

Co-Neutral 13th Commentary

December 2019

Compromise and Settlement Agreement

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

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I. Introduction

This is the Thirteenth Commentary issued by the Co-Neutrals to report progress made by the Oklahoma Department of Human Services (“DHS”) to improve its child welfare system. In order to improve performance for children toward the Target Outcomes identified at the outset of this reform effort, DHS must make good faith efforts to achieve substantial and sustained progress in each of the measured areas described in this Commentary. The period covered by this report, January 1, 2019 to June 30, 2019, represents the final period of service by DHS director, Ed Lake, and the Co-Neutrals assess that DHS made good faith efforts in 28 of 30 areas during this period. In two areas, both regarding the number of foster homes for children in DHS’ custody who need therapeutic care, the Co-Neutrals find that DHS did not make good faith efforts to achieve substantial and sustained progress toward the Target Outcomes.¹ As described in greater detail in the body of this Commentary, DHS’ lack of good faith efforts through June 30, 2019 to address long standing problems with its TFC program, including a lack of broadscale, effective coordination with the Oklahoma Health Care Authority (“OHCA”), is a problem that has deprived children with special needs of therapeutic care. In most other areas, DHS continued to head in the right direction through June 30, 2019, owing to strong legislative support and investment in DHS, and implementation of core improvement strategies by DHS leadership and staff in many areas of child welfare practice. This includes enhanced child safety, reflecting years of work across the department to improve practice, close certain congregate facilities and strengthen oversight of children’s placements. The department must bring this same level of effort to its recruitment and retention of foster homes for children who need therapeutic care in DHS’ custody. Since the outset of this reform, DHS has seen a decline of over 80 percent of Oklahoma’s foster homes for children in DHS’ custody who need therapeutic care. This decline continued through June 30, 2019, with a substantial net loss of therapeutic foster homes.

Justin Brown was appointed as the new DHS director at the end of this report period, and a new child welfare director, Dr. Deborah Shropshire, M.D., assumed leadership within the agency shortly thereafter. The Co-Neutrals will report on the efforts of this new leadership team in Commentary 14.

¹ In numerous instances, as described in this Commentary, data and information are only available through March 30, 2019 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). In addition, in some instances, the Co-Neutrals report on more recent decisions or activities by DHS to reflect, when possible, the most current view of the agency’s performance.

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

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

Appendix A provides a summary chart of the metrics for the seven performance areas, with corresponding baselines and targets, established by DHS and the Co-Neutrals, and updated through September 2015.²

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

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

Good Faith Efforts to Achieve Substantial and Sustained Progress

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

² Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals.

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	Yes	Yes
1.B: Of all children in the legal custody of DHS during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment by a parent and what number were victims.	No	Yes	Yes
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.	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
Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.	No	No	Yes
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period.	No	No	No
Net gain/loss in TFC homes for the reporting period.	No	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	No	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	Yes	Yes
4.2: Of those children served in foster care for more than 12 months, the percent of children who experienced two or fewer placement settings <i>after</i> their first 12 months in care.	No	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
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	Yes	Yes
5.4: The number of child-nights during the past six months involving children ages 13 years or older.	No	Yes	Yes
1.17: Percent of children 13 and older in a shelter who stayed less than 30 days and no more than one time in a 12-month period.	No	No	Yes
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014, the number	No	Yes – for children ages 12 and under	Yes – for children ages 12 and under

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
of children who have achieved permanency.		<p>N/A – for children ages 13 and older</p> <p>DHS no longer reports on this measure as all children in this cohort achieved permanency or reached the age of 18 in a prior period.</p>	N/A
6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	No	Yes	Yes
6.2b: The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	No	No	Yes
6.2c: The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	No	No	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.2d: The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Yes	Yes	Yes
6.3: Of all children discharged from foster care in the 12 month period prior to the reporting period, the percentage of children who re-enter foster care during the 12 months following discharge.	Yes	Yes	Yes
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	No	Yes	Yes

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.5: Of all children who became legally free for adoption in the 12 month period prior to the year of the reporting period, the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	No	Yes	Yes
6.6: The percent of adoptions that did not disrupt over a 12 month period, of all trial adoptive placements during the previous 12 month period.	No	No	Yes
6.7: The percent of children whose adoption was finalized over a 24 month period who did not experience dissolution within 24 months of finalization.	Yes	Yes	Yes
Caseworkers	No	Yes	Yes
Supervisors	No	Yes	Yes

For this period, the Co-Neutrals conclude that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes in 28 of the 30 distinct performance areas. In two performance areas, the Co-Neutrals conclude that DHS did not make good faith efforts to achieve substantial and sustained progress toward the Target Outcomes during this period, ending June 30, 2019.

Methodology

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

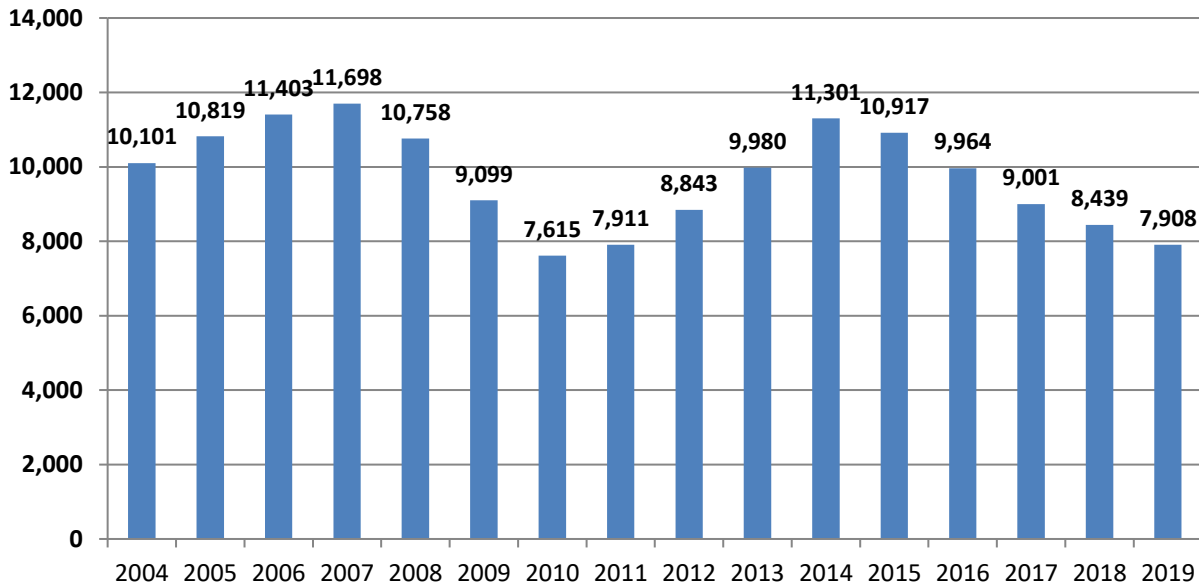
The remainder of this report includes:

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

II. Context Data of Children in DHS Custody

DHS has experienced a steady decline in the number of children in its custody over the last four years. At its highest number of children in care since 2007, there were 11,301 children in DHS custody on June 30, 2014. Five years later, on June 30, 2019, there were 7,908 children in DHS custody, a 30 percent drop. The decline in the population of children in care is the result of more children exiting care than entering care each year.

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



Source: DHS Data

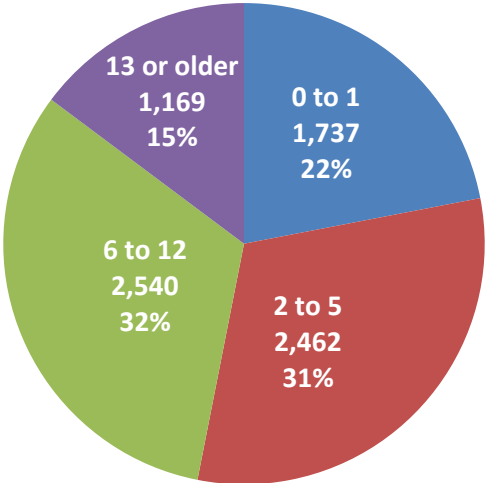
Demographics

DHS data show that there were 7,908 children in custody on June 30, 2019, while there were 7,992 children in custody on December 31, 2018.³ During the reporting period from January 1, 2019 to June 30, 2019, 2,167 children entered care and 2,251 children exited care.

Young children aged zero to five years make up the largest portion (4,199 or 53 percent). Children aged 6 to 12 years comprise 32 percent (2,540) of the population in care, and 15 percent (1,169) are 13 years or older, as detailed in the following chart.

³ In the prior commentary, we reported 7,995 children in care on December 31, 2018. Due to data entry lag and merged identifying numbers, OKDHS data now indicate 7,992 children in care on December 31, 2018. These types of adjustments are common in child welfare administrative data.

Figure 2: Children in Custody on June 30, 2019 by Age Group (Total = 7,908)



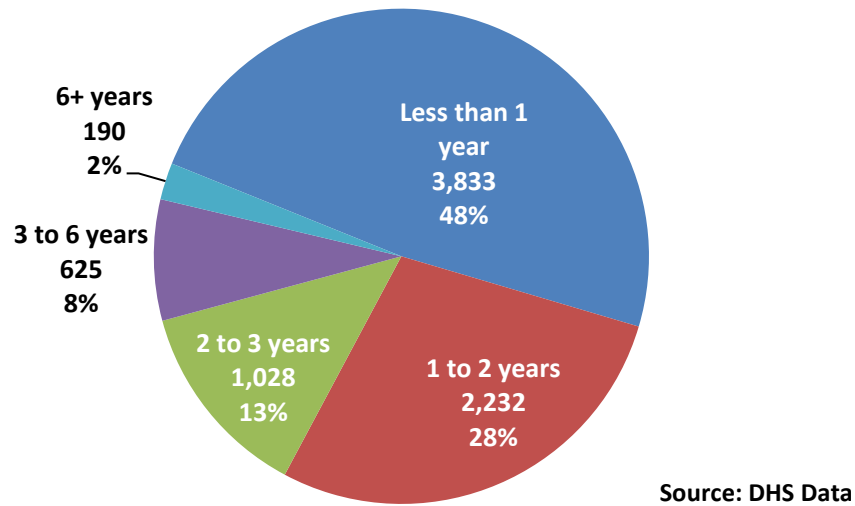
Source: DHS Data

With regard to gender, the population is split almost equally — 52 percent male and 48 percent female. With regard to race, the population of children is 38 percent White, nine percent African American, and eight percent Native American. Overall, 32 percent of children identified as Native American, including those children who identified with more than one race and ethnicity category and those who identified as Hispanic. In addition, 19 percent of children identified with Hispanic ethnicity (and can be of any race).

As presented in Figure 3 below, DHS’ data shows that of the children in care on June 30, 2019, 48 percent (3,833) were in care for less than one year; 28 percent (2,232) between one and two years; 13 percent (1,028) between two and three years; 8 percent (625) between three and six years; and 2 percent (190) for more than six years.⁴

⁴ Percentages in this paragraph do not add up to 100 due to rounding

Figure 3: Children in Care on June 30, 2019 by Length of Stay (Total = 7,908)

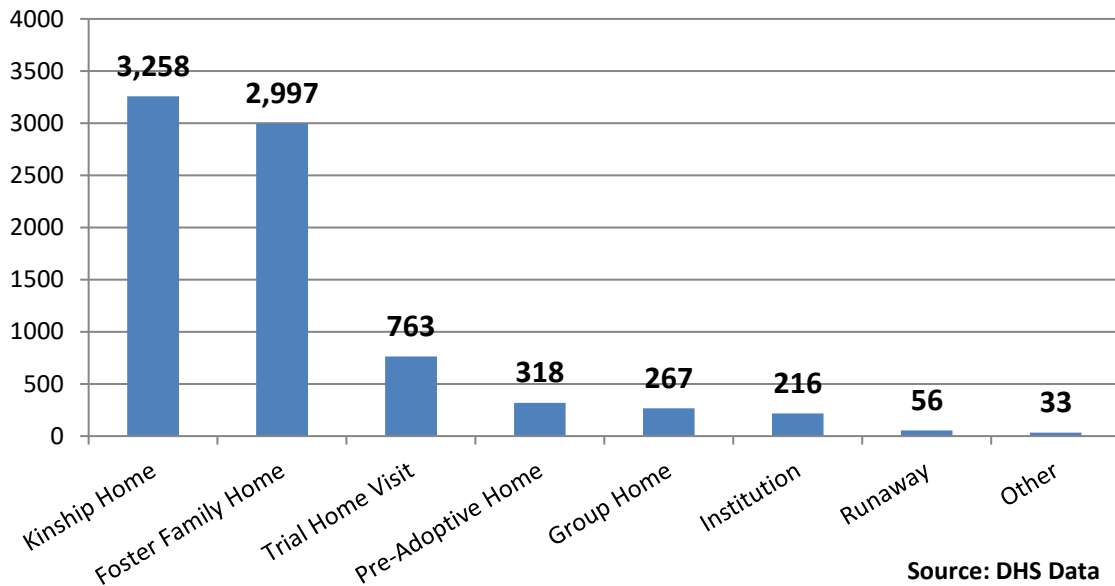


As Figure 4 demonstrates, 93 percent of children (7,336) in DHS custody on June 30, 2019 live in family settings, including in relative and non-relative kinship homes (41 percent), with foster families (38 percent), with their own parents (10 percent), and in homes that intend to adopt (four percent). Of children in custody, 483 (six percent) live in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining one percent reside in unidentified placements (listed as “other” in the table below) or have left care without permission (listed as “runaway” in the table below).

Of the 7,336 children living in family settings, 1,727 (24 percent) are less than two years old, 2,445 (33 percent) are 2 to 5 years old, 2,400 (33 percent) are 6 to 12 years old, and 764 (10 percent) are 13 years or older. Of the 483 children living in institutional settings, four (one percent) are less than two years old, 9 (two percent) are 2 to 5 years old, 129 (27 percent) are 6 to 12 years old, and 341 (71 percent) are 13 years or older.⁵

⁵ Percentages in this paragraph may not add up to totals due to rounding.

Figure 4: Children in Care on June 30, 2019 by Placement Type (Total = 7,908)

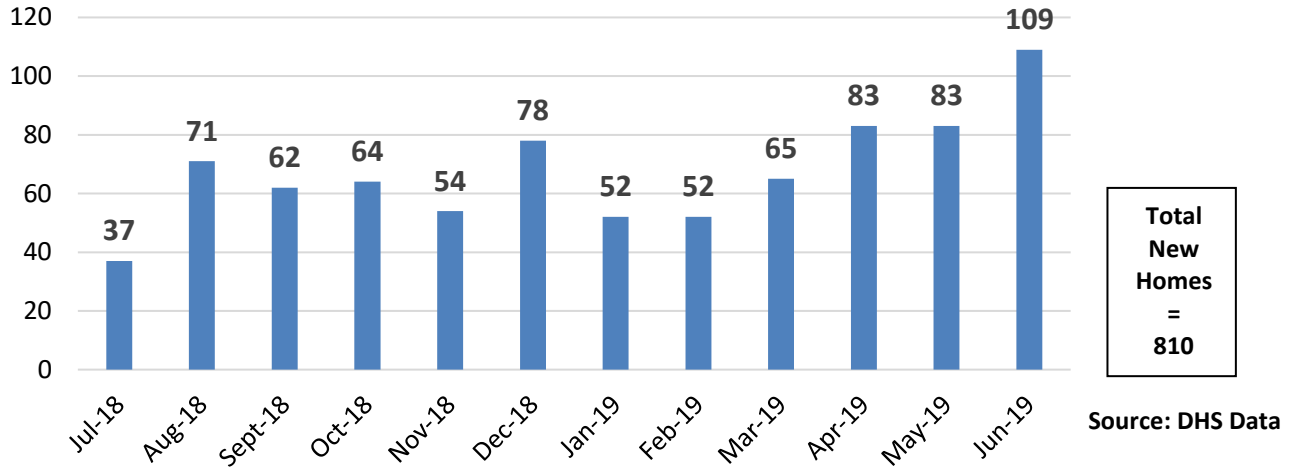


A. Foster Care

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

For SFY19, DHS committed to develop 907 new traditional, non-kinship foster homes. Over this 12-month period from July 2018 through June 2019, DHS, along with its private agency partners, collaborated with community organizations across the state to recruit and approve 810 new traditional foster homes. This represents 89.3 percent of the department’s annual target for the development of new homes. The Co-Neutrals find that DHS made good faith efforts during this period to achieve substantial progress toward the SFY19 foster home targets.

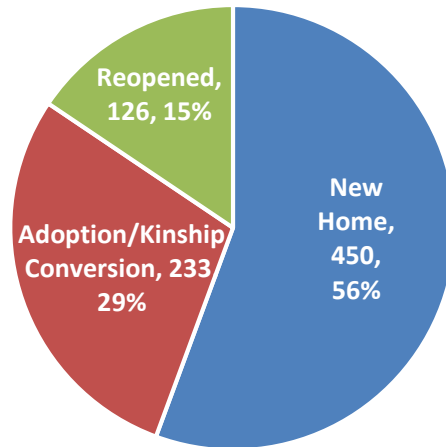
Figure 5: New Foster Care Homes Developed by Month, July 2018 - June 2019



Of the 810 new foster homes approved during SFY19, 450 families (56 percent) were newly recruited by DHS and the private agencies, 233 homes (29 percent) were already approved by DHS as adoption homes or kinship homes and were then converted to traditional foster homes to serve non-kin children, and 126 (16 percent) were DHS resource homes⁶ that were closed for more than a year and reopened during this report period.

⁶ 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 2018 – June 2019 (N=810)



Source: DHS Data

Of the total new home target (907) established for SFY19, DHS committed to develop 410 new homes with its internal foster care recruitment team. By the end of SFY19, DHS developed 448 new homes, exceeding their target of 410 new homes in the fiscal year. DHS’ agency partners committed to develop 497 new homes during SFY19. By the end of the fiscal year, the private agencies had developed 362 foster homes, which represents 73 percent of their target. Four of the 14 agencies that developed foster homes during SFY19 surpassed the individual recruitment goals set for their organizations. Six of the agency partners recruited between 60 and 96 percent of their goal for the year, and the remaining four recruited between 29 to 56 percent of their annual targets.

Collaborative Efforts to Recruit and Support New Foster Homes

During this period, DHS reported that its foster care leadership team continued to meet with all its partner agencies to review strategies the department could implement to further support the agencies’ recruitment teams. Further, DHS and its partners maintained joint efforts to continuously monitor families whose progress appeared to have stalled during the approval process in order to timely resolve barriers to approving individual homes. Through surveys with individual families, the department found that most homes that moved slowly through the approval process did so by choice for a variety of personal reasons unrelated to DHS’ practice or processes.

After the end of the period, DHS reported that it had renewed its contracts with 13 agencies, choosing not to renew its contract with one of the 14 agencies that recruited homes during

SFY19. However, DHS remains open to expanding its network of contract agencies, expressing interest in working with any organization that is qualified to recruit, approve and support foster families. During this period, DHS worked with its partner agencies to modify their foster care contracts to better synchronize the department's and agencies' work to recruit, manage and exchange critical information about the state's foster care resources. The contract modifications include requirements for DHS and agencies to use the same home approval forms and documentation checklists and follow the same policies for conducting annual reviews of open resources.

DHS also engaged its partner agencies, as necessary, to review their organizations' staff vacancies, hiring and retention efforts, as the department found that staff turnover for some agencies hindered their ability to more effectively recruit new homes during the first half of SFY19. The department reported that most agencies were able to fill staff vacancies and hire additional staff as needed to achieve better recruitment outcomes during the second half of the fiscal year.

DHS continues to require that each agency annually update their individual, targeted recruitment plan, with each agency assigned a portion of the statewide recruitment goal for the year. Each of DHS' internal foster care units also develops an annual recruitment plan for their respective areas. The department reported that a new, central component of DHS' recruitment plan is to partner with current foster parents to help recruit new families. Recognizing the unparalleled value of foster parents as recruiters, DHS is asking foster families to participate and speak at recruitment and other events about their personal experiences fostering children through DHS.

DHS reported that its commitment to community-based and statewide collaborative efforts to recruit and support foster parents continued this period. Oklahoma Fosters partnered with DHS and private agency recruiters across the state to participate in community outreach activities, which included numerous events focused on serving the needs of children with cognitive and physical challenges. Oklahoma Fosters has spearheaded the state's efforts to recruit families who will commit to caring for children with special needs.

At the regional level, DHS' recruitment units and agency partners are developing recruitment strategies and conducting their own outreach events to both recruit new families and bring together foster parents in supportive forums. Recruitment is supported by DHS' ability to offer foster families the option to complete their required pre-service training online. DHS reported it continues to receive positive feedback about the quality of the training, and that from January through June 2019, 843 participants enrolled in online training, 608 individuals completed the training, 168 withdrew, and 145 individuals were still in the completion process.

The online training requires direct interaction with a trainer who is assigned to each individual completing the training. After every three training modules, the trainer conducts an interview with the trainee before they proceed to the next level. At the end of each module, the trainee must take and pass a test before the next module is unlocked and available for review. The tests are designed to capture the trainee's authentic review of the material and prevent passing to the next level anyone who may not have completed a training module.

Net Gain Target and Performance

DHS' net gain Target Outcome for the full 12 months of SFY19 was set at 104 foster homes, and the department commenced the fiscal year on July 1, 2018 with 1,979 open foster homes. For the first half of SFY19, DHS reported a net loss of 33 foster homes. However, by June 30, 2019, DHS reported 2,026 open foster homes and a net gain of 47 homes.

Of the 1,979 foster homes open at the beginning of SFY19, 749 were no longer open at the period's end, which represents a closure rate of 38 percent over 12 months. This closure rate of 38 percent is slightly down from a closure rate of 40 percent last year and down from 43 percent two years ago (SFY17), when DHS reached a record high closure rate after closing 1,005 foster homes in one year. Of the 810 new foster homes approved during SFY19, 77 of these homes closed by June 30, 2019.

Although DHS did not meet its net gain target for SFY19, the department demonstrated a significant and positive shift with a net gain of 47 foster homes after previously reporting four consecutive periods of net losses. Since the reform began, DHS has achieved an overall net gain in the number of open foster homes. As of June 30, 2019, DHS had 333 more foster homes than at the outset of this effort on July 1, 2013, when the department reported a starting baseline of 1,693 homes. At the same time, DHS ended the period with 7,908 children in custody, more than 2,000 fewer than the 9,980 children in custody at the beginning of July 2013. This represents significant progress for the department in its efforts to develop safe family-based placements for children in its custody.

Efforts to Understand and Reduce Closures Rates

DHS has undertaken a two-pronged effort to reduce the rate of foster home closures. First, DHS established an evaluation and data reporting process to understand the reasons foster homes close. Second, the department committed to using information gathered about the reasons for home closures to broaden and strengthen its customer service and supports for foster parents to improve foster home retention.

Foster Home Closure Reasons Data and Evaluation

As shown in Table 2 below, DHS staff recorded that a total of 868⁷ homes closed during the twelve months of SFY19, and 269 (31 percent) of the closures were the result of families finalizing an adoption, which is the most frequently recorded closure reason. For 177 homes (20 percent), the closure reason appeared to be outside the department’s control, such as families experiencing an illness, a physical move or other changes in their family dynamic. Only 1.5 percent (13) of families reported closing their homes as a result of being displeased with the process of fostering.

Table 2: Traditional Home Closure Reasons, July 2018 – June 2019

Resource Closures SFY19	# Resources	% Resources
ADOPTION SERVICES COMPLETED	269	31.0%
RESOURCE REQUEST-NO DESIRE TO FOST/ADOPT	243	28.0%
RESOURCE REQUEST-FAMILY DYNAMIC CHANGED	110	12.7%
AGENCY DECISION	55	6.3%
AGENCY DECISION- REFERRAL/INVESTIGATION	49	5.6%
RESOURCE REQUEST-MEDICAL/ILLNESS	39	4.5%
RESOURCE REQUEST-MOVING	28	3.2%
OTHER	21	2.4%
RESPIRE ONLY	16	1.8%
RESOURCE REQUEST-UNABLE TO MT CHILD NEED	14	1.6%
RESOURCE REQUEST-DISPLEASSED WITH PROCESS	13	1.5%
RESOURCE REQUEST-PLCMT PREFER NOT MET	6	0.7%
AGENCY TRANSFER	5	0.6%
TOTAL CLOSURES	868	100%

⁷ DHS recorded a total of 868 foster home closures during this period. However, as noted above, to determine the net gain for the period, DHS and the Co-Neutrals only calculate the closure of homes (750) that were open and part of the starting baseline at the beginning of the period and the closure of homes (77) that were included in the count of new homes developed during the period. The additional 41 foster homes included in DHS’ total count of 868 closures were opened during the same, current report period but did not meet the criteria established for counting new homes. As such, the Co-Neutrals do not count either the opening or closure of these homes in the net gain analysis.

