



PINNACLE PLAN MEASURES
SEMI-ANNUAL SUMMARY REPORT

CHILD WELFARE SERVICES
August 22, 2022

TABLE OF CONTENTS

Executive Summary Error! Bookmark not defined.
Overview 12
Organization of the Report 116
Measurement Notes 1Error! Bookmark not defined.
SECTION 1. Contextual Information 12
Entry and Exit Trends 117
Demographic Information by Reporting Period 117
SECTION 2. Non-Impacted Performance Area Measures 119
1.1: Absence of Maltreatment in Care by Resource Caregivers 119
1.2: Absence of Maltreatment in Care by Parents 31
2.1: New Family Foster Care Homes 42
3.1: Frequency of Worker Contacts 54
3.2: Frequency of Primary Worker Contacts 56
3.3: Continuity of Worker Contacts by Primary Workers 59
4.1a: Placement Stability—Children in Care for Less than 12 Months 51
4.1b: Placement Stability—Children in Care for 12 to 24 Months 64
4.1c: Placement Stability—Children in Care for 24 Months or More66
4.2: Placement Stability—Placement Moves After 12 Months in Care 68
5.1: Shelter Use—Children ages 0 to 1 year old 65
5.2: Shelter Use—Children ages 2 to 5 years old 79
5.3: Shelter Use—Children ages 6 to 12 years old 81
5.4: Shelter Use—Children ages 13 and older 71
6.1: Rate of Permanency for Legally-Free Children with No Adoptive Placement 91
6.3: Re-entry Within 12 Months of Exit 84
6.5: Rate of Adoption for Legally-Free Children 102
6.6: Trial Adoption Disruptions 106
6.7: Adoption Dissolutions 111
7.1: Worker Caseloads 114
7.1: Supervisor Caseloads 111

Summary Report – August 2022

SECTION 3. Delayed Performance Area Measures 139
2.3: New Therapeutic Foster Care Homes 139
6.2a: Permanency Within 12 Months of Removal 156
6.2b: Permanency Within 2 Years of Removal 158
6.2c: Permanency Within 3 Years of Removal 159
6.2d: Permanency Within 4 Years of Removal 161
6.4: Permanency for Legally-Free Teens 164

Executive Summary

Child Welfare Services Director Deborah Shropshire

Past executive summaries have reflected on the previous period's challenges and successes, but this one will take a broader view of the reform efforts of Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) over the last decade. When someone builds a house, the first thing that must be accomplished is the difficult work of digging an outline of the shape into the dirt and pouring a concrete foundation so that the house will be stable, and only once that is completed can they begin to build the more functional and even beautiful parts of the house. Likewise, successful child welfare (CW) practice reform has been predicated on the success of building foundational capacity in two areas: staff capacity and placement capacity. As those have improved, the ability of OKDHS to make significant progress in other areas has also been realized. What follows is a summary of the work that has been done.

Workforce Capacity

Hiring, staff and supervisor support, and caseload management have been transformed. The commitment to establish thoughtful caseload standards that mirrored national guidance was a new one in 2012, and baseline data ending June 2013 showed only 27 percent of CW specialists met the caseload standards compared to the recent period ending June 2022 with 97.8 percent meeting those same standards. The baseline data ending June 2014 showed 58.8 percent of CW supervisors meeting established workload standards compared to the recent period ending December 2021 with 91.8 percent meeting the standards.

While caseload compliance ebbed and flowed over the reporting periods from 2013 through 2022, it is evident that OKDHS demonstrates substantial improvement in not only the metrics, but in identifying activities, efforts, and strategies resulting in enhanced caseload compliance. Furthermore, OKDHS self-corrected during times of increased work and times of decreased new hires. Retention is key to not only meeting workload standards, but more importantly, building a robust CW system with quality experience and best practices and outcomes for children and families. An example of a best practice impacted by worker retention is the frequency of primary worker contacts, Measure 3.2. With a baseline percentage of 51.2 percent for data ending in June 2012, this metric is now at 95 percent and has stayed above the target for the last thirteen reporting periods. There have been many challenges within the last several years that have impacted how OKDHS has been able to function as an agency, most notably the arrival of COVID-19 in early 2020. The pandemic created many obstacles to visiting children in their placements, however, OKDHS adapted to ensure child safety remained a top priority, and children being visited by their primary worker is now embedded in the foundation of our system.

Caseload capacity is contingent upon amount of work that the system needs to accomplish as well as how many staff are in place to do the work, and improvements in either can have a positive impact on capacity. While OKDHS has demonstrated improved management of hiring, retention, and case assignment, it would not have been possible to improve and sustain compliance, especially within the most recent years, if not for CWS laser focused efforts in other areas, specifically permanency efforts to decrease the total number of children in out-of-home (OOH) care. Tied to permanency efforts is the additional efforts to reduce shelter utilization, to increase placement stability of children,

and to increase the number of available foster homes. All these are intertwined, and having a manageable caseload is the cornerstone of the work.

Foster Home Capacity

In many ways, the necessity for strong recruitment and support of foster homes parallels the hiring and retention of staff. Foster parents serve in one of the most important roles in the CW system, and the health and quality of the partnership between social workers and foster parents can make or break system stability and ultimately the outcomes of children and families served through the intervention of foster care. Over the last decade, CWS transformed recruitment methods, supports offered to foster homes, and collaboration with foster parents.

Near the beginning of the reform a review of recruitment methods as well as a desire to capitalize on community supports to assist with strengthening CWS led to establishing contracts with private agencies known as Resource Family Partnerships (RFPs). In the years prior to the reform efforts, several organizations had organically developed with the purpose of supporting and strengthening the foster care system and bringing needed supports to foster families. These organizations often emerged from the experience that foster parents were themselves having, and were an expression by the community of the desire to help the CW system. Making the decision to offer foster care recruiting and support contracts to private agencies was a wise step in acknowledging that partnerships were needed if successful reform was to occur.

While the RFPs helped increase the number of recruited homes, more was needed. In 2015, CWS implemented an internal regional recruitment coordinator position in each region to work directly with the RFP agencies. Over the next two years this team expanded to two units per region plus a field administrator. The decision to utilize both RFPs and internal recruitment staff has led to success in the number and diversity of homes across the state. In 2015, CWS also completed a foster home needs analysis to identify actual placement needs for children in OKDHS custody, using current data rather than staff capacity to recruit. With the assistance of the Annie E. Casey Foundation, recruitment plans were developed and implemented based on the needs of children in OKDHS custody as well as data analysis. These plans focused on targeted recruitment of homes for teens, children with additional mental health needs, and sibling groups. To further these recruitment goals, in the fall of 2015 and throughout 2016, the Governor's office heavily supported the development of the Oklahoma Fosters initiative, a collaboration between OKDHS, America's Kids Belong, the 111 Project and many faith-based, business, arts, and community organizations, to put a public spotlight on the need for more foster parents through media campaigns, business discounts for foster families, and the Oklahoma Fosters website. OKFosters.org continues to be a destination for families seeking information on fostering, training opportunities, community partnerships, and additional tools like travel claim assistance. Over the span of the last decade just over eighty percent of the total goal of new homes was reached, while the number of children in OKDHS custody at present is more than 30 percent fewer than in 2013. The decrease of children in OKDHS custody, combined with the increase in the number of foster homes available, has resulted in a gain in CWS' capacity to place children in family-based placements.

Changes made to the assessment and approval process that positively impacted recruitment and retention success included: transitioning to an electronic fingerprint service; streamlining forms for ease of use for families and staff; creating new forms like the Records Check Guide and Resource Approval Checklist; providing OK Benefits as an online option for families to turn in documents and track their progress through the assessment process; refocusing the review of the Resource Family Assessment (RFA) from contractors to the CW supervisor and specialist over the family's case; and adopting a new annual update process for homes that is less burdensome for staff and families while ensuring the assessment of child safety. Another major improvement included five incremental reimbursement increases from 2013 through 2018.

Some measures put in place to improve relationships with and support for foster families included utilizing foster parents in the recruitment process through their knowledge and active participation, deploying surveys to identify their concerns and needs, working internally to increase communication between CWS programs, and mandatory customer service training for all CWS staff to better understand and support foster families. CWS collaborated with the National Resource Center for Youth Services (NRCYS) to develop Foster and Adoptive Family Support Networks for peer collaboration, information sharing, and providing in-service training hours which currently covers all five regions with 24 support groups in 32 counties. By March 2021, regional placement teams were developed to help find placements for children without kinship options, making better matches between children and foster families, and providing families with detailed information for the child.

CWS also utilized and strengthened community partnerships. Specific examples include involvement with the Foster Care Association of Oklahoma, supporting the expansion of the CarePortal support system through faith-based partners, collaborating with the mobile crisis response teams in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and working with NRCYS to improve and make online offerings of the pre-service training as well as creating in-service training for topics requested by foster parents.

The skills of flexibility, adaptability, and self-regulation OKDHS learned throughout the course of the reform efforts were assets during the COVID-19 pandemic. CWS was able to quickly change over to a virtual platform for visits, training, and support groups; additional funding was provided to foster families through five relief payments; childcare was adapted through federal grants allowing KITHcare; and recruitment events shifted to a virtual format. Despite the move to adopt a combined virtual and in-person approach and the challenges staffing during the pandemic have posed, CWS and the RFPs have continued to have some success in recruiting and approving families. However, COVID-19 has taken a toll on foster home recruitment and capacity, to be sure, and SFY 2021 was one of the toughest years we have faced. Still, our foundation is strong and will hold in the coming years as we continue to recover.

Safety While In OOH Care

The origin of the criticisms of our system stemmed from real stories about real children who did not have a great experience in foster care. Maltreatment in OOH care, overdependence on shelter care, inadequate and unstable placement capacity, and prolonged lengths of stay were practice areas that very much needed attention.

The CWS Foster Care and Adoption (FC&A) Programs evolved and undertook specific efforts to improve the safety of children in our care. Massive efforts to improve safety and supports in both foster homes and facilities have resulted in significant changes over the last decade. A collaborative effort by FC&A Programs staff and the Co-Neutrals to complete an in-depth review of resource home approvals led to the creation of the RFA action plan which initiated a higher level, field manager review and approval of CW and criminal history that includes gathering pertinent information about the presence of physical violence, inappropriate sexual behavior, substance use or abuse, or other risk factors. Also implemented was a more robust resource home approval process as well as the development of a quality assurance team to evaluate foster home approvals. All of the FC&A level one trainings have been revised and restructured to focus on experiential learning, development of critical thinking skills when assessing resource homes, and keeping maltreatment-in-care (MIC) indicators at the forefront of the CW specialist's minds. Additionally, in coordination with Child Protective Services (CPS) and Permanency Planning (PP) Programs, the development of screen-out consultations and resource alerts have created more opportunities for identifying both concerns and areas of support for resource families, while also increasing communication between programs to ensure a child and family's needs are met.

A review process was developed to identify common themes in MIC occurrences that led to a comprehensive understanding about maltreatment of children in OOH care, and as a result, CWS has reviewed and refined policies, practice, and ultimately safety assessment skills by CW specialists, supervisors, and their regional leadership. Some of the most significant achievements in foster home settings have been communication between FC&A, PP, and CPS Programs and how safety is assessed during each monthly visit with the child and family. The 10-day staffing requirement was enhanced and embedded within KIDS and is now conducted consistently on every OOH CPS investigation. In addition, the screen-out consultation and resource alert processes were created and implemented into practice in efforts of ensuring all CWS regional staff communicate and strategize plans collaboratively to ameliorate risk. The preliminary inquiry and injury screen processes were also added to the CW response to aid in full understanding when incidents of significant injury occur to children while in foster care.

A decade ago, because of the large number of secondary assignments, a child may have been visited by multiple CW specialists. This raised concerns about case knowledge and continuity, factors that could be a weakness in managing risk for MIC. Aggressive reduction in secondary assignments was undertaken and currently there is one assigned CW specialist conducting monthly safety assessments. A single assigned CW specialist has the opportunity to retain more historical knowledge of the case, the child's needs, and past discussions with the child and family about safety and support. More recent strategies around safety in OOH care include providing learning opportunities for CW specialists, supervisors, district directors, and field managers in recognizing risks through completion of their own case review processes. We are well equipped with tools and resources that inform proper safety responses related to continued use of the home and quality use of resource alerts and written plans of compliance.

Perhaps the most marked improvement in safety has been the work with group settings, resulting in a significant decrease in MIC in congregate care. This decrease has proven to

be sustainable and has been the result of numerous new practices that show the commitment of CWS leadership, Specialized Placements and Partnerships Unit (SPPU), the assigned CW staff, congregate care providers, the NRCYS, and many community partners.

One of the first goals for SPPU was to have all group home providers across the state utilize the same behavior support model. SPPU collaborated with NRCYS to implement Managing Aggressive Behavior. Training was provided to all contracted group home providers and CWS staff in order to support a consistent, statewide, trauma informed behavior support model. This was the only approved behavior support model for group home providers until July of 2022. OKDHS saw a major decrease in MIC; however, providers were requesting that OKDHS consider expanding the behavior support options. In response to these requests, OKDHS partnered with providers to evaluate five different behavior support models. The team utilized the OK CWS Behavior Management Model Assessment Tool in order to rate each system. As a result, OKDHS has approved use of Therapeutic Crisis Intervention (TCI) by our providers. SPPU collaborated with TCI and NRCYS to bring the TCI Training for Trainers to Oklahoma. Oklahoma now has 20 certified TCI trainers from 13 program sites and CWS internal staff. SPPU will partner with these providers to implement TCI in the highest levels of care.

SPPU implemented the Heightened Monitoring (HM) process for providers with MIC substantiations, saw a positive impact on MIC with programs who participated in the HM process, and formed great partnerships with providers. During this time, SPPU also updated contract language to be clear about expectations for youth's services. OKDHS was willing to and did end contracts with providers as we worked to improve a trauma-informed culture of safety and well-being in congregate settings. Pre-placement calls were put in place for all programs participating in the HM process and for youth with problematic sexual behavior, which ensured the opportunity to do safety and care planning around the needs of the youth. SPPU has continued this process and expanded it to include placement calls for all youth placed in our programs who support same-day placement. SPPU stressed the value of open communication with providers, and as a result, SPPU heard feedback from providers about the HM process and implemented changes in order for providers to feel more supported in their work. One of these changes was a simple name change from Heightened Monitoring to Support and Development (SD). Language matters and it was important to move from a punitive position to one of supportive accountability. OKDHS leadership has provided support specifically to SPPU in order to decrease MIC through the expansion of the staff within SPPU focused on MIC efforts and intentional support to programs. The SPPU MIC team has the ability to support providers not only through SD, but also through an Enhanced Support (ES) process available to programs before incidents and quarterly contract monitoring and feedback. A huge success of the MIC team is having the ability to take this proactive approach in supporting our providers, before an event that results in a substantiation. This approach and the strong relationships between SPPU and providers has allowed providers to identify their own program weaknesses and come to SPPU to seek support. SPPU and NRCYS have also partnered with a national consultant who has extensive experience in working to improve congregate care programs.

SPPU continues to work toward smaller populations of youth in our programs. OKDHS leadership supported several rate increases for providers and are supportive in leaving the rates for the higher bed programs in place even when the program is now serving a lower

population of youth. This allows providers to be more engaged in meeting the individual needs of the youth served and supports a decrease in MIC. OKDHS leadership and our providers are in conversations about continuing to move all programs to smaller populations so we can best meet the needs of Oklahoma youth.

OKDHS and SPPU, along with our congregate care providers, are committed to reducing MIC in congregate care. We are proud to provide a better quality of care for our youth who need the most support. We strongly believe in order to provide the best trauma responsive care to our youth we have to provide the same trauma responsive support to our providers. OKDHS and SPPU will continue to build strong partnerships with the providers and staff who work on the front lines to support youth. We are excited about the future evolution of our congregate care system toward more family-based placement, and hope to leverage the expertise of our current providers as we work to provide therapeutic supports and outcomes for our youth.

From Shelters to Families

There is a line in the popular television series 'Star Trek—Picard' where Captain Picard tells his crew that 'as long as you... remain steadfast, you are never without hope'. The spirit of this statement captures the reform of shelter usage for children that began in 2012 and continues to this day. OKDHS has worked to build a self-correcting and effective system that limits usage of shelter care for older youth and has eliminated shelter care for children younger than age 6 years.

In 2013, the first Co-Neutral Commentary regarding OKDHS use of shelters was released. The report was a total of 18 pages in length with a few paragraphs that covered the use of shelters, and the report essentially stated that 'DHS doesn't know who is in shelter, how they got there, how they are leaving, and where they are going when they do leave'. Our data was not accurate and processes were clumsy. However, this marked the very first time OKDHS created a standardized data report to address these concerns.

The year 2014 and into year 2015 brought tangible processes that began the shift toward recognizing that shelter care, as a practice, was not an ideal way to serve children and youth in their CW journey. In 2014, we saw the metric of 'child nights in shelter' agreed upon as the way children and youth in shelter were tracked and the first shelter authorization forms were used to begin the process of creating opportunities for diversion from shelter placement and shortening the length of stay when shelter care was used. At this point, there were still many children younger than age 5 years in shelter care and the occurrence of MIC in OKDHS shelters was very real. However, the framework of hope began to take shape with the closure of the Pauline E. Mayer shelter, showing all that there was a better way to keep children safe while in OKDHS custody.

The year 2016 also brought the first mention and use of multidisciplinary teams (MDTs), and although it looked nothing then like the MDT practice of today, the framework was visible. The year 2017 brought the first time there were no children younger than age 2 years in shelter care since the reform began. Also in 2017 were the first steps toward a real working partnership with the OKDHS Developmental Disability Services (DDS) division. Awkward and halting in the beginning, today it shows that partnerships across divisions within OKDHS can generate hope-focused and practical solutions. The end of 2016 also

brought about the first assignment of a dedicated shelter programs field representative to focus on shelter discharge and usage.

The years 2018 and 2019 showed the real progress of the shelter reform effort. The enhanced shelter reduction plan was implemented and a shelter authorization form was developed that documented the efforts undertaken to divert from shelter care; and, it gave us a tool to help hold ourselves accountable to those efforts. The Laura Dester shelter closed after much effort and was repurposed. The first 'good faith efforts' in all five shelter metrics was given in 2019, as well as achieving the lowest number of nights for youth age 13-17 years and continuing to reduce the number of shelter nights for children age 6-12 years.

THEN CAME COVID-19...

An unprecedented global pandemic beginning in early 2020 radically altered the steps OKDHS took to continue to serve children and youth in shelter care; and additionally, to address the safety of the adults that served them. Vaccine status and personal protective equipment "PPE" became standard words. An agency-wide shift to remote work, office closures, and retaining and rebuilding of the workforce all contributed to OKDHS working to cling to the gains made and to build upon the quality work that had started. Year 2021 saw the beginning of the Enhanced Foster Care (EFC) program, giving even more options and support for families, rather than shelters, to care for children and youth. Practices around shelter usage became even more consistent despite the ongoing pandemic, and the understanding of data relating to shelter usage kept improving.

While by no means perfect, 2022 has been a year of becoming the steadfast and hopeful practice that was envisioned so many years ago. Working alongside the Therapeutic Foster Care (TFC), EFC, and DDS programs brings partners to the table. The CWS Executive Team is informed of who is in shelter care, where they need to be, and how best to get them there. A hopeful optimism remains, built by so many that serve children and youth and believe the best place for them is not in shelter but with family, however that may look.

Placement Stability

To make change you have to understand, and to understand takes time. This thought process has been a primary factor over the course of the last several years as it relates to the Pinnacle Plan measures and specifically, the placement stability strategies. As CWS continues to identify which children are most impacted by placement stability measures, efforts and strategies implemented over the years have served as building blocks for where we are today.

From the beginning of the Pinnacle Plan, qualitative information was gathered through collaboration with multiple national organizations for improved understanding and engagement with families to positively impact permanency and placement stability. This quest was ongoing, and it was this desire to learn that led to the finding that kinship placements are the most stable, thereby prompting placement stability efforts focused on locating and supporting kinship placements. CWS focused on identifying kinship placements for children by prioritizing activities such as engaging with children and parents to learn about kinship options for placements and searching databases for

relatives, all of which falls under the Actively Seeking KINnections (ASK) work. Extensive efforts were made to increase staff knowledge and understanding, through training and mentoring, of best practices in making the "first placement the best placement" for an individual child as well as sibling groups. Utilizing Child Safety Meetings as a forum for collecting vital information from families, potential kinship placements are discovered by using the Important People in a Child's Life form.

Specialized processes were implemented to support kinship placements, such as the Oklahoma and Tulsa counties Kinship Bridge units which worked alongside CPS units to either prevent children from entering an OKDHS-operated shelter or, if a shelter stay is necessary, move them as quickly as possible to a kinship placement. While there is a heightened emphasis on finding kinship placements for children, the need to continue to support the resource family, both kinship and non-kinship, in the days and weeks following the placement remains critical. The resource parent check-in call, initial meeting (IM), and the Child and Family Resource Support Plan were all implemented as mechanisms to ensure the stability of placements through quality engagement and service and support efforts.

Other important efforts to increase placement stability include:

- Quarterly visits with foster parents;
- Creation of a "matching system" in KIDS to improve the placement process;
- Creation and use of the Y1020 Vacancy Report to accurately reflect vacancies to improve placement identification;
- Establishment of regional bridge units to improve communication and sharing of resources between foster care and adoption specialists;
- Creation and utilization of the Child Passport to support children and resource parent needs;
- Utilization of social networking to share resources with foster parents;
- Utilization of the Bridge Support Center;
- Partnering with ODMHSAS to increase use of Systems of Care for children in OOH care;
- Utilization of embedded care coordinators and mobile crisis stabilization;
- Partnering with NorthCare to better support kinship families in Oklahoma County (KINnections);
- Becoming a trauma-informed CW system by training foster parents and CW staff;
- Collaborating with the OK-TASCC team regarding the Child Behavioral Health Screeners; and
- Teaming with EFC programs to identify possible children eligible for EFC services.

Efforts that have made staff workloads more manageable, foster home recruitment, and shelter care reduction have all had a significant impact on placement stability performance measures. CWS also made great strides to support placement stability when creating a statewide placement disruption protocol, the placement line, and the Child Placement Interview. The statewide placement processes have served children better by offering a streamlined procedure for collecting the necessary information to select placements that can best meet children's needs.

Accountability of efforts has also been a focus in the placement stability strategies. The creation of multiple reports for tracking the completion of resource parent check-in call and IMs, coupled with reviews completed by district leadership, has proven useful in

understanding trends and course correcting when needed. Additionally, there have been many enhancements to training including the addition of placement stability during CORE for new CW specialists during their On-the-Job-Training, the Placement Stability training added to the OKDHS Learning Management System, and recorded videos to show what quality engagement with a resource parent looks like.

Most recently, additional efforts include identifying those with lived experience and including them in assessment processes, strategy enhancements, and decision-making through intentional surveys to gain knowledge and perspective to inform ongoing placement stability strategies. We believe this effort will drive placement stability strategies to further focus on the needs of the resource family and child/youth simultaneously, while also informing ongoing strategy development and quality assurance processes.

Adoption Practice Improvement

In 2012, if you were a child in the CW system whose parents lost their parental rights, the chance that a year later you were still in foster care instead of legally with your permanent family was nearly 50 percent. That is despite the fact that more than 90 percent of adoptions in Oklahoma occurred with the relative or family who was already serving as the foster parent, meaning that in most situations, the barrier to permanency was simply bureaucracy.

In early years, OKDHS struggled due to an increase of children in foster care and actually declined in adoption timeliness performance by 9 percent. To combat this, by the end of 2015 OKDHS hired 20 temporary employees and increased other staffing levels. The first "Good Faith Efforts" for adoption timeliness was received in the October 2015 Co-Neutral 5th Commentary and that effort has sustained since.

