adopted a Child	4	4.0%
<b>Expectations Not Met</b>	<b>16</b>	<b>15.8%</b>
General	11	10.9%
Grief and Loss	5	5.0%
<b>Time</b>	<b>16</b>	<b>15.8%</b>
Not Enough	10	9.9%
Need a Break	6	5.9%
<b>Life Changes</b>	<b>12</b>	<b>11.9%</b>
Moving	5	5.0%
Significant Relationship	3	3.0%
Employment	4	4.0%
<b>Agency Issue</b>	<b>11</b>	<b>10.9%</b>
<b>Other</b>	<b>1</b>	<b>1.0%</b>

## Question #2

*What might lead you to foster with DHS (or applicable agency name) in the future?*

This question was asked to ascertain what might cause previous foster parents to foster or adopt in the future. The following is a list of most common responses:

***What might lead you to foster/adopt with DHS in the future?***



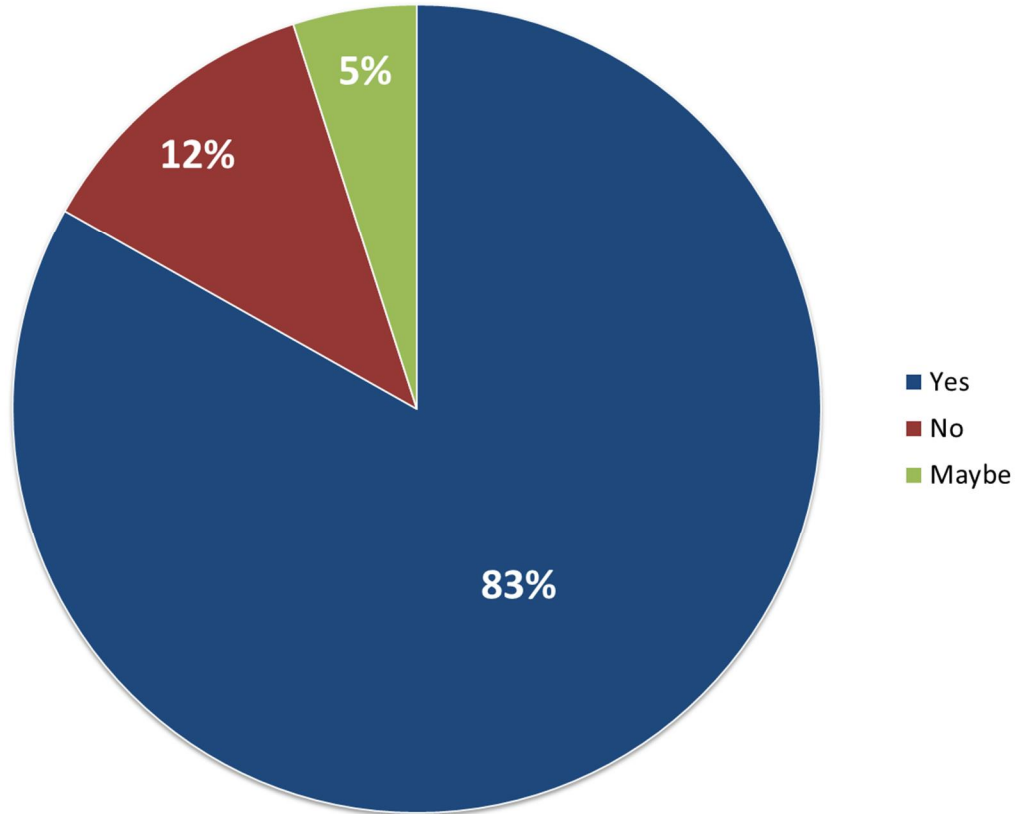
Category of Issue	Occurrences	%
<b><u>Time</u></b>	<b><u>34</u></b>	<b><u>33.7%</u></b>
Will consider in the future	32	31.7%
Grieving process	2	2.0%
<b><u>Life Change Resolved</u></b>	<b><u>34</u></b>	<b><u>33.7%</u></b>
Children get older	28	27.7%
Education	3	3.0%
Employment	3	3.0%
<b><u>Nothing</u></b>	<b><u>21</u></b>	<b><u>20.8%</u></b>
CW system issue	10	9.9%
No reason specified	5	5.0%
Foster parent age	5	5.0%
No space	1	1.0%
<b><u>Placement Preferences</u></b>	<b><u>6</u></b>	<b><u>5.9%</u></b>
<b><u>Other</u></b>	<b><u>4</u></b>	<b><u>4.0%</u></b>
<b><u>CW System Issue Resolution</u></b>	<b><u>2</u></b>	<b><u>2.0%</u></b>

### Question #3

Would you recommend fostering or adopting with DHS (or applicable agency name) to a friend? Why or why not?