To gather more specific information from families as to why they had decided to close their foster homes, DHS' Foster Care and Adoption Support Center (FCASC) staff conducted exit surveys with families that have voluntarily closed their homes. DHS uses a short list of questions to understand what led to the closure, what families found to be most challenging and what families recommend DHS or the private agency do differently to enhance the experience of foster parents. DHS reported that its most recent exit survey responses gathered from 54 families who voluntarily closed their homes between December 2018 and March 2019 showed the following:

Reasons for Closing and Lasting Impressions of Fostering

- 85 percent decided to no longer foster based on a family decision that was independent from their experience with CWS.
- 85 percent stated they would consider fostering in the future.
- 83 percent would recommend fostering/adopting with CWS or a resource family partner (RFP).

Most Challenging Aspect of Being a Foster Parent

- 48 percent reported that family expectations were the most challenging aspect of being a foster parent. This includes attachment to the foster children, working with biological parents, adjusting to fostering, and placement preferences not being met.
- 24 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.
- 15 percent stated the custody child's needs were the most challenging part of being a foster parent.

Ways to Enhance their Experience as a Foster Parent

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

To avoid unnecessary closures, DHS continues to have a supervisor or field manager call any foster family in good standing who requests closure of their resource home to determine if there are any resolvable issues leading to the request for closure. DHS reported at least eight

families who were planning to close this period decided to remain open after discussing and working through their concerns with the department.

Supporting Foster Parents to Reduce Closures and Improve Fostering Experience

DHS reported efforts during this period to better support foster parents. Improving communication with foster parents is one area of focus to better serve and retain homes, and, importantly, to help them provide quality care to children placed in their homes. The department explored specific ways to enhance communication with foster families, including sharing before and at the time of placement as much information as possible about a child being placed in a foster home; improving the Child's Passport information accessible by families and explaining court processes in-depth.

As described in greater detail below in the placement stability section of this Commentary, DHS made concerted efforts this period to elevate the importance and skill set of caseworkers to develop quality, individualized plans to support foster parents and the children placed in their homes. These support plans are first developed during the Initial Meeting that DHS staff are required to convene with foster parents, biological parents and assigned caseworkers within 10 days of any new placement of a child in a foster home. DHS made a concerted effort during this period to guide and support child welfare staff to ensure the purpose of the Initial Meetings, including the development of a thoughtful support plan for foster parents, is being completed for the benefit of foster families and children.

In another important area of support, DHS conducted statewide outreach over the last year directly to foster parents, informing them that a Mobile Crisis Response Team (MCRT) is now available to foster families in every district. MCRTs respond to calls from foster parents who may need on-site assistance to help stabilize and de-escalate a mental or behavioral health crisis that a foster child may experience. As a follow up to an immediate emergency, local mental health providers will offer follow-up evaluations, crisis planning and referrals for ongoing therapy and supports, as needed. This service is vitally important, as foster parents often report challenges with managing the behaviors of some foster children, and without the necessary supports for the children and foster parents, these challenges can lead to placement disruptions and foster home closures. DHS is working with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), which tracks the number of calls made for MCRTs, to determine what data and information may be obtained about the outcomes related to MCRT services delivered in foster homes. At DHS' request, ODMHSAS is currently in the process of aggregating and reviewing its available data.

Community-based collaborative efforts to support foster families, as well as to recruit new homes, continued this period. The University of Oklahoma's National Resource Center for Youth Services (NYCYS) now hosts 20 foster family support and network groups that cover 27 counties in all five DHS regions. DHS staff routinely participate in these support group meetings. Included in these 20 groups is a new foster family support group that started in Oklahoma City in March 2019, and work is underway to establish four additional groups in the state by December 31, 2019. DHS reported that total attendance at all 20 network groups combined over this period was 1,492 adults with an average monthly attendance of 248 adults.

DHS' Tulsa County recruitment staff also host support group meetings specifically coordinated for foster parents newly approved in the last year. To further support new foster parents, Oklahoma Fosters worked with DHS and the private agencies to provide welcome packets for newly approved families. In addition to containing essential information such as the Foster Parent Bill of Rights and Foster Child Bill of Rights, the welcome packets provide foster parents with access to exclusive benefits, events and other supports. CWS also continued its collaboration with the faith community and individual churches, which donate a wide variety of goods and services to foster families and custody children through the CarePortal.

Integration of Foster and Adoption Home Programs

In October 2016, DHS began the process of integrating its foster and adoption home programs in order to reduce the approval of adopt-only homes (not including families approved to adopt a specific-identified child) and better focus staff to work with families who are committed to adopt or foster children in the Oklahoma child welfare system.

Historically, DHS managed foster and adoption homes under two distinct organizational structures, separating those interested in fostering children (or fostering to adopt) and those approved as adopt-only homes. Soon after DHS' reform implementation began, department leadership and the Co-Neutrals discussed the inefficiencies of Oklahoma's bifurcated system. First and foremost, DHS reported that limited staff resources were assigned as adoption caseworkers to manage hundreds of adopt-only homes, responsible for conducting quarterly visits and annual reassessments, despite many of these families not accepting, when offered, placements of children in DHS custody awaiting an adoptive home. Through an analysis of the department's foster and adoptive homes and adoption data, DHS confirmed that 95 percent of children are adopted by their foster parents, not by an adopt-only home. Further, DHS found that most adopt-only homes were interested in adopting children under the age of six, while the children in most need of adoptive homes are school-age children and teens. As a result, starting in 2017, DHS determined it would only accept applications for adopt-only homes when the

families would accept a child over six years of age, sibling groups of three or more, or children with special needs. During this period, DHS effectively took another step to “close the front door approval of adopt-only families” and ensure the department is dedicating its resources to recruiting homes that will foster and adopt the children in DHS custody who are most in need of a family. Starting May 1, 2019, the department began to accept adopt-only home applications only if a family is willing to adopt a child 12 and older, siblings groups of three or more, children with special needs, or children who are publicly identified as available for adoption, such as on the Heart Gallery.

DHS has committed to be transparent with families interested only in adopting and ensure that families have a clear understanding about Oklahoma’s need for families who will foster children and ultimately support the permanency outcome (reunification or adoption) that serves the best interest of each child. The department continued its efforts this period to train and support resource family staff to communicate with families the statewide need for foster families and for adoptive families willing to provide a forever home for targeted populations of children and youth.

Ongoing Efforts to Improve the New Home Approval and Reassessment Process

Over the last four report periods, DHS has made substantial changes to the tools, guidelines, staff training and accountability structure used to review the safety of every potential foster home prior to approval. During this period, DHS focused on improving practice in the field, with a particular focus on training and guiding staff to appropriately: complete and document criminal and child welfare background searches; document requests for a policy exception in order to approve a home; and, identify areas of the resource family assessment (RFA) that require follow-up, including providing additional supports and/or monitoring after a home is approved. As further detailed in the maltreatment in care section in this report, during this period, each of DHS’ ten foster care field units across the state developed and implemented an action plan to improve specific components of the resource family approval process. Most of the ten units focused on the same areas of practice noted above with an overall goal of improving the safety reviews of prospective foster homes.

As reported last period, DHS streamlined a longstanding administrative requirement placed on foster parents to complete a full resource family assessment every year, which entailed filling out the same forms and reproducing many of the same documents required upon initial approval. Under a newly implemented policy, the department instead requires foster parents to complete an annual, condensed update that continues to require a full review of any new or potential safety concerns that would be identified through updated background checks and a review of

any changes in the home environment.⁸ This is positive for foster parents, as well as foster care workers who can dedicate more time to meeting the needs of foster parents and less time on administrative tasks.

B. Therapeutic Foster Care

More than any other performance area identified in the CSA, DHS has struggled to make substantial or sustained progress to develop and retain foster homes for children who need therapeutic care. Throughout this reform, DHS has relied on private, contracted agencies to recruit, approve and manage therapeutic foster care (TFC) homes for children in custody. TFCs are intended to provide children in need of behavioral health treatment with family-based placements and appropriate services, thereby avoiding or limiting placement in congregate care settings.

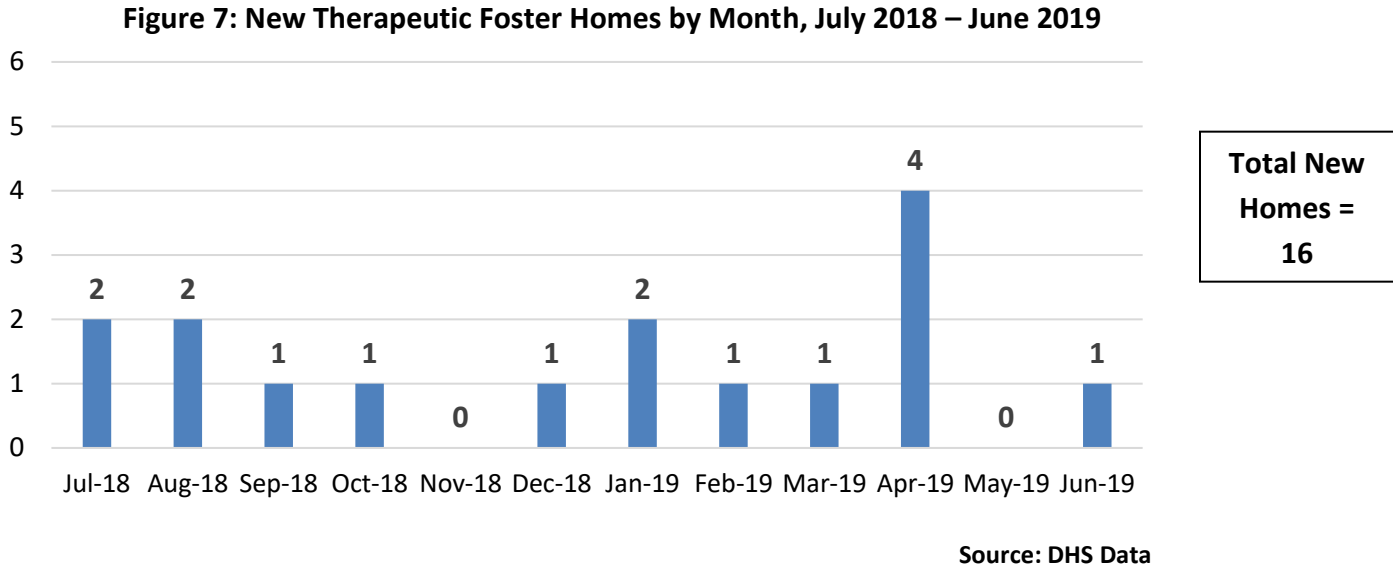
As documented in the Co-Neutrals' previous Commentaries, DHS and its private agency partners have not grown the pool of Oklahoma's TFC homes and have not met annual Target Outcomes for new TFC home development or net gains during any period since the establishment of the Pinnacle Plan. Rather, DHS has reported significant net losses of TFC homes for the last eight report periods, including this six-month report period that ended June 30, 2019. Further, over the last several years, the number of children placed in a TFC home has declined precipitously by almost 70 percent, from 413 children on December 31, 2016 to 127 children on June 30, 2019.

As documented in prior Co-Neutral reports, many children who need therapeutic care continue to be denied TFC placements, either because of a lack of available TFC homes or a determination by the Oklahoma Healthcare Authority ("OHCA") that they are ineligible for this level of care based on the criteria established by the state of Oklahoma. As described in greater detail below, TFC placement denials are sometimes based on an assessment that the child's needs are too severe to be served in a TFC home or fall outside the criteria for the current TFC program. To address this challenge, in part, DHS set out this period to develop a higher level of therapeutic family-based care, known as Intensive Therapeutic Foster Care (ITFC). As described in greater detail below, the Co-Neutrals find that, during this period, DHS did not appropriately lead the development of the new ITFC program, nor the growth and management of its traditional TFC homes and child placements to serve children in need of therapeutic care in a family-based setting. For these reasons, the Co-Neutrals conclude for this report period that the department did not make good faith efforts to achieve substantial and sustained progress toward the TFC Target Outcomes.

⁸ DHS will require foster families to complete the more comprehensive reassessment process every three years, instead of annually.

TFC New Home Development and Net Gain/Loss

The Co-Neutrals accepted DHS’ proposed Target Outcome for new TFC home development for SFY19, which was set at 139. However, DHS reported that its private agency partners developed only 16 TFC homes during SFY19, four of which closed before the fiscal year ended.



Of the 16 total new TFC homes, nine were newly developed homes, two were adoption/kinship home conversions, and five were reopened homes.

TFC Net Gain/Loss

DHS began the fiscal year on July 1, 2013 with a baseline of 530 TFC homes, and had 171 open TFC homes as of July 1, 2018, the beginning of this fiscal year. The department ended the current report period on June 30, 2019 with 98 open TFC homes, which resulted from a net loss of 73 TFC homes for this fiscal year.⁹ The SFY19 net gain target was established at 22 TFC homes. Of the 171 TFC homes open on July 1, 2018, 87 were no longer open on June 30, 2019, resulting in a TFC home closure rate of 51 percent over one year. Since the outset of this effort, DHS has reported a net loss of 432 TFCs, an 82 percent decline in available therapeutic foster families for children.

Over the last several years, the number of new TFC homes has steadily declined. For this report period, DHS’ five TFC contracted agencies had all but ceased efforts to shepherd new homes through the approval process, developing just nine new TFC homes between January and June 2019. DHS reported that the agencies, with the assistance of two DHS staff, continued

⁹ As of June 30, 2019, 19 (19 percent) out of the 98 open TFC homes had no TFC placement.

recruitment activities during this period - attending community events and distributing informational flyers. However, in meetings with the Co-Neutrals and DHS, the TFC agencies confirmed they were awaiting DHS' launch and final decisions surrounding the new ITFC program before resuming a full push to develop new homes. As a result, the agencies made no significant progress toward achieving the Target Outcome of 139 new TFC homes.

DHS also did not report any new or proactive efforts during this period to stem the high closure rate of existing TFC homes. In fact, at the beginning of April 2019 (the middle of this period), DHS reported that an average of eight TFC foster homes closed every month during the first three quarters of SFY19 and that the department expected the same closure trend through the final three months of this period.

Efforts to Improve the Quality of Therapeutic Care in TFC Homes

During the last report period, DHS and the TFC agencies implemented a new foster parent training, the Pressley Ridge model, which the department selected to better prepare TFC families to meet the needs of children with challenging behaviors. DHS prioritized selecting a new training model that, unlike the previous TFC training modules used in Oklahoma, would not encourage the use of physical restraints, but instead focus on therapeutic responses and de-escalation techniques to work through a child's challenging behaviors. Starting in August 2018, all new families entering the TFC program have been required to complete this 36-hour training. The department also reported that the agencies committed to retrain all existing TFC families with the Pressley Ridge model by June 2019. As of August 2019, DHS reported that 254 TFC parents had completed the new training.

DHS distributed a survey to all 254 TFC parents who completed the Pressley Ridge training and requested that at least one parent per TFC household provide their assessment of the training. The survey contains questions about specific skills presented in the new training modules, including active listening, managing conflict, facilitating attachment and encouraging positive behaviors. DHS reported a low response rate (33 respondents or 13 percent) to the survey, noting that it would be prudent to issue the survey again to gather a broader base of responses and feedback on the training.

Quality of TFC Treatment Services

DHS committed to using the treatment team meetings that are scheduled, as required by OHCA, every 90 days for every child in a TFC placement to assess if each child's treatment plan and services are meeting their needs and helping them progress toward their placement and permanency goals. The department also committed to ensure that the DHS caseworkers assigned

to children placed in TFC homes participate in these meetings. Historically, assigned caseworkers did not join in these treatment team discussions, which resulted, at times, in the treatment team not knowing or being unsure of the child's permanency goals and other pertinent information. Further, to address concerns previously identified by DHS that TFC treatment plans were not sufficiently individualized based on each child's needs, in October 2018, DHS developed and began using a treatment team guide to help ensure an effective, continuous review of each child's specific needs, treatment plans, services and progress.

To assess if the treatment team meeting guides are having the intended effect, DHS conducted an audit of a random selection of 128 guides completed for children who required a 90-day meeting between November 2018 and March 2019. The goals of the audit were to understand if comprehensive and thoughtful assessments of each child's TFC treatment plans are being conducted and ensure that children are receiving the therapeutic services they require. The Co-Neutrals encouraged DHS to assess these treatment review meetings because of a long-standing concern, first surfaced by DHS, regarding the quality of treatment plans prepared for children in the TFC program. Generally, DHS reported that its findings from this audit indicate that the department needs to work with its partners (TFC agencies, therapists, OHCA) to adjust and improve upon the 90-day treatment team meetings and process.

Regarding the completion rate, DHS positively found that a treatment team guide was completed for 95 percent of the 90-day meetings selected for review. Further, DHS reported the audit showed that the treatment modality currently used for each child was documented in 92 percent of the completed meeting guides. With the use of the treatment team meeting guide, DHS also sought to ensure consistency in the meeting participants, including the child and the child's caseworker, therapist and foster parent. DHS' audit showed that the child joined the discussion for 68 percent of the meetings reviewed, the child's caseworker for 55 percent, therapists for 98 percent, and the TFC foster parent for 84 percent.

Caseworker participation in the treatment team meetings is important, and must improve, as the majority of participating caseworkers reported that the meetings support their work to achieve permanency for the children reviewed. Through the audit, DHS also gathered feedback from caseworkers stating they need to receive better notification regarding the scheduling of each treatment meeting. The TFC partner agencies schedule, convene and provide notifications about these meetings.

According to DHS, the audit also showed that significant work remains with respect to using the meeting guide to support or document an assessment of each child's progress resulting from their current treatment services, as well as the quality of the care they receive.

DHS' summary narrative of the audit states:

The child's progress was found to have been documented at the Treatment Team meeting less than half of the time (42%). It was conclusively not documented in 54% of cases and unclear in 4% of cases. The overall quality of care was not addressed 75% of the time, although the auditor was unable to make a firm determination in 4% of the cases.

DHS needs to ensure that caseworkers receive the necessary clinical support from the department (from Behavioral Health Consultants as previously reported) to effectively participate in these discussions and advocate for the services their assigned children need.

As part of the audit, DHS also interviewed 88 percent of the therapists who participated in the treatment team meetings. The department reported that among the therapists interviewed: 77 percent reported the meetings improve their knowledge of the child's permanency plans, underscoring that participation by the child's caseworker is important; 72 percent reported that using the guide "helped drive the child's services;" and 60 percent claimed that the guide helped improve clinical outcomes for the child. While these reported results are encouraging, it is unclear based on the audit's summary findings how using the guide achieves these better outcomes.

The treatment team meetings provide a critical opportunity to ensure each TFC-placed child receives the individualized therapeutic care and services they require to achieve stability, permanency and well-being. DHS' efforts to establish consistency with respect to the structure, participation and quality of these meetings are important. The audit of the treatment team meeting guides provides DHS with valuable information about specific areas where the department can look to make changes and improve the effectiveness of the meetings as well as the content of the actual guide. The Co-Neutrals will report in the next Commentary on the ways in which DHS further analyzed and used these findings to implement needed improvements.

TFC Authorization Requests

DHS and the Co-Neutrals have previously reported concerns regarding children with mental and behavioral health challenges who are denied OHCA's authorization for TFC-level care. In May 2017, DHS began reporting the number of applications the department submitted each month to OHCA for TFC placement and service authorization, as well as the total number of applications approved and denied. May 2017 is also when DHS began to use the current, more comprehensive "Application" for TFC authorization, which replaced a limited one-page worksheet that caseworkers previously completed to request a TFC placement. DHS reported that the new

Application’s focus on a child’s needs, diagnosis, and behavioral histories, as well as their placement history, would better position the TFC program to match a child to available TFC homes.

As shown in Table 3 below, the number of children for whom DHS has requested TFC authorization on a monthly average has decreased since the first six months (May – October 2017) that the department began using the new Application compared to the six months of the current report period (January – June 2019). Both the average monthly number of Applications submitted to OHCA and the average monthly number of children authorized for TFC-level service decreased from 82 to 55 and 51 to 27, respectively. During the same period, the percentage of Applications denied on a monthly average increased from 40 to 52 percent, a deeply worrisome trend that draws attention to the need for heightened collaboration between DHS and OHCA. The fact that OHCA rejected more than half of the children presented by DHS as in need of a therapeutic placement represents a worsening of the long-standing lack of coordination and collaboration that has defined these agencies’ interactions over the past several years. Most importantly this long-standing lack of coordination has had a negative impact on many vulnerable children in DHS’ custody who require but have not been afforded therapeutic foster care placements.

Table 3: Applications for TFC Placement and Service Authorization

6-Month Timeframe	Monthly Average Applications Submitted	Monthly Average Applications Approved	Monthly Average Percentage Denied
May – October 2017	82	51	40%
January – June 2019	55	27	52%

In the last Commentary, the Co-Neutrals’ reported findings from their independent review of OHCA application denials and surfaced serious questions about the standardization and appropriateness of OHCA decision-making to meet the therapeutic needs of children in family-based settings. As outlined below, the Co-Neutrals completed another review of TFC authorization decisions in this report period, which showed that these problems have not been effectively addressed, despite repeated urging from the Co-Neutrals.

Review of OHCA TFC Authorization Decisions

The Co-Neutrals reviewed 96 TFC Applications OHCA denied from March to June 2019, along with the decision record OHCA returned to DHS. In this review, the Co-Neutrals sought to confirm the

most common reasons documented by OHCA as the basis for denying authorization for TFC placement. While the review focused on information documented in the TFC Applications and in the OHCA decision records, the Co-Neutrals also reviewed each child’s placement record in KIDS to understand their placement experience before and after TFC-level care was denied.

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

DHS previously reported that among the primary reasons OHCA denies TFC authorization is, first, a child’s low IQ, since children diagnosed with an intellectual disability are not eligible for TFC placement in Oklahoma since they are presumed as not being able to benefit from the treatment, and, second, a child’s behavioral challenges and needs that are found to be too acute to manage in a TFC home.¹⁰ However, only 12 children of the 96 denials were disallowed TFC placement by OHCA based on their IQ being too low or unknown, and only 19 were denied because their behaviors were too acute to be met in a TFC home.

Table 4: Summary of Authorization Denial Reasons, March to June 2019

Denial Category and Reason	Total	Percentage
Intellectual Disability	12	13%
<ul style="list-style-type: none"> • IQ too low (6) • IQ unknown (6) 		
Does Not Meet Medical Necessity Criteria	63	66%
<ul style="list-style-type: none"> • Does not meet medical necessity (6) • Does not meet criteria for TFC (15) • Behaviors do not support TFC (26) • Have not exhausted other options (16) 		
Higher Level Needed than TFC	19	20%
<ul style="list-style-type: none"> • Requires higher-level care than TFC (4) • Behaviors too severe for TFC (2) • Too unstable (6) • Delinquent behaviors (5) • AWOL (2) 		
Other	2	2%
Total	96	100%

¹⁰ DHS has reported that the threshold for a low IQ is 70 or below; however, this is not an absolute threshold as OHCA will consider other factors in determining TFC placement authorizations.

Children Do Not Meet TFC Criteria for Medical Necessity

As shown in Table 4 above, 63 of the 96 TFC placement denials were based on an assessment by OHCA that the child's behaviors were not sufficiently severe to warrant a TFC placement, or that the child did not have a mental health diagnosis to support TFC authorization. This was the most frequently documented reason by OHCA for TFC authorization denial. Of these 63 children who were found not to meet the medical necessity criteria, only 16 had no diagnosis documented on their Application. Although these 16 children did not have a documented diagnosis, eight had a history of behavioral health counseling, and two were prescribed at least one psychotropic medication. Further, 44 of the 63 children who were found not to meet the medical necessity criteria have, as documented in the application materials, exhibited aggressive behaviors, including physical aggression, verbal aggression, destroying property, and threatening to hurt others, and 44 were reported to display non-aggressive, but still problematic behaviors, such as encopresis and tantrums.¹¹ Additionally, 31 of the 63 children exhibited self-harming behaviors, and 17 exhibited sexually acting out behaviors. Most of these children experienced more than one of these behaviors.

Of the remaining 33 children who were denied TFC placement, most were denied due to issues with their IQ or a conclusion that they needed higher-level care. Thirty of these 33 children had at least one DSM-V diagnosis, and 29 had more than one diagnosis. Attention deficit hyperactivity disorder, post-traumatic stress disorder and oppositional defiance disorder were among the most common diagnoses documented in the TFC authorization forms. A child's recent behaviors are also documented and assessed when applying for TFC placement.

The authorization forms submitted by DHS to OHCA describe significant, problematic behaviors that traditional foster parents are typically not trained, equipped or expected to handle. Given this, it is not surprising that many of the children denied TFC authorization have experienced excessive placement instability, including multiple shelter stays. In fact, after the denial by OHCA for not meeting the medical necessity criteria, 25 of the 63 children described above whose behaviors were identified as not severe enough for TFC thereafter experienced placement in an inpatient or higher-level, more restrictive residential setting. Eighteen children of the 63 experienced at least one shelter stay, with 17 placed next in a shelter, mostly within a week after their TFC denial. Moreover, at the time of the review by the Co-Neutrals in July 2019, 17 of the 63 children had experienced three or more placements after their TFC denial. Six children were eventually approved and placed in a TFC home, but only after four of these six children experienced between four and 15 more placements.

¹¹ There is overlap in the 44 children who displayed aggressive behaviors and the 44 who displayed non-aggressive problematic behaviors. Twenty-nine children displayed both types of behaviors.