The real story with measure 6.5 starts with the decision in 2015 to target 795 legally-free children waiting for adoption or other type of permanency, and, by March 2016, 751 of those children (94 percent) had achieved permanency. In 2016, CWS established regional Adoption Timeliness Accountability Teams (ATAT) to drive timely permanency and the performance rate increased from 54.3 percent to 63.3 percent. ATAT pulled together representatives from all CWS programs as well as OKDHS legal services to concentrate on children's individual cases and discuss how to remove specific permanency barriers to designated Quad 1 children. In 2018, OKDHS reached an all-time high performance rate of 69 percent as ATATs were running smoothly and not only identifying but also resolving barriers to timely permanency for legally-free children.

In January 2020, the performance rate reached 74 percent. At the same time, it was recognized that Region 5 had a backlog of cases in which adoption finalizations were delayed. CWS added adoption staff positions and expanded communications with Tulsa county judges to strategize ways to decrease the adoption backlog. Casey Family Programs began consulting with CWS to enhance the ATAT process, which improved tracking of measurable action steps for barriers identified in each region. Additionally, the decision was made to tighten up ATAT requirements to include staffings for all children designated as Quad 1 for more than 60 days; any child authorized yet not in trial adoption (TA) for more than 14 days; and, any child in TA for more than 30 days.

In June 2020, CWS reached the performance target rate of 75 percent. During this same timeframe, foster and adoptive families were notified that OKDHS had a designated group of attorneys to focus solely on finalizing adoptions of children in OKDHS custody and that these attorneys would handle their adoption legal work at no charge.

In March 2020, the COVID-19 pandemic hit Oklahoma and from July 2020 through June 2021, the performance rate fell from 75 to 70.6 percent. During this time, OKDHS staff were sent home to work remotely. Court systems were shut down, and then moved to virtual hearings, if they had hearings at all. There were multiple delays due to positive cases and/or quarantine barriers. In January 2022, for the first time since the pandemic began, there was a slight performance rate increase from 70.6 to 70.7 percent. Even though the increase is small, OKDHS believes this indicates the start of performance recovery as the barriers that came with the onset of the pandemic slowly dissipate.

Not all children eligible for adoption find themselves living in the place where they will find permanency. For these children and youth, there was a need to evolve targeted strategies to understand each of their needs and desires, help them imagine becoming part of a new family, and find families who were willing to adopt them. On 1/10/2014, 207 children ages 0-12 years and 85 youth ages 13 years and older, a total of 292, were identified for the 6.1 Pinnacle Measure cohort, at a time before the Adoption Transition Unit (ATU) was a statewide, cohesive unit. Initially, ATU staff from the regional teams consulted on the cohort, which resulted in a variety of permanency efforts, including adoption events across the state, monthly statewide staffing (SWS) presentations, features on Oklahoma Heart Gallery, registration on photo-listing sites AdoptUSKids and The Adoption Exchange (now Raise the Future), and television news features Waiting Child in Tulsa, and A Placed to Call Home in Oklahoma City.

ATU entered year 2016 with 137 (66.2 percent) of the younger 6.1 cohort and 32 (37.6 percent) of the older cohort having found permanency. A new field manager position was added to incorporate three ATU teams into one cohesive, statewide program; this position was filled in August 2016. The birth of the statewide ATU program coincided with the October 2016 merge of the Foster Care and Swift Adoption Programs into the current FC&A Programs. At the merge, ATU staff took assignment of all baseline cohort children and youth with a case plan goal of adoption and Quad 2 designation; however, the small team initially lacked capacity for assignment to all Quad 2 cases.

Positions were added and ATU spent much of 2017 hiring and training new staff. In fall 2017, the Adoption Efforts Staffing (AES) process was developed as a practicum project in response to the growing need for data and programmatic review, and continued through May 2018.

As ATU entered 2018 and new staff were trained and tenured enough to carry full caseloads, ATU began to increase their adherence to workload standards. By early 2019, all of the youth in the older cohort, and 176 (85 percent) of the younger cohort, had exited care. In order to increase ATU's impact on the remaining children, leadership reimagined the AES process into the Quad 2 ATAT staffing strategy, still used today. ATU leadership began consideration of new strategies to meet the needs of the changing census of youth. Initial targets for change was modifying SWS, which shifted to the

current family presentation process in July 2019, and ending adoption events, which occurred in December 2019.

Additionally, in early 2019, CW was approached by the Dave Thomas Foundation for Adoption about Oklahoma becoming a fully scaled Wendy's Wonderful Kids (WWK) state, with all ATU staff being trained in the WWK model, and utilizing its evidence-based program as the primary strategy in finding families for OKDHS custody legally-free children and youth. While 2019 birthed other strategic changes discussed above, implementing the WWK model in September 2019 was the most sweeping change implemented for ATU since becoming a statewide team. This model has shown to be effective elsewhere in permanency for older kids and youth and aligned with the evolving needs of our system.

Change seems to be the most consistent part of ATU, and 2020 began with ATU management unveiling a graduated plan for staff to take assignment of youth with a case plan goal of planned alternative permanent placement. The COVID-19 pandemic brought its own changes starting in March 2020, and continuing through present day. As staff learned how to work, supervise, and visit young people remotely, ATU again began reviewing strategies to ensure the best work for youth in OOH care.

In March 2021, ATU's name changed to Youth Transition Services (YTS) in order to capture the array of work the team does with children and youth. Throughout 2020 and 2021, discussions continued about decreasing CWS's ongoing reliance on general recruitment efforts for family finding in favor of more targeted recruitment and case mining such as the WWK model utilizes. Though CWS had ended adoption events and changed SWS, two remaining general recruitment video efforts waned in light of the pandemic and the change to the WWK model. CWS's relationships with the Oklahoma Heart Gallery and KFOR's A Place to Call Home ended in June and December 2021, respectively. While it is likely that we will need to continue evolving adoption strategies for some of our most disconnected and complex youth, and case-mining for connections may not be sufficient, we intend to be thoughtful stewards and respectful of these youth, their deeply personal stories, and their hopes and dreams, both in the present and in the digital footprint we create for them.

YTS began 2022 with 183 (88.4 percent) of the original 207 children in the younger cohort having exited to permanency. As of mid-2022, YTS has positioned itself as a data-driven, self-correcting program. YTS has experienced a great deal of stability in meeting workload standards, as well as a fairly stable workforce. Though change can be challenging to staff, the needs of the children and youth assigned to YTS staff dictate modified and creative strategies to usher them into permanency. As a result, from the original 292 children and youth in the baseline cohort, only eight remain.

All efforts to reduce the time children are in foster care must be balanced against the rate of failure of those outcomes. Such measures as re-entry to foster care, disruption of TA, and adoption dissolution serve as guardrails for practice. Over the course of the last several years, CWS has enhanced strategies to ensure children are safely returned to their parent's and that parents have the needed skills and supports to prevent re-entry into OOH care. Building community partnerships was and continues to be a critical puzzle piece so that we can connect parents with those who can provide support and skill-building during and after reunification. Those partnerships have included evidence-based

services such as Youth Villages' Intercept® program and CHBS/SafeCare® that can be utilized during trial reunification, as well as the CarePortal, a program that assists families with concrete and sometimes relational needs and has resulted in several million dollars in impact over the last seven years.

In 2015, OKDHS began implementing Permanency Safety Consultations (PSC), which have served as one of the primary strategies for increasing safe and timely permanency. PSC's created the environment for coaching staff on appropriately identifying current safety threats and ensuring services are provided to the family so that the child can safely go home. Also, as a result of feedback during PSC implementation, an Assessment of Child Safety is now completed within 30 days of a safe recommendation, further providing an opportunity to review both safety and needed services for the family. Implementation of the Supervisory Framework was another robust strategy CWS embraced to support staff in their learning and growth, especially in safety decision making. Most recently, the Family Meeting Continuum was implemented to more actively engage parents and families in quality conversations from the beginning about what supports they need for their child to safely be returned to their home and prevent another removal. Because CWS's continued commitment to focus on quality safety assessments and ensure appropriate services are in place for families, re-entry has remained below the target for the 11th consecutive reporting period.

The target for Pinnacle measure 6.6, which is the "percentage of adoption placements that do not disrupt over a 12 month period, of all new TA placements made during the previous 12 month period", was established at 97.3 percent as stated in Co-Neutral 2nd Commentary, issued April 2014. The baseline was established at 97.1 percent with the performance rate, at the time, was 96.7 percent. CWS struggled and the performance rate dropped from the baseline to 95.4 percent. In response, CWS formed "The Upright Team" committee to better understand the needs. The committee reviewed 72 TA cases that disrupted during the period and found that the primary reason for the disruptions were family concerns about child behavioral health needs, and that those needs were greater than they could or were willing to manage. Armed with new understanding, we implemented new strategies to focus attention on support from the point of the child and family matching process forward by utilizing the mental health consultants in the disclosure process to assist families in understanding the child's history and possible needs. In partnership with the ODMHSAS, mobile crisis stabilization units became available statewide during this period, and they were also utilized to assist families during the TA process. In March 2018, CWS Post-Adoption Services developed a specific position to work with Quad 2 and high-risk Quad 1 children and families to better facilitate the end-goal of adoption through developing a relationship and helping the family become more aware of post-adoptive supports offered by CWS. In 2019, CWS partnered with WWK to incorporate an evidenced-based adoption recruitment program specifically for Quad 2 children, as an effort to better match children and youth with families who are or were previously connected to the child and may be better motivated to persist in learning how to care for a child with behavioral health needs.

The Co-Neutrals pointed out in Commentary 7 that "while the performance data for this report period shows an increase of only 0.5 percent, it is important to recognize that the number of children who were in TA during this period also increased substantially to 2,020 children compared to 1,549 children during the last period and 1,297 children the

preceding period, which positively reflects DHS' efforts to increase the number of children moving to permanency." Despite this, we remained diligent in reviewing and analyzing disruption cases to find what could truly impact this measure. The analysis revealed that disruptions typically occur within two months of TA placement; when children are between age 8 and 12 years; primary factors were emotional and/or behavioral issues; and when multiple caseworkers are involved. In March 2020, CWS developed expanded strategies that included enhancing the adoption disclosure process for Quad 2 children, ensuring we are properly supporting the child and family during the pre-TA phase based on their needs, and enhancing supports for the adoptive family unit while in TA. The expanded strategies are now fully implemented and all activities have been completed or are ongoing. CWS continues to monitor data closely and analyze adoption disruption cases that allow them to pivot quickly when needed. We are not afraid to try new things or drop activities that do not work to assure stability in the newly formed family.

Once adoption is completed, it is critical to monitor the long-term success of that permanency outcome. From April 2014 through June 2022, the performance rate ranged from 99.7 percent to 99.9 percent of children who did not experience dissolution within 24 months of finalization. This is despite the fact that the number of finalized adoptions has increased by 45 percent (as reported in Commentary 18). Although OKDHS consistently exceeded the target outcome for nine consecutive years, we did not give up in our attempts to improve the adoption experience of both the child and family. In 2014, every time the foster family reimbursement increased, it included an across the board increase for adoptive families based on the negotiated post-adoption assistance. In 2015, Post-Adoption Services staff increased their contacts with mental health providers to establish a better referral directory when families called Post-Adoption Services with challenges. In 2016, a Post-Adoption Services statewide service directory was developed that included 600+ service providers to address the problems families were experiencing in their attempts to access services. In 2017, Post-Adoption Services staff began meeting with the identified family prior to finalization to provide resources and services based on their individual family's needs. In 2018, all CWS FC&A staff participated in the National Adoption Competency Mental Health Training Initiative. The training helped staff better explore needed resources with families to further meet the needs of children who are adopted. In 2019, Post-Adoption Services listened to families and issued the first Post-Adoption Services newsletter to improve their communication with adoptive families. In 2020, Post-Adoption Services reached out to families by phone, email, Microsoft Teams, and Zoom to assure them that needed services and supports would continue through the COVID-19 pandemic and to check in with them on specific needs. In 2021, Post-Adoption Services successfully launched an all-electronic annual review instead of the past practice of mailing paper copies to all adoptive families. Also in 2021, Post-Adoption Services teamed with Dr. Bonni Goodwin, a clinician and researcher with adoption expertise, to form the newly named Statewide Coordinator for Adoption Preservation, and to further develop and shape their role with adoptive families. They reimagined the future of Post-Adoption Services to provide more support for adoptive families. Finally, in 2022, Post-Adoption Services worked to update post-adoption information on the Oklahoma Fosters webpage and built a functional interactive webpage. The objective was to provide the family an opportunity to navigate through the challenging behaviors children and youth present, by linking a family to helpful insights that empower the family. There continues to be ongoing work on how to best support adoptive families through post-adoption

outreach calls, service coordination, and the development of adoption-competent mental health supports for families.

As proven above, OKDHS CWS has worked very hard over the years to improve the experience of children and the families who adopt them. Despite consistently going above and beyond the target rate of 99 percent for almost ten years, we will not be satisfied until 100 percent of children who are adopted and their families have the services and supports they need to sustain a happy and healthy life.

Still Under Construction

Improving permanency timeliness and therapeutic foster home capacity have proven to be the most difficult of the reform efforts OKDHS has undertaken. While in the most recent measurement periods both areas were experiencing some positive improvement, the interdependence on other systems such as courts and availability of mental health services has meant that the impact of the pandemic was doubly challenging and not fully within OKDHS's ability to manage. As a result, these performance areas are not experiencing the consistent level of success that suggests sustainable reform has taken place. However, very promising efforts such as a robust focus on early parent engagement to improve reunification timeliness, and the creation of EFC to augment the TFC program are well underway, and the success of OKDHS CWS in other performance areas gives us confidence that we can and will also be successful in unlocking solutions for both of these as well.

Many of the systems and practices being built today depend on the success of the reform efforts of the last decade. Strengthening families through concrete supports and evidence-based prevention programs, understanding and addressing the specific needs of each child who enters foster care, and developing a strong ongoing system for post-adoption outreach and support are examples of emerging practices that have the opportunity to transform OKDHS CWS. Maintaining a strong foundation of workload and foster home capacity, and building an organizational culture that is based on safety science, continuous learning, and staff well-being are critical for the next decade of successes, and strong strategies are in place to do just that. There is no finish line in CWS, but we are proud of what has been accomplished over the last decade and it is appropriate to reflect and to mark this moment, and to remember this is noble work, and we are honored to do it.

Respectfully,
Deborah Shropshire, M.D.
Director, Child Welfare Services
Oklahoma Human Services

Oklahoma Human Services (OKDHS) is committed to improving the safety, permanency, and well-being of children served by the child welfare (CW) system. The Oklahoma Pinnacle Plan of 7/25/2012 is the roadmap and public reporting is critical to ensuring transparency and accountability. The 3/7/2013 Metrics, Baselines, and Targets Agreement outlines how the outcomes and other indicators are measured and reported. Monthly and semi-annual reports are made available to the public.

Oklahoma is committed to good faith efforts and positive trending toward the goals outlined in the Plan. Twice per year OKDHS provides an analysis in which the agency outlines: (1) the strategies employed to improve performance in the areas identified in the 12/15/2011 Compromise and Settlement Agreement; and (2) the progress toward improving performance. The report includes an update regarding performance improvement strategies implemented to date and, when possible, an assessment of the effectiveness of those strategies. Each semi-annual report addresses seven performance areas comprised of 30 specific metric elements. The seven areas are: Safety in Foster Care, Foster Home Development, Caseworker Visitation, Shelter Reduction, Placement Stability, Permanency Timeliness, and Manageable Caseloads.

The Compromise and Settlement Agreement requires the Co-Neutrals to determine the extent to which OKDHS makes good faith efforts to achieve substantial and sustained progress toward each Target Outcome. This report summarizes the most significant strategies implemented for each Target Outcome and, where possible, draws connections between those efforts and progress toward the Target Outcomes established in the Metrics, Baselines, and Targets Agreement.

Organization of the Report

Due to the unforeseen effects and challenges of the COVID-19 pandemic, a COVID Recovery Period Agreement was made on 12/15/2021 to modify the original Settlement Agreement. Seven measures impacted by the pandemic are now identified as the Delayed Performance Area Measures. The remaining 23 performance area metrics are now referred to collectively as the Non-Impacted Performance Area Measures.

Based on the COVID Recovery Period Agreement, this report begins with some contextual information and is then organized by the Non-Impacted Performance Area Measures and Delayed Performance Area Measures:

SECTION 1: Contextual information. This section provides a general description of entry and exit trends since the enactment of the Settlement Agreement as well as trends in the child demographic profile captured during the history of reporting periods.

SECTION 2: Non-Impacted Performance Area Measures. This section reports on metrics and indicators pertaining to absence of maltreatment in out-of-home care, foster home development, frequency of caseworker contacts, placement stability, reduction in shelter use, permanency for legally-free children, re-entry, adoption, and caseloads.

SECTION 3: Delayed Performance Area Measures. This section reports on metrics pertaining to therapeutic foster home development, permanency for children within 1, 2, 3, and 4 years of removal, and permanency for legally-free teens.

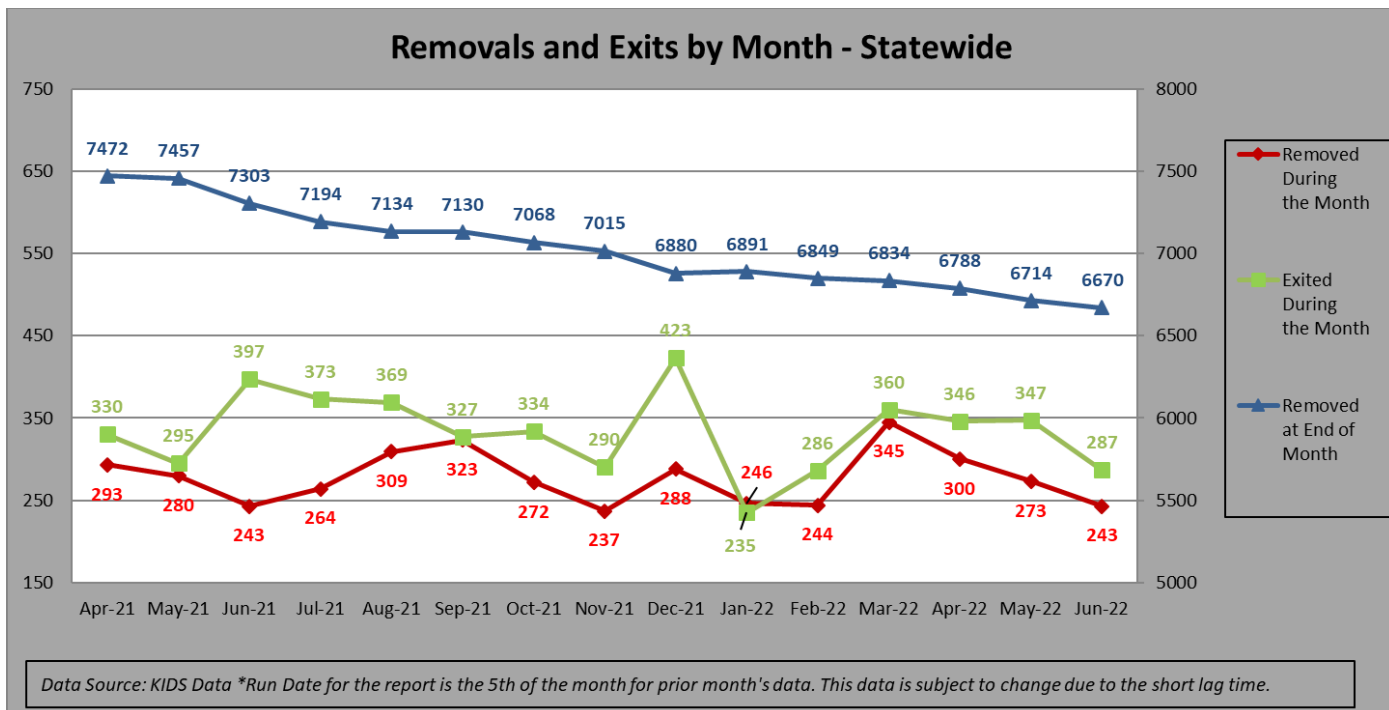
Measurement Notes

OKDHS was the first state agency in the nation to have a federally-approved statewide automated child welfare information system (KIDS) and continues to strive for high quality data. The findings in this report are subject to change due to ongoing data entry, changes in policy, changes in practice, and changes in definitions, or data quality issues that may be discovered through the process.

SECTION 1. Contextual Information

Entry and Exit Trends

Oklahoma Human Services (OKDHS) began Pinnacle Plan implementation in July 2012, six months after the Settlement Agreement was reached. In July 2012, just over 9,000 children were in out-of-home (OOH) care, and this number continued to rise before peaking at 11,303 in October 2014. In November 2014, the number started to decline for the first time since Pinnacle Plan implementation began. As of June 2022, the number of children in OOH care was 6,660, a 41.1 percent decrease since October 2014, which is a continued reduction in the number of children in OOH care. Section 1, Graph 1 shows the number of children removed and the children who exited OOH care during each month from April 2021 through June 2022. In Federal Fiscal Year (FFY) 2022, the overall number of children exiting OOH care outnumbered the number of children removed during the 12-month period.