This question was asked to determine if previous foster parents would recommend fostering or adopting with DHS and/or RFP agencies to a friend.

***Would you recommend fostering or adopting with DHS to a friend?***



Category of Issue	Occurrences	%
<u>Yes</u>	<u>84</u>	<u>83.17%</u>
<u>No</u>	<u>12</u>	<u>11.88%</u>
<u>Maybe</u>	<u>5</u>	<u>4.95%</u>

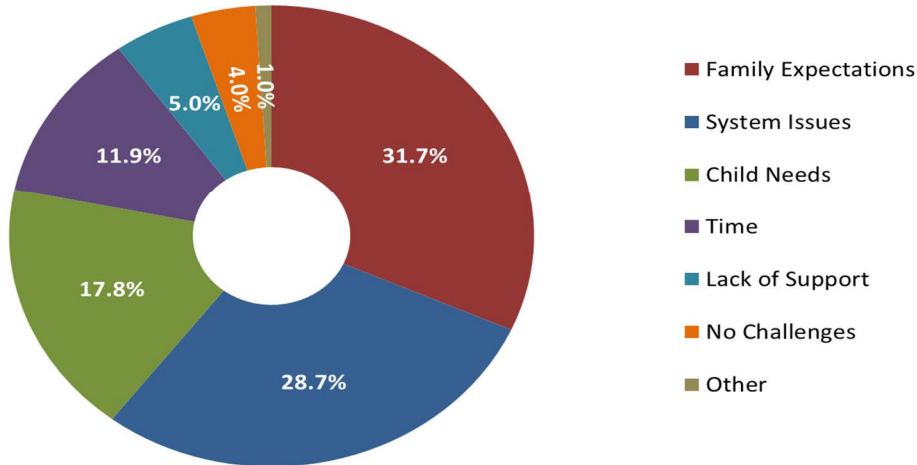


## Question #4

### What was most challenging about being a foster parent?

This question was asked to gain an understanding of barriers and challenges foster parents faced while working with DHS and/or their RFP agency. The following is a list of the most mentioned responses:

*What was most challenging about being a foster parent?*



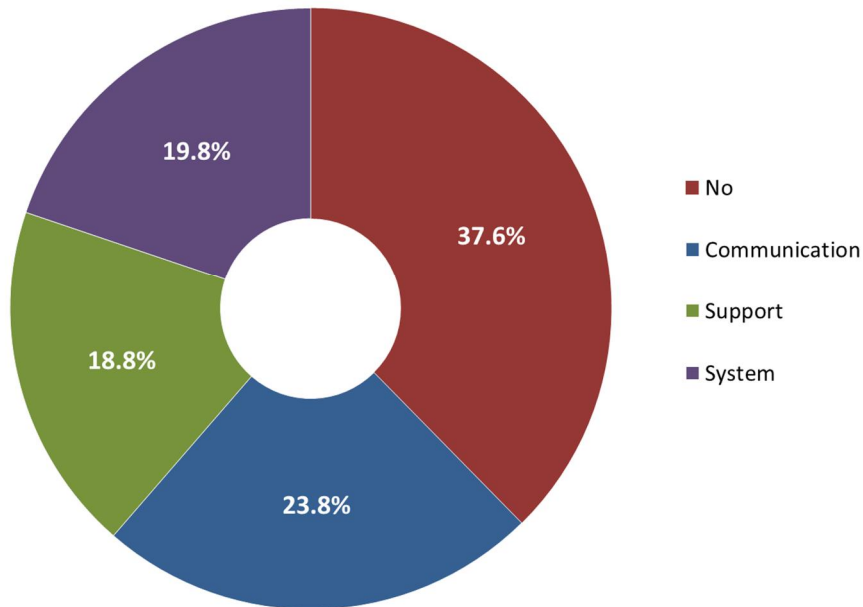
Category of Issue	Occurrences	%
<b><u>Family Expectations</u></b>	<b><u>32</u></b>	<b><u>31.7%</u></b>
Attachment	10	9.9%
Working with bio parents	7	6.9%
Adjustment to fostering	7	6.9%
Family's expectations not met	6	5.9%
Placement preferences	2	2.0%
<b><u>System Issues</u></b>	<b><u>29</u></b>	<b><u>28.7%</u></b>
Caseworker	11	10.9%
General	9	8.9%
Lack of information at placement	7	6.9%
Paperwork	2	2.0%
<b><u>Child Needs</u></b>	<b><u>18</u></b>	<b><u>17.8%</u></b>
Behavior	14	13.9%
Discipline	3	3.0%
Medical	1	1.0%
<b><u>Time</u></b>	<b><u>12</u></b>	<b><u>11.9%</u></b>
<b><u>Lack of Support</u></b>	<b><u>5</u></b>	<b><u>5.0%</u></b>
<b><u>No Challenges</u></b>	<b><u>4</u></b>	<b><u>4.0%</u></b>
<b><u>Other</u></b>	<b><u>1</u></b>	<b><u>1.0%</u></b>