OHCA denied 16 of the 63 Applications by asserting more specifically that DHS had not yet exhausted other options, including establishing outpatient services while the child is placed in traditional foster care or another non-TFC family-based placement. Of these 16 children, only four experienced two or fewer placements and achieved stability in a family-based placement after TFC denial.

Needs Too Severe or Unstable For TFC-Level Care

As outlined in Table 4 above, OHCA denied 19 Applications based on the agency's conclusion that the child's needs were too severe or unstable for TFC placement. Five of these children were denied based on a determination by OHCA that their behaviors were more delinquent in nature, while the denial of two children was based on the child's AWOL history presenting a flight risk from TFC. All but one of these 19 children had at least one mental health diagnosis, and the majority was reported as having more than one diagnosis and taking more than one psychotropic medication.

In contrast with the group of 63 children who were denied TFC authorization based on an assessment of lower level behaviors, these 19 children were often denied with a note by the OHCA reviewer that they might be more appropriate in a higher-level treatment facility. Indeed, nine of the 19 children were placed in one or more inpatient facilities at some point after their TFC denial. Shelter placements were recorded for two of these children after their TFC denial. In summary, the Co-Neutrals' review of the denial reasons along with each child's reported DSM-V diagnosis and behavioral symptoms raises serious, ongoing doubts about the consistency and soundness of OHCA's authorization process, standards and decisions. Further, the review of each child's subsequent placement records makes clear the profound limitations of DHS' placement continuum to meet the behavioral health needs of children in DHS custody.

Authorizations Approved

The Co-Neutrals also reviewed 100 TFC Applications that were approved between March and June 2019. Fifty-three of these 100 children approved by OHCA for the TFC program over this three-month period had been placed in a TFC home as of the end of September 2019, while 47 had not. Thirty-five of the 53 children who were matched with a TFC home were placed within 30 days of the Application approval date.

Of the 47 children who were not placed in a TFC home, 15 experienced at least one shelter stay after their Application was approved. It is alarming that almost half of the children approved for TFC placement between March to June 2019 had not been placed in a TFC home as of September 30, 2019. The diminishing number of available TFC homes in Oklahoma, which is a result of high closure rates and an appallingly low number of newly developed homes, has no doubt affected the ability of DHS to ensure that children who need therapeutic care are placed in a TFC home.

This, too, is a long-standing problem that has worsened over time, and requires urgent, focused attention from the highest levels of the new administration.

Focus on Development of New ITFC Program

DHS reported that its primary focus during this period with respect to foster homes for children who require therapeutic care was the development of its new ITFC program designed to serve children who have greater behavioral health needs than children who are currently authorized for TFC placements. This includes children who may be dually diagnosed with an intellectual disability and a mental or behavioral health diagnosis. The goal is to be able to stabilize these children and meet their needs in a family setting. The leading tenets of the new model are:

- Only one child can be placed in a home by DHS.
- At least one caregiver must be a stay-at-home parent.
- Foster parents must be actively involved with the child's treatment planning, discharge planning and identified permanency goal.
- The foster parents will have access to emergency or crisis respite care as well as 24/7 access to crisis management support.
- The child's treatment plan will be reviewed and updated every 30 days with the team, including the child, the ITFC family, the child's caseworker, any identified permanency source, and the assigned therapist, clinical supervisor, treatment coordinator, as well as any other individual deemed appropriate.
- The ITFC family will meet weekly with the treatment coordinator.
- The ITFC providers will establish affiliate agreements with acute facilities, psychologists and psychiatrists, and medical and other specialized providers as needed.
- The ITFC caregivers will receive a higher daily reimbursement than TFC families.

For this period, the department reported numerous interactions with OHCA to discuss ITFC rates, new policies and implementation plans, although as noted in the previous commentary, DHS leadership was not involved in early planning around this program. Since August of 2018, when DHS' TFC program lead first presented to the Co-Neutrals the proposal for the ITFC program, the program lead discussed the need to seek CMS approval for the ITFC program so that federal match dollars could be captured. Despite establishing April 1, 2019 as the target date for ITFC implementation, DHS did not take meaningful action to prepare the request to CMS for the Medicaid plan amendment until after the start of the period under review in this report. At the same time, DHS understood that the process and timeframe required to receive CMS' approval for the ITFC program would most likely extend beyond April 1, 2019, as well as the end of this period. As such, the department prepared a contingency plan to begin by May 1, 2019 to provide

children with ITFC-level care using only state funds. DHS subsequently moved this start date to no later than June 30, 2019, the last day of the period.

It was not until mid-June 2019, in response to a question from the Co-Neutrals about the status of the federal request, that DHS informed the Co-Neutrals that the department and OHCA had decided to change the nature of their request to CMS and base the case for higher ITFC reimbursement on the skill set necessary for the ITFC parent, referred to as a treatment parent specialist. DHS also requested that CMS approve a rate increase for traditional TFC families who are also reimbursed through Medicaid as treatment parent specialists.

The Co-Neutrals further learned from DHS in mid-June 2019 that the department was preparing to place children into five newly designated ITFC homes that were converted from traditional TFC homes. DHS also shared that in order to make way for the new ITFC placements, eight TFC approved children were moved out of the five converted TFC homes. The Co-Neutrals had previously registered concerns with DHS leadership regarding plans to move children out of their current TFC homes in order to transition families to the ITFC program. As such, the Co-Neutrals were concerned by these placement moves and requested detailed information about the eight children displaced from their TFC homes. For three of the eight children, their next placements (into two separate homes) appeared to be positive moves to families planning to adopt them. However, for the other five children, their records indicated that they were moved primarily to allow the homes to convert to ITFC, rather than to meet the placement and permanency needs of the children. The records for two of these children (living in separate TFC homes) were particularly concerning, as they had experienced severe placement instability prior to being placed in the TFC homes from which they were displaced. In these TFC homes, the children had expressed their comfort with the care and stability provided, and the case records documented the possibility of supporting and working with the families to make a permanent commitment to these children. One of these two children was stable in their TFC home for almost one year before being moved to a shelter as their next placement to make way for the ITFC program.

Unfortunately, the Co-Neutrals learned that these were not the only child placements in the TFC program that, minimally, were not consistent with a child welfare practice dedicated to serving the best interest and individual needs of every child. In mid-July 2019, DHS' new leadership team informed the Co-Neutrals that during their analysis of the TFC program, they found that the department, for approximately one year, had engaged in a practice of making back-to-back short-term placements (an average of five to six days) of TFC-approved children for whom DHS could not locate a more permanent TFC home. It was reported that DHS' TFC program would designate TFC agencies, on a rotating basis, to locate a temporary placement in one of their TFC homes when there was no match identified for a TFC-approved child to a TFC home. (Note that "no

match” often means that there is no TFC home that believes it can handle the needs of the child and not that no home was vacant). The department’s TFC program communicated to the TFC agencies and families involved that these children would be moved within a week’s time. It was also reported to the Co-Neutrals that the TFC daily rate or wrap around services that normally accompanied a TFC-authorized child when placed in a TFC home were not provided because the placements were considered temporary.

DHS identified approximately 50 children who experienced consecutive episodes of these short-term placements. The new leadership team reported that it ended these temporary placements, known as “immediate placements,” upon learning about the practice. DHS’ new leadership was also transparent in swiftly bringing these concerning placements, once discovered, to the Co-Neutrals’ attention.

There is no adequate rationale for a practice that aided placement instability for children in need of therapeutic care. However, again, the lack of TFC homes in Oklahoma is a significant cause of children in DHS custody experiencing placement instability and/or also being placed in settings that are not prepared to meet their individual needs. This program has continuously received the most critical assessments not only from the Co-Neutrals but also from DHS’ own executive managers. Despite this, the department’s leadership team during this report period did not provide sufficient focus and attention to improve and expand the level of family-based therapeutic care provided to children in DHS custody. In fact, the individual assigned to lead the TFC program during this period was also assigned for the first months of this period to oversee the child welfare field work of one specific district that was experiencing a variety of challenges.

By the end of this report period, critical components of the new ITFC program, originally scheduled to launch by April 1, 2019, remained incomplete. This includes the development of a screening tool to assess when a child should be approved for and placed in an ITFC home. Further, as noted above, not only were many children denied TFC placement based on criteria that appear to be somewhat arbitrary and inconsistent, others were moved from a stable TFC home so an ITFC home could be created, and still others were placed for short-term stays in existing TFCs and moved in a week’s time. All of this runs contrary to a system that makes decisions based the best interests of children – children who have already been identified as in need of therapeutic supports.

The Co-Neutrals have repeatedly urged DHS leadership to remain actively engaged in the department’s commitments and efforts to expand and improve Oklahoma’s TFC program and services and ensure that good faith effort to achieve substantial and sustained progress toward

the TFC Target Outcomes are diligently carried out in a focused, robust and comprehensive manner. For this period again, the Co-Neutrals find that this did not occur.

The new DHS and Child Welfare directors who assumed their leadership positions at the end of this report have committed to apply the necessary focus, resources, innovative approaches and dedication to timely and quality planning and implementation to achieve the long overdue and vital gains in foster homes and services necessary for children who require therapeutic care. This leadership team has reported its plans to continue and enhance recruitment of new TFC and ITFC homes under the current model but with significant process and programmatic changes, such as establishing more child-focused authorization decisions and additional supports for therapeutic resource families. In the next Commentary, the Co-Neutrals will report on these and other efforts and commitments DHS is pursuing to meet the therapeutic needs of children in family-based settings.

C. Caseworker Caseloads and Supervisor Workloads

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

Table 5: Pinnacle Plan Caseload and Workload Standard Commitments

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

Leadership Oversight of Caseloads

Between July and September 2018, DHS experienced a 10 percent drop in caseload compliance, from 72 percent to 62 percent. In response, DHS submitted to the Co-Neutrals in early October 2018 a set of specific strategies aimed at re-establishing and intensifying DHS leadership’s oversight of caseload performance. Focused implementation of these strategies allowed DHS to end the period with 86.1 percent caseload compliance on December 31, 2018. On June 30, 2019,

86.9 percent of caseworkers met the caseload standard. During this period, DHS reduced by more than half the number of workers carrying more than 175 and 150 percent of the caseload standard. As of June 30, 2019, no caseworker carried a caseload over 175 percent of the standard, down from 14 caseworkers on December 31, 2018, and 21 (one percent) of caseworkers were assigned a workload over 150 percent, down from 53 on December 31, 2018

The strategies the department employed include: regular and frequent calls between low caseload performing districts and DHS leadership to timely identify and address barriers to performance, such as intensified recruitment and hiring and caseload management; using cross district management of cases and staffing capacity when appropriate; and closely tracking and quickly resolving caseloads burgeoning above 150 percent.

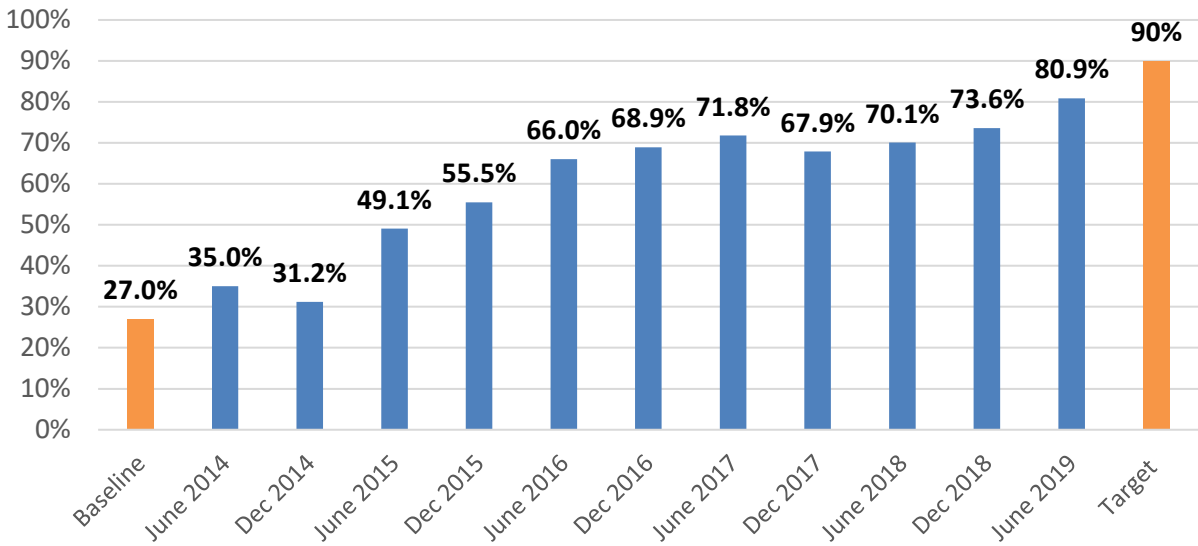
The department continued efforts to hire more caseworkers this period, particularly focusing on those districts with identified staffing shortages. Through these concerted efforts, DHS achieved its best performance on caseloads since the establishment of the Pinnacle Plan. For this report period, the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

Performance – Target Outcomes

Quarterly Caseload Data (April – June 2019)

Since last period, DHS' quarterly caseload performance increased from 73.6 to 80.9 percent of all caseworkers carrying at least one case meeting the caseload standard. This is the first quarterly period (April 1, 2019 to June 30, 2019) that DHS sustained statewide caseload compliance above 80 percent. Further, as shown in Figure 8 below, this is the highest increase DHS achieved in quarterly caseload compliance in one period since June 2016. Quarterly caseload data, compared to point in time (PIT) data, offers a more accurate representation of the workloads experienced in the field during the period, as it is much less subject to the temporary fluctuations historically depicted in the number of cases assigned on the last day of a period.

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



Point in Time Caseload Data

DHS’ statewide caseload performance of 86.9 percent is collectively comprised of the caseload performance of 29 districts across the state.¹² DHS continued this period to closely track and support all districts showing a need for additional management support. In prior periods, department leadership would identify a set group of priority districts and hold regular conference calls with these districts to work through barriers to caseload compliance, addressing issues such as workload distribution and hiring challenges. During this period, DHS continuously monitored its caseload data to identify, as needed, new districts to include in bi-weekly conference calls still focused on improving caseload assignments. DHS used these calls to address hiring and capacity needs, as well as staffing shortages, by reviewing opportunities to assign cases across district lines and different worker types.

As shown in Table 6 below, on June 30, 2019, 19 districts (coded in green) out of 29 met the caseload outcome standard of 90 percent, with 13 of these districts reporting caseload compliance at 100 percent. Four districts (coded in yellow) achieved caseload performance between 83 and 89 percent, with all four of these districts reporting sufficient case carrying capacity to cover more than 100 percent of all assigned cases in those districts. As such, these four districts were well-positioned to meet the required 90 percent caseload standard, depending on the case carrying capacity by worker type.

The six remaining districts (coded in red) reported caseload compliance between 35 and 78 percent. As of June 30, 2019, all but one of these six districts (District 23) were reported to have

¹² Foster care and adoption caseworkers are each counted as a “district” as shown in Table 6 below.

adequate case carrying capacity with current staff to cover at least 90 percent of each district's total assigned cases.

Table 6: Worker Caseloads Capacity and Compliance as of June 30, 2019

District	Capacity to Cover Workload	Capacity of Workload	90% of Workers Meeting Std.	% of Workers Meeting Std.
1	142%	Y	Y	100%
2	123%	Y	Y	100%
3	126%	Y	Y	100%
4	115%	Y	N	83%
5	109%	Y	Y	95%
6	107%	Y	N	89%
7	108%	Y	N	86%
8	112%	Y	Y	100%
9	123%	Y	Y	100%
10	119%	Y	Y	100%
11	134%	Y	Y	100%
12	118%	Y	Y	97%
13	92%	N	N	64%
14	95%	N	N	78%
15	110%	Y	Y	100%
16	124%	Y	Y	100%
17	128%	Y	Y	100%
18	107%	Y	Y	100%
19	114%	Y	Y	100%
20	93%	N	N	48%
21	98%	N	N	63%
22	123%	Y	Y	100%
23	82%	N	N	35%
24	106%	Y	Y	96%
25	106%	Y	Y	92%
26	98%	N	N	70%
27	101%	Y	Y	90%
Adoption	154%	Y	Y	94%
Foster Care	134%	Y	N	89%
STATE	113%	Y	N	86.9%

District 23, which reported the lowest caseload compliance, has struggled for the last several periods to establish manageable workloads. During this period, from December 30, 2018 to June 30, 2019, caseload compliance fell from 49 to 35 percent. There was a decrease from 17 to 12 caseworkers meeting the standard, an increase from four to ten who were close, and a decrease from 14 to 12 who were over. The overall decrease in caseload compliance in District 23 occurred despite the total weight of all cases assigned in the district showing a slight decrease from 37.2 to 36.5. Investigation caseworkers experienced the largest drop in their capacity to cover their total case weight, which increased this period, while the total case weight for all other case types decreased. The number of caseworkers onboard in the district remained the same at 39; however, the number of caseworkers carrying at least one case decreased by one, from 35 to 34, which contributed to the decrease in total case carrying capacity to cover all assigned cases (from 90 to 82 percent). However, the greatest impact on the decrease in total case carrying capacity resulted from attrition and an increase in the number of new caseworkers (from four to eight) assigned a graduated workload at just 50 or 75 percent of a total workload.

Similarly, District 20 reported a significant decrease in caseload compliance, falling from 72 to 48 percent, despite a slight decrease in total case weight assigned together with a small increase in overall case carrying capacity. The district-wide decrease in compliance was predominantly due to a reduction from 16 to nine permanency workers meeting the standard, most of whom moved into the close category. District 20 ended the period with the caseworker capacity to cover 93 percent of all cases assigned and with seven newly hired caseworkers not yet eligible to carry a caseload as they make their way through training.

Both Districts 23 and 20 represent the complexities and importance of effective caseload management and distribution and the ongoing challenge and need to retain caseworkers. Again, while hiring efforts in District 23 and 20 are evident with new cohorts of caseworkers in training at the end of the period, attrition in each district triggered a worsening of caseloads for incumbent staff.

District 26, one of the other districts that reported caseloads below 80 percent compliant, achieved a 100 percent improvement in caseloads during this period, increasing from 35 to 70 percent caseload compliance. During the period, DHS reported for District 26 an increase from 17 to 20 caseworkers carrying at least one case, an increase from 6 to 14 workers meeting caseload standards, a decrease from 10 to 2 workers over the standard, and an increase from 79 to 98 percent in overall capacity to cover all assigned cases. District 26 had four new workers in training at the beginning of the period, who subsequently assumed a caseload during the period, and four additional new hires in training at the end of the period.

Statewide caseload compliance was supported this period by an increase in manageable caseloads for the two largest categories of worker type. As Table 7 below shows, DHS achieved

a positive increase in caseload compliance for investigation and permanency planning caseworkers.

Table 7: Caseload Compliance by Worker Type

WORKER TYPE	% MEETING, June 2018	% MEETING, Dec 2018	% MEETING, June 2019	% Improvement
INVESTIGATION	66.5%	83.0%	85.1%	+2.1%
PERMANENCY PLANNING	70.9%	84.7%	85.9%	+1.2%
PREVENTIVE/VOLUNTARY	71.6%	92.8%	88.6%	-4.2%
FOSTER CARE/ ADOPTION	78.2%	88.4%	88.0%	-0.4%
ATU	64.4%	97.7%	97.6%	-0.1%
RECRUITMENT	97.8%	100.0%	100.0%	+0.0%
TOTAL	71.6%	86.1%	86.9%	+0.8%

Hiring and Vacancies

At the end of the report period, DHS reported having 1,645 case carrying staff, 1,490 who managed at least one case. Of the remaining 155 caseworkers not carrying a case, 118 were still early in their training and not yet eligible to receive case assignments. Since December 31, 2018, the total number of caseworkers statewide increased by 27 workers, from 1,618 to 1,645. Further, from December 31, 2018 to June 30, 2019, the number of staff carrying at least one case increased by 39, from 1,451 to 1,490. DHS also reported a decrease during the period from 320 vacant positions to 288.

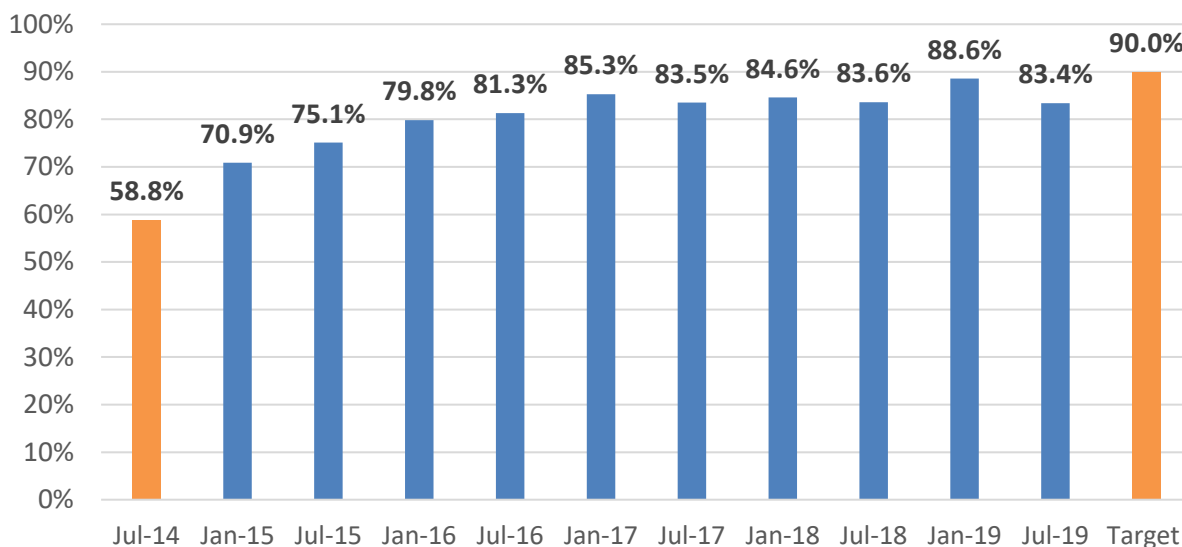
While the decrease in vacancies and net gain of staff during the period represents progress, it is important to note that DHS ended the 2019 fiscal year with a net loss of 34 caseworkers, having started the SFY19 with 1,679 workers. However, DHS was able to end the fiscal year with a substantial increase in caseload compliance as a result of strategies implemented to closely monitor and support districts in hiring and overall caseload management, as well as ongoing efforts to reduce the number of children in custody. During this period, total cases statewide reached the lowest point of any report period since adoption of the Pinnacle Plan.

Performance Standards and Target Outcomes – Supervisor Workloads

DHS understands that strong supervisory support for caseworkers, especially new caseworkers, is essential to support effective and consistent child welfare practice and positive outcomes for children and families. DHS committed to meet the same final Target Outcome for supervisor workloads as it did for caseloads: 90 percent of supervisors meeting the 1:5 caseworker ratio.

During this period, DHS experienced a decline in progress toward the Target Outcome, as 83.4 percent of supervisors met the 1:5 workload standard as of June 30, 2019, compared to 88.6 percent on December 31, 2018. As Figure 9 below shows, DHS has made progress from the baseline toward the Target Outcome. DHS must similarly apply focused management strategies to sustain and build on its progress to achieve supervisor workload standards.

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



DHS reported an increase in the number of supervisors who are assigned more than two cases to manage. 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, 2019, 25 supervisors carried more than two cases, which is five more than the 20 supervisors who carried more than two cases on December 31, 2018. As of the end of the report period, the Co-Neutrals were closely reviewing data and information on how many supervisors carry cases, why and for how long. The Co-Neutrals will share more information about this review in the next Commentary. Shortly after the close of this report period, DHS began to experience its annual uptick in abuse and neglect referrals, negatively impacting caseloads across Oklahoma. DHS leadership developed a set of district-specific plans to improve caseload performance, which became the basis for weekly monitoring conference calls between the Co-Neutrals and DHS leadership. In the next Commentary, the Co-Neutrals will analyze DHS’ efforts to achieve substantial and sustained progress toward the Target Outcome for meeting caseworker caseload and supervisor workload standards.

D. Shelter Use

This period, DHS' efforts to reduce shelter care resulted in fewer children in DHS' custody experiencing a shelter stay and significantly fewer child-nights in a shelter than last period. For the sixth consecutive period, DHS successfully ensured that no child in the youngest age group (ages 0 to 1) experienced a shelter stay. DHS achieved the most significant reductions in shelter care for children ages six and older and reported its lowest number to date of shelter nights for teens in DHS custody.