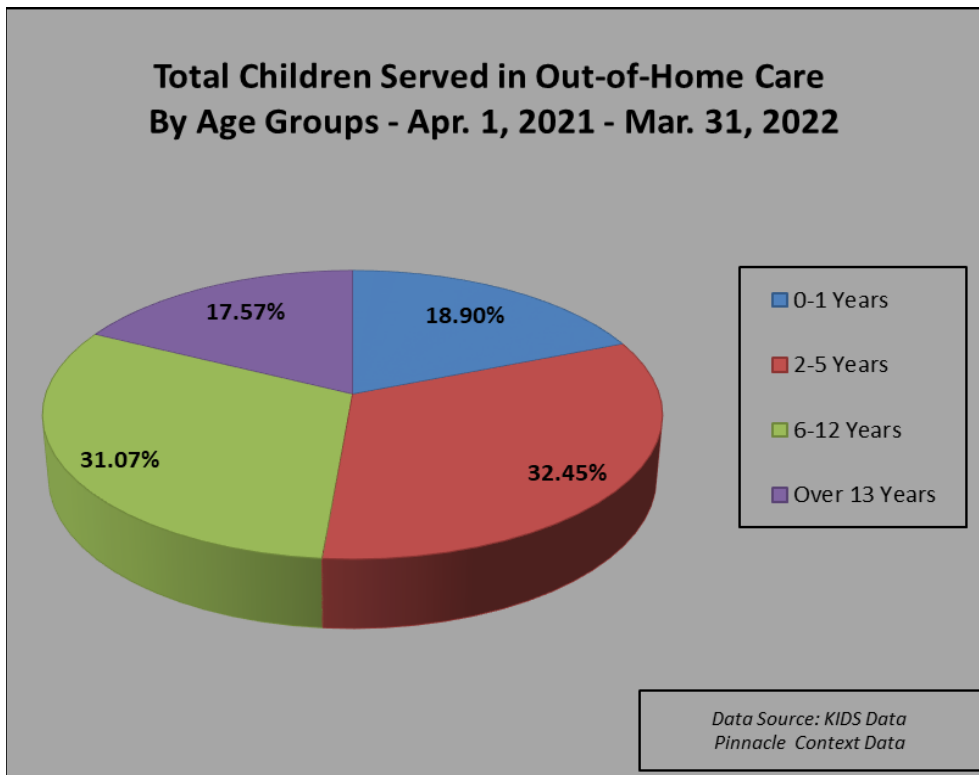


Section 1, Graph 1

Demographic Information by Reporting Period

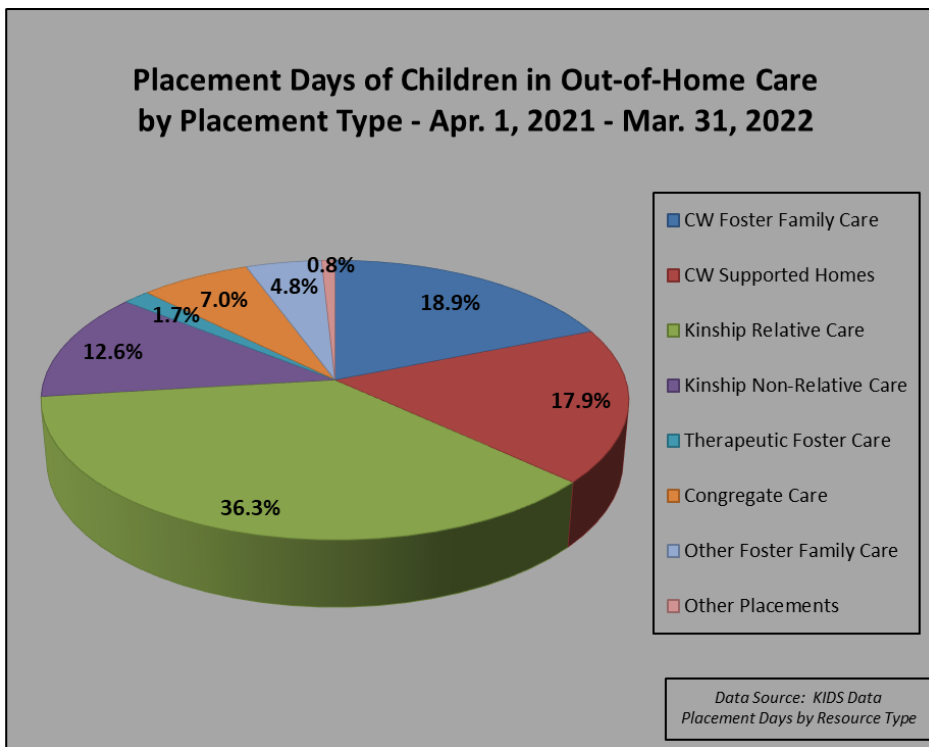
During the reporting period of 4/1/2021 through 3/31/2022, according to Adoption and Foster Care Analysis Reporting System (AFCARS), OKDHS served 11,200 children. The "served" population includes all children who were in OOH care for at least 24

hours. This number also includes children in tribal custody. For the purposes of Pinnacle Plan reporting, children in tribal custody are not included in the measures, except for the Absence of Maltreatment in Care measure that includes all children served. This leaves a served population of 10,659 excluding children in tribal custody. Section 1, Charts 1, 2, and 3 show the children's demographics by age, race, and placement type. For race, when a child claims more than one race, the child is counted in the Multi-Race category. Hispanic or Latino origin is no longer counted as a primary race.



Section 1, Chart 1

Section 1, Chart 2



Section 1, Chart 3

SECTION 2. Non-Impacted Performance Area Measures

1.1: Absence of Maltreatment in Care by Resource Caregivers
Operational Question

Of all children served in foster care during the 12-month reporting period, what percent were not victims of substantiated or indicated maltreatment (abuse or neglect) by a foster parent or facility staff member?

Data Source and Definitions

For the semi-annual report, Oklahoma Human Services (OKDHS) uses the logic from the official federal metric. This measure is a 12-month period based on the Federal Fiscal Year (FFY) of October 1 through September 30. OKDHS uses the two official state-submitted Adoption and Foster Care Analysis Reporting System (AFCARS) 21B & 22A files combined with a non-submitted annual National Child Abuse and Neglect Data System (NCANDS) file, covering AFCARS 21B & 22A periods, to compute the measure. The NCANDS file used for this report is calculated the same as the file submitted to the federal government, which includes running the data through the official validation tool. However, the official submission to NCANDS occurs only once annually and is due yearly by January 31, so NCANDS data is subject to change until that date.

- Counts of children not maltreated in foster care, out-of-home (OOH) care, are derived by subtracting the NCANDS count of child maltreatment by foster care providers from the AFCARS count of children placed in OOH care during the reporting period.
- This metric measures performance over 12 months and differs from the monthly data collected from KIDS.
- The federal metric only counts a victim once during the FFY, even if a child is victimized more than once in the course of a year. In the monthly report, a victim is counted for every substantiated finding of abuse or neglect.
- NCANDS does not include any referral when the report date and completion date do not both fall during the same FFY reporting period.
- The total population in this measure includes tribal custody children, as these children are included in the federal submission to NCANDS.

This measure includes all children placed in traditional foster care homes, kinship homes (relative or non-relative), therapeutic foster care (TFC) homes, group homes, shelters, and residential facilities. In March 2013, OKDHS began including children substantiated for maltreatment in institutional settings by the Office of Client Advocacy (OCA).

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 4/1/2021 through 3/31/2022.

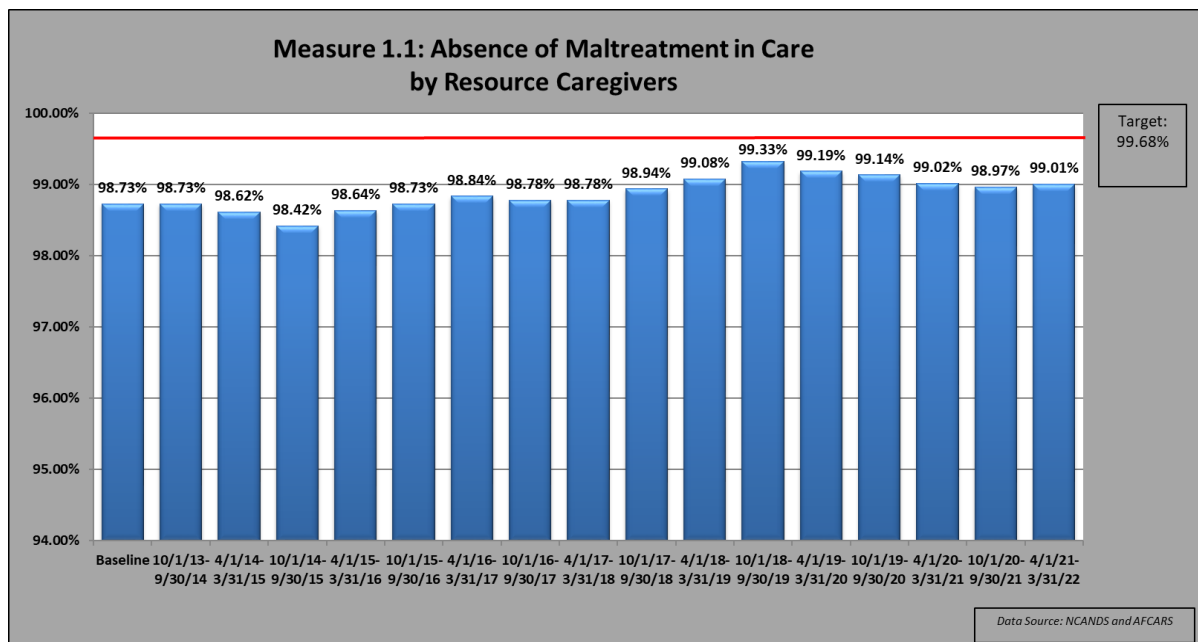
Numerator: The number of children served in foster care from 4/1/2021 through 3/31/2022 who did not have any substantiated or indicated allegations of maltreatment by a foster parent or facility staff member during that period.

Trends

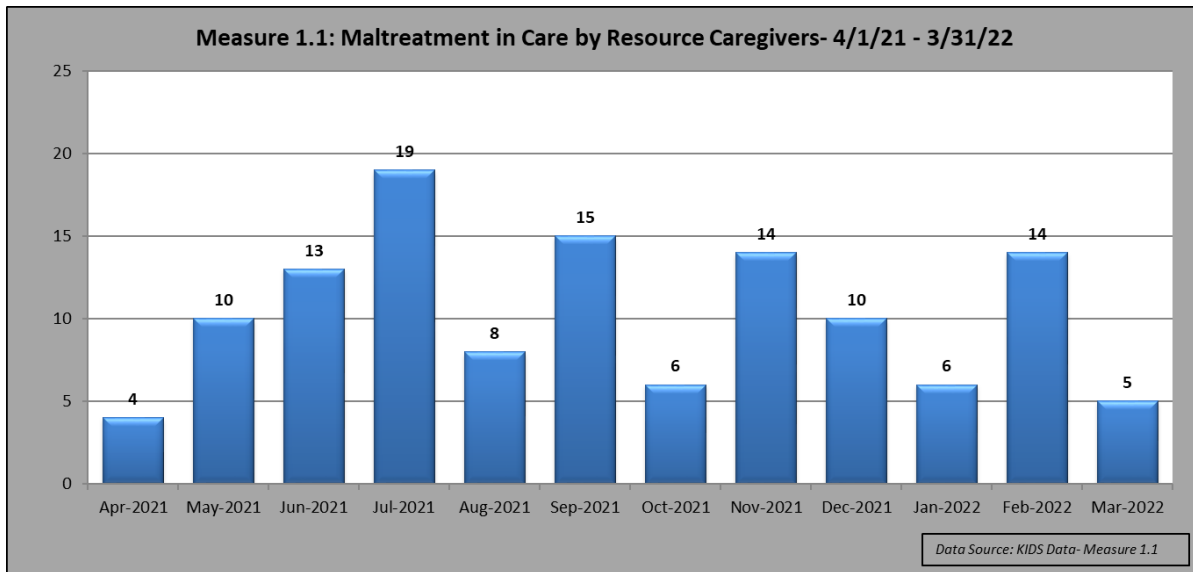
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2013 – 3/31/2014	All children served from 4/1/2013 – 3/31/2014	15,605	15,806	98.73%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 – 9/30/2014	16,066	16,272	98.73%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 – 3/31/2015	16,410	16,640	98.62%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 – 9/30/2015	16,543	16,808	98.42%

4/1/2015 – 3/31/2016	All children served from 4/1/2015 – 3/31/2016	16,323	16,548	98.64%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 – 9/30/2016	16,037	16,244	98.73%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 – 3/31/2017	15,571	15,753	98.84%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 – 9/30/2017	14,929	15,113	98.78%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 – 3/31/2018	14,229	14,405	98.78%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 – 9/30/2018	13,754	13,901	98.94%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 – 3/31/2019	13,317	13,441	99.08%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 – 9/30/2019	12,995	13,082	99.33%
4/1/2019 – 3/31/2020	All children served from 4/1/2019 – 3/31/2020	12,556	12,659	99.19%
10/1/2019 – 9/30/2020	All children served from 10/1/2019 – 9/30/2020	12,162	12,268	99.14%
4/1/2020 – 3/31/2021	All children served from 4/1/2020 – 3/31/2021	11,571	11,685	99.02%
10/1/2020 – 9/30/2021	All children served from 10/1/2020 – 9/30/2021	11,354	11,472	98.97%
4/1/2021 – 3/31/2022	All children served from 4/1/2021 – 3/31/2022	11,089	11,200	99.01%
Target				99.68%

Section 2, Table 1.1-1



Section 2, Graph 1.1-1



Section 2, Graph 1.1-2

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

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

Section 2, Table 1.1-2

Data Commentary

This indicator is based on the federal measure for child maltreatment by foster home or congregate care providers and produces representative information about the incidence of maltreatment in care (MIC). For NCANDS reporting, 111 victims were reported.

For the reporting period 4/1/2021 through 3/31/2022, 124 substantiations of maltreatment while in OOH care were reported in the monthly MIC Pinnacle Plan Measure. These 124 victims were included in 79 separate referrals: 62 referrals for children in foster care and 17 referrals to OCA. Of the 124 victims, 103 were placed in foster care settings and 21 were placed in congregate care settings:

Of the 103 Victims in Foster Family Care:

- 50 children were in a Kinship Foster Care – Relative Home (48.5%);
- 25 children were in a Child Welfare (CW) Foster – Supported Home (24.3%);

- 12 children were in a CW Foster Family Home (11.7%);
- 12 children were in a Kinship Foster Care Non-Relative Home (11.7%);
- 3 children were in a TFC Home (2.9%); and
- 1 child was in Other Foster Care Homes (0.9%).

Of the 21 Victims in Congregate Care Placement:

- 11 children were in a Level Resource Facility (B, D, D+, or E) (52.4%);
- 5 children were in a Youth Shelter (23.8%);
- 3 children were in a Detention Center (14.3%);
- 1 child was in a Residential Individual Therapeutic Service (4.8%); and
- 1 child was in a Psychiatric Residential Treatment Center (4.8%).

The difference between the two measures is explained in Data Source and Definitions.

Reporting Period Progress

FOSTER CARE

Statewide Automated Child Welfare Information System (SACWIS)/KIDS Foster Care and Adoptions (FC&A) Programs staff continue to work with KIDS staff to make improvements on resource reports utilized by Child Welfare Services (CWS) programs, management, and regional staff. A pending KIDS enhancement that provides details on the reason for initiating a written plan of compliance (WPC) was originally scheduled for August 2021; however, due to required AFCARS updates, the release is in pending status at this time. In February 2022, the Resource Information Sheet (RIS) underwent an update to reflect if and what policy violations occurred in the resource home, and when a resource alert is resolved.

The RIS is a single source of pertinent resource home information that contains placement history, referrals, injury documentation, resource alerts, and resource home policy violations. Child Protective Services (CPS) and Permanency Planning (PP) staff may be less familiar with the RIS because it is located in the resource home case. Thus, during this reporting period FC&A Programs made a concerted effort to train Resource specialists to share and bring awareness to the RIS and to highlight its value prior to screen-out consultations, 10-day staffings, and placement decisions.

Screen-Out Consultations

Screen-out consultations had a completion rate of 100 percent this reporting period as shown in Section 2, Table 1.1-3. Improved completion rates for timely screen-out consultations and documentation has occurred at or close to 100 percent since 2020.

Screen-Out Consultations on Out-of-Home Referrals			
Screen-Out Referral Month	Total Screen-Out Referrals	Screen-Out Referrals with Screen-Out Consultation	% in Compliance
Baseline (Sept-Nov 2016)	312	122	39.1%
Oct-21	60	60	100.0%
Nov-21	41	41	100.0%
Dec-21	43	43	100.0%
Jan-22	45	45	100.0%
Feb-22	40	40	100.0%
Mar-22	44	44	100.0%
TOTAL	273	273	100.0%
<i>Data Source: Y1790B - Out-of-Home Screen-Out Detail; Run Date: 6/11/22</i>			

Section 2, Table 1.1-3

During this reporting period, reviews revealed a specified process is needed to ensure completion of follow-up steps identified in screen-out consultations. FC&A and PP Programs are collaborating to determine the best process to resolve this.

CPS Programs staff continue to review every OOH screen-out referral to ensure policy guidelines are adhered to in the disposition process. KIDS also continues to capture the review process when CPS Programs staff document if they concur with the screen-out disposition. When CPS Programs staff does not concur with the referral's disposition, Programs staff overrides the original disposition and assigns it in KIDS for investigation.

Supported and TFC/intensive treatment family care (ITFC) agencies continue previously implemented MIC efforts. These efforts include safety calls, MIC case analysis and MIC case reviews. All processes are fully embedded with the resource family partner (RFP) and TFC/ITFC agencies. Additionally, when a concern involving a contracted placement agency is noted through a screen-out consultation, a 10-day staffing, or any other process or staffing, RFP and/or TFC Programs staff provides the agency with a deadline for the concern to be addressed with the family and the outcome reported back to CWS. The deadline provided to the agencies is within 10-business days of notice of the concern. In instances where there is an immediate safety concern, the issue is required to be addressed by the next business day. The agency's follow-up on noted concerns is tracked by both RFP and TFC Programs staff and documented in the KIDS resource.

Placement Process Enhancements

In 2020, CWS formed a workgroup to improve the placement process to ensure a child or youth goes to a resource home that can best meet his or her needs. This matching process, referred to as the Child Placement Interview (CPI), is fully functional statewide. It is an initial building block essential to ensuring safety and improving placement stability as it provides foster parents information about the child's history, strengths, and needs. As of 6/27/2022, over 7,700 CPIs have been conducted since the program rollout began on 2/1/2021. This includes more than 5,600 CPIs completed in State Fiscal Year (SFY) 2022.

and needs. As of 6/27/2022, over 7,700 CPIs have been conducted since the program rollout began on 2/1/2021. This includes more than 5,600 CPIs completed in State Fiscal Year (SFY) 2022.

Foster Home Assessments

In previous reporting periods, overdue annual updates and reassessments of foster homes were determined to be a barrier to reaching permanency goals, assessing child safety timely, and identifying family needs. As a result, FC&A leadership developed a backlog plan to address this issue. This review process began in January 2019 with 273 overdue annual updates. By the end of June 2022, the backlog was reduced to 80 overdue annual updates or reassessments. This process continues to decrease the number of overdue annual updates or reassessments each month, while ensuring that FC&A staff timely assesses child safety, addressing any needs for the child and family, and providing exceptional customer service to resource families. These activities are to increase placement stability, improve permanency for children, and decrease MIC.

The stand-alone child problematic sexual behavior (PSB) training developed by the National Resource Center for Youth Services (NRCYS) continues to be accessible at any time to foster parents. The training was highlighted in the April 2022 Monthly Resource Reminder that is sent to all open foster homes. Additionally, through collaboration between CPS, PP, and FC&A Programs, it was determined that all CW specialists, CW supervisors, district directors, and field managers are required to complete the training by 12/31/2022. All CW staff were notified on 6/8/2022 of the online training, Caring for Children with Problematic Sexual Behaviors, available through the OKDHS Learning Management System. The notification also identified those required to complete the training. A report will be provided monthly to ensure the required CW staff are completing the training in a timely manner.

Resource Alert

As detailed in prior Semi-Annual Reports, the YI042 Resource Homes with an Open Resource Alert report, is used to monitor resources with an open or unresolved resource alert and is emailed to CW staff monthly. CW field managers, supervisors, and RFP agency staff use the report as a management tool to track open and unresolved resource alerts. The report is also emailed monthly to district directors for their staff to identify any children placed in homes with an active resource alert. The Placements tab in the report displays the child's assigned CW specialist and supervisor. This report can be viewed at any time by CW specialists to identify children on his or her caseload that are placed in a resource home with an open resource alert. Additionally, when a child is placed in a resource home, the RIS in KIDS populates and includes open or resolved resource alert information.

As part of the ongoing evaluation of new processes and practice implementation, the following KIDS enhancements are in progress or completed.

- The enhancement to generate an automated email to newly assigned CW specialists upon case transfer or placing a new child in the resource home was released in May 2022.
- Reviewing resource alerts will be added to the OOH investigation staffing guide, as well as having a resource alert as an option for OOH investigation 10-day staffing recommendations. This enhancement was scheduled for release in September 2021; however it is on hold while KIDS staff completes the required AFCARS updates.

During this reporting period, 253 resource alerts were opened. Of those, 131 were resolved in SFY 2022. As of 6/30/2022, 131 resource alerts remained open for this reporting period. The usage of alerts represents improved, proactive, practice in addressing potential safety concerns and/or risk factors identified in a resource home. Common risk factors requiring ongoing monitoring include, but are not limited to, a history of substance abuse, increased family stress, individuals identified as unsafe with potential access to the child in OKDHS custody, unclean or hazardous home environment, and criminal action taken against a resource parent that does not result in automatic closure. In addition to increasing and improving communications between Resource staff and each child's assigned CW specialist, resource alerts also improve support for resource families. Increased communication and addressing the needs of a resource family provide a positive customer service experience and furthers efforts to retain resource families.

Training

To assist staff in evaluating and remediating concerns in a resource home, Assessing Concerns in Resource Homes training is required for all new Resource specialists and RFP staff and is available to any staff as a refresher when needed. This training develops and enhances skills in determining the appropriate level of intervention required when concerns are present in a foster home, including addressing policy violations, and preparing and monitoring a WPC. Four training sessions were held during this reporting period.

Records Check Training is a training for all Resource specialists to assist in developing skills related to searching and documenting records in a quality manner. This training will become a required Level 1 training for all Resource specialists. Five in-person trainings were held for Resource staff and two virtual sessions were held for RFP staff during this reporting period.

Records Check Review and Approval Training is required for all Resource specialist III's, supervisors, and field managers. This training, offered to Resource, RFP, and TFC staff, assists with crafting skills related to reviewing and coaching staff for quality records checks, and approval at

the appropriate level. FC&A Programs staff provide this training on a bi-annual basis or as a need is identified. One training was held in January 2022 and the next training is scheduled for the fall of 2022.

Assessment Training is required for all new Resource specialists and RFP staff. The two-day training highlights how forms are used as part of the assessment process, both for the initial resource family assessment (RFA), as well as annual updates or reassessments; using critical thinking skills when reviewing RFAs; and being aware of MIC factors and how to look for those during each interaction with a family. Four training sessions occurred during this reporting period.

FC&A Quality Assurance (QA)

The reviews completed during this review period reflect samples pulled for October, November, and December 2021 in the second quarter of SFY 2022 and January, February, and March 2022 in the third quarter of SFY 2022. SFY 2022 quarter four encompassing newly certified homes in April through June 2022 are actively under review in July through September 2022. As previously reported, the quality assurance process lags a quarter behind.

The Continuous Quality Improvement (CQI) Programs Contract Performance Review (CPR) team, comprised of a programs supervisor and five programs field representatives (PFRs), completed 90 quality assurance reviews from October 2021 through March 2022 of resource homes newly-approved in July through December 2021. The reviews were comprised of 90 newly-approved OKDHS homes across all five regions with a breakdown consisting of 17 traditional, 32 non-relative kinship, and 41 relative kinship homes.

The most significant change occurring this reporting period is including CW supervisors in the CPR quality assurance review debriefings. The debriefings provide in-depth detail of the reviewer's observations, application of policy, and program guidance. The debriefings provide opportunity to note good practice and to identify areas for improvement. FC&A Programs staff made the request in January 2022 to invite the CW supervisors to the debriefings. The desired result is to provide supervisors the opportunity to hear the information and feedback from the reviewer's first-hand and to be more involved in the necessary follow up. This also gives supervisors the opportunity to share the information with their assigned specialists in training, transfer of learning (TOL), and mentoring. The CW supervisors report they appreciated the transparency and educational process, and did not receive the feedback in a negative way. FC&A Programs anticipates increased improvement in CPR quality assurance reviews due to the active involvement of CW supervisors in debriefings.

FC&A Programs staff and the CPR QA team implemented a quarterly meeting schedule to review the preceding quarterly data. This is an

opportunity to provide in-depth detail on findings and practices gathered during the entire review process and determine if adjustments are needed regarding Resource specialist training, if policy needs clarification, or if unmet training or process needs are identified. The next meeting, scheduled for mid-July 2022, will review more fully the details of the quarter three resource home review.

As noted in the FC&A Quality Assurance Review Quarterly Trend Report SFY22 Q3 summary, overall improvements continue. Also noted in the summary is the high percentage of issues with the quality of RFA's, particularly, the concerns not addressed prior to approval. Identified concerns not addressed include: physical health concerns; strained family relationships; lack of a support system; and previous substance abuse history. The lack of information about one or more of these concerns does not appear in RFAs completed by a specific agency. While a specific overall trend is not identified at this time, FC&A Programs continues to monitor this.