## Question #5

*Is there anything you would recommend DHS (or applicable agency name) consider doing differently that might enhance the experience of foster parents?*

This question was asked to gather recommendations about how DHS and/or RFP agencies could improve services to enhance the experience of foster parents. The following is a list of the most mentioned responses:

*Is there anything you would recommend DHS to do differently?*



Category of Issue	Occurrences	%
<b>No</b>	<b>38</b>	<b>37.6%</b>
<b>Communication</b>	<b>24</b>	<b>23.8%</b>
General	15	14.9%
Providing all known information	9	8.9%
<b>Support</b>	<b>19</b>	<b>18.8%</b>
Resources	8	7.9%
Respite	4	4.0%
Foster parent education	3	3.0%
DHS staff availability	2	2.0%
Financial	2	2.0%
<b>System</b>	<b>20</b>	<b>19.8%</b>
Staff training	6	5.9%
Staff retention	5	5.0%
Requirements	5	5.0%
Court	4	4.0%

### Appendix C: Foster Home Closure Reason Instruction

KIDS 'How To' document the Resource Retention contact by a supervisor or field manager prior to a resources closure.

The purpose should be "Retention" and depending if the supervisor or FM is making the call determines the text to be entered without any spaces into the "word document" field. These two elements are circled in the below screen shots to aid in documentation accuracy.

**General Info**  
Contact Entered By: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Updated By: \_\_\_\_\_  
Contact By: Resource Supervisor  
Type/Loc.: Telephone Source: Resource  
Status:  Attempted  Completed Word Document: SupRetention  
 Announced  Unannounced Contact Date: 07/06/2018 Time: 02:30 a.m. p.m.

**Participants**

*Household Member		Applies To	
ID	Name	ID	Name

*Staff Participant		Purpose
ID	Name	
		Retention

\*Non-Household Member

--

## Appendix D: TFC Treatment Team Guide

Child's Name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Date of Birth: [Click here to enter text.](#)

Date of Admittance: [Click here to enter a date.](#)

### Treatment Team Meeting

The following information will be used in developing a treatment plan:

<b>Child's Needs:</b> (if possible, ask the child directly for their input in this section; child's preferences on home, activities, home location, Unsupervised time, etc.) <a href="#">Click here to enter text.</a>
<b>Child's Strengths:</b> <a href="#">Click here to enter text.</a>
<b>Emotional/Behavioral Areas for Improvement/Support/Goals:</b> (Review of Behavioral Health Screeners, referrals needing to be made, Support given/needed and what that will look/looks like, etc.) <a href="#">Click here to enter text.</a>
<b>Medications/Medical Info:</b> (Current meds, last medication appointment, name of prescribing doctor; Side effects/effectiveness; medical issues/concerns) <a href="#">Click here to enter text.</a>
<b>Education Areas of Improvement/Goals:</b> (Date of last IEP, Special Ed Services Received, Extra Curricular Activities, Recent Grade Report, Special Achievements at school, etc.) <a href="#">Click here to enter text.</a>
<b>Treatment Modality:</b> (Type being used, Outcomes, etc.) <a href="#">Click here to enter text.</a>
<b>Life Skills:</b> (Basic Living/Independent Living Skills being worked on or needing to be addressed; Substance Abuse Prevention Activities if applicable) <a href="#">Click here to enter text.</a>
<b>Permanency/Discharge Planning:</b> (Efforts, Action Steps, Barriers) <a href="#">Click here to enter text.</a>
<b>Visitation Plan:</b> (Siblings, Parents, Important People, Frequency, Who will Transport, etc.) <a href="#">Click here to enter text.</a>