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

Performance Standards

DHS committed that it would "ensure all children are cared for in family-like settings" and "stop its use of temporary placement in shelters for all children under 13 years of age." In the Metrics Plan, the Co-Neutrals selected the number of "child-nights" spent in shelters as the measure to assess Oklahoma's progress in eliminating and reducing shelter use. One "child-night" is defined as "one child in a shelter at midnight." The total number of child-nights is calculated by summing the number of children in shelters at midnight for each night of the reporting period. The Pinnacle Plan includes an exception for shelter placement if the child is part of a sibling set of four or more being placed together. The Co-Neutrals have also allowed for the exception to place a minor parent with their child if necessary to keep the parent and child together (note that the child must, in fact, be placed with their minor parent).¹³ However, while the Co-Neutrals

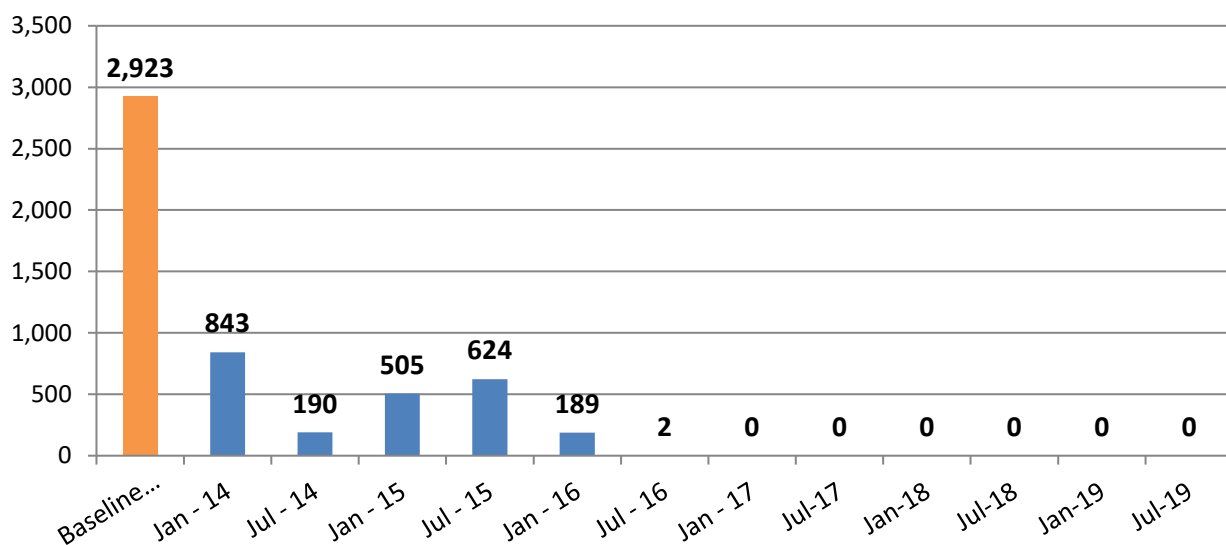
¹³ Children who meet the criteria for one of the two exceptions are included in the shelter outcomes data. For this report period, DHS reported that none of the children who experienced a shelter stay met the exception criteria.

approved these exceptions, they are not automatic. For each child or youth in need of placement, DHS has committed to undertake reasonable efforts to place the child in a family-like setting, regardless of whether the child meets an exception.

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

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

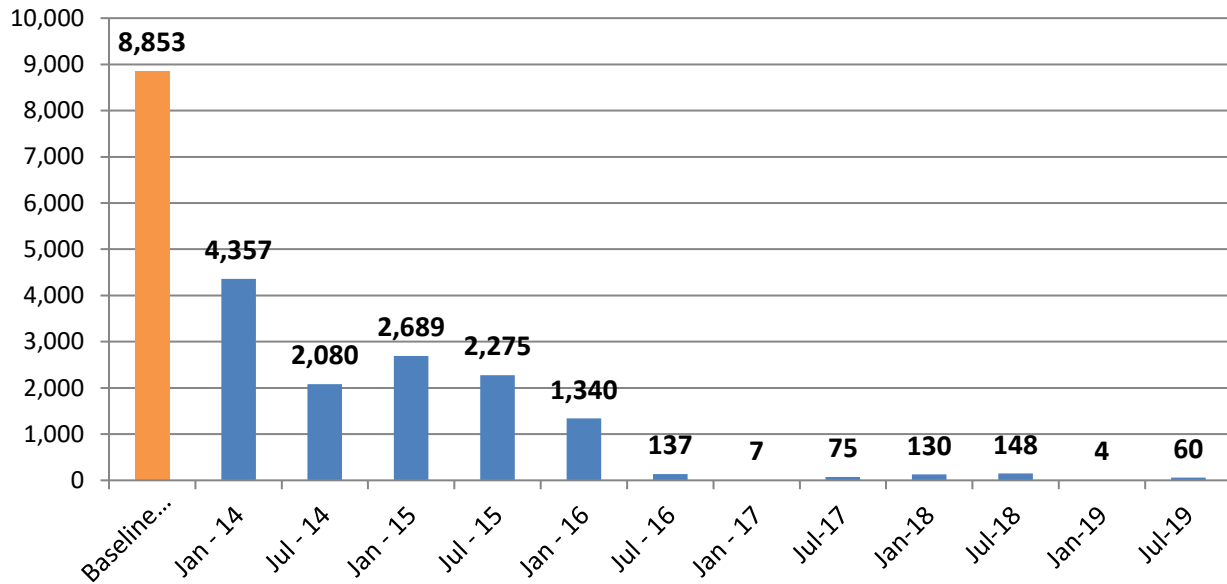
Figure 10: Metrics 5.1 – Shelter-Nights, Children Ages 0 - 1



Source: DHS Data

For children ages two to five, the original recorded baseline was 8,853 child-nights. For this period, January 1, 2019 to June 30, 2019, three children spent a combined total of 60 nights in a shelter. Compared to last period, this represents one additional child in this age group who experienced a shelter stay, and an increase of 56 shelter nights. Of the three children ages two to five who were placed in a shelter, two of them experienced two nights each and the third child experienced 56 nights.

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

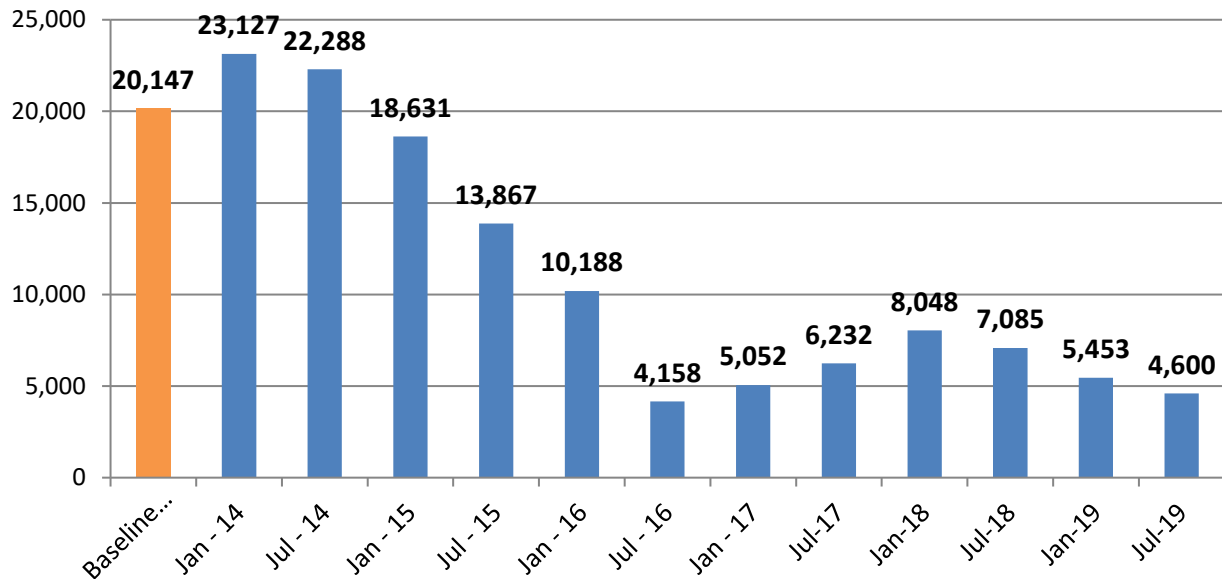


Source: DHS Data

Shelter Metric 5.3 – Children Ages Six to 12

For children ages six to 12, DHS reported 4,600 child-nights compared to 5,453 during the previous six-month period, a 16 percent decline in shelter utilization. These shelter nights represent 144 unique children, which is seven more children than DHS reported spent a night in a shelter last period.

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



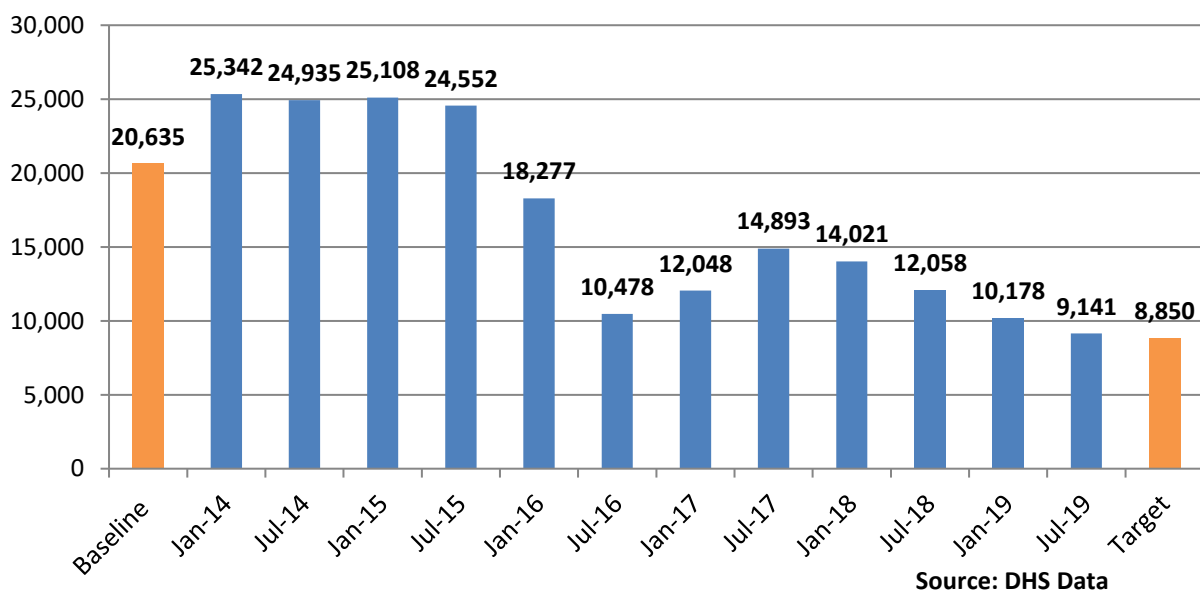
Source: DHS Data

Shelter Metric 5.4 – Children Age 13 or Older

Neither DHS’ Pinnacle Plan nor the Compromise and Settlement Agreement require that emergency shelter usage for children 13 years and older be completely eliminated. However, the department committed that children ages 13 and older would be placed in a shelter only if a family-like placement is not available to meet their needs, and further, that shelter nights for children ages 13 and older would be reduced to no more than 8,850 nights. Lastly, under the Pinnacle Plan (Point 1.17), DHS committed to 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 257 children in the last period to 226 children this period. DHS reported 9,141 child-nights for this oldest group of children, which represents a ten percent reduction from last period when DHS reported 10,178 child-nights. As shown in Figure 13 below, this is the fourth consecutive period DHS has positively reduced the number of shelter-nights teens experienced in a shelter. Further, DHS reported for this period the lowest number of shelter-nights for teens under this reform.

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



Reducing Shelter Usage for Children

DHS has substantially reduced shelter usage for children of all ages in Oklahoma over the past six years. As Table 8 below illustrates, DHS has reduced by over 70 percent the total number of

nights children experience in shelters since the start of this reform. DHS has importantly achieved the most significant percentage reduction for children five years of age and under and, for children ages six and older, the department achieved the greatest reduction in the total number of shelter-nights. Compared to the baseline period, DHS has reduced shelter-nights for children ages six and older by 27,041: the volume of this reduction is more than the total number of child-nights in a shelter (13,801) reported this period for children of all ages combined. This represents substantial and sustained progress.

Table 8: Child-Nights in Shelters by Age, January 1, 2019 to June 30, 2019 and Change from Baseline

Child-Nights in Shelters by Age	Baseline (Jan 2012- June 2013)	Performance (January 2019- June 2019)	Change (n)	Change (%)
0 to 1	2,923	0	-2,923	-100.0%
2 to 5	8,853	60	-8,793	-99.3%
6 to 12	20,147	4,600	-15,547	-77.2%
13 & Older	20,635	9,141	-11,494	-55.7%
TOTAL	52,558	13,801	-38,757	-73.7%

Pinnacle Plan Commitment 1.17 – Youth 13 and Older

DHS’ Pinnacle Plan Commitment 1.17 requires that youth 13 years and older experience no more than one shelter stay and no more than 30 shelter-nights in any 12-month period. DHS committed that by June 30, 2016, 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, 2019 to June 30, 2019, DHS reported that 33.6 percent (76) of the 226 children ages 13 and older with an overnight shelter stay were placed consistent with Pinnacle Plan 1.17. As Table 9 below shows, this is a performance decline from the last six-month period (ending December 2018) when DHS reported that 35 percent of children were placed consistent with Pinnacle Plan 1.17. As shown in the Table below, significant work remains for DHS to increase the percentage of youth who are compliant with 1.17 in closer range of the Target Outcome. At the same time, DHS has achieved significant improvements in reducing the number of teens overall (393 versus 150, 62 percent decrease) who experienced multiple and/or extended shelter stays since the baseline period ending July 2014.

Table 9: Pinnacle Plan 1.17: Baseline, July 2018 to July 2019

Shelter Initiative 1.17	July 2014 Baseline		July 2018		January 2019		July 2019	
	# of Youth	%	# of Youth	%	# of Youth	%	# of Youth	%
Children with a shelter stay of at least 1 day	593	100%	274	100%	257	100%	226	100%
Those with 1 stay, less than 31 days	200	33.7%	76	27.7%	90	35.0%	76	33.6%
Those not compliant with 1.17	393	66.3%	198	72.3%	167	65.0%	150	66.4%

In comparison to the total number of children in DHS custody, the population of children who experience shelter care is relatively small. However, the continuing use of shelter placement for many children highlights that DHS must deepen its continuum of family-based placements, particularly for children with higher level and special needs. As discussed in the TFC section above, the Co-Neutrals found that a number of children who experience shelter stays are children either approved and waiting for a TFC placement, or children who were denied a TFC placement (denied, in many cases, despite their appearing to meet criteria for TFC entry). DHS has acknowledged that the development of a full placement continuum, with an emphasis on family-based placements, is fundamental to better outcomes for children and youth who present a variety of therapeutic treatment needs and for whom DHS still relies on shelters for placement. DHS leadership must work with great speed to develop a continuum of placements (and care) that meet the needs of this population of children.

Efforts to Reduce Shelter Care

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

The shelter authorization form that DHS implemented prompts workers to assess all appropriate levels of care (family-based through inpatient) for the child and to document, as appropriate, placement efforts related to each level of care. The four-page document is comprehensive, and

if thoroughly completed by workers and closely reviewed by leadership, each approved shelter authorization should reflect an extensive record of efforts pursued to prevent shelter placement.

Reducing Shelter Stays

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

A critical component of DHS' enhanced staffing protocols is the addition of elevated staffings for children ages 0-12 who remain in a shelter for at least 30 days and for youth ages 13-17 who remain in a shelter for at least 60 days. These elevated staffings are used for children who, as DHS reports, "often have extended shelter stays because they have unique needs that are not easily matched with a typical family setting or treatment program." The statewide shelter field representative is responsible for organizing and leading the elevated staffings, which include, in addition to the child's assigned worker and supervisor, a district director and resource field manager. If any pending or recently denied kinship placements exist, the resource specialist and supervisor are also required to attend the staffing. Lastly, these staffings may include additional individuals depending on the specific needs of the child (i.e., programs staff for Developmental Disabilities Services (DDS), Therapeutic Foster Care (TFC), or the Specialized Placement and Partnership Unit (SPPU)). The statewide shelter field representative and this multi-program team undertake a more intensive case review of the child being staffed, including a close review of placement options that may have previously been denied or ruled out but may be appropriate for a child if additional supports can now accompany the placement.

Similar to the standard staffings, action steps are developed at the elevated staffings and monitored by the district director and the regional shelter leads for timely completion. DHS has sought to establish a team effort not only for completing the staffings but also in assigning action

steps in order to apply the team's best expertise and resources to meet the placement needs of the child under review. Elevated staffings occur every 30-calendar days until a child exits the shelter.

New Training on Best Placements and Reducing Shelter Stays

DHS recognized that because a relatively small percentage of children in custody experience a shelter stay, not all child welfare staff and supervisors have experienced and are prepared to knowledgably implement the shelter authorization and staffing protocols. As such, during this period, DHS' statewide shelter team and field representative developed an interactive training to enhance case practice across the state to prevent and reduce the length of shelter stays through diligent searches and efforts to secure placements that best meet a child's needs. Starting in December 2018 through the end of this period, DHS' shelter reduction team conducted the training 18 times, delivering the training to more than 700 child welfare staff across 16 county offices. A survey completed by 500 staff who received the training found that 95 percent believed the training has been beneficial to their child welfare practice. DHS continued to schedule additional training sessions after the end of the period.

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

During this period, DHS also provided additional specialized training for the department's regional shelter leads. This training focused on the processes, program expectations and requirements when seeking higher level or special needs placements for children facing or experiencing a shelter stay. Cross-training was coordinated with SPPU, Developmental Disability Services and the TFC program team.

Youth Service Agency Shelters

With the closing of the last of the two DHS public shelters, all children who experience a shelter stay are placed in one of 21 Youth Services Agency (YSA) shelters located across the state. In addition to DHS' statewide shelter field representation, the department has three shelter liaisons dedicated to work directly with each YSA shelter and regularly engage youth placed in a

shelter to help ensure their needs are met. The shelter liaisons must be knowledgeable of shelter processes, protocols, and policies and ensure timely follow up and correction to any identified concerns regarding safety or policy violations in a shelter.

DHS' shelter team reported expanded efforts this period to collaborate with the YSA shelters and Oklahoma's Office of Juvenile Affairs (OJA), which holds the contracts for children placed in a YSA shelter. DHS, OJA and the shelter directors established monthly calls to allow the shelter leaders to collaboratively and timely share information and address any concerns or pending issues with their YSA shelter colleagues and the state.

DHS continues to offer the YSA shelters per diem monetary supports to help care for children whose needs require one on one supervision, 24 hours a day. During this period, four shelters contracted with the department to receive these added services; however, only one YSA shelter used this direct care contract to support two children with developmental disabilities. DHS' shelter field representative also reported working with the YSA shelter directors to avoid placing children in shelters outside of their county and to identify and provide services and community supports that a child may need while placed in the shelter. DHS reported that it would continue these efforts into the next period.

E. Child Maltreatment in Care

This period, which reflects data from April 1, 2018 to March 31, 2019, DHS reported its best overall performance to date with respect to the safety of children in DHS custody who are placed with resource caregivers. For Metric 1a, which measures the maltreatment of children in DHS custody in foster homes and institutional settings, DHS reported for a second consecutive period a substantial reduction in the number of children found to be victims of abuse and/or neglect. For this period, the leading factor for this positive decline is improved safety in foster home settings, where the department reported a 37 percent decrease from last period in the number of children maltreated.

This important progress with safety in foster homes stems from DHS' ongoing refinement and implementation of core strategies that the department first developed in 2015. These strategies were designed to address recurrent concerns surfaced by the Co-Neutrals and DHS in their respective case record reviews of substantiated child maltreatment in foster homes. These identified areas of concern included the prevalence of maltreatment in foster homes with previous maltreatment referral histories; inadequate child safety assessments during caseworker visits with foster families and children; and the approval of foster homes that appear to lack the protective capacities to ensure the safety of children. Over the last two periods, DHS expanded on these core strategies with the specific purpose of ensuring caseworkers have sufficient

training, guidance and resources to execute these practices as intended and thereby prevent child maltreatment in foster homes.

Assessing child safety during caseworker visits is a critical practice that also impacts Metric 1b, which measures maltreatment of children in DHS custody by a parent. The department's performance this period for Metric 1b, as detailed below, remains close to the Target Outcome, though DHS reported a small decline in its performance outcome from last period when the department achieved the Target Outcome for this measure. When both metrics (1a and 1b) are combined, 54 fewer children in DHS custody were maltreated this period when compared to last period, which represents significant progress. Preliminary child maltreatment data for the next report period, which ended September 30, 2019, indicates that these efforts continue to yield improved child safety outcomes.

For this report period, the Co-Neutrals find that DHS remained focused on implementing its core strategies in the field to improve safety and that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for the child maltreatment metrics. The Co-Neutrals remain encouraged by the scope and depth of these strategies to remedy longstanding problems that have contributed to the maltreatment in care (MIC) of children in custody placed in institutional and family-based placements. Achieving the child safety Target Outcomes must remain a paramount organizational priority for the new administration.

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

DHS tracks and reports publicly on a monthly basis the number of children abused or neglected by a resource caregiver. DHS and the Co-Neutrals adopted the federal metric applicable at the time, "Absence of Child Abuse and/or Neglect in Foster Care," which reports the percentage of all children in foster care during a 12-month period who were not victims of substantiated maltreatment by a foster parent or facility staff.¹⁴

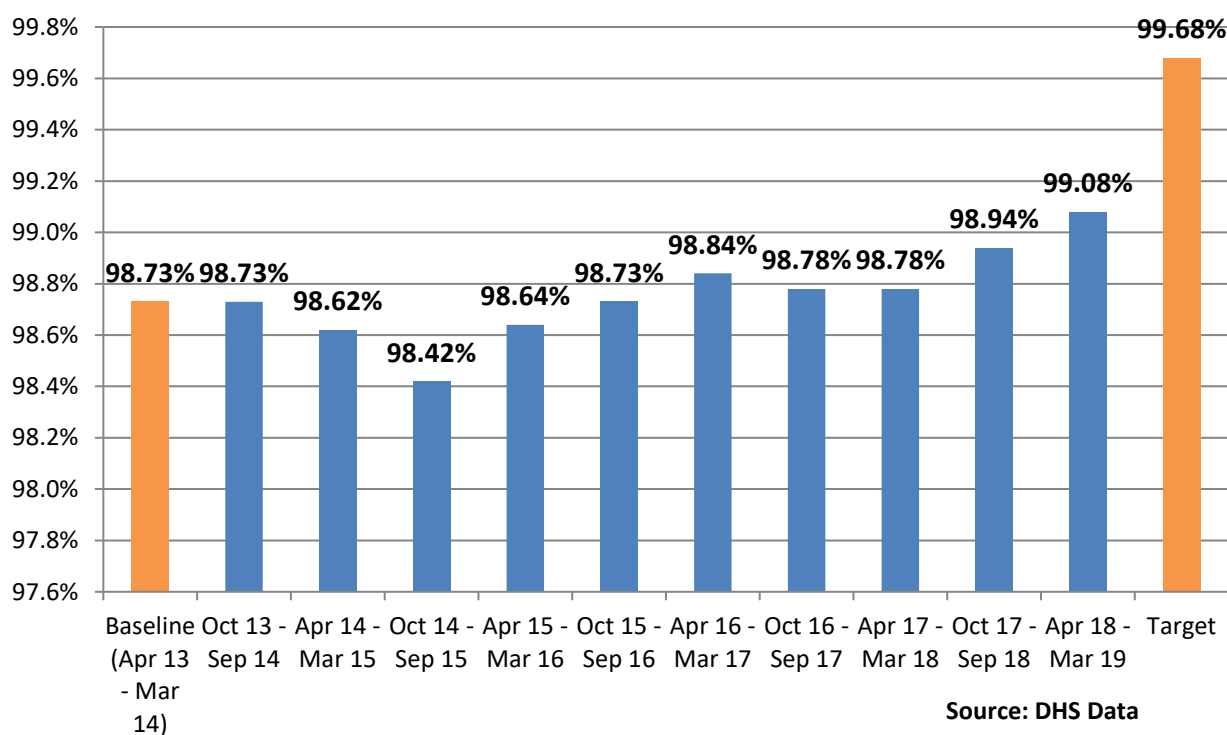
For this metric's current measurement period, April 1, 2018 to March 31, 2019, DHS reported that 124 children out of 13,441 in DHS custody were abused or neglected while in care. This represents a rate of 99.08 percent of children in DHS custody during the period who were not victims of child maltreatment. For DHS to have met the Target Outcome of 99.68 percent of

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

children safe in custody, DHS would have had to keep an additional 81 children safe from abuse and neglect by a resource caregiver.

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

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



In addition to reporting performance on this metric semi-annually, DHS publicly reports substantiations of child maltreatment monthly. Over the same 12-month period, April 1, 2018 to March 31, 2019, DHS reported 146 substantiations of child abuse and neglect by a resource caregiver. Of these 146 substantiations, 111 (76 percent) are for children in family-based foster care settings, while 35 (24 percent) are for children in institutional placements.

Twenty-two of the 146 substantiations reported in the monthly data are not included in the Metric 1a federal measure adopted by the DHS and the Co-Neutrals for two reasons: (1) 13 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) nine child abuse or neglect substantiations were not counted in the federal metric because they represent multiple substantiations for the same child. This period, DHS also reported a sharp reduction in the number of substantiations - 45 fewer - that are excluded from the federal measure based on the referral and findings dates not existing within the same 12-month report period.