MIC Expanded Strategies

During this reporting period, children reported to be safe while in OOH care slightly improved by 0.04 percent since the last reporting period. The MIC expanded strategies remain an ongoing priority and are concentrated on addressing the top contributing factors to MIC identified through case reviews and data analysis. MIC reviews by CW supervisors, district directors, field managers, and the MIC Programs staff are conducted regularly. Case analyses are also consistently conducted. The MIC leadership team meets monthly to discuss strategy efforts and identify ways to support regional CW staff. During this reporting period, the meetings focused on support for the enhanced CW supervisor MIC reviews, district director and field manager MIC reviews, TOL, quality of joint staffings, troubleshooting observed unfavorable trends, and quality engagement.

MIC Case Review Updates

During this reporting period MIC Programs staff continued reviews for all substantiated MIC incidents in a family-based setting. CW district directors and field managers completed reviews of both substantiated and unsubstantiated MIC incidents, and CW supervisors conducted reviews of monthly case contacts as a preventative measure against MIC. With regard to the MIC PFR reviews completed by MIC Programs staff, reviews were completed timely and sent to the CW district directors and field managers assigned to the cases as soon as the CPS Programs reviews were completed. The MIC reviews are completed and returned to regional CW staff within approximately 30-calendar days of the investigation closure date. These PFR reviews include a specific, detailed, practice note section with recommendations for TOL. Improving the quality of the practice notes was a continued focus this reporting period with the expectation that district directors and field managers use them more efficiently during their TOLs with regional CW staff.

During this reporting period there were nine MIC PFR reviews identified as deserving of an enhanced TOL facilitated by the MIC PFR reviewer. All other reviews not identified as requiring an enhanced TOL were provided to the assigned district and field leadership staff with specific guidance notes as to TOL recommendations. The MIC PFRs delineate via email to the CW district directors and field managers whether a MIC review was selected for enhanced TOL or if they should proceed with the traditional TOL. Their review is then logged for tracking in Qualtrics.

Enhanced TOL

Since rolling out the enhanced TOL process in February 2022, there have been a total of nine completed and facilitated by the MIC PFRs. During the enhanced TOL meetings, the MIC PFRs follow the MIC Transfer of Learning (TOL) Group Case Learning (GCL) Guide which helps guide the discussions with ground rules and topic points focused on the TOL specifics unique to that case. Participants are asked three standard questions from the guide, once opportunities for enhancement and areas of strength are discussed. Thinking points for the attending district directors and field managers are also available for them to fill out after the enhanced TOL. A TOL Agenda is used to support the meeting structure and flow. After the enhanced TOL is completed, the district directors and field managers are expected to complete the district director review in Qualtrics. Since this enhanced TOL is a fairly new process, the MIC PFRs send out a reminder email to the district directors and field managers about completing the review in Qualtrics.

District Director/Field Manager Reviews

District directors and field managers conduct monthly MIC reviews regularly. From 4/1/2021 through 7/5/2022, district directors completed and entered 193 MIC reviews into Qualtrics. According to Qualtrics, 82 percent were unsubstantiated while 18 percent were substantiated reviews. Below is a breakdown of district director reviews completed by region:

- Region 1 completed 39;
- Region 2 completed 34;
- Region 3 completed 25;
- Region 4 completed 37; and
- Region 5 completed 57.

According to Qualtrics, 35 percent of the placement types reviewed were from Kinship Foster Care - Relative, 22 percent were from CW Foster Family Care, and 19 percent were from Kinship Foster Care Non-Relative. The remaining percentages reviewed were below 7 percent and distributed between the remaining nine placement types. There was no change from the February 2022 Semi-Annual Report as to what the district director reviewers designated as the top three contributing factors:

- quality of contacts/visits in 46 percent of reviews;

- lack of communication/information sharing in 29 percent of reviews; and
- special need children/children with challenging behaviors in 15 percent of reviews.

No contributing factors were found in 34 percent of the reviews. This is an improvement from the 30 percent designated in the last reporting period. 90 percent of the 193 entries indicated identified issues were addressed with staff.

For the same period of 4/1/2022 through 7/5/2022, a total of 205 FC&A field manager reviews were completed and entered into Qualtrics. According to Qualtrics, 72 percent were unsubstantiated, while 28 percent were substantiated reviews. Below is a breakdown of field manager reviews completed by region:

- Region 1 completed 40;
- Region 2 completed 38;
- Region 3 completed 38;
- Region 4 completed 45; and
- Region 5 completed 37.

According to Qualtrics, the top three contributing factors identified by field managers remained consistent with last reporting period with a slight variation in the order of the first two:

- special need children/children with challenging behaviors in 17 percent of reviews;
- quality of quarterly visits/monthly contacts in 16 percent of reviews; and
- lack of communication/information sharing in 10 percent of reviews.

No contributing factors were found in 54 percent of the reviews. 79 percent of the 205 entries indicated identified issues were addressed with staff.

CW Supervisor Quality Visit Reviews

Each month a compliance review is completed by the MIC PFR to determine how many supervisors are conducting and entering their monthly quality visit reviews into Qualtrics. An email is sent out around the 16th of each month to all district directors with a report that details their specific CW supervisor's completion expectations along with what was actually completed for the given month. This report is initially generated by KIDS Pinnacle Context data for each respective month. The data is filtered to show each region's supervisors and their assigned specialists who carry at least one PP case. The assigned number of PP cases and corresponding required amount of quality visit reviews is listed. Qualtrics data is then input into the report to reveal how many quality visit reviews completions each supervisor entered versus how many were required.

For the month of May 2022 every region showed an increase in completion of supervisor quality visit reviews. Statewide, PP supervisors completed 62 percent of their expected number of reviews. For the month of June 2022, the statewide completion rate was 63 percent. Regional completion rates varied, with the highest rate at 77 percent in Region 5. Continued work with each region to encourage review completions by supervisors is a heightened focus of the MIC Programs team, and during this reporting period the team met with regional MIC leads to assist in overcoming any barriers in completing the reviews. Efforts to ensure CW supervisors become accustomed to the review process will continue. The intent is that CW supervisors are directly aware of the practices and assessments skills of their assigned specialists. The expectation is that any problematic assessment skills observed can be enriched immediately and good practice skills can be celebrated and used as examples of quality safety assessments.

To support the supervisor quality visit reviews and all MIC strategy efforts, the MIC Programs team is in the final editing stages of designing a website page within the OKDHS InfoNet for all MIC strategies. The forthcoming MIC website page contains all information necessary to understand the expectations of the MIC expanded strategies. The information provides all of the requirements for all CW specialists, supervisors, district directors, and field managers assigned to or responsible for any type of case load. A tool kit link explains in detail the steps necessary to complete each MIC activity including all district and regional level MIC reviews, case analysis, and TOLs, complete with access to relevant forms and guides. There is helpful information about prevention, risk recognition, and resources to aid in high quality joint response staffings. The expected launch date for the MIC website page access is anticipated to be on or before 9/1/2022. The desire is that all CW staff can refer to one location to aid them in their MIC prevention activities, including clearly stated expectations, the latest trends, and overall resources and supports in recognizing and reducing risk for children in out-of-home care.

MIC Case Analysis Updates

The MIC case analysis presentations and group learning continued in each region and by the RFP agencies during this reporting period. Each of the five regions performed a case analysis.

- Region 1 conducted case analyses in February 2022 and May 2022.
- Region 2 conducted case analyses in January 2022 and April 2022, and have another scheduled to occur in August 2022.
- Region 3 conducted case analyses in December 2021, March 2022, and June 2022.
- Region 4 conducted cases analyses in November 2021, March 2022, and June 2022.
- Region 5 conducted case analyses in December 2021, April 2022, and have another scheduled to occur in August 2022.

The RFP contracted agencies completed all of their required case analyses between March and May 2022. Several agencies continue to report that they find the TOL process for the case analyses more beneficial than the TOL for the individual case reviews.

Conclusion

Communication and information sharing is an ongoing occurrence between CWS programs and across strategies. As discussed in this Semi-Annual report under Section 2, Measure 3.3, four specific reports within the WebFOCUS YI616 Worker/Child Visitation Reports were recently created to improve CW supervisor's management of CW specialist visits with children in OOH care, including unannounced visits which are required quarterly at minimum. This is just one example of the ongoing cross collaboration in improving the safety of children in OOH care.

Efforts toward timely reviews will continue to inform necessary actions in improved safety of children in OOH care. Continued efforts will be directed at analyzing and strengthening the quality of preventative practices, including injury tracking, preliminary inquiry, screen-out consultations, resource alerts, and 10-day staffings. Several of these efforts began in this reporting period. In June 2022, quality reviews for both 10-day staffings and screen-out consultations began. On 7/1/2022, updated 10-day staffing guidance, 10-Day Staffing Guide 2022, went out to all MIC leads for distribution in their region. Meetings occurred on 6/23/2022 and 7/21/2022 between CWS program leaders, FC&A supervisors, field managers, and RFP liaisons to showcase the areas needing improvement and to collaboratively find enhanced quality solutions.

CWS recognizes the significance and complexity of MIC prevention work and is committed to maintaining MIC prevention as a standing semi-annual agenda item with the CWS Executive Team. Information shared through this feedback loop will include both qualitative and quantitative data related to MIC prevention along with direct feedback and information from MIC Programs staff, district directors, and field managers conducting MIC reviews.

CONGREGATE CARE

Ongoing efforts are occurring in all core strategy activities to address MIC in higher levels of care. The three primary efforts designed to decrease MIC in congregate care settings are supports for facilities with the highest number of MIC incidents; policy, practice, and technical enhancements; and contract enhancements. These efforts will continue with a commitment to seek the best ways to support safe care for youth determined to need a treatment placement above foster care.

Current data indicates an increase of five MIC victims in congregate care when compared to data in the February 2022 Semi-Annual Report. Despite the increase this period, data shows a decrease of three MIC

victims when compared to the February 2021 Semi-Annual Report and a decrease of 41 MIC victims when compared to data in the first Semi-Annual Report in July 2014. This decrease indicates the continued efforts by CWS and providers are successful in ensuring safe congregate care settings for youth in OKDHS custody.

Ten of the 21 MIC substantiations occurred in programs OKDHS does not hold the funding contract for: psychiatric hospitals, Office of Juvenile Affairs (OJA) placements, and shelter care. CWS continues to offer support to residential treatment care (RTC) providers, as well as shelter providers when they are identified as a program that could benefit from support and development (SD). Support is also given outside of the SD process by implementing Facility Service Plans (FSPs) and Safety Plans that are monitored by the Specialized Placements and Partnerships Unit (SPPU) liaisons. OKDHS does not provide SD or liaison support to OJA detention providers; however, OJA congregate care providers, including shelters, can participate in the statewide trainings offered by NRCYS to support trauma-informed care. SPPU has a dedicated PFR to work with OJA to ensure quality engagement happens in treatment planning for youth in dual custody, as well as to address any safety concerns in OJA-contracted facilities. SPPU also continues to work with the OKDHS tribal liaison to ensure the NRCYS trainings are offered to tribal group care providers.

Support and Development

The specific activities and detailed progress on the selection of facilities needing SD were based on the 24th and 25th data sets that were summarized in previous Semi-Annual Reports. This reporting period includes SD activities based on the 26th and 27th data sets. Additionally, SPPU continued to work with and support providers who were participating in SD from the 24th and 25th data sets.

Children with Substantiations of Abuse or Neglect while in Out-of-Home Care OCA - Support and Development Facilities											
Monitoring Period	Closure Month	Group Home/ Shelter 1	Group Home/ Shelter 2	Group Home/ Shelter 3	Group Home/ Shelter 4	Group Home/ Shelter 5	Group Home/ Shelter 6	Group Home/ Shelter 7	Group Home/ Shelter 8	Group Home/ Shelter 9	Total
24th Data Period	Apr-2021										0
	May-2021										0
	Jun-2021										0
25th Data Period	Jul-2021					1					1
	Aug-2021				1		1				2
	Sep-2021					1					1
26th Data Period	Oct-2021										0
	Nov-2021										0
	Dec-2021										0
27th Data Period	Jan-2022								1		1
	Feb-2022									2	2
	Mar-2022					1					1
TOTAL		0	0	0	1	3	1	0	1	2	8
<small>Data Source: KIDS Data Measure 1.1 MIC; Run Date: 5/31/22. Numbers indicate children with substantiations while in DHS custody and placed at Facility. Substantiations for children in DHS custody only.</small>											
23rd Period Data ID'd Support & Development Facility			24th Period Data ID'd Support & Development Facility			25th Period Data ID'd Support & Development Facility			26th Period Data ID'd Support & Development Facility		

Section 2, Table 1.1-8

Note: The color blocking denotes the data period when a facility was identified as requiring support and development.

Data reporting periods are for three months.

26th MIC Data Set: October through December 2021:

A quarterly Support and Development Team (SDT) meeting was held 1/10/2022 to identify facilities in need of SD based on data from October through December 2021. Monthly SDT conference calls were held 2/2/2022 and 3/2/2022. During these calls, existing facility support plans were reviewed and updates were suggested based on information from onsite monitoring, monthly report data, and feedback from OCA, Child Care Licensing (CCL), and the CWS CQI CPR team.

The 26th data set was received January 2022 and identified no resources at the group home and shelter level of care in need of SD. One resource at the shelter level of care had substantiations during this quarter; however, the facility immediately terminated the staff involved prior to the completion of the investigation. This appeared to be a one-time incident and the program responded appropriately and quickly to address the concern. One other resource had a substantiation during this data set. This resource is a crisis stabilization treatment program for youth in OKDHS custody. This program also immediately terminated the staff involved in the incident and the team did not have concerns for any overarching cultural issues. A SPPU programs supervisor and PFR work closely with this program. In order to provide additional support after this substantiation the PFR began twice a month visits and completed milieu observations to ensure there were no overarching concerns. SPPU has not identified any concerns at this program that would lead to placing them on SD.

The 26th data set did not identify any resources at the hospital level of care in need of SD.

During this quarter, the SDT continued to work with providers previously identified for SD. The first program remained on SD this quarter and the SDT observed program improvements. The SPPU programs supervisor continued to review all video of physical interventions and intervention documentation. The SDT addressed concerns around a lack of documentation detail, as well as some hold positions that were outside of Handle with Care protocol, but not abusive. The program quickly addressed these concerns and the SDT saw marked improvement. SPPU continued onsite visits and observed staff actively engaged with youth. The programs milieu observation forms were completed and provided to the program director. The program did not have any new substantiations during this period and were released from SD. The program remained on Enhanced Support (ES) which consists of monthly visits from a member of the SPPU team, video review of two physical interventions per month with feedback to the provider, and pre-placement calls for all youth placed in the program. This program provides treatment services to youth with the highest level of needs in Oklahoma and SPPU is committed to a continued higher level of support for the program and for the youth served in the program.

The second program remained on SD during this quarter. The SPPU programs supervisor continued to review all incident reports and all physical intervention video. The programs supervisor provided feedback to the program director and the quality assurance coordinator. Based on these reviews, the SDT worked on improvements around documentation. SPPU continued onsite visits and completed milieu observations forms which were provided to the program director. Onsite visits remained positive during this quarter and improvements in documentation were seen towards the end of the quarter.

A third program who had been identified in the 25th data set remained on SD during this quarter. The SDT completed youth and staff surveys for the program and worked with consultant Lloyd Bullard to develop a support plan. The program worked to make progress on their support plan which focused on staff development and positive youth engagement. The program made marked improvement and was released from SD in June 2022.

27th MIC Data set: January through March 2022:

A quarterly SDT meeting was held 4/9/2022 to identify facilities needing SD based on data from January through March 2022. Monthly SDT calls were held 5/4/2022 and 6/1/2022. During these calls, existing facility support plans were reviewed and updates were suggested based on information from onsite monitoring, monthly report data, and feedback from OCA, CCL, and the CWS CQI CPR team.

The 27th data set was received April 2022 and identified two resources needing SD at the group home and shelter level of care. Both of these resources were already participating in the SD process with another program from a previous quarter. The SDT completed youth and staff surveys and both programs participated in consultation with Lloyd Bullard as part of the SD process. The SDT saw positive shifts in the overall culture and no subsequent substantiated OCA referrals occurred for these programs during this quarter or the following quarter.

Two other resources at the group home and shelter level of care had substantiations this quarter. One of these programs continued to participate in SD and then transitioned to Enhanced Support based on identification progress from a previous quarter. The other program was not identified as being in need of SD. This program does not have a pattern of OCA referrals and has not had a substantiation in over a year. The program immediately addressed the concerns that led to the substantiation and there was no concern for overarching cultural issues that would lead to continued MIC at this program.

The MIC PFRs completed their first round of quarterly reviews this quarter. The PFRs completed onsite visits to all group home providers and observed each of their Youth Advisory Board meetings. SPPU saw great work taking place that allows for youth to have a voice in the programs

across the state. During this quarter, the NRCYS began providing onsite consultation to one group home around activities for youth and youth engagement.

Enhanced Support

SPPU continues to offer ES to programs that may need extra support but do not have a current MIC incident. SPPU added the two highest level of care programs to Enhanced Support during this period. Both of these programs continue to serve Oklahoma youth who require the highest level of behavioral health support. Both programs have struggled with MIC in the past on a repeated basis. SPPU met with the owner, quality assurance coordinator, and administrator for these programs. These discussions led to a decision to support these programs on an ongoing basis with monthly site visits, random video and incident report reviews of physical interventions, discussions around any concerns observed, placement protocol staffing calls prior to or immediately following a placement, and support from the SPPU clinical team. SPPU expects these continuous ES services will help the provider improve strengths and identify areas for improvement prior to MIC occurring.

Policy, Practice, and Technical Enhancements

SPPU support liaisons continue to focus on supporting their assigned provider program, as well as driving transition work for each youth in the program. The safety liaisons continue using Corrective Action Plan and Facility Action Step when areas for concern are identified. The safety liaisons also complete the quarterly FSP with their assigned programs. These roles continue to offer increased open communication, program improvement, and support between providers and SPPU.

SPPU continues the improved ability to access resources in locating youth who go missing from care (MFC) when placed in a congregate care setting. If the youth who is MFC does not qualify for an Amber Alert, CW staff may contact law enforcement and request assistance in locating the youth.

The PFRs assigned to the programs supervisor for MIC have completed the first and second round of quarterly reviews. The PFRs have identified some great work being done by providers in listening to the voice of youth and with the youth advisory boards. The PFRs are also supporting providers who show a need for additional support in this area. As a result of these reviews, SPPU and providers are able to identify strengths and use those strengths to support other programs in these new processes. Areas for continued growth, improvement, and training for providers and SPPU staff are also identified based on these reviews.

SPPU submitted the analysis results from the OK CWS Behavior Management Model/Assessment Tool to OKDHS leadership to consider adding an additional Crisis Intervention/Behavior Support Model for providers to utilize. OKDHS leadership approved Therapeutic Crisis Intervention (TCI) as an additional model. This was one of the top rated

models out of five reviewed by providers, OCA, CCL, the CWS CQI CPR team, and SPPU. In June 2022, OKDHS partnered with TCI to send 17 provider staff and three OKDHS staff through the TCI Training for Trainers. SPPU is in the process of making contract updates and working to develop a TCI task force to support the implementation of TCI by June 2023.

Contract Enhancements

SPPU continues to monitor progress and areas needing additional support based on the new contracts. The new contracts require hope-centered, trauma-informed care in all aspects of programming and treatment. The requirements include, but are not limited to: family engagement for youth while in out-of-home care and support for youth and families once they have exited out-of-home care, a youth council/youth advisory board in every program, and once a month documented milieu observations by the director.

Supports Provided through NRCYS Contract

- Systematic Training to Assist in the Recovery of Trauma (START) Direct; Online
 - o Day 1 - 1/4/2022
 - o Day 2 - 1/6/2022
 - o Day 3 - 1/11/2022
 - o Day 4 - 1/13/2022
 - o Day 5 - 1/18/2022
 - o Day 6 - 1/20/2022
- START Training of Trainers; Online
 - o Day 1 - 1/26/2022
 - o Day 2 - 1/27/2022
 - o Day 3 - 1/28/2022
- 6 Principles of Trauma-Informed Care; Tulsa
 - o Day 1 - 1/31/2022
 - o Day 2 - 2/1/2022
 - o Day 3 - 2/2/2022
- 6 Principles of Trauma-Informed Care General; Tulsa
 - o Day 1 - 2/3/2022
 - o Day 2 - 2/4/2022
- Amplify's Sexual Health Education Essentials; Tulsa
 - o Day 1 - 2/15/2022
 - o Day 2 - 2/17/2022
- Safety From the Inside Out; Tulsa
 - o Day 1 - 2/16/2022
 - o Day 2 - 2/17/2022
- START Direct; Tulsa
 - o Day 1 - 2/21/2022
 - o Day 2 - 2/22/2022
 - o Day 3 - 2/23/2022
 - o Day 4 - 2/24/2022
 - o Day 5 - 2/25/2022
- START Direct; Online

- o Day 1 - 3/1/2022
- o Day 2 - 3/3/2022
- o Day 3 - 3/8/2022
- o Day 4 - 3/10/2022
- o Day 5 - 3/15/2022
- o Day 6 - 3/17/2022
- Specialized Placements and Partnerships Team Meeting; Tulsa
- o 3/4/2022
- Group Home Administrators Meeting; Norman
- o 3/25/2022
- They've Got To Learn: Thinking About Natural and Logical Consequences; Tulsa
- o 3/31/2022
- Targeted TA: Genesis; Jones
- o 4/6/2022
- o 4/15/2022
- Activities for Therapeutic Use; Tulsa
- o 4/19/2022
- Skills for Self-care to Secondary Traumatic Stress; Tulsa
- o Day 1 - 4/20/2022
- o Day 2 - 4/21/2022
- o Day 3 - 4/22/2022
- There's Always a Solution; Tulsa
- o 4/27/2022
- Games Games Games-Genesis; Jones
- o 4/28/2022

Conclusion

Efforts targeted at MIC reduction in congregate care settings began in August 2015 and encompassed significant changes in multiple work areas. Specific initiative activities included: policy and protocol modifications; standardized tool development and implementation; KIDS technical enhancements; improved community partner collaboration; creation of an intensive intervention and remediation process for providers who struggle with MIC issues; contract modifications related to reduction of restraint, trauma-informed service provision, and overall provider accountability. While there was an increase in MIC this reporting period, a downward trend continues in MIC overall. SPPU continues to work with providers to develop new supports and practices which has created a sustainable reduction in MIC in congregate care. SPPU will continue to consult with experts in the field and consult with other states and providers to ensure CWS continues to provide the best treatment for youth in OKDHS custody. SPPU is committed to listening the voice of youth and the voice of providers to collaborate on new and better practices that will support a consistent reduction of MIC in congregate care.

1.2: Absence of Maltreatment in Care by Parents Operational Question

Of all children served in foster care during the 12-month reporting period, what percent were not victims of substantiated or indicated maltreatment (abuse or neglect) by a parent while in Oklahoma Human Services (OKDHS) custody?

Data Source and Definitions

For the semi-annual report, Oklahoma uses the same logic as Data Element XI. Children Maltreated by Parents while in Foster Care on Oklahoma's Federal Data Profile. This element uses a 12-month period based on the time frame of October 1 through September 30. Oklahoma used the two official state-submitted Adoption and Foster Care Analysis Reporting System (AFCARS) 21B & 22A files combined with a non-submitted annual National Child Abuse and Neglect Data System (NCANDS) file, covering AFCARS 21B & 22A periods, to compute the measure. The NCANDS file used for this report is calculated the same as the file submitted to the federal government, which includes running the data through the official validation tool. The official submission to NCANDS occurs only once annually and is due yearly by January 31, so the NCANDS data is still subject to change until that date.