**TFC Resource Areas for Improvement/Concerns/Support/Goals:** (Communication issues, Day Care, Support given/needed in the home and what that will look/looks like, etc.)

Click here to enter text.

**Court Information:**

**Last Court Date:** Click here to enter a date.

**Hearing Type:** Click here to enter text.

**Outcome of Proceeding:** Click here to enter text.

**Next Court Date:** Click here to enter a date.

**Hearing Type:** Click here to enter text.

**Participants:**

\_\_\_\_\_  
Signature-Agency Therapist

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature-Child Welfare Specialist

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature-Tribal Worker

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature-TFC Resource Parent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature-TFC Resource Parent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature-Child

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature-Additional Participant

\_\_\_\_\_  
Print Name and Title/Agency

## Appendix E: Shelter Authorization Form



### Request for Shelter Admission



<b>Case Information</b>	<b>Instructions</b>
-------------------------	---------------------

Select one:       New removal       Placement disruption

Case name \_\_\_\_\_ Referral/KK# \_\_\_\_\_

Child Welfare Services (CWS) specialist \_\_\_\_\_ CWS supervisor \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_ Region \_\_\_\_\_

Does child meet automatic exception?       Yes     No

If yes, select exception:

- Sibling group four or more
- Child placed with minor parent who is also in custody

Does the Indian Child Welfare Act apply to the child(ren)?       Yes     No

If yes, was the tribe contacted?       Yes     No

If yes, date the tribe(s) was contacted: \_\_\_\_\_

Briefly describe efforts and outcomes from the tribal contact(s):

<b>All Children in Need of Shelter Placement or Emergency Foster Care</b>
---

	Child's name	Age	Current location	Case plan goal
-				
-				
-				
-				
-				
-				
-				
-				
-				
-				

## Child Information

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Current location \_\_\_\_\_ Case plan goal \_\_\_\_\_

Date and time entered shelter: \_\_\_\_\_

Describe efforts to prevent removal/placement disruption:

If placement disruption occurs, enter the date it became apparent a placement disruption was possible: \_\_\_\_\_

Kinship explored?  Yes  No

List and describe the kinship resources considered, ruled out, and date considered, including adult relatives or non-kinship persons who would be willing to accept placement of the child on a temporary basis:

If kinship resources were ruled out or declined placement, were they asked about alternative ideas for placement? If so, who and what ideas were provided?

Where does the child want to be placed? Ask about non-parental placements, such as relatives, teachers, neighbors, previous placements, friend's parents, Sunday school teachers, and church members.

## All Other Efforts to Secure Placement

Was a request submitted for a local DHS resource home?  Yes  No

If yes, list the date request was submitted and to whom:

Detail DHS Foster Care search results for a local DHS resource home:

[Redacted]

Detail DHS Foster Care statewide search results for a DHS resource home:

[Redacted]

Detail of field manager consultation after statewide denial:

[Redacted]

Was a resource family partner (RFP) supported home requested?  Yes  No

If yes, date the RFP request was submitted: \_\_\_\_\_

Detail RFP statewide search results for a supported home:

[Redacted]

Was a RFP director's call completed?  Yes  No

If yes, date and time: \_\_\_\_\_

Detail the results:

[Redacted]

---

Was the child assessed or does the child need to be assessed for higher level of care?  Yes  No

If yes, respond to the following questions:



Is the child qualified for therapeutic foster care (TFC)?  Yes  No

If yes, date the TFC request was approved: \_\_\_\_\_

Does the child require inpatient psychiatric treatment at this time?  Yes  No

If yes, date the child was staffed with the Oklahoma Health Care Authority: \_\_\_\_\_

Detail inpatient psychiatric facility search results:

Is the child on the group home waiting list?  Yes  No

Does the child qualify for placement in crisis stabilization?  Yes  No

If yes, date request was submitted: \_\_\_\_\_

Detail results:

---

Did removal occur after 10:00 p.m.?  Yes  No

Additional information:

Detail the plan to locate the child's next placement:

Describe the child's positive strengths and characteristics:

Describe the child's placement history:

---

Date and time of pre-authorization phone call: \_\_\_\_\_

Call participants:

## Appendix F: Progressive Shelter Staffing Guide

### Progressive Shelter Staffing Form: THINK PERMANENCY

Staffing Date: [Click here to enter a date.](#)

Child's Full Name:  Child's Age:  DOB:  KK Number:   
Current Placement:  Shelter Days:  Removal Date:   
Worker Name:  Supervisor Name:  ICWA:  Legal Status:   
Judge:  Next Hearing Date:

**Where does the child want to be placed?**

**Current information related to parents (status, whereabouts, current safety threats):**

**DCFS-106: To be verified by supervisor prior to staffing**

Fully Completed? Yes  No  Completion Date: [Click here to enter a date.](#)  
Scanned into Filing Cabinet: Yes  No   
Letters Sent? Yes  No   
Phone Calls Made? Yes  No   
Efforts/Outcomes Documented in KIDS connections screens? Yes  No  **Verified by Supervisor:** Yes  No

**Diligent Search: To be verified by the supervisor prior to staffing**

Fully Completed? Yes  No  Completion Date: [Click here to enter a date.](#)  
Scanned into Filing Cabinet: Yes  No   
Letters Sent? Yes  No   
Phone Calls Made? Yes  No   
Efforts/Outcomes Documented in KIDS connections screens? Yes  No  **Verified by Supervisor:** Yes  No

**Additional Tools Used: Genogram, Case Mining, Ecomap, Mobility Mapping, Parent Contact:**

Connections Identified? Yes  No   
Efforts/Outcomes Documented in KIDS connections screens? Yes  No

**Pending Kinships?** Yes  No  Pre-Resource #:  Date Sent: [Click here to enter a date.](#)

Describe continued efforts and outcome:   
Have Letters of Denials been sent to all non-appropriate kinship/documentated in KIDS? Yes  No

**Foster Care Request/ Efforts:** Completion Date:

Facebook Posting Requested? Yes  No  Date: [Click here to enter a date.](#)  
Describe continued efforts and outcome:

**TFC Request?** Yes  No  Date: [Click here to enter a date.](#)  
Describe continued efforts and outcome:

**Group Home Request?** Yes  No  Date: [Click here to enter a date.](#) Updates?

**DDSD Application Completed:** Yes  No  N/A  Describe continued efforts and outcome:

**Additional Information**

Has SSI/SSA been applied for? Yes  No   
Is child receiving SSI/SSA? Yes  No

**Progressive Shelter Staffing Form: THINK PERMANENCY**

---

Medical Diagnosis:

Mental Health/ Behavioral Health Diagnosis:  IQ:  Date of Last Evaluation:

Strengths of the child:

Barriers to placement:

Siblings in Care and Placement:

**Services that will be offered immediately to the child and placement:** [Click here to enter text.](#)

DRAFT

## Progressive Shelter Staffing Action Plan

Date: Click here to enter a date.

Child's Full Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ KK Number: \_\_\_\_\_

Placement Plans: Click here to enter text.

Barriers: Click here to enter text.

Previous Action Plan Updates: Click here to enter text.

### **Today's Action Plan** (To be completed at staffing)

Ensure that each action step identifies person responsible and timeframe

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.