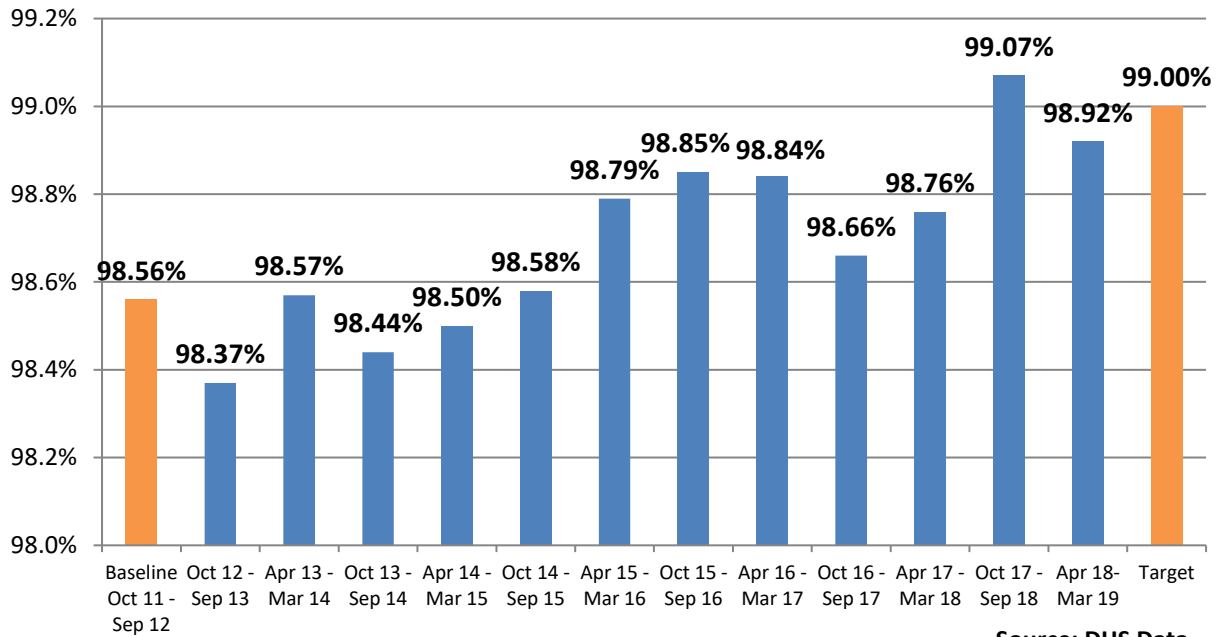
Child Safety: Abuse and Neglect by Parents While Child is in the Legal Custody of DHS, Metric 1b

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

The metric for "Abuse and Neglect by Parents While Child is in the Legal Custody of DHS," measures performance this way: Of all children in the legal custody of DHS during the reporting period, the number and percent of children who were not victims of substantiated or indicated maltreatment by a parent and the number of children who were victims over the 12-month period.

For this report period, April 1, 2018 to March 31, 2019, DHS served 13,441 children in custody, 145 of whom were abused or neglected by parents while in DHS custody, yielding a safety rate of 98.92 percent against a target of 99 percent. As shown in Figure 15 below, this is a decline from last period, when DHS reported a safety rate of 99.07, which, for the first time last period, exceeded the Target Outcome on this measure. DHS needed to keep 11 additional children in custody safe from maltreatment by their parent in order to have met the Target Outcome for Metric 1b during this period.

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



DHS’ data shows 30 substantiations of maltreatment of children by their parents while in DHS custody were excluded from a total of 175 substantiations in the monthly data because of the same federal exceptions applicable in Metric 1a: 20 are excluded because the referral date and findings dates do not exist in the same 12-month reporting period or due to multiple substantiations on the same child; and, ten are excluded for other applicable criteria, including if the confirmed maltreatment occurred during a prior removal episode.

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

Table 10: Rate of MIC by Placement Type, Current, Last and Prior Report Periods

Placement Type	Current Period (April '18 to Mar '19)		Last Period (Oct '17 to Sept '18)		Prior Period (April '17 to Mar '18)	
	# Of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate	# of Children Maltreated	MIC Rate
Regular Foster Family Care	35	6.2	70	12.1	50	8.2
Foster Family Care - Supported Home	17	3.6	26	5.1	19	3.4
Kinship Foster Family Care Relative	37	3.7	46	4.4	68	6.3
Kinship Foster Family Care Non-Relative	12	3.8	21	6.9	17	5.7
Therapeutic Foster Family Care	3	5	8	10.3	11	10.3
Congregate Care	35	18.3	33	16.9	69	33.4
Other Foster Family Care	7	4.2	5	3.0	1	.6
Total	146	5.2	209	7.2	235	7.7

When compared to the previous 12-month report period, the overall rate of maltreatment for children in DHS custody positively decreased from 7.2 to 5.2, and it decreased from 7.7 to 5.2 when compared to the prior report period. Similarly, the total number of MIC substantiations decreased by 30 percent (209 to 146) from last period and by 38 percent (235 to 146) from the prior period. As noted in Table 10 above, DHS reported an increase of two additional MIC substantiations in congregate care compared to last period, going from 33 to 35. Additional information about these 35 substantiations in congregate care is noted below. At the same time, DHS reported a marked reduction this period of 65 fewer MIC substantiations (37 percent decrease) in foster-care settings, which supported an overall positive decrease in the rate of maltreatment for all children in DHS custody.

It is reasonable to expect that as the number of children in DHS custody decreased steadily over the last five years, the number of children maltreated would also decrease. However, it is important to note that the calculations for both the rate of maltreatment and the federal measure performance outcomes (for Metrics 1a and 1b) account and adjust for the number of children in custody during each report period. As such, the outcomes reported for this, and each, period are a verified reflection of child safety and extend beyond the decreases or increases in the population of children in DHS custody.

Moreover, a comparative review of the number of child substantiations in the monthly data, shows a significant reduction from last period, still taking into account that fewer children were in custody this period. From last period, DHS reported a 3.3 percentage change reduction in the number of children in care – a decrease from 13,901 to 13,441. However, the total reduction of 54 child substantiations in Metrics 1a and 1b combined, from 375 to 321, represents a significantly greater percentage change reduction of 14.4 percent.

Core Strategies to Reduce MIC in Family-Based Placements

Over the past five years, DHS and the Co-Neutrals have conducted case record reviews of all substantiated child maltreatment investigations to understand the causes of child maltreatment and assess the department's efforts to prevent it. These reviews have consistently identified three primary case practice concerns which have impeded DHS' ability to reduce child maltreatment in foster homes. The three primary concerns are:

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

In response to these identified concerns, in 2015 DHS developed a set of core strategies designed to strengthen case workers' assessment and assurance of child safety in each of these areas. DHS developed and began implementation last year of an expanded set of MIC core strategies to give caseworkers sufficient training, guidance and resources to improve the quality and efficacy of these safety-focused case practices originally designed in 2015. The strategies focus on: establishing timely and effective feedback channels to field staff on key findings from 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 caseworker and children's caseworkers to ensure any pertinent safety information is known and monitored by the relevant, involved workers.

The expanded core strategies reflect a comprehensive effort by DHS to resolve identified practice deficiencies. During the current period, the Co-Neutrals again found that DHS implemented the expanded core strategies with a high level of focus and thoughtfulness. The Co-Neutrals urge DHS to maintain its full commitment to strengthening caseworkers' ability to assess and address child safety risks in foster homes.

Improving Case Practice from MIC Qualitative Review Findings

In its expanded core strategies, the department committed to enhance its quality assurance work and establish a structured information sharing process to ensure key findings from DHS' maltreatment case record reviews are discussed timely and constructively with supervisors and caseworkers. DHS' central office MIC team continued its review of all substantiated maltreatment referrals in foster homes and a monthly sample of eight unsubstantiated investigations to assess ongoing practice issues that contribute to child maltreatment in foster homes. During this period, the central office MIC team began to send each of these completed case reviews to the relevant district director and foster care field manager and began routine case reviews at the regional and district levels in an ongoing effort to help local staff identify district-specific challenges and strengths in case practice and develop targeted strategies to address gaps or challenges that may not have been as visible at the statewide level.

Each district director is responsible for completing a monthly review of two substantiated and two unsubstantiated maltreatment referrals in their district in order to identify and address district-specific practice issues related to maltreatment.¹⁵ DHS developed new tools, specifically for district directors and foster care field managers, to promote consistency and objectivity in the case reviews. District directors and field managers are required to engage in timely discussions with their staff, primarily permanency planning and foster care caseworkers, assigned to the reviewed cases to identify opportunities to enhance the risk assessment skills of those workers involved in the case. The new case review tools guide district leadership to assess specific contributing factors related to the long-standing areas of concern (referral history, quality of visits and home approval). The review tools also contain a transfer of learning component that allows DHS to document and track whether and when district directors are meeting with staff to review areas of practice that require attention, as well as those that represent practice strengths.

Quarterly, district directors also complete an in-depth case analysis of one substantiated maltreatment referral and present their analysis to their local office caseworkers and

¹⁵ Not every district will have two substantiated or unsubstantiated referrals every month. Such districts will review up to two substantiated and unsubstantiated referrals each month.

supervisors.¹⁶ In their presentations, district directors are required to identify factors that contributed to maltreatment in their reviewed case so that, as warranted, prevention strategies for the district/region can be planned and implemented. The central office MIC team attends quarterly presentations to monitor content and efficacy.

The MIC referral case reviews completed by the district directors are shared with a MIC lead staff person assigned for each region. The regional MIC lead meets at least every other month with a MIC team established for each region to review any emerging trends identified in their districts' MIC data and case reviews and to assess the ongoing, local implementation of MIC prevention strategies. Quarterly, each region's MIC team presents to the central office MIC team a summary of trends, practice strengths and weaknesses, and any other identified issues. Through this quality assurance process, each regional MIC lead was required to identify a primary issue that has contributed to child maltreatment in their region and develop a targeted action plan to address this issue. Every region decided that the primary practice area in need of improvement is the quality of worker visits, also referred to as monthly contacts. The following is a summary of each region's action plan:

- Region 1 is focusing on improving the quality of worker visits. This includes ensuring that unannounced visits occur at least every three months as required and that caseworkers discuss during every monthly visit with foster parents and children the use of discipline. (Inappropriate use of discipline has been identified as a contributing factor to maltreatment in care.) Region 1 is also focused on the quality and safety of foster homes through the enhanced use of resource home alerts in the KIDS system to ensure all child welfare specialists involved with a home are monitoring and addressing any identified safety issues, particularly any non-disqualifying issues of concern that were surfaced during the approval process of kinship foster homes.
- Region 2 is also focusing on the quality of worker visits, including: conducting thorough safety assessments of infants and non-verbal children; discussing the use of discipline in the home; addressing any contradicting information obtained; reviewing child service needs with the child and foster parents; and, inquiring about the presence of any unapproved individuals in the home.
- Region 3 is focusing on quality of visits, including the requirement for unannounced visits each quarter, the discussion of discipline in the home, and determining if any unapproved individuals frequent or live in the home and/or care for the children.

¹⁶ An in-depth case analysis also occurs in the event of an unsubstantiated referral that contains significant risk factors.

- Region 4 is focusing on quality of visits, specifically thorough assessments of the use of discipline and any unapproved individuals in the home, as well as the requirement to complete an unannounced visit every quarter. Region 4 also chose to focus on strengthening its best placement practice to ensure each child's placement can meet their individual needs.
- Region 5 is focusing on quality of visits and ensuring clear communication with foster parents regarding emergency contact procedures and informal care requirements.

The regions have provided summary reports to the central office MIC team on the progress of these action plans, which includes quantitative and qualitative summary feedback from the hundreds of monthly contact notes supervisors reviewed and discussed with their staff. Supervisors use these discussions to coach caseworkers toward enhanced safety practices and reinforce the importance of properly documenting the contents of their visits.

As an example, Region 3 supervisors reviewed 565 case contacts over the three-month period of March to May 2019. In the contact notes reviewed from March 2019, Region 3 supervisors found that quality discussions about discipline used in the foster home was documented for only 18 percent of the visits. In May 2019, DHS reported improvement with 45 percent of the contact notes reviewed for Region 3 showing quality discussions about discipline. Similarly, DHS reported that the documentation of discussions about other individuals who may frequent the foster home increased from five to 60 percent in Region 3. While work remains to improve the quality and documentation of monthly visits, supervisors in Region 3 reported that they are, "shifting discussions with [caseworkers] from what they are required to talk about in visits to improving the quality of these interactions." For example, supervisors are tracking and guiding staff not only to discuss discipline in the home but to discuss the details of the methods, frequency and purpose of the use of discipline.

Region 4 reported that 55 percent of contact notes reviewed from February 2019 appropriately addressed discipline according to DHS' quality contacts guide and this increased to 79 percent by June 2019. DHS distributed to all child welfare staff in October 2018 new guidance for quality contacts with children and their parents. All district directors and deputy directors received training on the new contact guides, which were designed, in part, to improve the assessment of safety, risks and needs. All caseworkers and supervisors have been trained on the guides, on a rolling basis, as part of the Supervisory Framework Series training.

Training Informed by MIC Case Review Findings

At the end of the last report period, DHS launched a new online MIC prevention training that all child welfare staff, at all levels, are required to complete. As of May 2019, DHS reported that 99.73 percent of the required child welfare staff had completed the training. As previously reported by the Co-Neutrals, the training comprehensively covers the leading case practice areas of concern identified through case reviews (referral histories, quality of visits and home approval) with clear and detailed instruction. DHS also required that all staff of its contracted foster home agencies must complete this training by May 1, 2019: 96.35 percent of these private agency staff completed the training by the target date. This MIC prevention training is also required of all new child welfare staff and is a standing component of caseworker pre-service CORE training.

To reinforce the concepts learned through the online MIC training, DHS sent all staff a series of booster questions at two days, two weeks, and six weeks following training completion. In June 2019, DHS completed an analysis of the answers staff provided through the booster questions to assess the effectiveness and learning impact from this MIC prevention training. DHS reported that overall the results were positive, with a 95.3 percent completion rate for the first set of booster questions, 90.1 percent for the second set and 85.3 percent for the last set, which focused on qualitative questions.

Advancing beyond this online MIC prevention training, DHS developed during this period a new, MIC Level 2 online training that consists of six modules. DHS reported that this training focuses on the following: preventing MIC through quality placement assessment conversations; thoroughly assessing protective capacities for children in care; developing quality support plans and, when necessary, Written Plans of Compliance (WPC) for foster parents; generating injury and resource home alerts; and obtaining quality information from monthly and quarterly contacts. The MIC level 2 training also includes a Transfer of Learning – Group Case Learning Guide for supervisors to conduct follow-up group learning sessions with caseworkers in their units, allowing staff to discuss the content of the MIC level 2 online training in a supportive and interactive environment. DHS launched this new, second level MIC training on July 1, 2019 for all child welfare specialists (I, II, III and IVs) and on August 1, 2019 for private agency staff.

Assessing Safety and Protective Capacities in Foster Homes

A fundamental initiative DHS implemented in September 2018 is an alerts system in KIDS that can notify all impacted caseworkers of any safety related issues or identified stressors in a home that require increased monitoring, support and/or engagement by staff. In its review of confirmed maltreatment investigations in previous periods, DHS identified that, in some cases, a lack of information sharing about concerns in a foster home between the resource home worker and the child's permanency or adoption worker resulted in critical safety concerns going

unaddressed. As a result, DHS reported a primary purpose of the resource home alerts system is to increase communication between the different caseworkers to ensure all workers are informed of and monitoring any concerns in a foster home.

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

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

As of February 1, 2019, DHS reported that 79 resource alerts were open and 18 had been resolved. By the end of the period on July 1, 2019, 148 resource alerts were open, with 95 resolved. As previously reported, the Co-Neutrals received positive feedback regarding the new alerts system from discussions with supervisors in the field. In particular, supervisors stressed that the alerts are a helpful tool to ensure staff more effectively communicate about any concerning issues in a resource home. DHS reported that, during the period, leadership continuously reviewed implementation of the resource alerts and obtained feedback from field staff, which led to changes underway in KIDS to better track and monitor the status of the alerts. The changes will also ensure automatic notification of an alert to any staff newly assigned to a foster home or to a child placed in a home where an alert is in effect. Additional guidance and training on the proper use and resolution of resource alerts is included in the new MIC level 2 training.

Further, DHS' foster care and private agency staff were required during this period to complete, as part of their required in-service curriculum, a training entitled Assessing Concerns in Resource Homes. This training, which will be offered quarterly for new staff required to complete it, focuses on the following:

- Assessing potential concerns in resource homes for early, effective intervention;
- Documenting clearly the risks or concerns that have been identified;
- Identifying the response time and level of appropriate intervention needed; and,
- Distinguishing between formal and informal interventions.

Reducing the Incidence of Foster Homes with Concerning Referral Histories

The Co-Neutrals' and DHS' past reviews of foster homes that were substantiated for maltreatment identified the existence of referral histories that contained previously screened out, ruled out, or unsubstantiated allegations in some instances. These referral histories often presented a pre-existing, documented pattern of safety risks to children in the home that were either overlooked or not considered in their entirety. As part of DHS' original MIC core strategies

developed in 2015, DHS began to require screen out consultations, which are multi-staff joint reviews following DHS' decision not to accept for investigation, but instead screen out, an abuse/neglect referral for a child placed in a foster home. During this review, foster care and permanency staff are required to assess the foster home's referral history and any other information that may reveal safety concerns and require follow up action by the department. The purpose of the screen out consultation, as well as DHS' long-standing 10-day staffings that are conducted after DHS initiates an investigation of maltreatment in care, is for caseworkers and supervisors to identify any safety risks in a home and to take prompt and appropriate action to mitigate any unreasonable risks of harm for children.

DHS reported that over 99 percent of required screen out consultations were completed during the six-month period of October 2018 to March 2019, and, as reported in prior Commentaries, the Co-Neutrals have observed through case record reviews that caseworkers and supervisors are generally consistent in completing these post-referral reviews.¹⁷ However, DHS has recognized that beyond just ensuring completion of the screen out consultations, the department must provide additional support and guidance to field staff in order to improve the quality of this safety-driven practice. Last period, DHS developed detailed guidance for both staff reviews (screen out consultations and 10-day staffings) to help ensure staff are thorough and thoughtful in assessing safety. During this period, DHS embedded a screen out consultation guide in KIDS, which requires staff to assess the following information about the foster home: the number and content of referrals and investigations involving the home, the number and content of Written Plans of Compliance (WPC) involving the home, and any safety issues in the home. Most importantly, the guide requires staff to document their justification for keeping a child in the home or, conversely, removing a child following the screened out referral. If it is decided that it is in the best interest of the child to stay in the home, staff must document if a Written Plan of Compliance is necessary to secure child safety, and any additional supports that will be placed in the home to mitigate risk and promote safety for a child.

Improving the Foster Home Approval Process

For the past two years, DHS' MIC core strategies have focused on improving the department's practice of assessing and approving new foster homes through the Resource Family Assessment (RFA) Action Plan. The Co-Neutrals have previously reported on DHS' effort to implement the plan, which includes: 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

¹⁷ DHS reported that between 95 and 100 percent of required screen out consultation were completed during the six-month period of April to October 2018. An average of at least 90 percent of the required screen out consultation have been completed since October 2017. The baseline for screen out consultations was 38 percent during the six-month period of September to November 2016, after this core strategy began in February 2016.

conducting thorough home assessments; guidance on higher-level reviews and approval of homes with concerning histories; and ongoing, quality assurance through resource home case reviews.

Efforts to improve the resource home assessment process and practice continued through this period. In January 2019, DHS and private agency resource home staff received additional training that focused on updated protocols and ensuring all required records about a prospective foster family are obtained and assessed for safety, including criminal and child welfare history checks. Further, in January 2019, each of the ten field managers who lead foster care field operations across the state developed an action plan to improve the quality of resource family assessments with a focus on the practice areas in most need of improvement. Many of the plans focus on the same issues, including:

- Ensuring background checks (criminal and child welfare history, including out of state when required) are completed for all adults in the home and documented appropriately in the resource family assessment.
- Ensuring staff are appropriately using the RFA review tool and check lists to complete all the necessary components and safety review contained in these process documents.
- Ensuring staff are completing and documenting the requirements for obtaining policy exceptions in order to approve a home.
- Ensuring medical professional references are in the records.
- Ensuring staff are uploading in the resource record all the RFA documents.

A dominant focus of the RFA plan, as well as the field managers' individual action plans, is to establish accountability. DHS leadership has sought to ensure that caseworkers and supervisors are taking responsibility for the RFA process, which includes carefully reviewing the home studies, identifying any areas of concern or discrepancies and addressing those issues to help ensure the safety of any child placed in an approved home.

DHS has also established a quality assurance (QA) team specifically for its foster care and adoption programs. This QA team reviews samples of resource family assessments completed for newly approved foster homes and provides feedback to foster care staff. As a result of the team's reviews, DHS developed this period instructional materials for completing effective record searches (criminal and child welfare history checks), and scheduled train-the-trainer sessions around this guidance for two staff from each of the ten foster care field offices. Moving forward the QA team will focus its RFA reviews on one region at a time, allowing for a deeper and more probative assessment of practice strengths and areas needing improvements at the local level. The Co-Neutrals will monitor the findings of the QA team's reviews and provide an update in the

next Commentary.

DHS' Efforts to Reduce Child Maltreatment in Institutional Settings

During the fall of 2015, DHS began to expand and strengthen 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 committed to engage in heightened monitoring and oversight to ensure the timely and full resolution of safety concerns. DHS also committed through new contract requirements to ensure that all group home facility staff are trained on Managing Aggressive Behaviors (MAB), a model of positive youth development selected by DHS to prevent child restraints and de-escalate behavioral challenges presented by children and youth.

As noted above, DHS reported two additional MIC substantiations in congregate care this period compared to last period, increasing from 33 to 35. For the last period of October 2017 to September 2018, DHS had more than halved the number of children maltreated in institutional settings, reducing the number of substantiations from 69 in the prior period to 33. With 35 MIC substantiations in institutional settings reported this period, DHS continued to report almost 50 percent fewer children maltreated than the 69 confirmed in the prior period.

In cases where institutional settings were unable and/or unwilling to ensure the safety of children in DHS custody, DHS has appropriately ended placement contracts and/or closed facilities in order to secure child safety. As a result, 15 of the 35 MIC substantiations reported this period in institutional settings occurred in placements where DHS terminated contracts or operations. Six of these 15 substantiations happened in the Laura Dester children's shelter, which the department closed on June 30, 2018. The other nine child substantiations occurred within one group home and resulted from five separate incidents involving nine children between June and August 2018, shortly after this group home first opened. While safety in the group home improved after DHS initiated heightened monitoring, DHS ended its contract with this facility as of June 30, 2019. This group home is now closed.

Comprehensive Protocol Following an Investigation

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

facility liaisons in DHS Specialized Placement and Partnerships Unit (SPPU) have monitored and enforced corrective action plans (CAP) and facility action steps (FAS). The reviews have identified that DHS appropriately initiated a CAP following an investigation to address any employee-specific concerns identified. DHS also committed to develop Facility Action Step (FAS) plans to address facility-wide (or agency-wide) behaviors or conditions of concern, including contract compliance, lack of training, low staffing levels, over-use of restraints, or overall non-therapeutic environments. SPPU's heightened monitoring efforts and corresponding action plans generally have improved facility-wide concerns at selected institutions.

Heightened Monitoring of Facilities with Prior Maltreatment

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

DHS identifies facilities that require heightened monitoring based on DHS' most current child maltreatment data. During the last six-month report period (June through December 2018), DHS reduced the number of facilities subject to heightened monitoring from four to one, having concluded that three of the facilities had implemented an action plan to sustainably address concerns identified through a comprehensive, detailed and facility-wide program assessment. During this six-month report period (January through June 2018), DHS initiated heightened monitoring of three new facilities not subject previously to heightened monitoring.

Expanded Core Strategies in Facilities

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

addressed and mitigated. Should DHS determine that it is in the best interest of a child to be placed in a group home subject to heightened monitoring, DHS agreed to develop and monitor a safety plan to secure the child's safety once placed.