- This metric measures performance over 12 months and differs from the monthly data collected from KIDS.
- The federal data element requires matching NCANDS and AFCARS records by AFCARS IDs.
- The NCANDS report date and completion date must fall within the removal period found in the matching AFCARS record.
- The federal metric only counts a victim once during the Federal Fiscal Year (FFY), even when a child is victimized more than once in the course of a year. Whereas in the monthly report, a victim is counted for every substantiated finding of abuse or neglect.

The federal data element includes all victims of substantiated abuse or neglect by a parent while in care, even when the reported abuse occurred prior to the child coming into care.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 4/1/2021 through 3/31/2022.

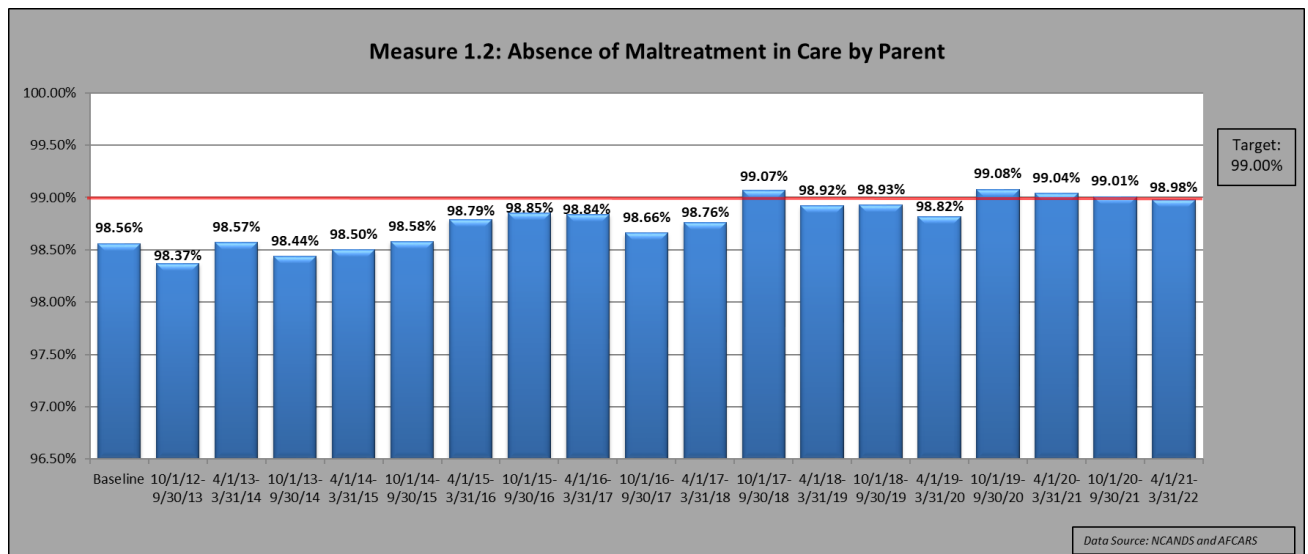
Numerator: The number of children served in foster care from 4/1/2021 through 3/31/2022 that did not have any substantiated or indicated allegations of maltreatment by a parent during that period.

Trends

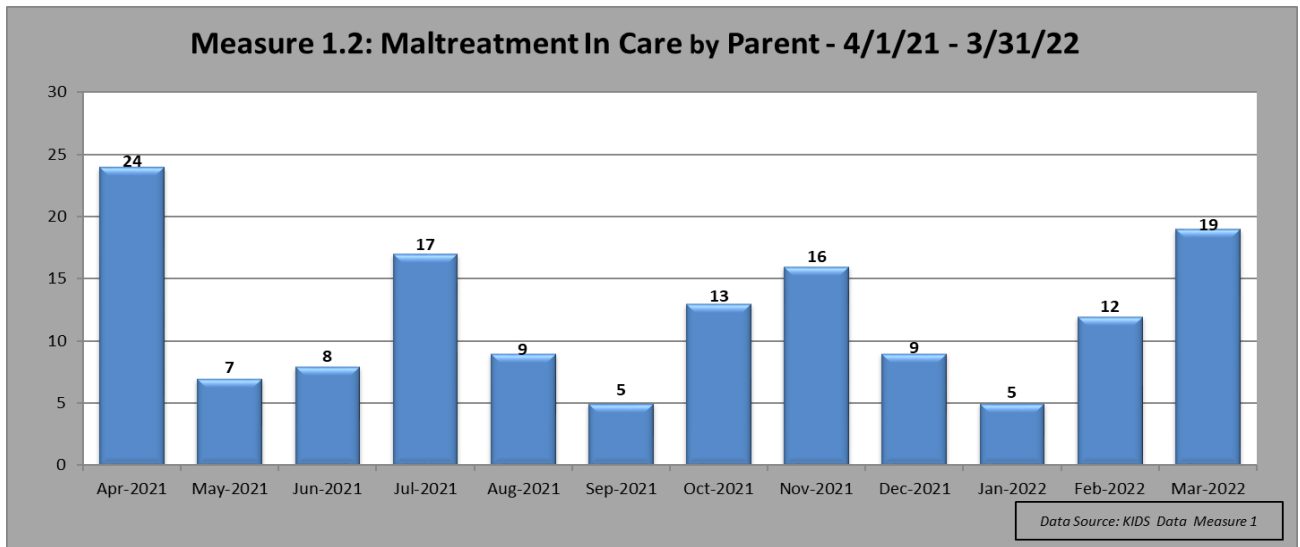
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2010 – 9/30/2011	All children served from 10/1/2010 – 9/30/2011	12,352	12,533	98.56%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 – 9/30/2013	14,800	15,045	98.37%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 – 3/31/2014	15,580	15,806	98.57%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 – 9/30/2014	16,018	16,272	98.44%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 – 3/31/2015	16,390	16,640	98.50%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 – 9/30/2015	16,571	16,808	98.58%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 – 3/31/2016	16,348	16,548	98.79%

10/1/2015 – 9/30/2016	All children served from 10/1/2015 – 9/30/2016	16,057	16,244	98.85%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 – 3/31/2017	15,570	15,753	98.84%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 – 9/30/2017	14,911	15,113	98.66%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 – 3/31/2018	14,226	14,405	98.76%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 – 9/30/2018	13,772	13,901	99.07%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 – 3/31/2019	13,296	13,441	98.92%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 – 9/30/2019	12,942	13,082	98.93%
4/1/2019 – 3/31/2020	All children served from 4/1/2019 – 3/31/2020	12,510	12,659	98.82%
10/1/2019 – 9/30/2020	All children served from 10/1/2019 – 9/30/2020	12,155	12,268	99.08%
4/1/2020 – 3/31/2021	All children served from 4/1/2020 – 3/31/2021	11,573	11,685	99.04%
10/1/2020 – 9/30/2021	All children served from 10/1/2020 – 9/30/2021	11,358	11,472	99.01%
4/1/2021 – 3/31/2022	All children served from 4/1/2021 – 3/31/2022	11,086	11,200	98.98%
Target				99.00%

Section 2, Table 1.2-1



Section 2, Graph 1.2-1



Section 2, Graph 1.2-2

Data Commentary

Section 2, Graph 1.2-1 is based on the federal indicator for maltreatment in care (MIC) and produces representative information about the incidence of MIC by parents. This reporting period decreased by 0.03 percent with the overall outcome of 98.98 percent.

In the most recent reporting period, 98.98 percent of children in out-of-home (OOH) care were not abused or neglected by a parent. Of the 11,200 served in care during the reporting period, 114 had a substantiation of abuse by a parent.

For the reporting period April 2021 through March 2022, a total of 144 MIC substantiations, while in OOH care by a parent, were reported in the monthly MIC Pinnacle Plan Measure. The 144 victims were included in 75 separate referrals. In the monthly reporting for the same time period, 66 of these victims were excluded based on the alleged abuse and/or neglect occurring prior to the child coming into OOH care; however, these victims are still reported to NCANDS.

Of the 144 victims in OOH care maltreated by a parent:

- 65 children were in Trial Reunification (45.1%);
- 21 children were in a Child Welfare (CW) Foster – Supported Home (14.6%);
- 20 children were in a Kinship Foster Care – Relative Home (13.9%);
- 13 children were in a CW Foster Family Home (9.0%);
- 9 children were in a Kinship Foster Care Non-Relative Home (6.3%);
- 6 children were in a Contracted Foster Care home (4.2%);
- 4 children were in a Shelter (2.8%)
- 2 children were in a Therapeutic Foster Care home (1.4%)
- 2 children were AWOL/Missing from Care (1.4%); and
- 2 children were in a Congregate/Above Foster Care Setting (1.4%).

Children Maltreated in OOH Care by Parent, Excluding Prior Abuse

Section 2, Tables 1.2-2 and 1.2-3 provide an additional view of performance on this measure. Understanding not only the type of setting in which the abuse occurred, but also when it occurred is important. Victims with a substantiation of abuse and/or neglect that happened prior to the child coming into care are normally excluded in the monthly reports, but are included in the Pinnacle Plan's Semi-Annual Reports. This means the Semi-Annual Report counts substantiations on abuse and/or neglect by a parent regardless of when the child in OKDHS custody reports the abuse. For this measure, if a child in OKDHS custody reported abuse that occurred in his or her parents' home prior to custody, and that abuse was substantiated, then the child is currently counted in the MIC 1.2 numbers, even though the abuse and/or neglect did not occur while the child was in OKDHS custody.

Measure 1.2a - Children Maltreated by Parent While in Out-Of-Home (OOH) Care - Excluding Prior Abuse													
Report Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	TOTAL
# in OOH	8117	8078	8042	7913	7870	7822	7767	7673	7678	7493	7491	7502	11200
# Safe in OOH	8817	8075	8041	7905	7864	7819	7760	7663	7673	7491	7481	7490	11133
# Maltreated in OOH	0	3	1	8	6	3	7	10	5	2	10	12	67

in OOH is from the Annual File built from the SEP 2021 and MAR 2022 AFCARS files; Run Date: 6/16/22 at 1:10 PM
Maltreated in OOH is from last 6 month of the FFY 2021 and first 6 months of the FFY 2022 NCANDS report; Run Date: 6/16/22 at 1:10 PM

Section 2, Table 1.2-2

MIC 1.2 Excluding Prior Abuse by Placement Type		
Placement Type	# Children	% Children
Trial Reunification	55	82.1%
CW Foster Family Care - Supported Home	3	4.5%
Kinship/Relative/CW Fost. Fam. Care	3	4.5%
Kinship/Relative Non-Paid	3	4.5%
AWOL/ Missing from Care	2	3.0%
Level D+ Residential Resource	1	1.5%
TOTAL	67	100.0%

Data Source: # in OOH care is from the Annual File built from the SEPT 2021 and MAR 2022 AFCARS files; Run Date: 6/16/22

Section 2, Table 1.2-3

Based on the monthly reporting that ended 3/31/2022, 66 of these victims would be excluded because the alleged abuse and/or neglect occurred prior to the child coming into OOH care. Nineteen of the 66 victims are already excluded in the NCANDS report as they are not included in the AFCARS population, leaving 47 additional victims that could be excluded due to reported abuse that was prior to the child's removal. If those substantiations were to be excluded in the Semi-Annual Report, the overall number of victims would be reduced to 67 victims, from the originally reported 144 victims, out of a served population of 11,200. This calculates to a rate of 99.40 percent safe. Of the 67 victims abused in OOH care by a parent, 55 victims or 82.1 percent were placed in trial reunification at the time of the MIC. This calculates to a rate of 99.40 percent safe, which is above the federal standard, and above the 99.00 percent target for this measure.

2.1: New Family Foster Care Homes

Operational Question

How many new foster homes, including foster family homes and supported foster homes were opened during State Fiscal Year (SFY) 2022?

Data Source and Definitions

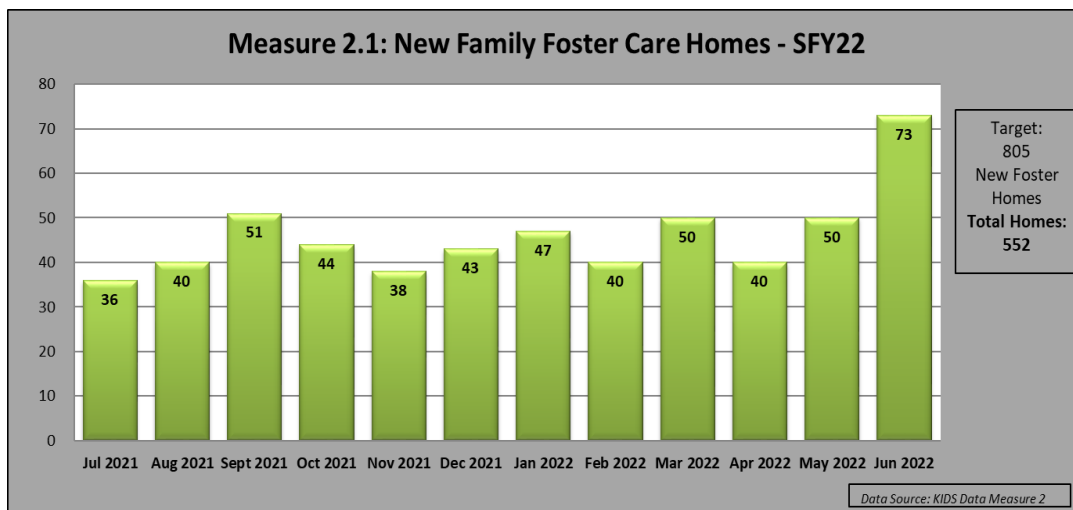
Total count of new foster homes includes all foster family homes and supported foster homes by the month that the family assessment was approved using the agreed upon criteria. As of 7/1/2014, this measure does not include kinship, contracted foster care (CFC) homes, emergency foster care (EFC), shelter host homes (SHH), adoptive, or tribal foster homes.

Trends

Reporting Period	Population	Result	
SFY 2022 Baseline		2,030 Foster Homes open as of 7/1/2021	
7/1/2013 – 12/31/2013	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the first half of SFY 2014	346 Homes	763 Total Homes opened in SFY 2014
1/1/2014 – 6/30/2014	All CFC, Foster Family Homes, EFC, SHH, and Supported Foster Homes opened during the second half of SFY 2014	417 Homes	
7/1/2014 – 12/31/2014	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2015	409 Homes	780 Total Homes opened in SFY 2015
1/1/2015 – 6/30/2015	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2015	371 Homes	
7/1/2015 – 12/31/2015	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2016	387 Homes	1,080 Total Homes opened in SFY 2016
1/1/2016 – 6/30/2016	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2016	693 Homes	
7/1/2016 – 12/31/2016	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2017	431 Homes	884 Total Homes opened in SFY 2017
1/1/2017 – 6/30/2017	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2017	453 Homes	
7/1/2017 – 12/31/2017	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2018	365 Homes	728 Total Homes opened in SFY 2018
1/1/2018 – 6/30/2018	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2018	363 Homes	
7/1/2018 – 12/31/2018	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2019	366 Homes	810 Total Homes opened in SFY 2019
1/1/2019 – 6/30/2019	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2019	444 Homes	
7/1/2019 – 12/31/2019	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2020	410 Homes	832 Total Homes opened in SFY 2020

1/1/2020 – 6/30/2020	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2020	422 Homes	
7/1/2020 – 12/31/2020	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2021	339 Homes	720 Total Homes opened in SFY 2021
1/1/2021 – 6/30/2021	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2021	381 Homes	
7/1/2021 – 12/31/2021	All Foster Family Homes and Supported Foster Homes opened during the first half of SFY 2022	252 Homes	552 Total Homes opened in SFY 2022
1/1/2022 – 6/30/2022	All Foster Family Homes and Supported Foster Homes opened during the second half of SFY 2022	300 Homes	
Target		805 New Foster Homes opened by 6/30/2022	

Section 2, Table 2.1-1



Section 2, Graph 2.1-1

Data Commentary

As of 6/30/2022, 552 foster family homes and supported/resource family partner (RFP) homes were counted as new according to Pinnacle Plan criteria. The target for new homes by the end of SFY 2022 was 805 homes. Child Welfare Services (CWS) achieved 68.6 percent of the SFY 2022 target for new homes in SFY 2022.

As of 7/1/2021, 2,030 homes were open. During SFY 2022, 610 homes were opened, and 937 homes were closed, leaving 1,703 homes open as of 6/30/2022 for a net loss of 327 homes. Net gain or loss only counts unique homes even though a resource family may provide more than one type of foster care. This measure also excludes any out-of-state foster homes or homes open to provide respite-only care. Homes that move out-of-state are included through the end of the current SFY but will be excluded for the starting baseline for the next SFY.

Reporting Period Progress

Recruitment and Retention

Foster homes for children and youth in the custody of Oklahoma Human Services (OKDHS) are recruited, supported, and retained through the CWS Foster Care & Adoptions (FC&A) statewide Recruitment program and through statewide performance-based contracts RFP agencies. The CWS Recruitment program is comprised of one FC&A Recruitment field administrator who provides leadership for 10 Recruitment units throughout the state. Each CWS Recruitment unit prepares a yearly recruitment plan that is updated quarterly with the final update provided in the month following the end of the SFY. These plans focus on ways to increase the number of resource homes available to accept, but are not limited to, children with special behavior or medical considerations, sibling groups, and teens. In the updates, Recruitment supervisors and staff provide information on each completed activity and associated outcomes. Each unit carries out both recruitment and retention activities in their respective regions. CWS contracts with 16 RFP agencies who also focus on statewide recruitment, approval, and support of foster families. Each RFP agency also prepares and implements a yearly recruitment plan that is updated quarterly and provided to CWS, with the final update provided in the month following the end of the SFY. For SFY 2022, all CWS Recruitment units and all RFP agencies implemented their recruitment plans and provided quarterly updates as required.

Current foster families assist CWS Recruitment staff with recruitment efforts in multiple ways, including radio speaking engagements and other media interviews, news articles, presentations for groups and churches, and sharing fostering journeys at large-scale events. FC&A recognizes that current foster parents are excellent recruitment partners because they speak from their own fostering experience. Virtual informational events take place for new and prospective families where a portion of the event is dedicated to allowing current families to share their experiences. During this reporting period, CWS Recruitment staff began to utilize QR codes at events and on recruitment materials distributed in the community to easily connect interested parties directly to the Oklahoma Fosters website.

CWS Recruitment staff participates in numerous in-person events throughout the state. A few examples include:

- Recruitment staff regularly attend large family-oriented community events such as craft shows, car shows, farmers markets, and food truck settings. During Easter and spring events, Recruitment staff contributed thousands of plastic eggs, pre-filled with candy and foster care information, throughout their communities.
- Recruitment staff developed a partnership with Autism Oklahoma and participated in their community events - including the Autism PieceWalk, which is the largest autism event in Oklahoma. Families, friends, teachers, professionals, businesses, civic clubs, and more are present to support Autism Oklahoma.
- Recruitment staff engage local libraries for recruitment events where they meet and greet applicants who are ready to begin the application process. Recruitment staff arrange for informational booths that remain set up several days in each location to attract the attention of library patrons.

- Recruitment staff join local public schools and universities for recruitment booths at special events, speaking engagements at parent teacher association meetings, and arranging Oklahoma Fosters yard signs to be displayed in after school pick-up lines.
- Rotary clubs, civic organizations, and Chambers of Commerce collaborate with CWS Recruitment staff in sharing information regarding the need for fostering in their communities and scheduling recruitment events within their communities.
- Recruitment staff teamed with Specialized Foster Care/Developmental Disabilities Services for a recruitment booth at the Special Olympics Summer Games event.

In May 2022, a recruitment incentive program was launched to utilize existing foster homes to encourage their friends and family to also consider fostering. The offer includes a \$1,000 payment to both the recruiting and recruited family once the recruited family takes placement of a child and a second retention-focused payment to both families at the end of the first year based on stated requirements in the Recruitment Incentive Letter to Foster Parents. This incentive program is available to both CWS and RFP homes, and ends in December 2022. During the second half of SFY 2022, CWS Recruitment worked with the Foster Care and Adoption Support Center (FCASC) to obtain a list of e-mail addresses for individuals who inquired about foster care or adoption in 2021 but did not actually apply. From the list, CWS Recruitment staff reached over 3,000 individuals through e-mail to express the current need for foster families. As of 6/30/2022, over 80 families have expressed interest in learning more about fostering from their local recruiter.

When faced with the restrictions resulting from the COVID-19 pandemic, CWS Recruitment and RFPs focused on creating alternative ways to recruit families that included digital paths, such as social media and virtual meetings. CWS Recruitment and RFP teams continue working to blend in-person opportunities with these newer digital options. Recruitment staff utilize the Oklahoma Fosters Facebook and Instagram accounts to keep a strong online presence. Interactions with the Oklahoma Fosters social media pages has increased since CWS Recruitment staff began creating site content. The new content allows CWS Recruitment to share the need for additional foster families, quickly disseminate information about upcoming events, remind current families about benefit partners, and provide important safety and health information. CWS Recruitment units recruit for all CWS and RFP agencies through their use of the Oklahoma Fosters website, associated materials, and the site's social media platforms. The website directs prospective families to the FCASC to choose their preferred agency. Public service announcements for local radio stations are used across the state. Flexibility in opening foster homes, including providing virtual options and allowing electronic submission of necessary paperwork, is noted as essential by the Anne E. Casey Foundation in recruiting more foster families. CWS continues to provide these options successfully to families.

FC&A leadership continuously monitors the progress of opening new homes along with statewide recruitment and retention activities. The SFY 2022 CWS recruitment goal of 402 new foster family homes was separated into regional

goals. CWS Recruitment units opened a total of 130 new foster homes from January through June 2022, accounting for 32.3 percent of their total SFY 2022 target. For the entirety of SFY 2022, CWS Recruitment units opened a total of 256 new foster homes, accounting for 63.7 percent of their SFY 2022 target.

CWS Recruitment supervisors meet weekly with their assigned staff to review the progress towards approval of their assigned prospective families. Each supervisor tracks and assesses their team's progress towards their goals by use of WebFOCUS reports and team logs which include individual staff approvals, the number of events completed each month, and the number of efforts made by staff to secure additional homes or set up new opportunities to recruit. Any barriers to approval are staffed with the CW field administrator and promptly addressed. All CWS Recruitment teams meet every other week to discuss specific trends in their areas, successful recruiting events, and to plan future activities. These meetings allow the most innovative and productive events to be replicated in all areas of the state as well as help teams remain solution focused and forward-thinking. Additionally, group meetings are held every other week between the CW field administrator and supervisors to further discuss any barriers, trends, and next steps in improving outcomes.

To guarantee continuous monitoring of goal attainment, CWS Recruitment teams reported their predicted approval to the CW field administrator on a weekly basis from January through June 2022. By collecting this information, the team is continuously aware of their progress towards their goals and can make immediate path corrections should specific deficits be identified. These path corrections include re-contacting families who have provided their information but not yet started the approval process, more targeted social media campaigns, and increased community presence.

From January through June 2022, RFP agencies recruited 170 new homes. The SFY 2022 recruitment goal for RFP homes was set at 403. RFP agencies recruited a total of 296 new homes in SFY 2022 which is 73.4 percent of their targeted goal of 403.

- One agency reached 120 percent of their goal of 20 foster homes.
- One agency reached 100 percent of their goal of 19 foster homes.
- One agency reached 93.7 percent of their goal of 63 foster homes.
- One agency reached 90.5 percent of their goal of 21 foster homes.
- One agency reached 80.8 percent of their goal of 52 foster homes.
- One agency reached 79.2 percent of their goal of 24 foster homes.
- One agency reached 75.0 percent of their goal of 12 foster homes.
- One agency reached 69.2 percent of their goal of 13 foster homes.
- One agency reached 63.2 percent of their goal of 19 foster homes.
- One agency reached 62.5 percent of their goal of 24 foster homes.
- One agency reached 61.1 percent of their goal of 36 foster homes.
- One agency reached 60.0 percent of their goal of 10 foster homes.
- One agency reached 58.3 percent of their goal of 12 foster homes.
- One agency reached 55.0 percent of their goal of 60 foster homes.
- One agency reached 7.7 percent of their goal of 13 foster homes.