## Appendix G: MIC Expanded Core Strategies

<p><b>Strategy 1: Enhance current MIC qualitative reviews to develop a comprehensive process to ensure that the quality assurance system is functioning statewide to identify system strengths and needs, provide ongoing analysis and reporting, and evaluate ongoing performance and make adjustments to implemented strategies as needed (DHS will maintain current MIC review process until implementation of this strategy).</b></p>	
<p><b>Activity 1.1:</b> Establish process for random review of unsubstantiated referrals in home like settings.</p> <ul style="list-style-type: none"> <li>a) MIC team will review the random sample of 12 unsubstantiated referrals selected by the co-neutrals (10 home like setting, 2 congregate care</li> <li>b) District Directors and Field Managers will review 2 unsubstantiated home-like setting referrals per month within their district/region.</li> <li>c) MIC team will partner with Foster Care and Adoption QA team regarding outcome of the reviews.</li> </ul>	<p><b>Projected Completion Date:</b> July 15<sup>th</sup> 2018 and ongoing</p>
<p><b>Activity 1.2:</b> Establish process for random review of substantiated referrals in home like settings.</p> <ul style="list-style-type: none"> <li>a) MIC team will review all substantiated referrals in a home-like setting.</li> <li>b) District Directors and Field Managers will review 2 substantiated home-like setting referrals per month within their district/region (if applicable as each District may not have a monthly substantiation).</li> <li>c) MIC team will partner with Foster Care and Adoption QA team regarding outcome of the reviews.</li> </ul>	<p><b>Projected Completion Date:</b> July 15<sup>th</sup> 2018 and ongoing</p>
<p><b>Activity 1.3:</b> Develop process for ongoing analysis and dissemination of key findings and MIC contributing factors using all qualitative and quantitative reviews.</p> <ul style="list-style-type: none"> <li>a) Combine findings from CFSR reviews, program reviews, PSC reviews, Placement Stability Data, Permanency Data, and MIC reviews and FC/A</li> <li>b) Implement feedback loop to use findings to make changes to training, policy and MIC activities.</li> </ul>	<p><b>Projected Completion Date:</b> November 1<sup>st</sup> 2018 and ongoing</p>
<p><b>Activity 1.4:</b> Conduct group learning in each region using information gathered from Activity 1.1/1.2/1.3.</p> <ul style="list-style-type: none"> <li>a) District Director and/or Field Manager will present</li> </ul>	<p><b>Projected Completion Date:</b> December 1<sup>st</sup> 2018 and ongoing</p>

<p>case analyses to regional staff on a quarterly basis specific to the unsubstantiated in-home setting reviews. The objective will be to identify contributing factors and prevention strategies within the district/region.</p> <p>b) District Director and/or Field Manager will discuss the findings of their substantiated reviews with the staff responsible for the permanency case, resource, and investigation. The objective will be to identify opportunities to enhance risk assessment skills and prevention strategies moving forward. This data will be compiled to look at trends and systemic issues within various districts.</p> <p>c) MIC Leads will be identified to include regional field analysts, district staff, and program staff. Leads will meet bi-monthly to present MIC data and trends within the districts/regions and to discuss prevention strategies and ongoing implementation efforts.</p>	
<p><b>Strategy 2: Develop MIC and quality worker visit annual online training using information obtained through comprehensive CQI/QA review process so that specialists and supervisors are knowledgeable about factors contributing to MIC and understand their roles in MIC prevention.</b></p>	
<p><b>Activity 2.1:</b> Use data from MIC reviews and the quality worker visit guide to inform development of MIC/quality worker visit practice competencies and curriculum.</p> <p>a) Include basic definition and discussion on importance of MIC prevention</p> <p>b) Define expectations and specific content related to specialist type and placement setting</p>	<p><b>Projected Completion Date:</b> July 1<sup>st</sup>, 2018</p>
<p><b>Activity 2.2:</b> Transfer curriculum script to the online learning management system (LMS).</p> <p>a) Include supervisory transfer of learning activities in LMS</p> <p>b) Use findings from all reviews to update training content annually to include what data is showing as statewide trends.</p>	<p><b>Projected Completion Date:</b> November 1<sup>st</sup>, 2018 and ongoing</p>
<p><b>Strategy 3: Enhance congregate care MIC reduction targeted efforts.</b></p>	