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

F. Caseworker Visitation

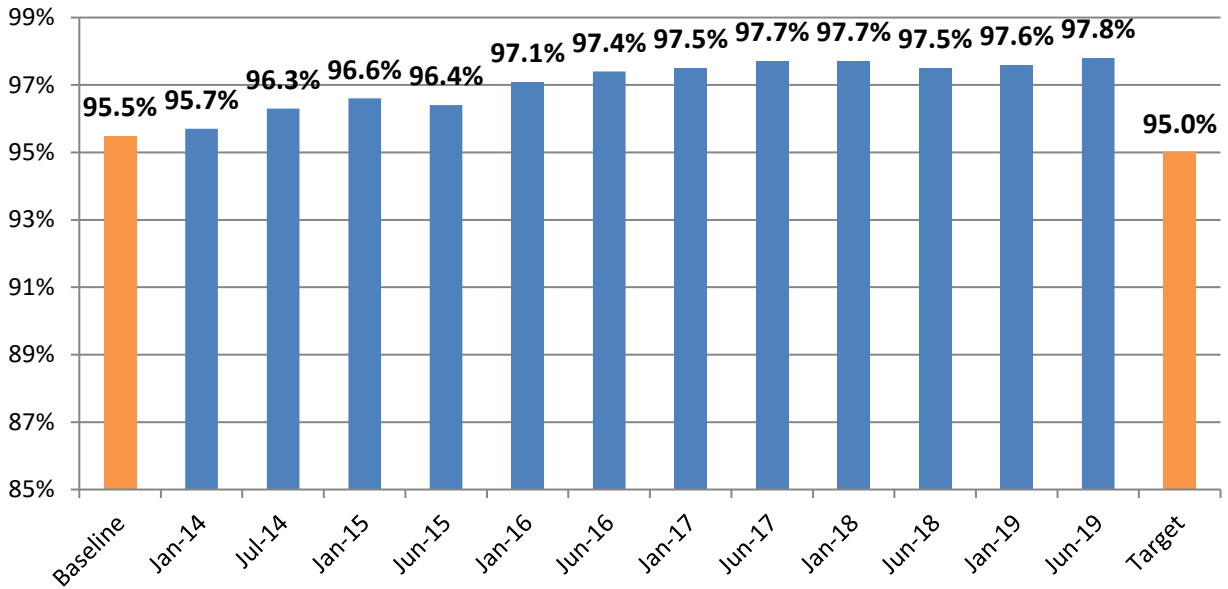
Quality visits by the same caseworker with the same child are fundamental to achieve stable placements and timely permanency for children, provide opportunities to assess and address children's safety and well-being, and support foster parents in their care of foster children. DHS reports on two performance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

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

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

Regarding Metric 3.1, DHS reported that caseworkers made 90,873 (97.8 percent) of 92,905 required visits with children during the reporting period of July 1, 2018 to June 30, 2019. DHS started strong with an original baseline performance of 95.5 percent of all required visits made. DHS has consistently shown performance that exceeds the Target Outcome of 95 percent for this metric.

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

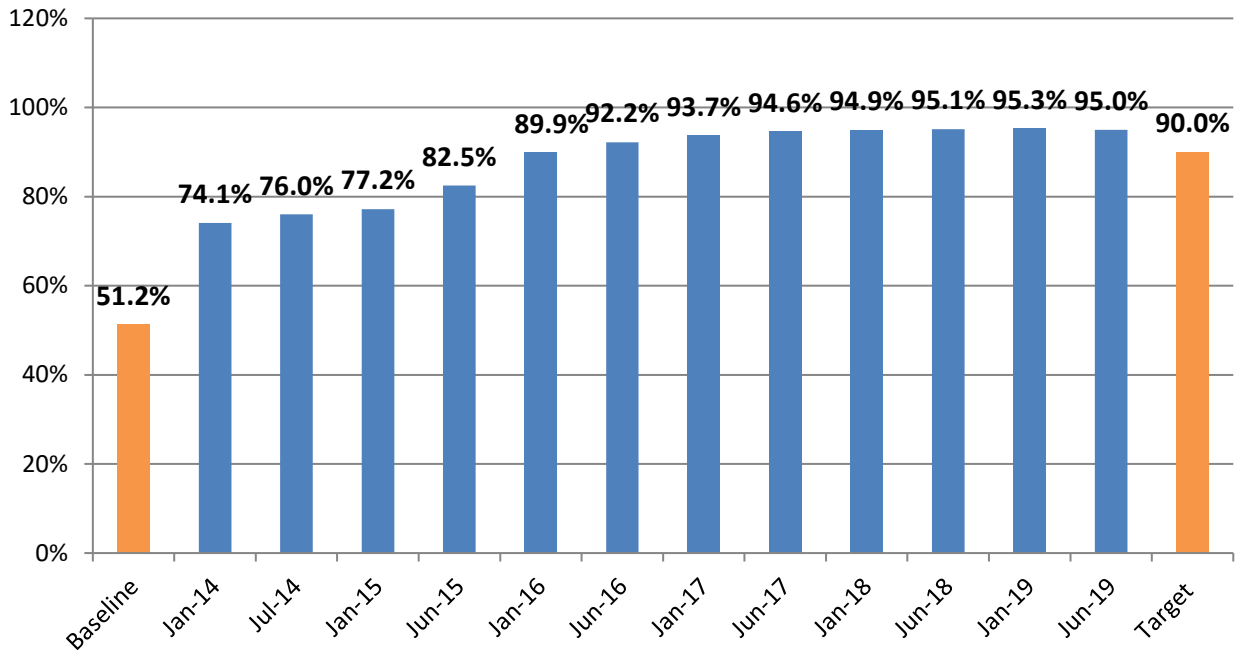


Source: DHS Data

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

The second indicator, Metric 3.2, measures monthly required visits made by primary caseworkers only. To improve casework practice, DHS committed to end the use of secondary workers across the state by January 2014. During the current report period (July 1, 2018 to June 30, 2019), DHS reported that primary workers made 85,390 (95.0 percent) of the 89,838 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 seven consecutive periods, including the current.

Figure 17: Metric 3.2 – Frequency of Primary Worker Visits



Source: DHS Data

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

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

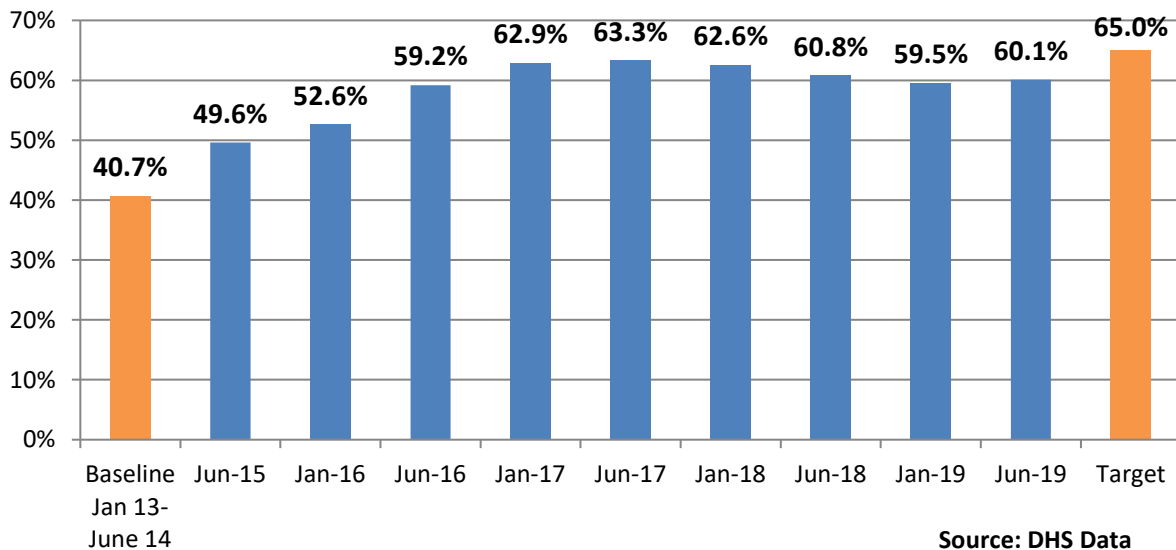
The measure the Co-Neutrals use to assess Oklahoma’s progress on continuity of children’s visits with the same primary caseworker was staged in two phases. First, DHS reported on the continuity of visits over three months (Metric 3.3a).¹⁸ DHS is now in the second phase, reporting for the ninth time its performance outcomes on continuity of visits over six months (Metric 3.3b). Metric 3.3b measures the following:

¹⁸ 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.

For this reporting period from July 1, 2018 to June 30, 2019, DHS reported that 7,405 children required at least six consecutive visits. Of these 7,405 children, 4,449 children (60.1 percent) were visited by the same primary worker in their most recent six months in care. The baseline for Metric 3.3b was set at 40.65 percent, with a final Target Outcome of 65 percent. Two years ago, for the 12-month period ending June 30, 2017, DHS reported its peak performance outcome of 63.3 percent for this measure, which was close to the Target Outcome. Since then, while DHS has remained significantly above the starting baseline, the department has reported outcomes below its highest performance level. The Co-Neutrals urged DHS to assess why the performance outcome for this measure declined over the past several periods in order to undertake the necessary efforts and advance again toward the Target Outcome.

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



DHS originally reported a performance outcome for this report period of 59.3 percent. The department subsequently conducted a more in-depth analysis of this report period's 3.3b detailed data and identified 411 children whose records showed that they were assigned the same primary worker for their most recent consecutive six-month period in custody, yet their visitation records were not in compliance with the requirements of the 3.3b measure. DHS requested that local supervisors and caseworkers review the accuracy of the visitation records for these 411 cases. Through this review process, staff identified 56 children who had a visit that

was completed by the child's primary worker; however, it was incorrectly documented as being completed by a different worker or not recorded as being completed at all. The correction of these 56 caseworker visits resulted in a slight increase (from 59.3 to 60.1 percent) in the 3.3b performance outcome for this period.¹⁹ DHS surfaced documentation errors for the 56 visits, most of which resulted from caseworkers in training who shadowed the primary worker during the visit and entered the contact notes in the child's record, but did not accurately record that the primary worker still completed the visit. After the end of this report period, DHS issued guidance to supervisors and staff to help ensure accurate documentation of visits by any staff entering monthly contact notes. DHS also reported that its data team will be reviewing monthly its caseworker visits data for any ongoing, related challenges.

For most of the 411 visits reviewed where the record showed that the involved child maintained the same primary caseworker during the period, DHS found that another worker did, in fact, complete at least one of the six visits. As such, no documentation errors were identified in this reported data. The department reported that for 170 visits, the primary worker was on extended leave (including Family Medical Leave Act) and therefore did not complete the monthly contact. For 25 visits, another worker or supervisor covered the visit due to an unexpected emergency, sometimes involving another case. Nevertheless, these visits were also recorded accurately as not meeting requirements of the 3.3b measure. A smaller number of visits, 11, were completed by an assigned secondary worker. As documented in Measure 3.2 above, DHS continues to ensure the vast majority (95 percent) of visits are completed by a child's primary worker and not a secondary worker.

As noted above, DHS remains substantially closer to the Target Outcome rather than the baseline for this measure. However, the department acknowledges that caseworker turnover is the primary challenge to achieving the Target Outcome for Metric 3.3b and that DHS' ongoing efforts to stabilize its workforce and improve retention must continue to improve not only caseload compliance but also continuity of workers and visits for children in custody. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for continuity of visits over a six-month period.

G. Placement Stability

Over the last several years, DHS has identified several core strategies to improve placement stability outcomes for children in DHS custody. These strategies include increasing the number of children who are placed in kinship homes as their first placement and ensuring that the needs of foster parents and children are met in every foster home placement. During this period, DHS

¹⁹ DHS provided the Co-Neutrals with the detailed data and information regarding the 56 corrected visits.

renewed its efforts to implement these strategies and focused intensely on first assessing the current quality of these practices in the field and then guiding and supporting caseworkers and supervisors to improve case practice where necessary. As a result of these efforts described below, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress toward the placement stability Target Outcomes.

Performance Standards

The Co-Neutrals and DHS agreed to use the federal Adoption and Foster Care Reporting System (AFCARS) files and definitions for placement moves to measure children's placement stability. This report reviews performance data for the period April 1, 2018 to March 31, 2019 for Metrics 4.1 a, b and c and Metric 4.2.

Performance Outcomes

Metrics 4.1 a, b and c report on the number of children who experience two or fewer placements within different lengths of time in DHS custody (e.g., 0-12 months, 13-24 months, over 24 months), while Metric 4.2 reports on the number of children who experience two or fewer placements after their first 12 months in care. As detailed in Table 11 below, for this report period, DHS' performance improved in two of the placement stability metrics (4.1 b and c) and very slightly decreased in the other two (4.1 a and 4.2).

Table 11: Placement Stability Baselines, Targets, and Current Performance

Metric	Baseline Oct 2011 - Sept 2012	Performance Oct 2016 - Sept 2017	Performance Apr 2017 - March 2018	Performance Oct 2017 - Sept 2018	Performance April 2018 - March 2019	Target 6/30/2016
4.1(a): percent of children in custody with 2 or fewer placements who are in care less than 12 months	70.0%	76.6%	77.7%	80.7%	79.8%	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%	58.0%	58.2%	59.0%	61.0%	68.0%
4.1(c): percent of children in custody with 2 or fewer placements who are in care at least 24 months	23.0%	28.6%	29.9%	30.8%	33.0%	42.0%
4.2: percent of children in care more than 12 months, with 2 or fewer placements after their 12 months in care	74% (Apr.'12– Mar.'13)	78.4%	79.1%	79.8%	79.5%	88.0%

Kinship as First Placement

DHS has made increasing the ratio of children whose first placement is in a kinship relative or kinship non-relative placement a key objective to improve placement stability for children in custody. After a child welfare system determines that a child must be removed from their family,

placing the child with relatives or families who are familiar to them is most often in a child’s best interest when such placements are determined to be safe and able to meet the child’s needs. In addition to reducing the unease or trauma that children can experience when placed in an unfamiliar home, DHS’ data analysis shows that children are more stable and experience fewer placement moves and disruptions when placed with kinship families.

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

As shown in Table 12 below, DHS established baseline data for kinship first placements during the six-month period of July to December 2016, with 34.6 percent of children being placed in kinship homes as their first countable placement. For this report period, DHS reported 47.6 percent of first placements were in kinship homes, which is an increase from 45.4 percent reported last period. DHS has remained well above the starting baseline of 34.6 percent for first kinship placements reported two years ago.

Table 12: Percent of Children Whose First Countable Placement is a Kinship Home²⁰

Month	Children Placed in Kinship as 1st Placement	Children Removed during the Month and Entered in Countable Placement	% of Kinship as 1st Placement
Baseline: Jul - Dec 2016	878	2,540	34.6%
Jan - June 2017	1,001	2,598	38.5%
July - Dec 2017	1,009	2,264	44.6%
Jan - June 2018	1049	2138	49.1%
July – Dec 2018	959	2113	45.4%
Jan – June 2019	974	2045	47.6%

Source: DHS Data

²⁰ Countable placements include foster care, kinship, shelters, TFC, group homes, and tribal homes. Examples of placements that are not countable include inpatient, hospitals, or trial reunification.

To ensure that staff, particularly CPS investigators, have sought out and assessed all kinship placement options for children entering state custody, DHS established that a caseworker's supervisor must document for district director review and approval all efforts undertaken to identify a viable kinship placement, including the specific kinship placement options reviewed and ruled out before a non-kinship placement is approved.²¹ During this period, DHS' new statewide lead for placement stability found that the department's ability to track implementation of this required practice was limited, and began working on ways to address and improve DHS' capacity in this regard.

Specifically, the department's placement stability lead initiated two actions during this period to further ensure that supervisors and district directors are completing the practice of reviewing and determining if caseworkers' efforts to place children in kinship homes are sufficient. First, the placement stability lead revised the guidance developed for staff, supervisors and district directors to request or provide approval to place a child in a non-kinship home for a child's first placement. Second, DHS began to require that supervisors document the approval for non-kinship placements in each child's KIDS record, which will allow DHS to track that such approvals have been obtained.

Efforts to Stabilize First Placements

Since January 2017, DHS has focused on two specific efforts to help stabilize a child's first placement in a foster home, which includes foster homes of all types: the "two-day call" and the Initial Meeting. Following a child's first placement in care, DHS requires caseworkers to call the foster family within two days of placement as a mechanism to help ensure a child's needs are being met and that the resource family feels supported. Further, DHS has had a standing requirement that an Initial Meeting is held within 10 days after a child is newly placed in DHS custody.²² The purpose of the Initial Meeting had long been to bring together biological and resource parents to meet and help the child feel safe and comfortable and discuss the child's needs. The meeting is to include the child's parent(s), the foster family, the child's permanency worker, the foster family's resource worker and the CPS worker. DHS made it a priority to clarify with caseworkers the mandate and importance of completing the Initial Meetings and added a new requirement that during the Initial Meeting, DHS must develop a child and resource family

²¹ 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.

²² Previously the requirement was for the Initial Meeting to be held within seven days and DHS changed it to within 10 days. Further, previous Commentaries noted the Initial Meeting must occur within the required timeframe (seven or 10 days) from the date the permanency worker is assigned. DHS has since reported that the Initial Meeting must occur within 10 days after the child is placed.

support plan. The support plan includes any individualized services and/or supports identified as important to ensure stable placements for children.

Shortly after DHS began to implement the two-day call and Initial Meetings for a child's first placement as placement stability strategies, the department established baseline data for the completion rate of these practices. For the two-day call, DHS reported a starting baseline for the three-month period of February to April 2017 with 13 percent of the newly required calls completed. For the last three months of this period (April to June 2019), DHS reported that 86 percent of the two-day calls were documented as complete for a child's first placement. For the same three-month baseline period (February to April 2017), DHS reported that only 11 percent of the required Initial Meetings were completed, which confirmed DHS' earlier assessment that these meetings, although a long-time requirement, were not a common practice in the field. In comparison, DHS reported during this period (April to June 2019) that 79 percent of the required Initial Meetings were documented as complete after a child's first placement.

During this period, DHS undertook considerable new efforts to assess the quality of the department's practice to implement Initial Meetings across the state. DHS reported that its Placement Stability team conducted a larger scale case record review of documented Initial Meetings to determine if caseworkers are carrying out the key elements of the practice. DHS reported that "the vast majority of the reviews concluded the expressed purpose for conducting an [Initial Meeting] had not occurred." The department frequently found that the needs of foster parents and custody children were not documented and that essential and required participants (i.e., biological parents) did not attend. DHS also noted that the required Child and Foster Parent Support Plans were often missing from the record. Based on this assessment, DHS developed and distributed during this period new guidance materials for child welfare staff to ensure there is clarity regarding the goals of the Initial Meetings and to reinforce this intention among caseworkers and supervisors responsible for implementing this practice.

DHS' placement stability team sends monthly messages to child welfare staff at all levels regarding the benefits to children, as well biological and foster parents, of securing placement stability and thoroughly completing Initial Meetings. In communications sent to staff, DHS recapped the fundamental basics of the Initial Meetings as well as the importance of establishing a support plan for foster parents and the children placed with them soon after a child is newly placed in a resource home. DHS is also emphasizing the importance of properly documenting Initial Meetings and support plans.

The Co-Neutrals previously reported concerns that DHS had not provided sufficient direction and support to caseworkers, especially new caseworkers, on the importance of developing a child and foster family support plan and the types of supports they should consider and discuss with

foster parents. During this period, DHS' placement stability lead developed an example of a quality support plan, which was distributed to all child welfare staff. In preparing this sample plan, DHS completed the Child and Resource Family Support Plan guide document and included detailed examples of supports that families may require as well as specific topics to review to help families identify their support needs.

In November 2018, DHS began to require that an Initial Meeting be completed for any new family-based placements for children already in care. Prior to this, DHS implemented this strategy only for children entering a first placement. DHS formally updated its policy to require the application of this practice for all family-based placements, which represents a significant expansion of this strategy to advance placement stability and support plans for foster families. DHS selected May 2019 as the month to establish baseline data for this expanded practice. During May 2019, there were 448 children who required an Initial Meeting following a subsequent family-based placement, and Initial Meetings were documented for 23 percent (103) of these new child placements. In the next Commentary, the Co-Neutrals will provide a data update on the change in the monthly completion rate for subsequent Initial Meetings.

Tracking Implementation of Placement Stability Strategies

To support caseworkers' real-time tracking of the placement stability practices needed for new child removals, DHS developed a report (yi867b) that runs each night and offers caseworkers a daily tracking tool. Once the practices have been completed and properly documented, the case no longer appears on the report. DHS uses another form of this report (yi867) as a management tool to assess DHS' progress monthly towards increasing the rate of completion of each of the stability practices. During this period, the placement stability team also began to send to the leadership of each of DHS' five regions a data report that shows how their region compares to statewide completion rates of the two-day calls, Initial Meetings, and kinship first placements. The reports also show completion rates broken down by each district within the region.

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

report include delays related to approving kinship homes that require out-of-state background checks and a lack of upfront, early family identification prior to removal.²³

New Training

DHS continued to work with the University of Oklahoma during this period to prepare a new online placement stability training for staff which focuses on: engaging families early in a case to support first and ongoing kinship placements; selecting the best placement for a child; conducting quality two-day calls and Initial Meetings; and assessing and addressing each foster family's support needs continuously. As discussed above, DHS' placement stability team spent much of this report period assessing the quality of implementation of its placement stability core strategies and has sought new approaches to help the field understand the purpose and value of these practices and complete these strategies most effectively. DHS is further evaluating its observations of these practices in the field to determine what additional adjustments in current strategies, as well as messaging to staff, may be needed to improve the quality of implementation and placement stability outcomes. DHS reported it plans to make its decisions about any such adjustment before finalizing the online training so that the instructions provided are current and reflective of any new practice improvements the department determines are necessary. The Co-Neutrals will provide an update in their next Commentary on any placement stability program changes or new timelines established for completing the online training.

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 detailed below, through this period, DHS remained focused on strengthening its efforts to achieve the individual permanency goal of each child in order to break through barriers, address deficiencies identified in case

²³ If a prospective kinship family has lived outside of Oklahoma within the past five years, DHS must request criminal and child welfare background checks from the out-of-state jurisdiction where the family previously resided before approving the placement, which can result in delays beyond the department's control.

practice and establish permanency for children as soon as possible after entering care. For this report period, the Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for each of the 6.2 Metrics.

National Standards for Timely Permanency

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

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

Federal Measure (Equivalent OK measure in parenthesis)	Oklahoma Metric Target Outcome	Oklahoma Performance Outcome this Period	Federal CFSR National Standard
Permanency within 12 months (6.2a)	55%	37.6%	40.5%
Permanency within 12-23 months (6.2b)	75%	51.6%	43.6%
Permanency for kids in care 24 months or longer (6.2 c and d combined)	6.2c - 70% (24-35 months)	6.2c - 58.9% (24-35 months)	30.3%
	6.2d - 55% (36-48 months)	6.2d - 60.2% (36-48 months)	

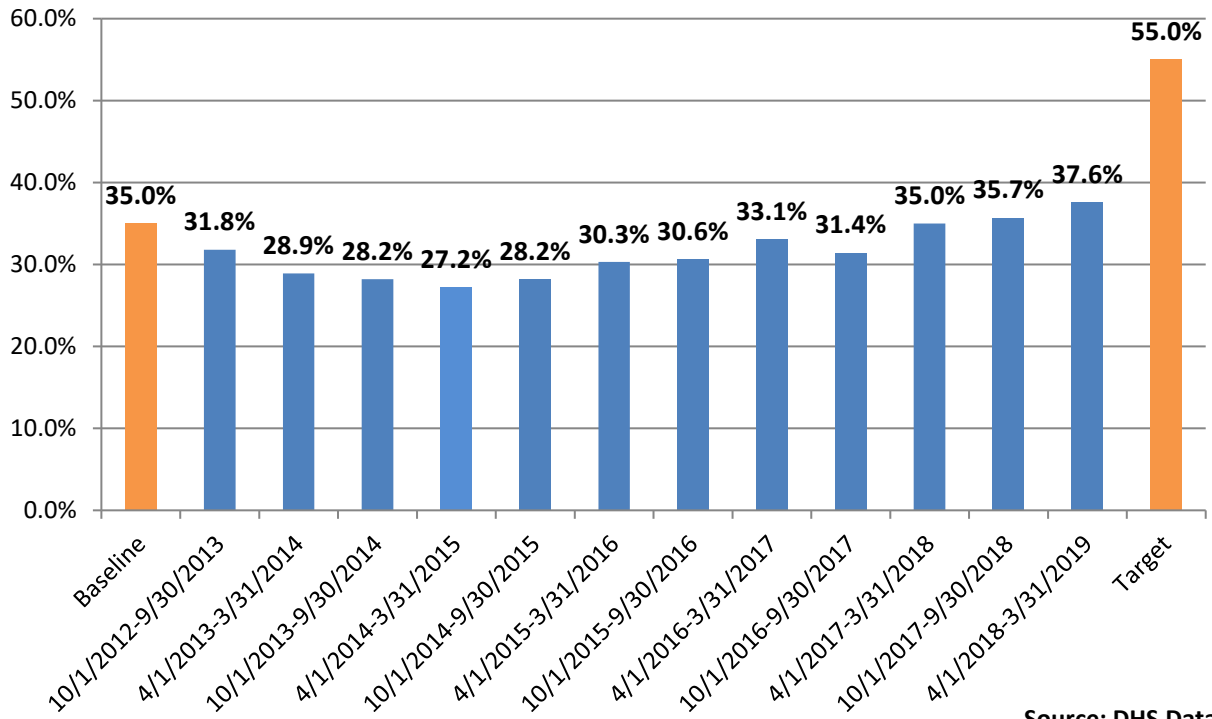
A review of DHS’ current permanency outcomes in the context of the current national average shows that DHS has made significant progress compared to states across the country and has exceeded the equivalent national standards for Metrics 6.2 b, c and d. However, DHS remains committed to achieve the Target Outcomes established for each of the 6.2 Metrics, and the Co-Neutrals evaluated DHS’ good faith efforts to achieve these specific Target Outcomes for the 6.2 metrics as described below.