- One agency reached 0.0 percent of their goal of 5 foster homes.

Recruitment Progress Collaboration (RPC) meetings are held monthly with RFP agencies that are behind on their recruitment progress. The meetings are attended by FC&A RFP Programs staff and applicable RFP agency staff. Each identified agency has an individual virtual meeting where discussions focus on recruitment goal progress, ongoing recruitment efforts, and any barriers to recruitment. These meetings also allow for additional discussion about families that RFP agencies have in the pipeline and the progress towards certifying these families. The RPC meetings were not held in May or June 2022 to allow the agencies the ability to focus on getting their families already in the pipeline certified before the end of the SFY. RPC meetings are an ingrained practice of the RFP program and will resume in the first quarter of SFY 2023.

To further assist with understanding why some RFP agencies project a significantly higher number of submissions for a month during pipeline calls than ultimately are opened, a pipeline follow-up process was implemented in February 2022. For agencies that habitually project a high number of submissions, a follow-up email is sent two weeks after their pipeline call. The email lists all the homes that the agency projected for the month's submission. The agencies are asked to give updates about each home and to explain if the home is still on target for submission by the end of the month. When the agency identifies any barriers, then RFP Programs staff assist with resolving them when possible. This provides RFP Programs staff a better understanding of which homes will actually be submitted. RFP agencies are encouraged to give more accurate and realistic submission projections during pipeline calls. In May and June 2022, a similar practice was implemented with all RFP agencies and not just those that habitually overestimate submissions. This assists RFP Programs staff in preparing to meet an influx of submissions and allows RFP Programs staff to assist agencies with problem-solving any issues that may prevent a submission of a family prior to the end of the SFY.

RPC meetings and other conversations with RFP agencies indicate the majority of agencies are actively engaged in their recruitment efforts. Some agencies report increases in available recruitment opportunities with the lifting of most COVID-19 restrictions. Agencies continue to utilize their current foster families to help them recruit new families as they report word-of-mouth is a highly effective inquiry source.

Follow up contact with RFP foster parent applicants who remain in the approval process for over 90-calendar days continues. This follow up is completed in the form of an emailed survey. The results of these surveys continue to indicate that there are not any ongoing systemic issues, which is consistent with surveys completed over the past several years. The surveys are a permanent part of the RFP process, and the responses will continue to be evaluated by CWS RFP Programs staff who work with the agencies to address concerns reported by applicants on a case-by-case basis. When a trend or systemic issue is identified, RFP Programs staff and individual agency partners will work together to immediately address it.

CWS Recruitment units continue event partnerships with RFP agencies, therapeutic foster care (TFC)/intensive treatment family care (ITFC) agencies, tribal partners, and CWS Developmental Disabilities Services recruitment staff. Regional CWS Recruitment units have ongoing collaborative relationships with RFP agencies in their areas and Regions 1 and 4 have formalized regular meetings in place. A CWS recruitment liaison group exists to streamline information regarding TFC/ITFC resources with prospective families and agencies. These teams meet at least once monthly to discuss ways to recruit additional TFC/ITFC homes, and ways to better partner with TFC/ITFC agencies. These partnerships continued to grow in SFY 2022 with the sharing of event space and collaboration on recruitment efforts.

CWS Recruitment staff still work with local businesses to increase the number of communities aiding resource families through discounted goods and services. Recruitment staff developed a team of individuals responsible for the maintenance of Oklahoma Fosters social media information. Through this social media team, Recruitment staff shares TFC/ITFC campaign information, articles with recruitment staff interviews, county specific statistics highlighting the need for additional resource homes, and lists of benefit partners. Of the many posts curated by the social media team, a post titled The Road to Fostering was received exceptionally well by the public. The post offered a series of slides detailing the application process in small, bite-sized pieces on the steps to become a foster parent. The post's caption offered links to direct those interested in either submitting an application or connecting with their local recruiter. This post has been re-shared multiple times since its development and has received over 500 shares collectively. Facebook analytics indicate this post reached over 50,000 people. Other posts include information regarding the need for families willing and able to accept teenagers, with a link to the Foster a Teen section of the Oklahoma Fosters website; Frequently Asked Questions; information related to eligibility; and details of fostering principles from the Resource Parent Framework. The social media team continues to search for innovative ways to relay realistic expectations of the current need for foster families to the public.

The ongoing COVID-19 pandemic continues to impact CWS Recruitment and RFP agencies; however, many previous challenges have been successfully addressed. Specific challenges are now addressed on a case-by-case basis. CWS Recruitment and RFP agencies continue to navigate short-term and long-term staffing shortages due to staff members, or their families, testing positive for COVID-19. CWS Recruitment experienced staff shortages throughout the year, with Region 2 being reduced to half of the normal staffing levels. Agencies have primarily handled these issues internally but assistance and/or guidance is available as needed.

RFP agencies report an increase in families moving slowly through the certification process. This is thought to be a result of the pandemic's lingering effects. Families appear to be weary and often lack urgency to follow through with the steps necessary to complete their certification process. Agency partners are

mindful of this and work to keep these families engaged, even if they are doing so at a slower pace than is ideal.

Communication and Supports

The OK Benefits foster parent portal continues to be successful with a high number of resource family application submissions, with 55 percent being through the portal during this reporting period. In the meantime, progress continues on implementation of a new Comprehensive Child Welfare Information Systems (CCWIS). Time frames and updates will be provided in future reports.

The OKDHS Community Partnerships team continues its work in 31 counties with the faith-based community through the CarePortal in partnership with the non-profit 111Project. McClain, Ottawa, Comanche, and Hughes counties were added during this reporting period. Through the Community Partnerships team, training and technical assistance is available to all OKDHS staff to help strengthen and expand the program statewide.

In this reporting period, 2,377 children and youth in OKDHS custody benefited from needs that were met by churches and their members; 1,597 requests were entered and 1,208 were met, a 75.6 percent rate. Over 516 CW specialists made requests in this reporting period. Sixty-two outstanding requests are still open from this period, so this rate may slightly change when the requests from June 2022 are completed and closed. The estimated economic impact of these met requests was \$988,391.

With active efforts in collaboration with 111Project for statewide expansion, an increase in requests continues, with the overall highest month being April 2022 with 304 requests. The majority of requests were made for the purpose of "help strengthen a bio-family" and churches met those requests with a higher-than-average meet rate of 340 met requests from a total of 445, which is a 76.4 percent met request. The second highest met purpose statement is "help reunify a bio-family" with over 200 met requests. Those two purpose statements represent 1,131 children, approximately 48 percent of all children impacted by met CarePortal requests and carried an economic impact of \$396,115.

CarePortal is also used to assist foster families, including kinship families, when children are initially placed as well as to preserve placements. CarePortal met 382 of these requests which positively affected 789 children with an estimated economic impact of \$450,148. Additionally, CarePortal can be used to meet a child's well-being needs for sports equipment or team fees, band instruments, personal items, and much more. In this reporting period 204 requests were met for the purpose statement of helping improve a child's well-being and this impacted 331 children with \$61,452 estimated economic impact.

OKDHS' partnership with the CarePortal allows 33 other agencies statewide to advocate for family's needs via the CarePortal platform. Agency partners who also have access to CarePortal include schools, tribal entities, youth services, and local community non-profits. This aspect of the partnership ensures that helping families is proactive by allowing assistance to families before they reach the point

of necessary CWS intervention. Over this same period, other agencies made an additional 199 requests with 143 of those met, 72 percent, impacting an additional 468 children.

CWS will invest further funds into the 111Project through an additional contract in SFY 2023 to aid in the statewide expansion. The goal is to be statewide within three years. To date, the CarePortal and Project111 partnership has allowed 462 churches to serve a total of 17,010 children and youth since 2015 with a total economic impact of \$6,919,737.

During this reporting period, the National Resource Center for Youth Services (NRCYS) supported and coordinated three in-person Network Support Groups, in Region 2, and six virtual support groups that allowed families in all five regions to participate. The Network Support Groups are active and support families in Comanche County, Stephens/Jefferson Counties, and Garvin County. The Comanche County group meets in Lawton and works in partnership with One Church, One Child and the Life Church of Lawton. The Stephens/Jefferson Counties group meets in Duncan and is in partnership with the Chisolm Trails Church of Christ of Duncan. The Garvin County Support Group meets in Paul's Valley and is in partnership with Compassion Church. NRCYS staff, the facilitators (a resource parent) from each group, and CW staff meet once a quarter to make plans for each group and identify any needs that should be addressed that would improve the quality of each group. Plans are underway to develop 10 to 15 in-person Support Network Groups across the state in SFY 2023.

The Virtual Network Support Groups, offered once per month, provide access to resource families across the state to both training and support. NRCYS works closely with CW staff to provide topics and speakers that share information with families that address needs that have been identified through monthly surveys. The surveys are completed by participants at the end of each meeting. Both in-person and virtual formats for these groups are supported by families who attend each month, as well as by CW staff, NRCYS staff, and community partners. The following topics were presented in virtual format during this reporting period:

- Understanding Problematic Sexual Behaviors in Children and Youth
- Understanding the Continuum of Care
- An Introduction to STEM: From Classroom to Career
- Adolescent Sexual Development
- The Impact of Trauma on Attachment
- Building Relationships with Children and their Families

Guiding Principles pre-service training is offered as the means for families to complete their training requirement. Potential resource families have the option to complete their training in person or online. For this reporting period, 32 in-person Guiding Principles trainings were held with 347 individuals completing the training.

The Guiding Principles online training format remains the primary format used by potential resource parents to meet their pre-service training requirements. From January through June 2022, 1,147 prospective resource parents enrolled in online

training:

- 621 completed their training,
- 292 withdrew from the training, and
- 270 continued their participation in online trainings.

The number of pending, completions, and those continuing exceeds the number of enrollments due to carryover from previous reporting periods. The feedback continues to be positive, and families report that the training is interactive and useful.

For those individuals who did not complete the online training, the following captures the reasons:

- 11 transferred to in-person training;
- 8 experienced technology barriers;
- 98 ceased contact or never established contact;
- 71 no longer had placement of a child or children in the home;
- 29 withdrew their foster parent application;
- 13 withdrew at the request of CWS; and
- 34 withdrew due to other reasons including illness, moving out-of-state, and military deployment.

During this reporting period, the NRCYS Resource Family Training and Support program offered resource families a variety of virtual trainings to meet their annual in-service training requirement. The six webinars provided were:

- Grooming and The Digital Age: Keeping Our Kids Safe from Potential Perpetrators
- Courts and Resource Parents: The Introduction of a Child Welfare Case
- Supporting Families Experiencing Adversity: Working to Understand Trauma-Informed Care
- What You Need to Know About the Indian Child Welfare Act (ICWA)
- Fear Made Me Do It
- Sexual Development: From Infancy to Adolescence

NRCYS provides expanded training options through a collaboration with OKDHS-funded program Build Capacity to Support Children, Youth, and Families. The trainings provided under this program are offered both virtually and in-person and are available to all resource parents. Topics during the reporting period included: Creating a Space for Change, Prudent Parenting, and Understanding All Things Sensory.

Through collaboration with the University of Oklahoma Center for Public Management (OU CPM), FC&A Programs staff developed an annual survey to center around burnout, congruency between CWS values and the family's values, satisfaction, support, training, and communication. Each quarter approximately one-fourth of the current, approved foster parent population receives the survey electronically through OU CPM. The types of foster care included are CWS and RFP foster families, all types of kinship, and TFC/ITFC. The goal is to use predictive

analytics to identify patterns, make predications, and establish causation and correlation about why foster families no longer provide services.

For the period covering January through June 2022, the annual survey was sent to 1,641 foster parents with 390 responding. This was a 4 percent increase in response rate percentage from the previous six-month period. Of those responding, 67 percent were with CWS and 33 percent were with an RFP agency. The length of time as a foster parent for this sample group, which included a larger number of newer homes, indicated the following:

- 61.6 percent were resource parents for less than two years;
- 37.7 percent for longer than two years up through seven years; and
- <1 percent reaching greater than eight years as a foster parent.

The survey includes questions that focus on retention, support, and communication. The data is monitored quarterly, semi-annually, and annually to guide strategies used by CWS in ongoing efforts to better serve and support resource families. Below is a summary of the key survey questions:

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

- 26.1 percent responded with "a lot"
- 41.7 percent responded with "some"
- 17.8 percent responded with "only a little"
- 14.4 percent responded with "not at all"

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

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

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

- 34.3 percent noted "strongly agree"
- 36.3 percent noted "somewhat agree"
- 14.2 percent noted "neither agree nor disagree"
- 9.7 percent noted "somewhat disagree"
- 5.5 percent noted "strongly disagree"

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

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

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

- 75 percent responded with "Yes"
- 25 percent responded with "No"

The first yearly report of the annual survey created a baseline with which to compare future yearly results, as well as any potential large positive or negative spikes. The second yearly report will be compiled in July and August 2022 with a joint CWS OU CPM meeting planned in August 2022 to review the results.

During this reporting period, the single retention call that previously occurred at the closure of a resource home transitioned to an ongoing, active process. Retention of a resource home now begins at the first contact by a CW specialist with the family and continues through monthly and quarterly contacts, annual updates, and all ongoing communications between the family and their assigned CW specialists.

3.1: Frequency of Worker Contacts

Operational Question

What percentage of the total minimum number of required monthly face-to-face contacts occurred with children who were in foster care for at least one calendar month during the reporting period?

Data Source and Definitions

This measure is calculated using the criteria for the federal visitation measure. However, the measure differs from the federal measure since this measure does not include children in tribal custody.

- The data reflects the total number of required monthly contacts due to children in out-of-home (OOH) care over the course of 12 months and the number of total required monthly contacts made for those visits.
- Only one monthly contact per month is counted even though multiple visits may have occurred.

Description of Denominator and Numerator for this reporting period

Denominator: The number of required monthly contacts due from 7/1/2021 through 6/30/2022.

Numerator: The number of qualifying required monthly contacts made.

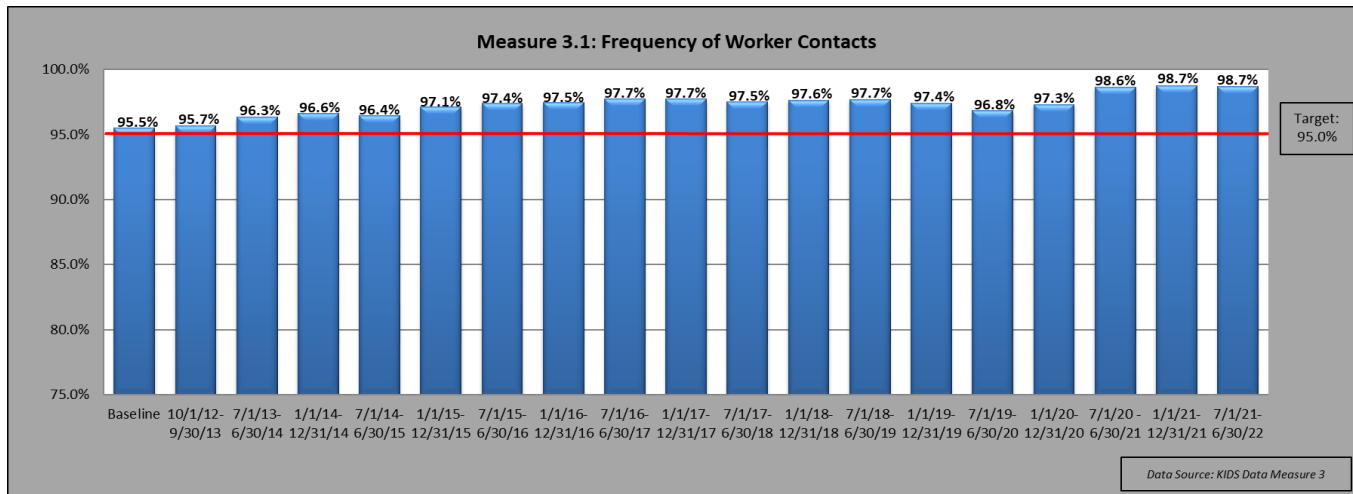
Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in OOH care at least a full calendar month from 7/1/2011 – 6/30/2012	90,355	94,639	95.5%
10/1/2012 – 9/30/2013	All children due a visit who were in OOH care at least a full calendar month from 10/1/2012 – 9/30/2013	105,868	110,673	95.7%
7/1/2013 – 6/30/2014	All children due a visit who were in OOH care at least a full calendar month from 7/1/2013 – 6/30/2014	118,824	123,343	96.3%
1/1/2014 – 12/31/2014	All children due a visit who were in OOH care at least a full calendar month from 1/1/2014 – 12/31/2014	124,355	128,745	96.6%

7/1/2014 – 6/30/2015	All children due a visit who were in OOH care at least a full calendar month from 7/1/2014 – 6/30/2015	123,596	128,173	96.4%
1/1/2015 – 12/31/2015	All children due a visit who were in OOH care at least a full calendar month from 1/1/2015 – 12/31/2015	121,799	125,417	97.1%
7/1/2015 – 6/30/2016	All children due a visit who were in OOH care at least a full calendar month from 7/1/2015 – 6/30/2016	117,879	120,998	97.4%
1/1/2016 – 12/31/2016	All children due a visit who were in OOH care at least a full calendar month from 1/1/2016 – 12/31/2016	111,659	114,567	97.5%
7/1/2016 – 6/30/2017	All children due a visit who were in OOH care at least a full calendar month from 7/1/2016 – 6/30/2017	106,218	108,704	97.7%
1/1/2017 – 12/31/2017	All children due a visit who were in OOH care at least a full calendar month from 1/1/2017 – 12/31/2017	102,032	104,427	97.7%
7/1/2017 – 6/30/2018	All children due a visit who were in OOH care at least a full calendar month from 7/1/2017 – 6/30/2018	98,321	100,853	97.5%
1/1/2018 – 12/31/2018	All children due a visit who were in OOH care at least a full calendar month from 1/1/2018 – 12/31/2018	94,582	96,870	97.6%
7/1/2018 – 6/30/2019	All children due a visit who were in OOH care at least a full calendar month from 7/1/2018 – 6/30/2019	90,751	92,882	97.7%
1/1/2019 – 12/31/2019	All children due a visit who were in OOH care at least a full calendar month from 1/1/2019 – 12/31/2019	88,628	90,979	97.4%
7/1/2019 – 6/30/2020	All children due a visit who were in OOH care at least a full calendar month from 7/1/2019 – 6/30/2020	87,210	90,082	96.8%
1/1/2020 – 12/31/2020	All children due a visit who were in OOH care at least a full calendar month from 1/1/2020 – 12/31/2020	86,759	89,164	97.3%
7/1/2020 – 6/30/2021	All children due a visit who were in OOH care at least a full calendar month from 7/1/2020 – 6/30/2021	86,521	87,707	98.6%
1/1/2021 – 12/31/2021	All children due a visit who were in OOH care at least a full calendar month from 1/1/2021 – 12/31/2021	82,965	84,045	98.7%
7/1/2021 – 6/30/2022	All children due a visit who were in OOH care at least a full calendar month from 7/1/2021 – 6/30/2022	78,891	79,960	98.7%
Target				95.0%

Section 2, Table 3.1-1

Section 2, Graph 3.1-1



Section 2, Graph 3.1-2

Data Commentary

The baseline for this measure is 95.5 percent and the target is to sustain 95.0 percent. Over the 12-month period of 7/1/2021 through 6/30/2022, 79,960 monthly contacts were required and 78,891 monthly contacts were completed resulting in a compliance rate of 98.7 percent. Overall performance in this area continues to be above the baseline and exceeds the target.

3.2: Frequency of Primary Worker Contacts

Operational Question

What percentage of the total minimum number of required monthly face-to-face contacts was completed by the primary caseworker with children who were in foster care for at least one calendar month during the reporting period?

Data Source and Definitions

This measure is calculated similarly to the federal visitation measure. However, the measure only counts visits made by the primary caseworker. In October 2016, for children in trial adoption cases, the monthly contact will be completed by the primary Permanency Planning caseworker if the child is being adopted in an identified placement. However if the child is in a non-identified placement, the monthly contact is completed by the Adoption caseworker with a primary assignment. Beginning with the semi-annual reporting period ending 12/31/2015, children who were placed in out-of-state placements will be excluded from the primary caseworker visitation measure, as these children have an assigned out-of-state primary caseworker responsible for monthly visitation.

- The data reflects the total number of required monthly contacts due to children in OOH care over the course of 12 months and the number of total required monthly contacts made by the primary assigned caseworker.
- Only one contact per month is counted even though multiple visits may have been made during the month.
- To be counted as a valid monthly contact completed by a primary caseworker, the caseworker who completed the visit must have had a primary assignment at the time of the visit.

Description of Denominator and Numerator for this reporting period

Summary Report – August 2022

Denominator: The number of required monthly contacts due from 7/1/2021 through 6/30/2022.

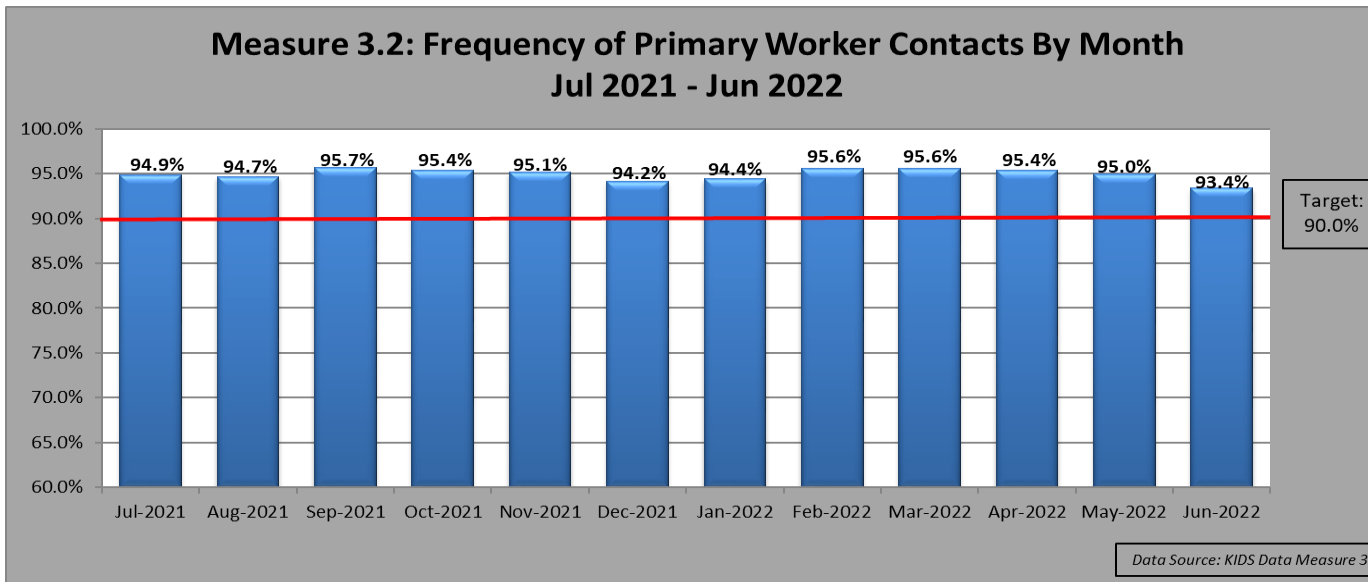
Numerator: The number of qualifying monthly visits made by a primary caseworker.