<b>Activity 3.1:</b> All substantiated and a random selection of unsubstantiated referrals involving DHS custody youth placed in contracted facilities using the authorized review tools are completed monthly.	<b>Projected Completion Date:</b> March 2017
<b>Activity 3.2:</b> All screened-out referrals will be reviewed by the SPPU supervisor and liaison to determine if further action is needed, if so liaison contacts the facility to address concerns which may include the development and follow up of safety plans, Corrective Action Plans (CAP), or Facility Action Steps (FAS).	<b>Projected Completion Date:</b> Established process and ongoing
<b>Activity 3.3:</b> Cessation of placement referrals to Genesis group home in addition to creating a multi-disciplinary staffing to reduce the current population and identify individualized wrap around services for the child to support their ongoing needs and placement stability. Furthermore, the issuance of a Notice to Comply (WPC) and Written Plan of Compliance (WPC).	<b>Projected Completion Date:</b> Cessation of Referrals effective 3-28-18 with most recent placement occurring 12-1-17, NTC/WPC being issued April 2018, MDT Staffing anticipated by 6-1-18.
<b>Activity 3.4:</b> Implementation of a comprehensive, considerate, informed, and supportive process of all referrals for placement to HMT involved group homes which includes the development and execution of an individualized safety or support plan.	<b>Projected Completion Date:</b> April 30 <sup>th</sup> , 2018
<b>Activity 3.5:</b> Implementation of a more comprehensive, considerate, informed, and supportive process of all referrals for placement to any group home involving a youth with a known history of problematic sexual behavior which includes the development and execution of an individualized safety or support plan.	<b>Projected Completion Date :</b> April 30 <sup>th</sup> , 2018
<b>Strategy 4: Make enhancements to technology system to support heightened monitoring of MIC activities</b>	
<b>Activity 4.1:</b> Screen-out consultation guide	<b>Projected Completion Date:</b> November 2018
<b>Activity 4.2:</b> Alert System- Initial to inform resource workers when an injury is entered in the client injury screen for information sharing and evaluation	<b>Projected Completion Date:</b> November 2018

<b>Activity 4.3:</b> Ongoing alerts to notify workers of ongoing assessment needs	<b>Projected Completion Date:</b> November 2018
<b>Activity 4.4:</b> Track WPCs within KIDS and the possibility of tracking exception requests and policy violations	<b>Projected Completion Date:</b> November 2018
<b>Activity 4.5:</b> Resource information sheet- adding unresolved alerts, information and adding additional information from matching resources released in February 2018 with additional changes currently in development	<b>Projected Completion Date:</b> November 2018
<b>Activity 4.6: Predictive Analytics</b> <ul style="list-style-type: none"> <li>a) Report will run daily showing those children placed in an in-home setting that are at most risk for experiencing MIC</li> <li>b) Process will be developed to validate the data</li> <li>c) Information will be distributed to the field and a follow-up response required in regards to how the information will be followed-up on</li> <li>d) The MIC Lead will keep a log of the children identified as being at the greatest risk, including the date the information was shared with all assigned field staff, the documented follow-up, and when the issues has been resolved and the result</li> </ul>	<b>Projected Completion Date:</b> March 2019 and ongoing



## Appendix H: MIC Heightened Placement Protocols in Group Homes

CWS 18-03

**State of Oklahoma  
Department of Human Services**

**To:** Child Welfare (CW) Supervisors, District Directors, Regional Directors, and Program Staff

**From:** Jami Ledoux, Director  
Child Welfare Services (CWS)

**Date:** April 25, 2018

**Re:** **Group Home Staffing Protocols**

Effective April 30, 2018, a new group home (GH) staffing protocol begins to reduce maltreatment in care (MIC) incidents in residential settings. Prior to a referral for an admission into a GH setting, the CWS Specialized Placements and Partnerships Unit (SPPU) conducts a staffing on a child:

- (1) with problematic sexual behavior; or
- (2) identified for admission to a GH on Heightened Monitoring (HM).

An individualized safety and/or support plan is developed to address possible safety threats and support the child's placement in the GH.

### Review, Referral, and Support

The following actions are mandatory for all referrals made to a GH currently on HM and for any child exhibiting problematic sexual behaviors. Upon SPPU's notification, assigned CW specialists are required to participate in the referral review conference call, review the individualized safety and/or support plan at placement, and document the plan in the child's KK case.

#### **Referral review group.**

- Regular conference calls are set for Thursdays, 9:00 a.m. at 1-855-524-1219, no pin needed. Required participants are the child's assigned CW specialist, SPPU placement officer (PO), SPPU Programs HM representative, when appropriate, all SPPU supervisors, SPPU field manager, an SPPU administrator, and a representative from the CWS Behavioral Health Consultant Unit.
- SPPU PO presents a summary of the child's pertinent behavioral and psychiatric history based on information from the child's assigned CW specialist and KIDS documentation.
- Referral review group identifies safety risks specific to a potential referral and discusses the impact of several factors:
  - the individual child;
  - GH population;
  - facility location;
  - HM progress, when applicable; and
  - other considerations.
- Possible safety mitigation and supportive measures for the GH are suggested and discussed.
- SPPU supervisor documents the measures to discuss verbally with the GH after referral.