The following summaries and tables detail the baseline, performance to date and Target Outcome for each of the 6.2 Metrics.²⁴

Metric 6.2a, Permanency within 12 months of removal: DHS reports that of the 2,105 children who entered foster care between October 1, 2017 and March 31, 2018, 792 children achieved permanency within 12 months of their removal date. This represents a permanency achievement rate of 37.6 percent for Metric 6.2a, which also represents a positive increase of 1.9 percent since the last period and is DHS’ highest reported performance to date. This is the third consecutive period that DHS has reported an improved outcome from the prior period for this measure, showing a 6.2 percent performance improvement in 18 months.

²⁴ For this report period, the Co-Neutrals counted in the 6.2 Metrics children who in their 12th month of care entered trial reunification as having achieved permanency.

Figure 19: Metric 6.2a – Permanency within 12 Months of Removal



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, and also underscores the value of efforts made by DHS to have the first placement be a kinship placement, wherever appropriate and possible. Of the 792 children in the 6.2a cohort who achieved permanency this period, 597 (75 percent) were reunified, 89 (11 percent) were adopted, and 106 (13 percent) achieved permanency through guardianship or custody with a relative.

Permanency Safety Consultations (PSCs) to Expedite Reunification

As discussed in previous Commentaries, DHS has implemented Permanency Safety Consultations (PSCs) as the primary core strategy to achieve timely permanency for children with the goal of reunification. In addition, DHS has prioritized implementation of a more proactive and systematic practice to engage birth families early and often after a child is placed in DHS custody to secure more timely permanency for children with reunification goals. For children who have a permanency plan of adoption, DHS has implemented several strategies to finalize timely each

child's life-long connection with an adoptive family. These adoption strategies are described throughout the remainder of this permanency section.

DHS has remained focused on building the quality and effectiveness of its PSC practice so that when a child's permanency goal is to return to their own home, ongoing and timely safety assessments are conducted, and families are supported in their efforts to reunify with their children. PSCs are structured case conferences convened at regular intervals to assess through a team approach the viability of a child's safe reunification with their family. PSCs are required 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 support opportunities for safe reunification as well as to address 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, staff develop a plan of action to move the child timely back home with their family, with the supervisor and permanency worker completing a follow up case review every 30 days until the child is placed in trial reunification. For PSCs that conclude with an unsafe finding, subsequent PSCs are required at least every 90 days if reunification remains the child's permanency goal.

DHS has trained select staff in every region to complete a fidelity review for every PSC convened to assess practice strengths and areas that require improvement. The department also assigned quality assurance staff to each region in order to better identify trends and more effectively use the PSCs to remediate any common barriers to permanency. To further support DHS' quality assessments of the state's PSC practice, the department reported the launch this period of a new electronic tracking system where all completed fidelity reviews are recorded and can be reviewed for statewide and local trends.

To help district directors and supervisors remain on track in completing all required PSCs, DHS' statewide 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 the factors that may be impeding their progress. DHS reported this period that it has begun to more thoroughly and systematically review the records for all children who recently entered DHS custody to identify any child who does not yet have a case plan goal recorded. The department recognizes the need to ensure the appropriate permanency goal is entered as a child could, in fact, have a goal of reunification and require a PSC despite their case record not yet indicating the same.

Further, in May 2019 DHS launched new PSC online training, which all permanency planning staff were required to complete by August 30, 2019. DHS reported that 99 percent of required staff

had either completed or started the training as of that date. The Co-Neutrals reviewed this PSC training and found that it clearly explains the process and purpose of PSCs and focuses on how to assess any ongoing safety threats that may remain as a barrier to reunification.

DHS has established the 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 the necessary follow up actions assigned to address those threats within the designated timeframes. As previously reported, the Co-Neutrals received feedback in discussions with permanency planning caseworkers and supervisors in the field that the PSCs also help prepare caseworkers to more thoroughly and clearly articulate to the court their safety assessments and recommendations for trial reunification, final reunification or continued out of home care. This is particularly important as DHS has found that efforts to move toward reunification after a safe finding by the department are sometimes met with legal challenges by the courts and, when this occurs, permanency can be delayed.

This period, DHS' PSC coordinator began to focus intensely on one region at a time to assess and provide guidance around the quality of the PSC practice, working in tandem with each region's implementation of the advanced levels of Supervisory Framework training. This comprehensive training for supervisors is delivered on a rolling basis, also one region at a time, and is a part of DHS' statewide improvement plan²⁵ to enhance the skill set and level of guidance supervisors provide caseworkers to achieve safety, stability and permanency for children and families. Regions 1 and 3 implemented the supervisory training this period ending June 2019. Regions 5 and 2 are projected to follow next with training scheduled through the end of November 2019, and Region 4 supervisory training is planned for the beginning of 2020.

Toward the end of the last period, DHS developed targeted plans in one district per region, with each plan designed to improve the quality of contacts between birth parents and their assigned permanency caseworker and visits between a child and their parents. More specifically, the plans focus on conducting regular and thorough assessments during visits to evaluate and support the birth parents' protective capacities; engaging parents in developing their individual service plans toward reunification; proactively collaborating with the courts; and implementing accountability measures with supervisors reviewing permanency cases for each worker assigned to them and providing follow up coaching as needed. Expanded staff training and coaching was offered in these target districts, which includes the state's two most populated counties:

²⁵ DHS is currently implementing a federal Performance Improvement Plan (PIP) to improve safety, permanency and well-being outcomes for children, with the plan focusing largely on enhancing the quality of the coaching, support and supervision provided to frontline caseworkers.

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

In addition to the Supervisory Framework training, which also focuses on quality contacts with birth families, DHS reported that its permanency program leads are actively exploring new strategies to more effectively engage birth families toward reunification. Further, as described above in the placement stability section, DHS is working to strengthen its practice around Initial Meetings, which also focuses on ensuring that a schedule and plan for regular child-parent visits are established and supported.

Working with the Courts to Achieve Timely Reunification

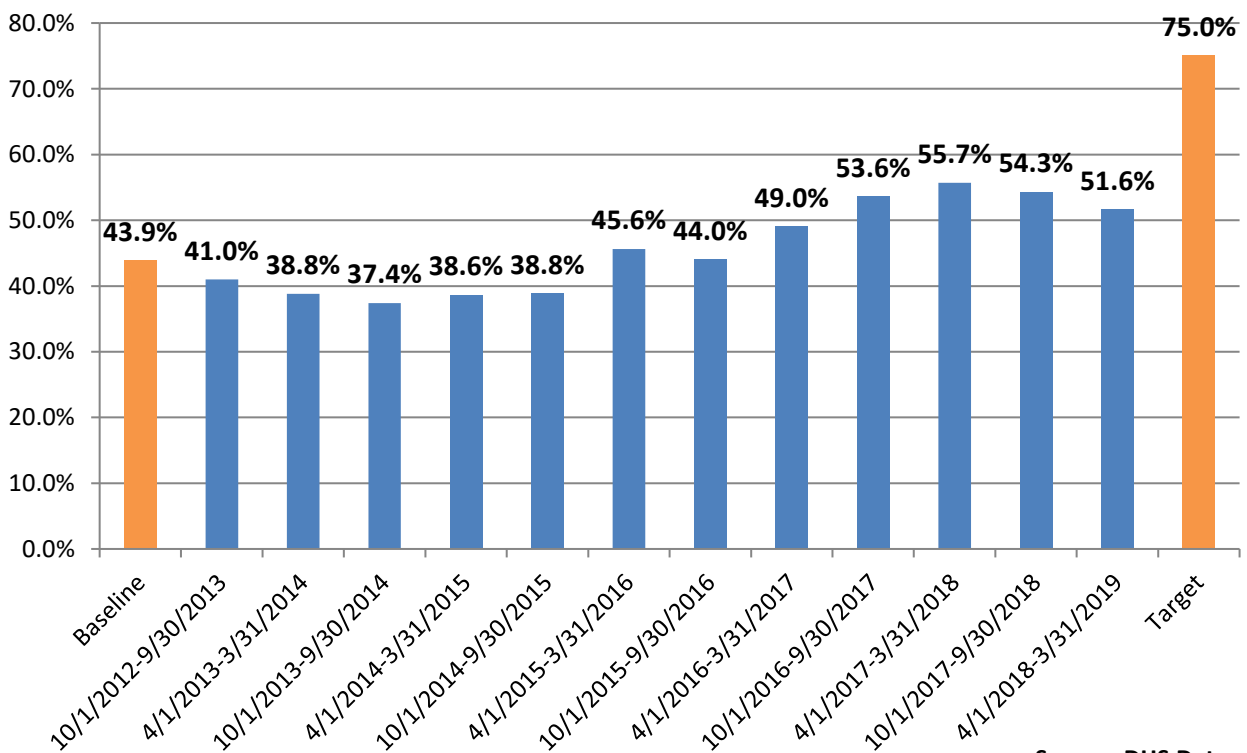
Before DHS can initiate trial reunification or advance from trial to final reunification, the department must receive court approval. As previously reported, the courts, at times, do not support DHS' recommendations to return a child to their birth parent's home or even to allow birth parents visits with their children. DHS has identified the lack of the court's support for trial or final reunification to be a recurrent barrier to timely permanency. As noted above, the department has used the PSC process to help staff better articulate the basis for their safety assessments and recommendations for reunification in order to ensure the courts are fully informed of the department's efforts to ensure that reunification will be safe and in a child's best interests.

Further, DHS has implemented collaborative efforts with court administrators and judges, including Oklahoma's Court Improvement Project (CIP), to strengthen relations and establish a shared understanding of a safety threshold for determining when reunification remains viable and is appropriate. Over the last two years, DHS and court partners in three jurisdictions (Adair, Pottawatomie, and Canadian counties) implemented a pilot project to assess permanency data in those areas and improve exits to permanency within 12 months. Here, too, DHS reported that the focus was on increased parent engagement. The pilots were designed to: increase engagement from judges at the bench, such as praising parents for the progress they are making and encouraging them to complete treatment plans; reduce the time to appoint attorneys for parents; reduce time to adjudication and disposition hearings; and increase the number of combined adjudication/disposition hearings. DHS and judicial representatives from the three selected jurisdictions now present workshops to court partners from other areas on the work undertaken in the pilot sites. At the time of this report writing, DHS was in the process of analyzing data and the impact of the CIP pilot projects.

DHS also reported efforts during this period to develop a training regarding court expectations for its child welfare field managers, district directors, and supervisors to improve relationships and collaboration with judicial partners. A DHS-led focus group identified the following areas for the training: a format for consistent report writing and documentation; communication with court partners to build relationships and trust; roles/responsibilities of specialists, supervisors, and district directors when adverse rulings are made by the court that negatively impact permanency outcomes; and, etiquette in court. Further, to promote guardianship as a viable option to achieve permanency, particularly for children who are placed in kinship foster homes but are not legally free for adoption, DHS has developed a guide for its judicial partners on funding available to families who establish legal guardianship with a child in DHS custody.

Metric 6.2b, Permanency within two years of removal: DHS reports that of the 1,504 children who entered foster care between October 1, 2016 and March 31, 2017, and stayed in foster care for at least 12 months, 776 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 51.6 percent for Metric 6.2b. The starting baseline for this metric was set at 43.9 percent and the target is 75 percent. DHS experienced a downturn in performance this and last period, after four consecutive periods of improved outcomes for this measure.

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



Source: DHS Data

As shown in Table 14 below, reunification remains a constant, primary permanency outcome for children in the 6.2b cohort. Of the 776 children in this cohort who achieved permanency this period, 335 (43 percent) were reunified. DHS' multipronged efforts, as outlined above, including strengthening the PSC practice in the field, supporting birth parents toward reunification and building better relationships with judicial partners, are all designed to reduce the time a child remains in custody before safely returning to their own home.

**Table 14: Measure 6.2b, Permanency Rates by Report Period
Children Who Achieved Permanency within 2 years (Most Recent on Left Side)**

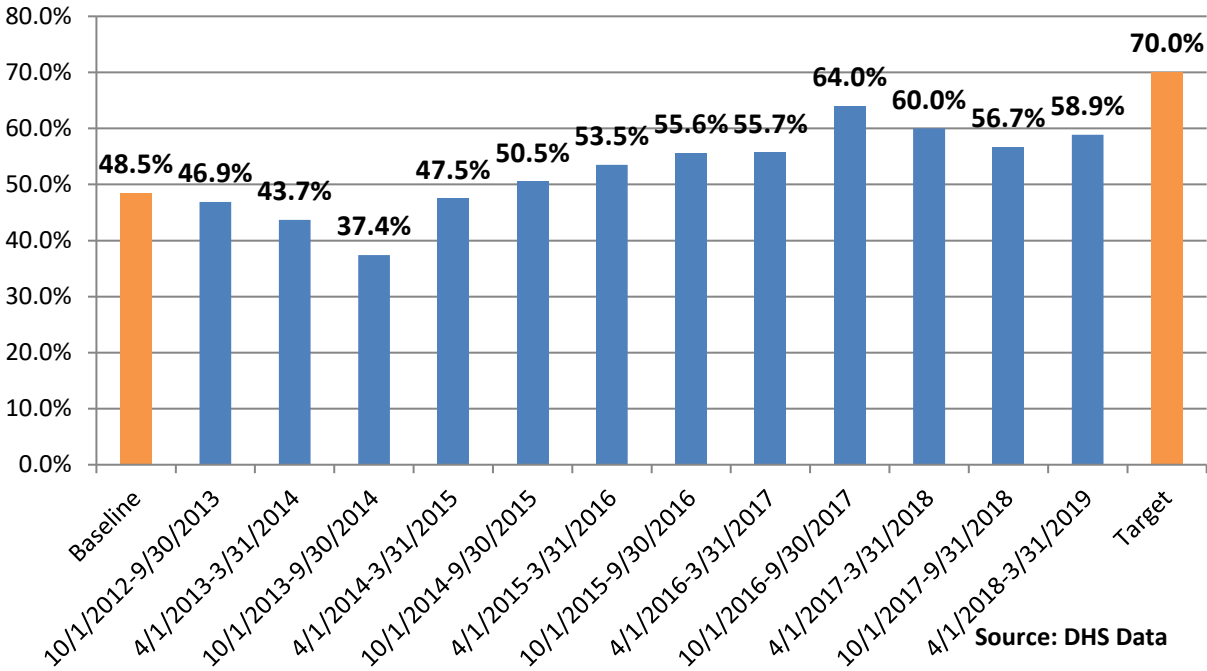
	12-Month Data Report Period End			
	March-19	Sept-18	Mar-18	Sept-17
Reunification	43% (335)	46% (407)	44% (362)	46% (446)
Adoption	51% (393)	47% (423)	53% (441)	45% (434)
Guardianship/Custody to Relative	6% (48)	7% (61)	3% (28)	8% (81)
Permanency Total	100% (776)	100% (891)	100% (831)	100% (961)

Source: DHS data

While PSCs provide the practice structure to keep child welfare staff systematically focused on achieving permanency through reunification as soon as possible, PSCs also compel DHS to continuously evaluate if it serves a child's best interest to terminate parental rights and work toward achieving permanency through adoption. The majority of the 776 children who achieved permanency under the 6.2b measure this period were adopted. As shown in Table 14 above, the percentage of children who achieved permanency through adoption increased from 47 to 51 percent since last period.

Metric 6.2c, Permanency within three years of removal: DHS reports that of the 642 children who entered foster care between October 1, 2015 and March 31, 2016 and stayed in foster care for at least 24 months, 378 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 58.9 percent and a positive increase of 2.2 percent from the last period for Metric 6.2c. The Target Outcome is 70 percent, and the baseline for this metric was set at 48.5 percent.

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



For this metric, permanency is achieved most often through adoption. Of the 378 children who achieved permanency during this report period, 302 (80 percent) were adopted and 58 children (15 percent) were reunified with their families. As with Metric 6.2b above, the percentage of children who achieved permanency through adoption increased this period, while the percentage who were reunified decreased. See Table 15 below.

**Table 15: Measure 6.2c, Permanency Rates by Report Period
Children Who Achieved Permanency within 3 years (Most Recent on Left Side)**

Permanency Type	12-Month Data Report Period End			
	Mar-19	Sept-18	Mar-18	Sept-17
Reunification	15% (58)	21% (92)	17% (76)	24% (152)
Adoption	80% (302)	72% (319)	76% (340)	72% (454)
Guardianship/Custody to Relative	5% (18)	7% (32)	7% (29)	4% (27)
Permanency Total	100% (378)	100 (443)	100% (445)	100% (633)

Source: DHS data

Permanency Support Calls

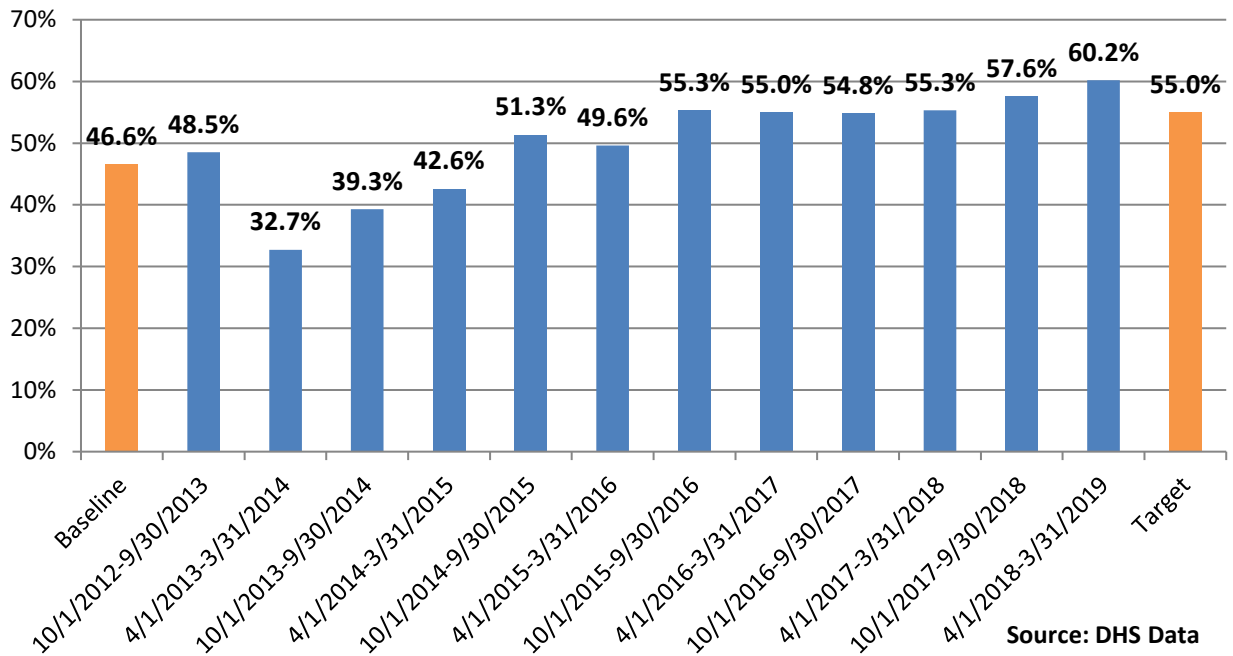
During this period, DHS continued to conduct permanency backlog calls for children in care more than 24 months, which includes children in the 6.2 c and d cohorts who are not yet in trial

reunification but still have a case plan goal of return to home. The department has designated staff from its Quality Assurance team to facilitate monthly calls in each region with supervisors and permanency caseworkers to identify barriers to reunification and to develop action steps that the child's caseworker will complete prior to the following month's call. A summary of the call is recorded in the child's case record, as well as a tracking document that is sent to district and regional directors for their review. The spreadsheet contains other pertinent information regarding permanency efforts, including concurrent case plans.

DHS reported that "common barriers to permanency identified during the calls are: the child has higher level of needs that the parent cannot manage at this time; a biological parent was incarcerated or unable to locate for the majority of the case and is now engaged in services; or this is a subsequent removal and the case is progressing slowly due to the reoccurrence of abuse or neglect." Depending on the needs of the child and their family, other DHS subject matter experts (i.e., Developmental Disability Services) are asked to join the call. At times, these calls will lead the department to cease pursuing reunification and shift its focus to pursue another more viable and appropriate permanency option.

Metric 6.2d, Permanency within four years of removal: DHS reports that of the 279 children who entered foster care between October 1, 2014 and March 1, 2015 and stayed in foster care for at least 36 months, 168 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 60.2 percent, which exceeds the Target Outcome set at 55 percent, and a positive increase of 2.6 percent from the last period. Of the 168 children who achieved permanency, 144 (86 percent) were adopted, 18 (11 percent) were reunified with their families and six (four percent) achieved guardianship or custody with a relative. DHS has met or exceeded the Target Outcome for this measure in five of the last six report periods.

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

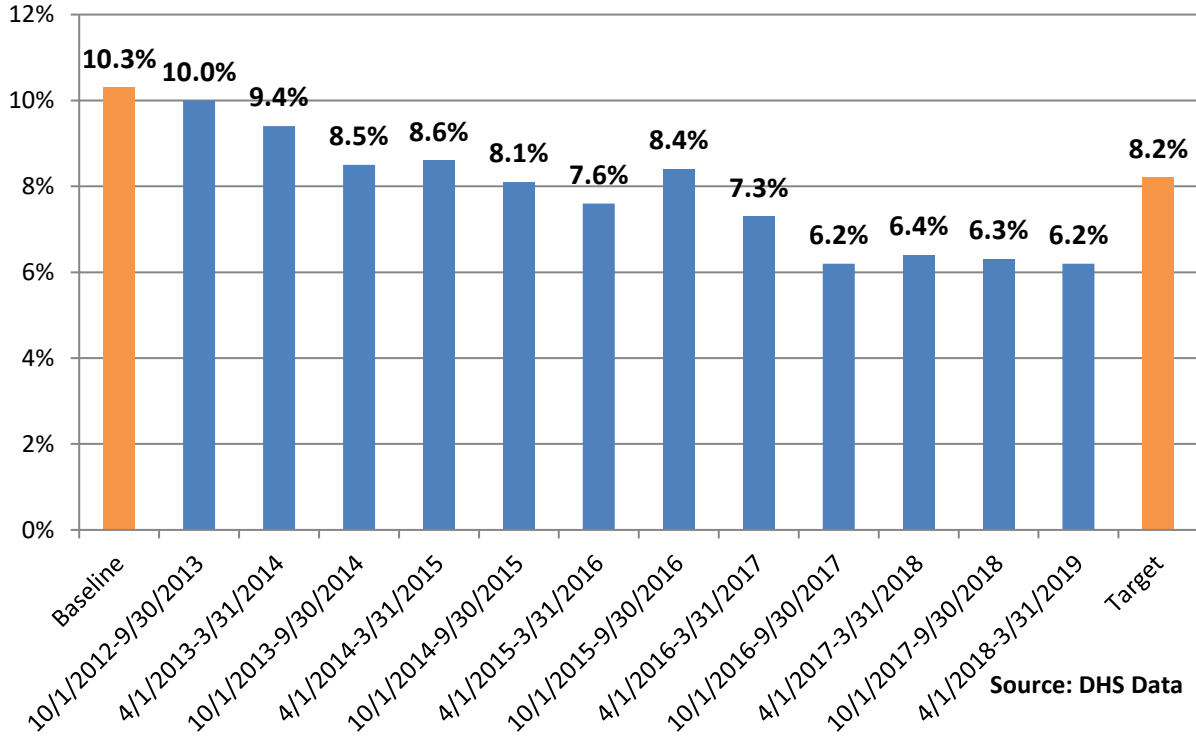


Children’s Re-entry to Foster Care within 12 Months of Exit, Metric 6.3

Metric 6.3 measures how well DHS ensures that children who achieve permanency remain with their permanent families and do not re-enter foster care in a short period of time. Specifically, Metric 6.3 measures re-entry to foster care within 12 months of a child’s discharge to permanency (not including adoption) in the 12-month period prior to the reporting period. The baseline for this metric is 10.3 percent of children re-entering care, and the final Target Outcome is no more than 8.2 percent of children re-entering care. For this period, DHS reports that of the 2,482 children who discharged to permanency (not including adoption) between April 1, 2017 and March 31, 2018, 155 children re-entered care within 12 months, which represents 6.2 percent of child re-entries. This is the fifth consecutive report period that DHS met and exceeded the final Target Outcome of 8.2 percent for this measure. The Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress for Metric 6.3.