Trends

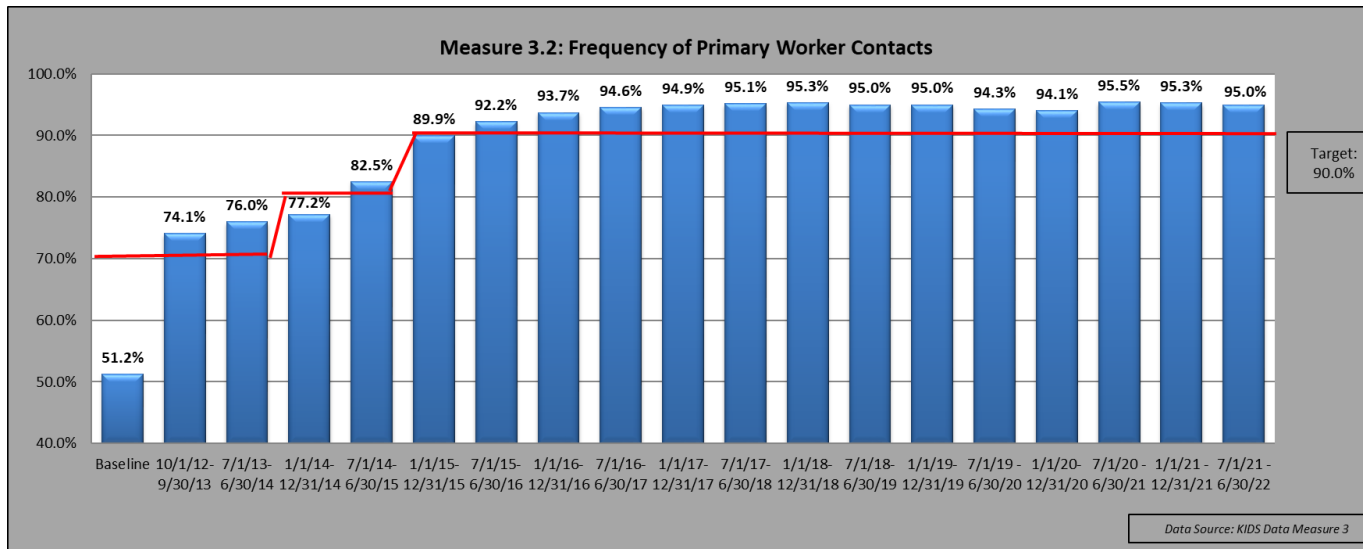
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 7/1/2011 – 6/30/2012	All children due a visit who were in OOH care at least a full calendar month from 7/1/2011 – 6/30/2012	48,497	94,639	51.2%
10/1/2012 – 9/30/2013	All children due a visit who were in OOH care at least a full calendar month from 10/1/2012 – 9/30/2013	81,971	110,673	74.1%
7/1/2013 – 6/30/2014	All children due a visit who were in OOH care at least a full calendar month from 7/1/2013 – 6/30/2014	93,760	123,343	76.0%
1/1/2014 – 12/31/2014	All children due a visit who were in OOH care at least a full calendar month from 1/1/2014 – 12/31/2014	99,358	128,745	77.2%
7/1/2014 – 6/30/2015	All children due a visit who were in OOH care at least a full calendar month from 7/1/2014 – 6/30/2015	105,749	128,173	82.5%
1/1/2015 – 12/31/2015	All children due a visit who were in OOH care at least a full calendar month from 1/1/2015 – 12/31/2015	108,859	121,024	89.9%
7/1/2015 – 6/30/2016	All children due a visit who were in OOH care at least a full calendar month from 7/1/2015 – 6/30/2016	107,763	116,834	92.2%
1/1/2016 – 12/31/2016	All children due a visit who were in OOH care at least a full calendar month from 1/1/2016 – 12/31/2016	103,881	110,830	93.7%
7/1/2016 – 6/30/2017	All children due a visit who were in OOH care at least a full calendar month from 7/1/2016 – 6/30/2017	99,699	105,424	94.6%
1/1/2017 – 12/31/2017	All children due a visit who were in OOH care at least a full calendar month from 1/1/2017 – 12/31/2017	96,217	101,378	94.9%
7/1/2017 – 6/30/2018	All children due a visit who were in OOH care at least a full calendar month from 7/1/2017 – 6/30/2018	93,124	97,873	95.1%
1/1/2018 – 12/31/2018	All children due a visit who were in OOH care at least a full calendar month from 1/1/2018 – 12/31/2018	89,532	93,917	95.3%
7/1/2018 – 6/30/2019	All children due a visit who were in OOH care at least a full calendar month from 7/1/2018 – 6/30/2019	85,422	89,924	95.0%
1/1/2019 – 12/31/2019	All children due a visit who were in OOH care at least a full calendar month from 1/1/2019 – 12/31/2019	83,617	87,998	95.0%

7/1/2019 – 6/30/2020	All children due a visit who were in OOH care at least a full calendar month from 7/1/2019 – 6/30/2020	82,348	87,352	94.3%
1/1/2020 – 12/31/2020	All children due a visit who were in OOH care at least a full calendar month from 1/1/2020 – 12/31/2020	81,497	86,628	94.1%
7/1/2020 – 6/30/2021	All children due a visit who were in OOH care at least a full calendar month from 7/1/2020 – 6/30/2021	81,339	85,214	95.5%
1/1/2021 – 12/31/2021	All children due a visit who were in OOH care at least a full calendar month from 1/1/2021 – 12/31/2021	77,632	81,444	95.3%
7/1/2021 – 6/30/2022	All children due a visit who were in OOH care at least a full calendar month from 7/1/2021 – 6/30/2022	73,492	77,395	95.0%
Target				90.0%

Section 2, Table 3.2-1



Section 2, Graph 3.2-1



Section 2, Graph 3.2-2

Data Commentary

The baseline for this measure is 51.2 percent and the target is 90.0 percent. Over the 12-month period of 7/1/2021 through 6/30/2022, 77,395 primary monthly contacts were required and 73,492 of those monthly contacts were made by the primary caseworker for a compliance rate of 95.0 percent. Performance in this area continues to be above the baseline and exceeding the target.

3.3: Continuity of Worker Contacts by Primary Workers

Operational Question

What percentage of children in OOH care for at least six consecutive months during the reporting period were visited by the same primary caseworker in each of the most recent six months, or for those children discharged from Oklahoma Human Services (OKDHS) legal custody during the reporting period, the six months prior to discharge?

Data Source and Definitions

This measure looks at the percentage of children in OOH 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. This measure does not include children in tribal custody or children placed out-of-state.

- Only one contact per month is counted even though multiple visits may have been made during the month by different caseworkers.
- To be counted as a valid monthly contact completed by a primary caseworker, the caseworker who completed the visit must have had a primary assignment at the time of the visit.

For children in trial adoption (TA) cases, the monthly contact must have been completed by the Adoption caseworker with a primary assignment. When the child went into TA status in the last six months of the reporting period or when a child in TA's adoption finalized in less than six months, then they are excluded from this measure.

Description of Denominator and Numerator for this reporting period

Summary Report – August 2022

Denominator: Number of children in custody for at least six consecutive months from 1/1/2022 through 6/30/2022.

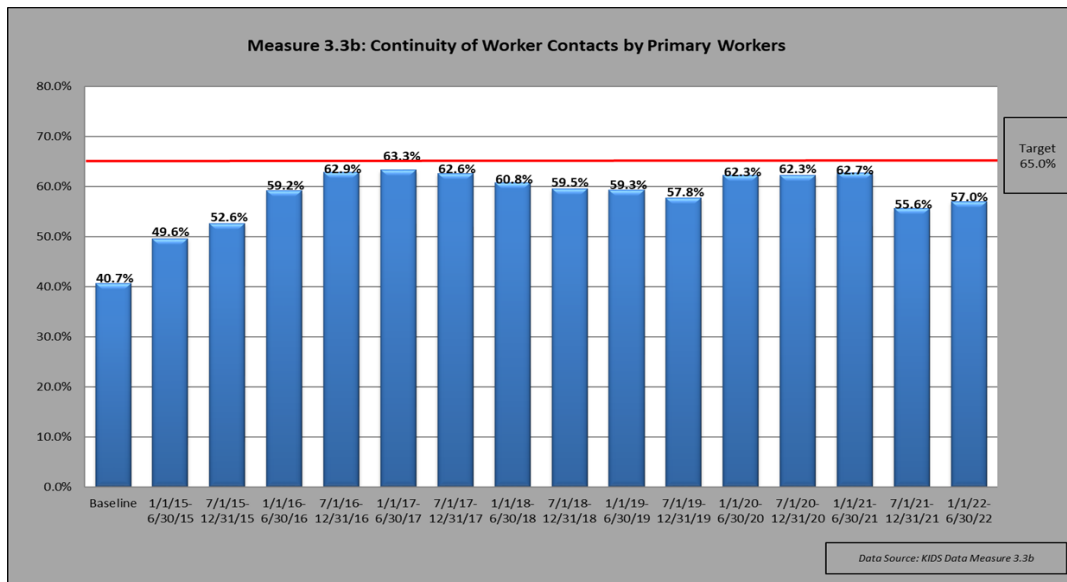
Numerator: Number of children who were seen for six consecutive months by the same primary caseworker for the last six months of the reporting period or for those children discharged from OKDHS legal custody during the reporting period, the last six months prior to discharge.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 1/1/2014 – 6/30/2014				40.7%
1/1/2015 – 6/30/2015	All children in OOH care at least 6 full calendar months from 1/1/2015 – 6/30/2015	5,135	10,349	49.6%
7/1/2015 – 12/31/2015	All children in OOH care at least 6 full calendar months from 7/1/2015 – 12/31/2015	5,259	9,997	52.6%
1/1/2016 – 6/30/2016	All children in OOH care at least 6 full calendar months from 1/1/2016 – 6/30/2016	5,717	9,650	59.2%
7/1/2016 – 12/31/2016	All children in OOH care at least 6 full calendar months from 7/1/2016 – 12/31/2016	5,717	9,094	62.9%
1/1/2017 – 6/30/2017	All children in OOH care at least 6 full calendar months from 1/1/2017 – 6/30/2017	5,519	8,718	63.3%
7/1/2017 – 12/31/2017	All children in OOH care at least 6 full calendar months from 7/1/2017 – 12/31/2017	5,238	8,370	62.6%
1/1/2018 – 6/30/2018	All children in OOH care at least 6 full calendar months from 1/1/2018 – 6/30/2018	4,951	8,140	60.8%
7/1/2018 – 12/31/2018	All children in OOH care at least 6 full calendar months from 7/1/2018 – 12/31/2018	4,599	7,726	59.5%
1/1/2019 – 6/30/2019	All children in OOH care at least 6 full calendar months from 1/1/2019 – 6/30/2019	4,393	7,405	59.3%
7/1/2019 – 12/31/2019	All children in OOH care at least 6 full calendar months from 7/1/2019 – 12/31/2019	4,216	7,297	57.8%
1/1/2020 – 6/30/2020	All children in OOH care at least 6 full calendar months from 1/1/2020 – 6/30/2020	4,491	7,214	62.3%
7/1/2020 – 12/31/2020	All children in OOH care at least 6 full calendar months from 7/1/2020 – 12/31/2020	4,510	7,242	62.3%
1/1/2021 – 6/30/2021	All children in OOH care at least 6 full calendar months from 1/1/2021 – 6/30/2021	4,483	7,147	62.7%

7/1/2021 – 12/31/2021	All children in OOH care at least 6 full calendar months from 7/1/2021 – 12/31/2021	3,759	6,761	55.6%
1/1/2022 – 6/30/2022	All children in OOH care at least 6 full calendar months from 1/1/2022 – 6/30/2022	3,655	6,407	57.0%
Target				65.0%

Section 2, Table 3.3-1



Section 2, Graph 3.3-1

Data Commentary

From 1/1/2022 through 6/30/2022, 57.0 percent of the children in OOH care were seen by the same primary caseworker for six consecutive months. Child Welfare Services saw an increase in the overall outcome of this measure and performance in this area continues to remain above the baseline of 40.7 percent.

Reporting Period Progress

Reducing caseloads, improvement in staff hiring, and retaining staff directly supports Measures 3.1, 3.2, and 3.3. From State Fiscal Year (SFY) 2020 through SFY 2022, data indicates an increase in turnover rates for child welfare (CW) specialist II, III, and IV positions; however, as seen in this Semi-Annual Report under Section 2, 7.1 Worker Caseloads, staff retention and development remains a focus in increasing workforce stability and decreasing turnover. Additionally, ongoing use of the Supervisory Framework enhances a CW supervisor's ability to support and coach staff, which improves worker retention and positively impacts Measures 3.1, 3.2, and 3.3.

Face-to-face worker visits with children ensures their safety and well-being while in OOH care and is required monthly at minimum per policy. In an effort to improve CW supervisor's management of required worker/child visits, a series of four reports were launched by KIDS staff in August 2022 within the WebFOCUS YI616 Worker/Child Visitation Reports. The four reports focus on timeframe

compliance for worker visits with a child, beginning at removal, and align with policy requirements. Below are some features within these reports:

- Allow workers and managers to view due dates for next worker/child visits based on policy requirements and placement types.
- Identifies who completed the most recent worker/child visit and if it was timely.
- Allows the user to filter each worker and shows their overall completed required worker/child visits for each month, the percentage of how many visits were timely, and how many visits were by the primary worker.
- Users have the capability to pull summaries for the last 12 months.
- Managers have the capability to see how many worker/child visits in the last 12 months were unannounced.

These new management features will also support Maltreatment in Care efforts.

4.1a: Placement Stability—Children in Care for Less than 12 Months

Operational Question

Of all children served in foster care during the 12-month reporting period that were in care for at least eight days but less than 12 months, what percent had two or fewer placement settings to date?

Data Source and Definitions

Timeliness and Permanency of Reunification – Adoption and Foster Care Analysis Reporting System (AFCARS) 21B and 22A

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 4/1/2021 through 3/31/2022 whose length of stay (LOS) as of 3/31/2022 was between eight days and 12 months.

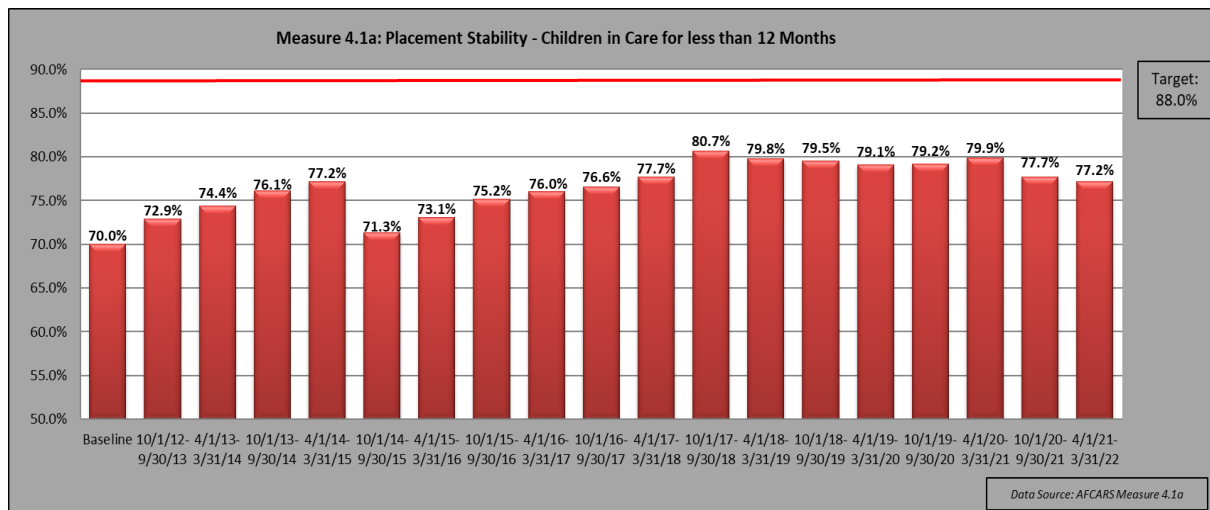
Numerator: All children served in foster care from 4/1/2021 through 3/31/2022 whose LOS as of 3/31/2022 was between eight days and 12 months and who had two or fewer placement settings as of 3/31/2022.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 – 9/30/2012 with LOS between 8 days and 12 months			70.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 – 9/30/2013 with LOS between 8 days and 12 months	4,396	6,031	72.9%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 – 3/31/2014 with LOS between 8 days and 12 months	4,564	6,136	74.4%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 – 9/30/2014 with LOS between 8 days and 12 months	4,513	5,933	76.1%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 – 3/31/2015 with LOS between 8 days and 12 months	4,297	5,564	77.2%

10/1/2014 – 9/30/2015	All children served from 10/1/2014 – 9/30/2015 with LOS between 8 days and 12 months	3,981	5,585	71.3%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 – 3/31/2016 with LOS between 8 days and 12 months	4,048	5,537	73.1%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 – 9/30/2016 with LOS between 8 days and 12 months	4,106	5,462	75.2%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 – 3/31/2017 with LOS between 8 days and 12 months	4,271	5,617	76.0%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 – 9/30/2017 with LOS between 8 days and 12 months	4,219	5,506	76.6%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 – 3/31/2018 with LOS between 8 days and 12 months	4,039	5,196	77.7%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 – 9/30/2018 with LOS between 8 days and 12 months	4,048	5,017	80.7%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 – 3/31/2019 with LOS between 8 days and 12 months	3,971	4,975	79.8%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 – 9/30/2019 with LOS between 8 days and 12 months	3,873	4,869	79.5%
4/1/2019 – 3/31/2020	All children served from 4/1/2019 – 3/31/2020 with LOS between 8 days and 12 months	3,812	4,817	79.1%
10/1/2019 – 9/30/2020	All children served from 10/1/2019 – 9/30/2020 with LOS between 8 days and 12 months	3,432	4,332	79.2%
4/1/2020 – 3/31/2021	All children served from 4/1/2020 – 3/31/2021 with LOS between 8 days and 12 months	3,111	3,896	79.9%
10/1/2020 – 9/30/2021	All children served from 10/1/2020 – 9/30/2021 with LOS between 8 days and 12 months	2,944	3,794	77.7%
4/1/2021 – 3/31/2022	All children served from 4/1/2021 – 3/31/2022 with LOS between 8 days and 12 months	2,866	3,711	77.2%
Target				88.0%

Section 2, Table 4.1a-1



Section 2, Graph 4.1a-1

4.1b: Placement Stability—Children in Care for 12 to 24 Months

Operational Question

Of all children served in foster care during the 12-month reporting period that were in care for at least 12 months but less than 24 months, what percent had two or fewer placement settings to date?

Data Source and Definitions

Timeliness and Permanency of Reunification – Adoption and Foster Care Analysis Reporting System (AFCARS) 21B and 22A

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 4/1/2021 through 3/31/2022 whose length of stay (LOS) as of 3/31/2022 was between 12 months and 24 months.

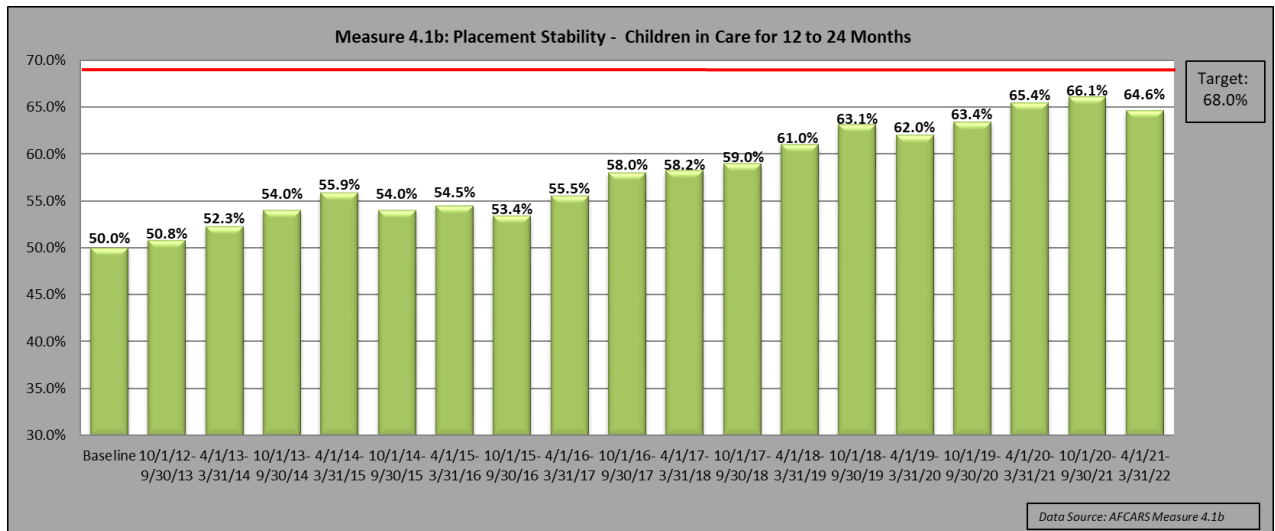
Numerator: All children served in foster care from 4/1/2021 through 3/31/2022 whose LOS as of 3/31/2022 was between 12 months and 24 months and who had two or fewer placement settings as 3/31/2022.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 – 9/30/2012 with LOS between 12 and 24 months			50.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 – 9/30/2013 with LOS between 12 and 24 months	2,292	4,514	50.8%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 – 3/31/2014 with LOS between 12 and 24 months	2,569	4,909	52.3%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 – 9/30/2014 with LOS between 12 and 24 months	2,795	5,174	54.0%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 – 3/31/2015 with LOS between 12 and 24 months	3,034	5,430	55.9%

10/1/2014 – 9/30/2015	All children served from 10/1/2014 – 9/30/2015 with LOS between 12 and 24 months	2,844	5,271	54.0%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 – 3/31/2016 with LOS between 12 and 24 months	2,710	4,977	54.5%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 – 9/30/2016 with LOS between 12 and 24 months	2,636	4,935	53.4%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 – 3/31/2017 with LOS between 12 and 24 months	2,620	4,717	55.5%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 – 9/30/2017 with LOS between 12 and 24 months	2,719	4,684	58.0%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 – 3/31/2018 with LOS between 12 and 24 months	2,766	4,750	58.2%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 – 9/30/2018 with LOS between 12 and 24 months	2,767	4,686	59.0%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 – 3/31/2019 with LOS between 12 and 24 months	2,698	4,426	61.0%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 – 9/30/2019 with LOS between 12 and 24 months	2,719	4,309	63.1%
4/1/2019 – 3/31/2020	All children served from 4/1/2019 – 3/31/2020 with LOS between 12 and 24 months	2,584	4,169	62.0%
10/1/2019 – 9/30/2020	All children served from 10/1/2019 – 9/30/2020 with LOS between 12 and 24 months	2,683	4,229	63.4%
4/1/2020 – 3/31/2021	All children served from 4/1/2020 – 3/31/2021 with LOS between 12 and 24 months	2,641	4,037	65.4%
10/1/2020 – 9/30/2021	All children served from 10/1/2020 – 9/30/2021 with LOS between 12 and 24 months	2,480	3,753	66.1%
4/1/2021 – 3/31/2022	All children served from 4/1/2021 – 3/31/2022 with LOS between 12 and 24 months	2,229	3,448	64.6%
Target				68.0%

Section 2, Table 4.1b-1



Section 2, Graph 4.1b-1

4.1c: Placement Stability—Children in Care for 24 Months or More

Operational Question

Of all children served in foster care during the 12-month reporting period that were in care for at least 24 months, what percent had two or fewer placement settings to date?