- When disagreement on moving forward with the GH referral exists within the review group, an SPPU programs administrator and/or Programs deputy director make the final determination.

**Referral.**

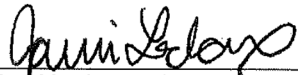
- SPPU PO makes the referral to the GH following determination that the home is appropriate for the identified child.
- The SPPU supervisor is responsible for ensuring the SPPU liaison is aware of the mitigating safety measures and support plan discussed during the referral review conference call and scheduling a call with the identified GH contact.
- Within one-business day of the referral and prior to the child's GH admission, the SPPU supervisor and SPPU liaison contact the identified GH to work together and develop the individualized safety and/or support plan.

**Placement.**

- Per the GH contract, placement occurs within two-business days of a Level E referral and within three-business days of a Level D+ referral.
- The individualized safety and/or support plan is reviewed with the child's assigned CW specialist for input upon admission and a copy is included in the child's intake packet/facility case record.
- A copy of the individualized safety and/or support plan is entered by the SPPU liaison in the GH KK case.
- A copy of the individualized safety and/or support plan is entered by the assigned CW specialist in the child's KK case.

The above process is initiated in emergency situations outside of the standard weekly call when necessary and is facilitated by the SPPU PO. The PO tries to arrange an emergency reference referral review conference call with as many participants as possible. At a minimum, the conference call must include the child's assigned CW specialist, SPPU PO, SPPU supervisor, and an SPPU programs staff member. When the minimum participants are unavailable, the SPPU programs administrator or Programs deputy director is contacted for further guidance.

If you have questions, please contact Dawn Carson ([Dawn.Carson@okdhs.org](mailto:Dawn.Carson@okdhs.org)) or Jimmy Arias ([Jimmy.Arias@okdhs.org](mailto:Jimmy.Arias@okdhs.org)).



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Jarhi Ledoux, Director  
Child Welfare Services

c: Bonnie Clift  
Larisa Grecu-Radu  
Renee Banks  
Dena Thayer

## Glossary 1: Acronyms

<b>ATAT</b>	Adoption Timeliness Accountability Team
<b>CANH</b>	Child Abuse and Neglect Hotline
<b>CAP</b>	Corrective Action Plan
<b>CHBS</b>	Comprehensive Home-Based Services
<b>CPS</b>	Child Protective Services
<b>CQI</b>	Department of Human Services Continuous Quality Improvement
<b>CSA</b>	Compromise and Settlement Agreement
<b>CWS<sup>23</sup></b>	Child Welfare Specialist
<b>DDS</b>	Developmental Disabilities Services
<b>DHS</b>	Oklahoma Department of Human Services
<b>FAS</b>	Facility Action Step
<b>FFY</b>	Federal Fiscal Year
<b>FSP</b>	Facility Services Plan
<b>ITS</b>	Instructions to Staff
<b>LD</b>	Laura Dester Shelter (state-operated)
<b>MIC</b>	Maltreatment in Care
<b>MST</b>	Mobile Stabilization Team
<b>NCANDS</b>	National Child Abuse and Neglect Data System
<b>OAYS</b>	Oklahoma Association of Youth Services
<b>OCA</b>	Department of Human Services Office of Client Advocacy
<b>ODMHSA</b>	Oklahoma Department of Mental Health and Substance Abuse

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<sup>23</sup> CWS additionally is the acronym for Child Welfare Services – the agency within DHS that is charged with improving the safety, permanence and well-being of children and families involved in the Child Welfare system.

<b>OHCA</b>	Oklahoma Health Care Authority
<b>PEM</b>	Pauline E. Mayer Shelter (state-operated)
<b>RFP</b>	Request for Proposals
<b>RFP</b>	Resource Family Placement
<b>PRT</b>	Permanency Roundtable
<b>PSC</b>	Permanency Safety Consultation
<b>SFY</b>	State Fiscal Year
<b>SPPU</b>	Specialized Placements and Partnerships Unit
<b>TFC</b>	Therapeutic foster care
<b>WPC</b>	Written Plan of Compliance
<b>YSA</b>	Youth Services Agency