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

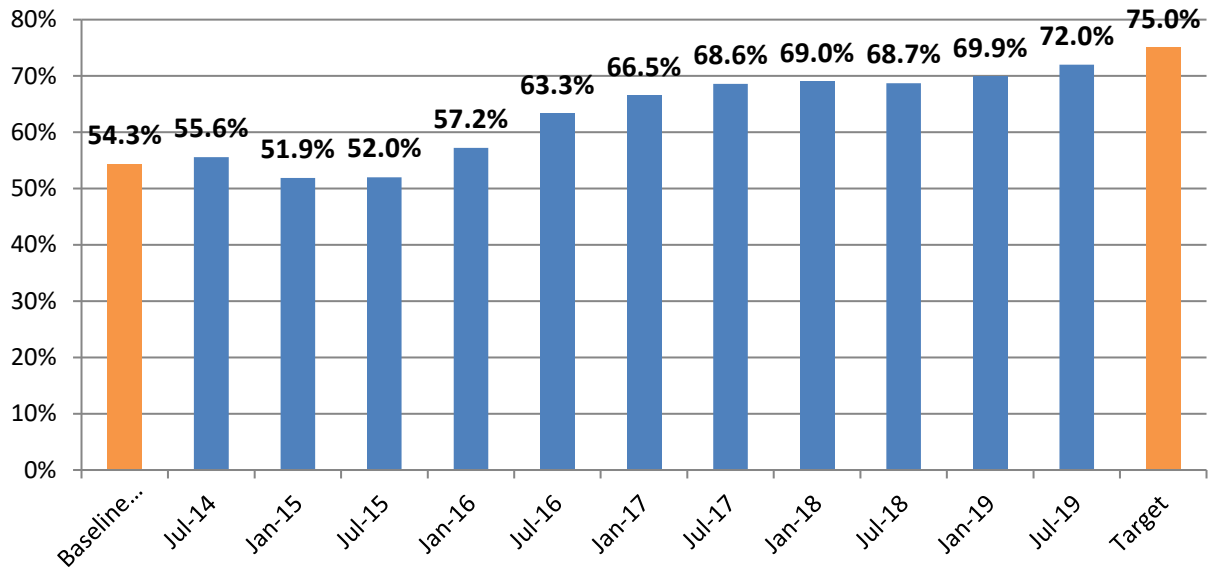
Figure 23: Metric 6.3 – Re-entry within 12 Months of Exit



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

Metric 6.5 measures the timeliness to adoption for children who became legally free for adoption in the 12 months prior to the reporting period. The baseline for this metric was established at 54.3 percent with the performance target set at 75 percent. In the current report period, DHS data shows that of the 2,319 children who became legally free between April 1, 2017 and March 31, 2018, 1,669 (72.0 percent) were adopted within 12 months of becoming legally free. This represents an increase of 2.1 percent since the last report period and the department’s best performance under this measure to date. With this improved performance, DHS is in close range to the Target Outcome. 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.

Figure 24: Metric 6.5 – Permanency Performance



Source: DHS Data

As previously highlighted in the Co-Neutrals’ Commentaries, DHS has sustained improved outcomes for Metric 6.5 over the last nine report periods at the same time the number of children reviewed under this metric increased substantially since the baseline cohort for this measure. Table 16 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 16: Number of Children who became Legally Free Each Report Period under Metric 6.5²⁶

Metric 6.5	July 2014	Jan 2015	July 2015	Jan 2016	July 2016	Jan 2017	July 2017	Jan 2018	July 2018	Jan 2019	July 2019
Numerator	857	839	935	1200	1459	1567	1754	1886	1770	1674	1669
Denominator	1540	1618	1797	2099	2304	2355	2558	2734	2577	2395	2319
Performance Outcome	55.6	51.9	52	57.2	63.3	66.5	68.6	69.0	68.7	69.9	72.0

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

DHS' Adoption Timeliness Accountability Teams (ATATs) were established to set and track target dates for adoption finalizations and address barriers to finalizing adoptions, particularly for children who have an identified adoptive family. DHS refers to children who are legally free and have an identified adoptive family as Quad 1 children. Similar to the enhanced tracking of children with a goal of reunification, DHS expanded efforts this period to review all Quad 1 children with permanency delays. The ATAT for each region is required to assess any barriers to adoption finalization by conducting staffings for: all children designated as Quad 1 for more than 60 days; any child authorized yet not in trial adoption for more than 14 days; and, any child in trial adoption for more than 30 days. The designated ATAT lead for each region is charged with following up with district casework staff to ensure all action steps required to remove identified barriers to adoption finalization are completed. These regional teams also review data to assess any common challenges that delay timely permanency for Quad 1 children.

DHS identified a reoccurring delay has been caused by a backlog of resource homes that are overdue for their required reassessment or annual update. A resource home must have a current and approved reassessment or annual update in order to finalize an adoption. As a result, DHS' Foster Care and Adoption (FC&A) program leadership began in January 2019 to review all overdue homes, with each regional field manager reporting once a month their plan to resolve any backlog of homes requiring a reassessment or annual update. As shown in Table 17 below, DHS reported positive results this period from this new focus to reduce the backlog of resource homes overdue for a reassessment or annual update. DHS reduced the backlog by 57 percent, from 273 resource homes in January 2019 to 118 by July 2019.

Table 17: Resource Homes Overdue for a Reassessment or Annual Update

	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019
# of Homes Overdue	273	241	218	185	146	152	118

Adoption Permanency, Metrics 6.6, and 6.7

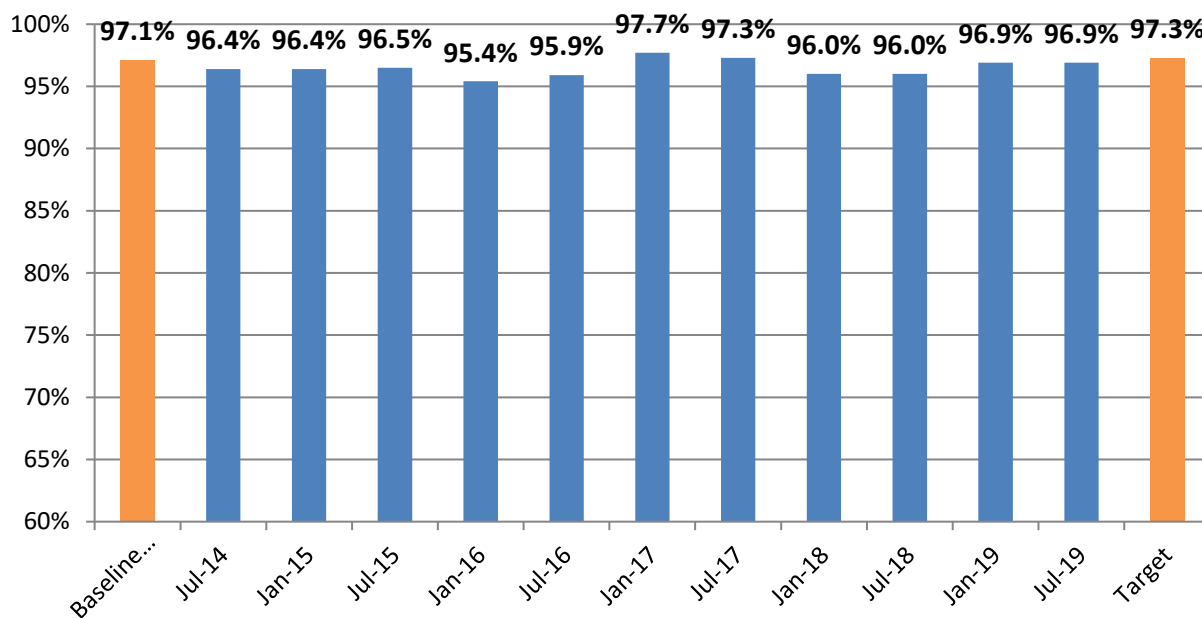
Permanency Metrics 6.6 and 6.7 measure how well DHS avoids pre-adoption placement disruptions and post-adoption finalization dissolutions.

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 2,276 children who entered a trial adoption placement between April 1, 2017 and March 31, 2018, 2,206 children did not disrupt from their placements within 12 months of entering trial adoption, resulting in a performance outcome of 96.9 percent. This represents the same outcome as the last report period. For the department to have met the Target Outcome, as it has done twice previously, DHS needed to prevent nine of the 70 pre-adoption disruptions reported this period.

Figure 25: Metric 6.6 – Permanency Performance



Source: DHS Data

Of the 2,276 children who entered a pre-adoptive placement, only 142 (six percent) were identified as children in Quad 2, which means the child was placed with a pre-adoptive family that did not have any relationship with the child prior to adoption placement.²⁷ In comparison, children in Quad 1 most often had a prior relationship with their pre-adoptive family, including as a relative or foster child in the home. As shown in Table 18 below, the percentage of disruptions for children in Quad 2 (34.5 percent) is highly disproportionate compared to the percentage of disruptions experienced by children in Quad 1 (one percent), as well as the total percentage of disruptions (3.1 percent) reported for this period.

²⁷ Quad 2 children are legally free with a goal of adoption but do not have an identified family who will or may adopt them.

Table 18: Metric 6.6 - Trial Adoption Disruptions by Placement/Quad Type

	Total Children	# of Children Disrupted	% Disrupted
Quad 1 (Previous relationship with the family)	2,134	21	1.0%
Quad 2 (No previous relationship with the family)	142	49	34.5%
Total	2,276	70	3.1%

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

The Co-Neutrals reviewed case records for the 70 children whose adoptions disrupted during this period and, like previous reviews, found that for the majority (35) of these disruptions, the adoptive parents reported an inability or unwillingness to manage the children’s behaviors. For 26 children of these 35 disruptions, the record documented what appeared to be significant behavioral challenges; however, for the other nine children, the severity of the behaviors was less clear or appeared to represent more common behaviors of children or teenagers. For the 35 children whose behaviors were noted as a leading factor for the disruption, the Co-Neutrals identified in the records of 21 children references to DHS providing or offering services and supports to stabilize the trial adoption. For the other 14 children, it was unclear in the records what additional supports were offered.

The records also showed that the disruptions for eight children were based on the department’s decision to keep sibling groups together. In several cases, the pre-adoptive parents found that the behaviors of one child in a sibling group were beyond what they could manage and requested the child be removed from their homes, and at the same time, requested that the sibling(s) remain in their homes. In these cases, DHS sought another permanent placement for all the siblings in order to keep them together.

For nine of the disruptions, DHS ended the trial adoption based on safety concerns identified in the home, six of which were Quad 1 adoptions where a prior relationship existed. For another nine disruptions, it was the child who requested to end the trial adoption, seven of which were Quad 2 where no prior relationship existed. For three of the children who disrupted, the record

noted that the child still felt attached to a previous foster family. Finally, for six children, the trial adoption disrupted at the families' request due mostly to changes in the families' personal circumstances or expectations. It is important to note that half of these trial adoptions (35 children, or 50 percent) lasted for two months or less, of which 14 lasted only one month or less.

DHS requires that a DHS behavioral health consultant participate in all adoption disclosure meetings for children in Quad 2 and for children in Quad 1 as requested based on a child's behavioral health needs. During a disclosure meeting, DHS presents a prospective adoptive family with information about a child, including any special needs they may have or support services they may require. The behavioral health consultant helps the pre-adoptive family understand a child's past trauma and behavioral challenges, as well as identify and access supports and resources the family and child may need. With most disruptions occurring within a relatively short time period after trial adoption begins, and due mostly to children's behavioral challenges experienced in homes where there was no prior relationship between the family and child, it is important that DHS evaluate its current process for building and supporting the foundation of a relationship and trust, and ensure that families are prepared with training, coping mechanisms, positive engagement and de-escalation techniques before trial adoption begins.

DHS previously conducted a case review of pre-adoption disruptions that occurred between July 2017 and March 2018 and found the following conditions negatively impacted the success of some trial adoptions: lack of follow-through on requested services to support trial adoptions; too many caseworkers involved in the cases; and, the inexperience of caseworkers. As a result, DHS initiated some practice changes during last period.

Specifically, the department began to streamline and combine the form that caseworkers must submit to request the support of both a behavioral health consultant and a post-adoption field service worker to help ensure a seamless transition of supports and services from pre-adoption to post-adoption. DHS also distributed to all child welfare staff a Quad 2 Transition to Trial Adoption flow chart that outlines the standing roles and responsibilities of the various DHS staff who work with and support a child and family through trial adoption, including the permanency planning, resource and adoption transition caseworkers. Among the different responsibilities noted, the chart makes clear that the families' resource caseworker must initiate any required services before trial adoption begins and create a post-adoption service plan. Further, DHS provided detailed instructions to field staff to confer among the various assigned caseworkers and supervisors involved in a Quad 2 pre-adoption transition and designate a lead caseworker "based on identifying the specialist with the most complete understanding of the complexities of adoption-related family issues, and the prioritization of the family and child(ren)'s needs."

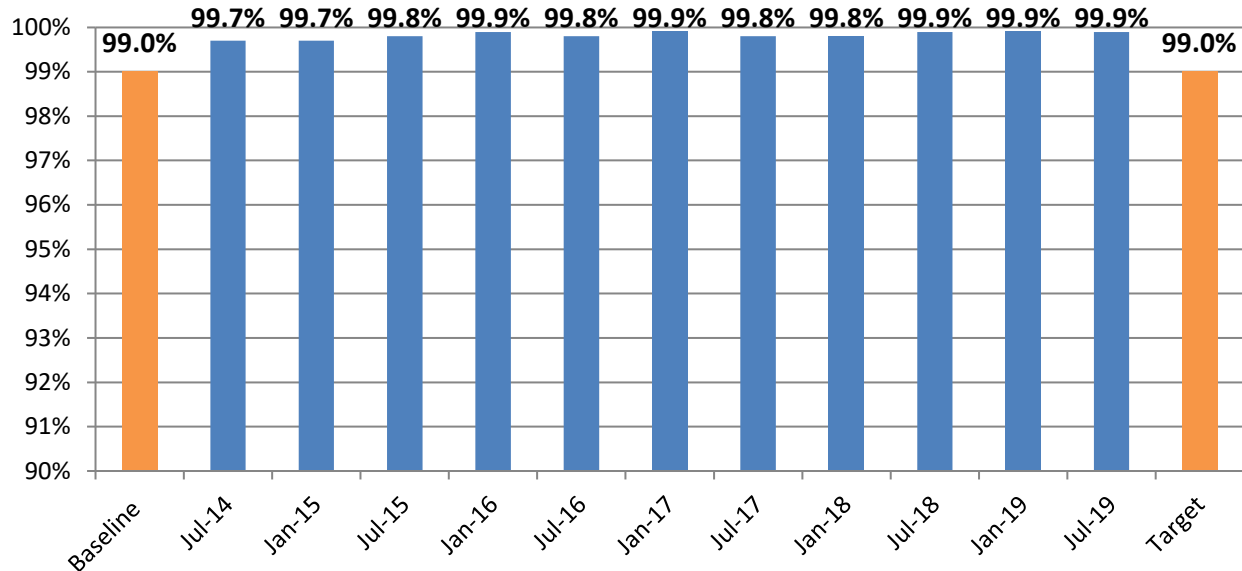
It is important to highlight again that the number of children who are reviewed under this measure has more than doubled since earlier in this reform effort. Four years ago, in the review

period of April 1, 2014 to March 31, 2015, there were 1,297 children whose pre-adoption success was reviewed in this measure (with an outcome of 96.4 percent that did not disrupt), which is significantly fewer than the 2,276 children in pre-adoptive placements reviewed in this report period with a 96.9 percent success rate. For this report period, the Co-Neutrals find that DHS made good faith efforts to achieve substantial and sustained progress to achieve the Target Outcome for Metric 6.6.

Metric 6.7 – Adoption Dissolution

Metric 6.7 measures the percentage of children who achieved permanency through adoption over a 24-month period and did not experience adoption dissolution within 24 months of adoption finalization. The baseline for this metric was established at 99 percent, and the Target Outcome was set to maintain a 99 percent performance outcome. For this reporting period, DHS' data shows that, of the 5,041 children who were adopted between April 1, 2015 and March 31, 2017, the adoptions of 5,035 children (99.9 percent) did not dissolve within 24 months of finalization. During the baseline period of October 2011 through September 2012, DHS reported on the stability of 2,979 finalized adoptions. Since then, the number of finalized adoptions reviewed under this measure has increased by almost 70 percent to 5,041 adoptions reviewed for this period. Even with marked increases in the number of adoptions reviewed over the course of this reform, DHS has consistently exceeded the Target Outcome for this metric in every report period, as shown in Figure 26 below. The Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress for Metric 6.7.

Figure 26: Metric 6.7 – Permanency Performance



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.

Last period, DHS presented its final report regarding the permanency outcomes for the 85 youth in the older group (ages 13 and older) as none of these youth remained in DHS custody at the beginning of this period. DHS reported 42 (49.4 percent) of the 85 youth in the original older cohort achieved permanency and 43 (50.6 percent) aged out of care without achieving permanency.

DHS reported that 176 (85.0 percent) of the 207 children in the younger segment of the cohort (ages 12 and under) achieved permanency as of June 30, 2019. This is an increase of two children since December 31, 2018 and brings the department within close range of the 90 percent target.

Twenty-eight children from the younger cohort remained in DHS custody and required permanency as of June 30, 2019. However, for the first time this period, two children from the younger cohort aged out of care. None of the 28 children who remain in DHS custody will reach the age of 18 in the coming period that ends December 31, 2019; however, four children could age out of care within the following period that ends June 30, 2020 if they do not achieve legal permanency before their 18th birthday. Years remain before the date of the 18th birthday of most of the children from the younger cohort who are still in DHS custody. December 2026 is the month/year when the last child in this cohort will turn 18 years of age. However, DHS will need to diligently press forward to implement its various case practices designed to achieve more timely permanency for these and all other children who are legally free and seeking a permanent adoptive home.

Table 19: Metric 6.1 – Permanency Performance

Permanency Metric	Baseline	Permanency Target by 6/30/2016	Permanency Achieved as of 6/30/19
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%	176 children (85.0%) achieved permanency
	85 children: Age 13 and older	80%	42 children (49.4%) achieved permanency

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

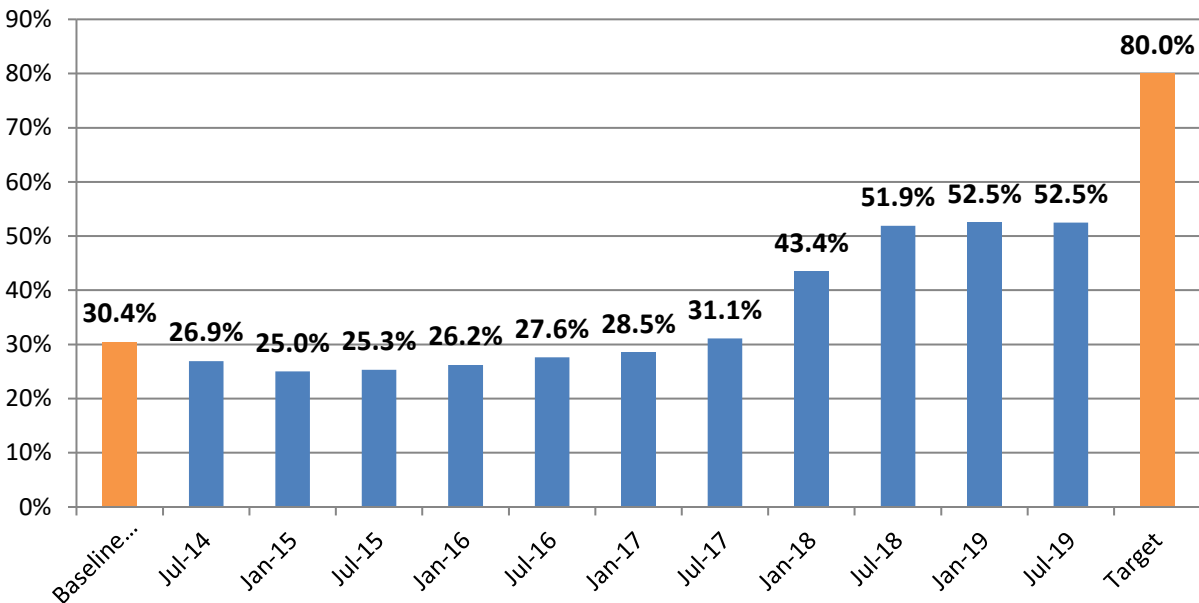
DHS assigns an ATU worker to all children in Quad 2 and has successfully committed to add and fill ATU positions as needed to meet the caseload standards for these workers. As of June 30, 2019, all 42 ATU caseworkers carrying at least one case met their caseload standard. Further, DHS has made significant progress in building its statewide team of ATU workers and supervisors to help children without an identified placement find a permanent adoptive family. Having achieved manageable caseloads for ATU workers, the department reported collaborative efforts across several DHS offices (Foster Care and Adoptions and Communications) to assess and improve the outreach and case staffing methods ATU workers employ to identify possible adoptive homes and conduct targeted outreach for each child remaining in the 6.1 younger cohort and all Quad 2 children. The Co-Neutrals find that DHS has made good faith efforts to achieve substantial and sustained progress toward the remaining Target Outcome for the 6.1 younger cohort.

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 122 legally free youth turned 16 years of age between April 1, 2016 and March 30, 2017. Sixty-four of these youth, representing 52.5 percent, achieved permanency. This is the same performance outcome as last period, which was the highest DHS has reported to date. The 64 youth achieved permanency as follows: 48 youth were adopted, 14 youth exited through guardianship, and two youth reunified with a parent.

Figure 27: Metric 6.4 – Permanency Performance



Source: DHS Data

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

To serve children who enter the cohort, DHS developed a caseworker position type, Permanency Expeditor (PE), who is assigned to youth with a permanency case plan goal of planned alternative permanent placement (PAPP). 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 because 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, which most often led, in part, to the youth aging out of foster care. DHS continued in this report period to reduce the percentage of youth reviewed in Metric 6.4 with a PAPP case plan goal. In the review

period of October 2015 to September 2016, 66 percent (81 of 123 youth) in the 6.4 cohort had a PAPP case plan goal. Since then, DHS has steadily reduced this to 35.2 percent (43 of 122 youth) in the current period. Forty-two of the 43 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting the correlation between these two factors and the importance of reducing the number of children assigned a PAPP case plan goal.

Importantly, DHS has strengthened the reviews and requirements to change a youth's case plan goal to PAPP. Supervisors are permitted to approve the change only after the youth's caseworker has explored and documented that all other permanency options have been determined not to be feasible or in the child's best interest. Further, staff must identify 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.

During this period, the PE workers, along with DHS' statewide Permanency for Teen Coordinator (PTC), began to implement a new training focused on advancing permanency for teens. The training will be provided in every region and began in Regions 4 and 5 in May 2019. Specific emphasis in the training is placed on correcting the misconception that benefits are no longer available to teens and their families once an adoption is finalized and how to continually work toward permanency for older youth. The PTC also began this period to provide each district director with a listing every month of children in their areas who require a multi-level staffing, which includes the district director, to assess progress toward permanency for teens who are legally free. A multi-level staffing must be held every six months starting at age 15 for legally free teens, with a staffing every three months once youth reach the age of 17 to help ensure comprehensive efforts to achieve permanency before a child ages out of care are continuously pursued and never abandoned.

For all youth measured under Metric 6.4 who have a case plan goal of adoption but no identified adoptive home, DHS assigns an ATU caseworker to support the permanency caseworker's efforts to achieve permanency for the child. As outlined above, DHS has dedicated considerable resources and attention to build its statewide ATU structure and team of caseworkers and supervisors. Because of this work, DHS was ideally positioned this period to begin collaborating with the Dave Thomas Foundation for Adoption to implement this organization's evidence-based adoption model known as Wendy's Wonderful Kids (WWK). The foundation reported that an independent five-year evaluation by Child Trends of this child-focused recruitment model showed that children served under the program are 1.7 times more likely to be adopted than those not included in the model but for whom permanency efforts have been a challenge. Further, the foundation reported that the model's evaluation showed, "its impact on adoption is

strongest among older youth, and children with mental health disorders – groups that have traditionally been the least likely to be adopted. Using this evidence-based program, these children are three times more likely to be adopted.”

For this foundation to work with a child welfare agency to implement the WWK program, the agency must commit to designate WWK intensive recruiters, with manageable caseloads, who will work alongside a child’s permanency worker to focus only on identifying an adoptive family for a child. DHS’ already established cadre of ATU workers located across the state align with these requirements for implementing the WWK model. After the end of the period, all ATU staff began their training on the new model. The Co-Neutrals will provide an update on DHS’ implementation of this new permanency effort in the next Commentary. For this period, the Co-Neutrals find DHS has made good faith efforts to achieve substantial and sustained progress toward the 6.4 Target Outcome.

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

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

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

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

2. FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES

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

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

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

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

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

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

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

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

6. PERMANENCY			
Metric	Report Frequency	Baseline	Target
6.1: Of all children who were legally free but not living in an adoptive placement as of January 10, 2014 ²⁸ , the number of children who have achieved permanency.	Semi-Annually, in the January and July monthly reports - same for all permanency metrics	Jan 10, 2014 Cohort 292 children	90% of children ages 12 and under on Jan 10, 2014 will achieve permanency 80% of children ages 13 and older on Jan 10, 2014 will achieve permanency
6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Same	Total = 35% Reunification = 31.4% Adoption = 1.6% Guardianship = 2%	Total = 55%
6.2(b): The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Same	Total = 43.9% Reunification = 22.3% Adoption = 18.9% Guardianship = 2.7%	Total = 75%
6.2(c): The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Same	Total = 48.5% Reunification = 13.0% Adoption = 32.7% Guardianship = 2.9%	Total = 70%
6.2(d): The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	Same	Total = 46.6% Reunification = 8.8% Adoption = 37.3% Guardianship = .4%	Total = 55%

²⁸ The legally free cohort for Metric 6.1 was to be set originally on March 7, 2013, the date the Metrics Plan was finalized, but due to since-corrected data challenges the cohort was established for January 10, 2014.

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

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