Data Source and Definitions

Timeliness and Permanency of Reunification – Adoption and Foster Care Analysis Reporting System (AFCARS) 21B and 22A

- Measures 4.1a, b, and c are based on the Permanency Federal Composite 1 measures C1-1, C1-2, and C1-3. The data looks at the number of children with two or fewer placement settings during the different time periods.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 4/1/2021 through 3/31/2022 whose length of stay (LOS) as of 3/31/2022 was 24 months or longer.

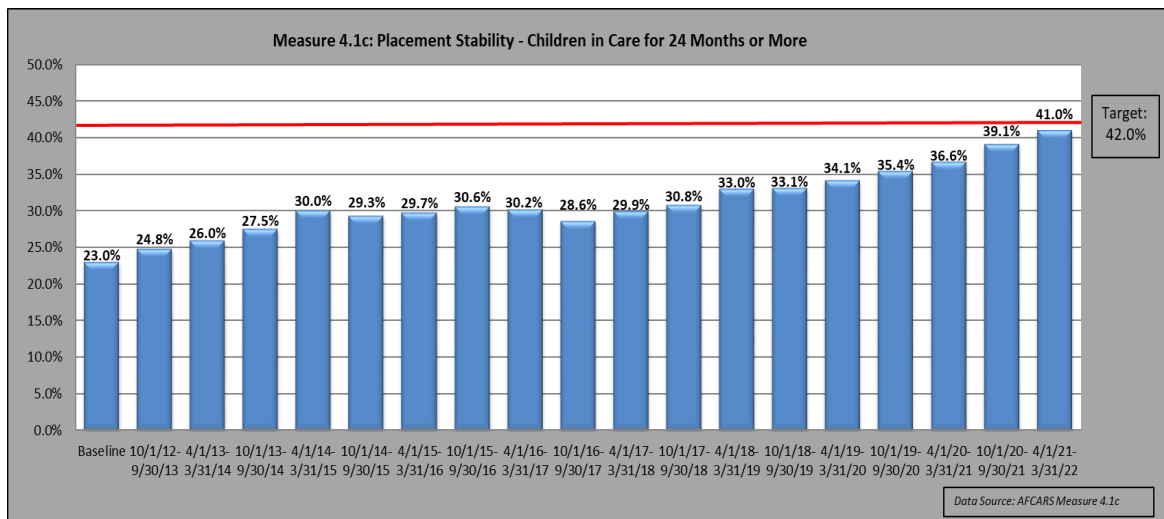
Numerator: All children served in foster care from 4/1/2021 through 3/31/2022 whose LOS as of 3/31/2022 was 24 months or longer and who had two or fewer placement settings as of 3/31/2022.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 – 9/30/2012 with LOS 24 months or longer			23.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 – 9/30/2013 with LOS 24 months or longer	1,002	4,035	24.8%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 – 3/31/2014 with LOS 24 months or longer	1,112	4,277	26.0%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 – 9/30/2014 with LOS 24 months or longer	1,303	4,731	27.5%
4/1/2014 – 3/31/2015	All children served from 4/1/2014 – 3/31/2015 with LOS 24 months or longer	1,576	5,260	30.0%

10/1/2014 – 9/30/2015	All children served from 10/1/2014 – 9/30/2015 with LOS 24 months or longer	1,632	5,572	29.3%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 – 3/31/2016 with LOS 24 months or longer	1,688	5,677	29.7%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 – 9/30/2016 with LOS 24 months or longer	1,676	5,486	30.6%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 – 3/31/2017 with LOS 24 months or longer	1,524	5,051	30.2%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 – 9/30/2017 with LOS 24 months or longer	1,324	4,630	28.6%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 – 3/31/2018 with LOS 24 months or longer	1,236	4,129	29.9%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 – 9/30/2018 with LOS 24 months or longer	1,207	3,913	30.8%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 – 3/31/2019 with LOS 24 months or longer	1,244	3,772	33.0%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 – 9/30/2019 with LOS 24 months or longer	1,213	3,669	33.1%
4/1/2019 – 3/31/2020	All children served from 4/1/2019 – 3/31/2020 with LOS 24 months or longer	1,186	3,475	34.1%
10/1/2019 – 9/30/2020	All children served from 10/1/2019 – 9/30/2020 with LOS 24 months or longer	1,237	3,495	35.4%
4/1/2020 – 3/31/2021	All children served from 4/1/2020 – 3/31/2021 with LOS 24 months or longer	1,308	3,570	36.6%
10/1/2020 – 9/30/2021	All children served from 10/1/2020 – 9/30/2021 with LOS 24 months or longer	1,468	3,752	39.1%
4/1/2021 – 3/31/2022	All children served from 4/1/2021 – 3/31/2022 with LOS 24 months or longer	1,579	3,853	41.0%
Target				42.0%

Section 2, Table 4.1c-1



Section 2, Graph 4.1c-1

4.2: Placement Stability—Placement Moves After 12 Months in Care

Operational Question

Of all children served in foster care for more than 12 months, what percent of children experienced two or fewer placement settings after their first 12 months in care?

Data Source and Definitions

Measure 4.2 looks at placement stability that occurs after the child's first 12 months in care. The placement that the child is placed in 12 months after their removal date counts as the first placement, and then the metric shows how many children had two or fewer placement settings after that time.

Description of Denominator and Numerator for this reporting period

Denominator: All children served in foster care from 4/1/2021 through 3/31/2022 whose current removal was prior to 3/31/2022 and remained in care at least 12 months.

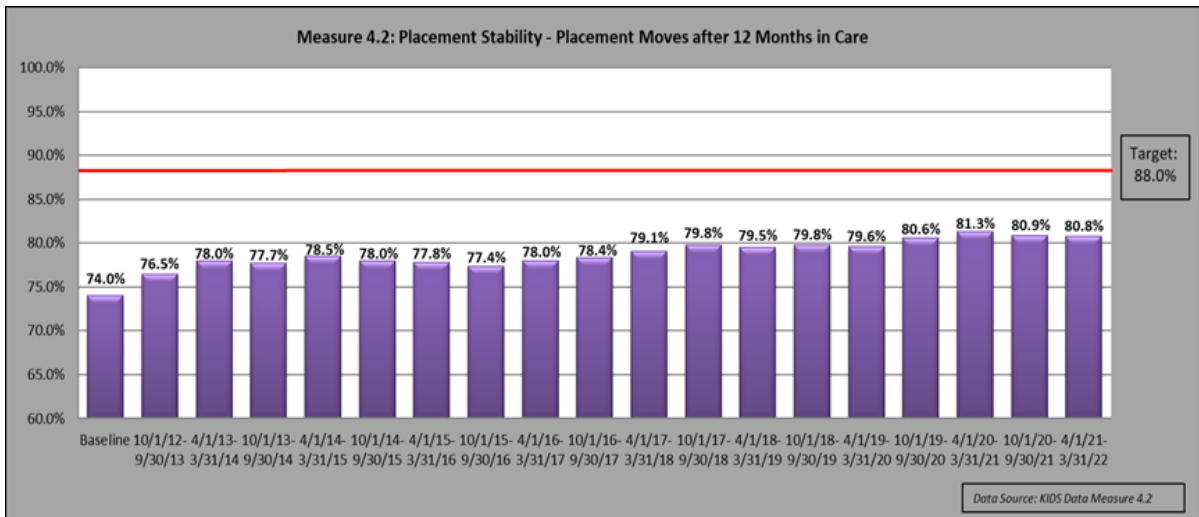
Numerator: All children served in foster care from 4/1/2021 through 3/31/2022 whose current removal was prior to 3/31/2022 and remained in care at least 12 months and had two or fewer placement settings.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children served from 10/1/2011 – 9/30/2012 with length of stay (LOS) at least 12 months			74.0%
10/1/2012 – 9/30/2013	All children served from 10/1/2012 – 9/30/2013 with LOS at least 12 months	6,404	8,374	76.5%
4/1/2013 – 3/31/2014	All children served from 4/1/2013 – 3/31/2014 with LOS at least 12 months	7,026	9,002	78.0%
10/1/2013 – 9/30/2014	All children served from 10/1/2013 – 9/30/2014 with LOS at least 12 months	7,590	9,763	77.7%

4/1/2014 – 3/31/2015	All children served from 4/1/2014 – 3/31/2015 with LOS at least 12 months	8,263	10,522	78.5%
10/1/2014 – 9/30/2015	All children served from 10/1/2014 – 9/30/2015 with LOS at least 12 months	8,334	10,691	78.0%
4/1/2015 – 3/31/2016	All children served from 4/1/2015 – 3/31/2016 with LOS at least 12 months	8,122	10,445	77.8%
10/1/2015 – 9/30/2016	All children served from 10/1/2015 – 9/30/2016 with LOS at least 12 months	7,871	10,172	77.4%
4/1/2016 – 3/31/2017	All children served from 4/1/2016 – 3/31/2017 with LOS at least 12 months	7,479	9,583	78.0%
10/1/2016 – 9/30/2017	All children served from 10/1/2016 – 9/30/2017 with LOS at least 12 months	7,112	9,071	78.4%
4/1/2017 – 3/31/2018	All children served from 4/1/2017 - 3/31/2018 with LOS at least 12 months	6,888	8,711	79.1%
10/1/2017 – 9/30/2018	All children served from 10/1/2017 – 9/30/2018 with LOS at least 12 months	6,659	8,349	79.8%
4/1/2018 – 3/31/2019	All children served from 4/1/2018 – 3/31/2019 with LOS at least 12 months	6,360	7,996	79.5%
10/1/2018 – 9/30/2019	All children served from 10/1/2018 – 9/30/2019 with LOS at least 12 months	6,172	7,737	79.8%
4/1/2019 – 3/31/2020	All children served from 4/1/2019 – 3/31/2020 with LOS at least 12 months	5,883	7,390	79.6%
10/1/2019 – 9/30/2020	All children served from 10/1/2019 – 9/30/2020 with LOS at least 12 months	5,992	7,430	80.6%
4/1/2020 – 3/31/2021	All children served from 4/1/2020 – 3/31/2021 with LOS at least 12 months	5,950	7,321	81.3%
10/1/2020 – 9/30/2021	All children served from 10/1/2020 – 9/30/2021 with LOS at least 12 months	5,857	7,242	80.9%
4/1/2021 – 3/31/2022	All children served from 4/1/2021 – 3/31/2022 with LOS at least 12 months	5,664	7,013	80.8%
Target				88.0%

Section 2, Table 4.2-1



Section 2, Graph 4.2-1

First Placement Kinship			
Removal Month	Children Placed in Kinship as 1st Placement	Children Removed during Month and Entered in Countable Placement	% of Kinship as 1st Placement
Baseline: Jul - Dec 2016	878	2540	34.6%
Jan - Jun 2017	1001	2598	38.5%
Jul - Dec 2017	1009	2264	44.6%
Jan - Jun 2018	1049	2138	49.1%
Jul - Dec 2018	959	2113	45.4%
Jan - Jun 2019	974	2045	47.6%
Jul - Dec 2019	936	2107	44.4%
Jan-20	169	359	47.1%
Feb-20	169	332	50.9%
Mar-20	139	297	46.8%
Apr-20	104	225	46.2%
May-20	147	306	48.0%
Jun-20	162	336	48.2%
Jan - Jun 2020	890	1855	48.0%
Jul-20	149	324	46.0%
Aug-20	167	341	49.0%
Sep-20	184	325	56.6%
Oct-20	159	288	55.2%
Nov-20	148	274	54.0%
Dec-20	119	218	54.6%
Jul - Dec 2020	926	1770	52.3%
Jan-21	113	237	47.7%
Feb-21	107	212	50.5%
Mar-21	169	332	50.9%
Apr-21	125	279	44.8%
May-21	134	274	48.9%
Jun-21	112	227	49.3%
Jan - Jun 2021	760	1561	48.7%
Jul-21	122	245	49.8%
Aug-21	143	300	47.7%
Sep-21	150	310	48.4%
Oct-21	144	265	54.3%
Nov-21	124	234	53.0%
Dec-21	154	272	56.6%
Jul - Dec 2021	837	1626	51.5%
Jan-22	132	236	55.9%
Feb-22	138	234	59.0%
Mar-22	143	333	42.9%
Apr-22	169	287	58.9%
May-22	146	263	55.5%
Jun-22	107	239	44.8%
Jan - Jun 2022	835	1592	52.4%

Data Source: Baseline-YI844; Run Date: 7/19/2017. YI867: Jan- Sept 2017; Run Date: 10/19/17, Oct 17- Dec 20th; Run Date: 10th of each month (report on 45 day lag).

Section 2, Table 4.2-2

Placement Stability						
Placement Stability Efforts	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Resource Check-In Call	80.7%	89.1%	84.6%	81.1%	83.3%	81.0%
Initial Meeting	77.5%	86.3%	82.3%	85.0%	72.4%	83.1%
First Placement Kinship	55.9%	59.0%	42.9%	58.9%	55.5%	44.8%
Quarterly Visit	94.4%	93.0%	95.0%	93.5%	93.4%	93.8%
Check-In Call for Subsequent Move	66.9%	58.5%	68.7%	70.5%	61.7%	63.7%
Subsequent Initial Meetings	55.6%	50.9%	63.6%	56.8%	50.0%	41.6%

Data Source: YI867 & YI827; Run Date: 10th of each month. Data on 45 day lag. YI840 monthly after 5th for Quarterly Visits.

Section 2, Table 4.2-3

Data Commentary

During this reporting period, Child Welfare Services (CWS) continued to improve in one of the four measures for placement stability. CWS experienced a decrease of 0.5 percent in Measure 4.1a. Performance is still 7.2 percent above the baseline. Measure 4.1b saw a decrease of 1.5 percent from 66.1 percent to 64.6 percent. Measure 4.1c increased by 1.9 percent, for an overall total of 41.0 percent, which is the ninth period of consecutive, positive trending. This reporting period is the highest overall percentage seen in the 4.1c placement stability measure since Pinnacle Plan reporting began. This measure is now only 1.0 percent below the overall target of 42 percent. Measure 4.2 saw a slight decrease of 0.1 percent making the overall performance 80.8 percent, which is 6.8 percent above the original baseline.

Reporting Period Progress

CWS regional and Foster Care and Adoptions (FC&A) deputy directors are actively engaged as the regional placement stability leads and meet monthly to focus on data trends and strategies. Additionally, Enhanced Foster Care (EFC) Programs staff attend the monthly placement stability leads meeting to engage in meaningful conversations with the team regarding utilization of EFC services to support placement stability. Regional quantitative completion trends of placement stability efforts are electronically provided to CWS leadership each month prior to the monthly placement stability leads meeting. The monthly meetings are an opportunity to highlight the importance of data utilization and for examining qualitative information to target any needed trainings or process enhancements that positively impact placement stability.

The WebFOCUS YI867B Placement Stability Missing Efforts Report is sent to regional leadership on a weekly basis as a proactive approach in identifying Resource Parent Check-In Calls and initial meetings (IMs) that need to be documented in KIDS for completion on the compliance report. The report includes a spreadsheet that identifies the specific CW specialist with missing documentation in KIDS pertaining to IMs, resource parent check-in calls, or subsequent efforts. This assists CW supervisors in tracking and identifying practice trends within their unit. During the previous reporting period, the weekly missing efforts communication emails were modified to designate which staff continue to have missing resource parent check-in calls and IMs from week-to-week. This modification was also communicated to the placement stability leads in the March 2022 meeting to determine the effectiveness of drawing attention to specific CW specialists and supervisory units. Feedback from the leads indicated that this information is helpful to leadership in managing these strategy efforts.

The WebFOCUS YI827 Core Strategy #7 Placement Stability Report is used to identify the top five reasons for moves statewide and regionally. The data is collected, analyzed monthly, and provided to the leads; thus, highlighting an awareness of why most children and youth are experiencing multiple placement episodes. The data also helps determine the guidance needed to equip staff in selecting the most appropriate reason in KIDS as to why children and youth are moved from one placement into another. To ensure accurate identification of

why a child or youth experiences a placement move, a secondary exit reason became available via the 2/12/2022 KIDS release. A communication email was sent to all CW staff on 2/4/2022 notifying them of this documentation enhancement's purpose. This addition allows CW specialists to select more than one reason for a placement move to decrease selection of the "other" exit reason. Ongoing analysis will inform strategy enhancements and determine if additional communication to regional staff is needed.

Additionally, the WebFOCUS YI827 Core Strategy #7 Placement Stability Report is used to identify children who move from their first placement with the exit reason "placement cannot meet child behavioral treatment needs" or "provider requested change of placement" that could benefit from EFC services and supports. The EFC Programs team sends emails to assigned CW specialists, CW supervisors, and district directors with a child identified in the previous month's report, notifying them about EFC, and how to make a referral for services. Additionally, a monthly report is compiled that lists the children who have four or more elevated Child Behavioral Health Screener (CBHS) screeners and sent to the assigned CW specialist. These efforts are to promote consideration of EFC to provide the family with additional supports to prevent a child's change in placement. From November 2021 through January 2022, the EFC Programs team paused sending out both emails due to a lack of staff capacity; however, both efforts resumed in February 2022. With the increase in support, further data assessment and communication will expeditiously refer children for EFC services and supports.

The review process for any previously denied or failed kinship placements continue to occur for all youth ages 15-17 years old who are not currently residing in a kinship placement. When a kinship placement denial occurs and after completing additional assessments to determine if additional supports can result in a successful kinship placement, the request is elevated to the Assistant CWS Director for Field Operations to review and track on the Elevated Kinship Disposition spreadsheet. An Elevated Kinship Approval Guide was finalized in February 2022. The guide assists CW specialists in implementing best practices when elevated kinship approvals are made and helps ensure CW specialists know how to immediately refer for EFC services and supports, and to provide quality support to the kinship placement.

Since April 2021, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) sends weekly lists of children and youth who received Mobile Crisis Response. The child's primary CW specialist and supervisor receive email notification that provides information regarding follow-up and EFC referrals. When the child accesses Mobile Crisis Response while in therapeutic foster care or a congregate care setting, Placement Programs staff is also included in the notification. This process ensures that the CW specialist is aware of the need for crisis intervention and understands follow-up requirements to ensure the child's ongoing mental health needs are met.

From 1/1/2022 through 6/30/2022, Mobile Crisis Response was used for 241 children and youth in Oklahoma Human Services (OKDHS) custody. 26 of the 241

children and youth did not have a current investigation or open case and therefore no notification was sent. OKDHS CWS and ODMHSAS continue to jointly work on disseminating Mobile Crisis Response data to improve Mobile Crisis Response utilization to support placement stability. Beginning in January 2022, ODMHSAS began sending aggregated data to CWS that reflects the monthly utilization of the Mobile Crisis Response service for children and youth in OKDHS custody. The data exchange is used to inform ongoing communication efforts with CW specialists and resource parents.

Training

The CW5403 Placement Stability training is one component of a four-part Placement Stability training series located in the OKDHS Learning Management System. The other three trainings are: CW5073 Introduction to Actively Seeking KINnections (ASK); CW5122 Child Behavioral Health Screener (CBHS); and CW5200 Treatment Placement Best Practices. Combining the four trainings together as a series better supports staff in recognizing how placement stability is impacted by other practice areas. Discussions were initiated in April 2022 with CWS Training Programs staff about the addition of the placement stability training series for new CW staff in CORE or as a Level 1 training. At the writing of this report, a final decision has not been made as to where the four trainings would fit best.

Ongoing training continues as part of the family meeting continuum (FMC) to promote the importance of family engagement. In March 2022, five new facilitators were trained. On 5/25/2022, a training about the FMC including the importance of IMs, was provided to statewide tribal partnerships. As of the writing of this report, the FMC lead has attended Regions 3 and 4 quarterly meetings to provide updates and progress of the FMC. In June 2022, two training sessions were provided to all FMC facilitators and supervisors in collaboration with Dr. Pharris of the University of Oklahoma HOPE Research Center. The training sessions focused on parent engagement in the family meeting (FM) and the utilization of hope-centered language.

Kinship, Resource Parent Check-In Call, IM, and Resource Quarterly Visits

Initially placing children with kin remains a significant focus for placement stability efforts. All regions are trained with the expectation of conducting a child safety meeting (CSM) within two-business days of the child's removal. A completed Important People in a Child's Life form is mandatory on all cases where an intervention is under consideration or implemented. Completion of the form is required prior to the CSM or during the CSM.

Both the IM and subsequent IMs are critical for the family to come together and support the child's placement as stability can impact permanency. A KIDS-generated report, launched in April 2021, tracks when each meeting included in the FMC is due or overdue. The monthly WebFOCUS YI142 Family Continuum Report is sent to regional and district leadership detailing which cases, or children, are due for a FM during the month or are overdue. Sending the report each month to the facilitator, Child Protective Services, and Permanency Planning (PP) leadership, heightens awareness of meeting completions to better support families and children in their out-of-home placements. Additionally, the

WebFOCUS YI142 Family Continuum Report captures the mother and father's participation at each meeting in the FMC, including the IM. Parent engagement is a core effort for timely permanency.

Survey information gathered from families, service providers, and court partners who attend FMs is compiled and analyzed to determine what enhancements are needed for CSMs and IMs as part of the FMC. The surveys serve as an avenue to collect information from families regarding FM quality and frequency. Approximately 231 responses from parents have been captured through Qualtrics since the launch of the survey in October 2021. The survey's responses continue to reflect a higher percentage of strongly agree and agree than strongly disagree or disagree. Noted opportunity exists to improve in bringing a strength-based perspective to the FM, providing support to parents, and including parents as part of the team. Inclusion of the family's support system is identified as another opportunity for growth within the FMC.

In February 2022, the PP programs administrator and the FMC lead met with OKDHS Design Services to discuss creating a FM brochure for families. The brochure will be designed to provide families an opportunity to prepare by completing sections prior to the meeting and encourage them in using their voice at the meeting. The brochure will have several prompter questions with additional space to write out thoughts so that families, during the meeting, remember to bring up their ideas or concerns. The current CSM brochure is also undergoing updates to incorporate hope-centered language. Completion of both brochures is expected by the next reporting period.

During this reporting period, revisions continued for the Child and Family Resource Support Plan to encourage more thorough discussions between parent(s), resource parent(s), and CWS for action planning on needed support and services to ensure the child's placement stability. Revisions were submitted in March 2022; however, in June 2022 additional revisions were added to enhance the overall workability of the form and to ensure all aspects for the child, family, and resource family are explored when filling out the form. The current draft version was shared during the June 2022 placement stability leads meeting and participants were put in small workgroups to discuss the form changes and to provide any final feedback before finalization as the form does include updates from various programs. Final feedback was emailed to the program placement stability co-leads for review and once the Child and Family Resource Support Plan is finalized, a communication email will be drafted and sent to staff along with the updated form.

In March 2022, the Continuous Quality Improvement (CQI) Quality Assurance (QA) team began conducting weekly missing efforts reviews. The reviews occurred for six weeks, and the focus was to quickly identify the cause for CW staff not completing timely initial resource parent check-in calls and IMs. At the 3/31/2022 placement stability leads meeting, the QA team presented very preliminary findings from the first two weeks of their reviews. These initial findings indicated that inaccurate documentation for the resource parent check-in call seems to be contributing to missed call numbers. The reviews are now complete and a

debriefing with the QA team and KIDS data team occurred in June 2022. The placement stability leads will use the details to inform decision-making for CW staff training and communication about placement stability strategies.

From the IM reviews previously completed, a continued need for enhancement surrounding engagement and conversations with parents, children, and resource parents was evident. In March 2022, the fidelity review tools for both CSMs and ongoing FMs were revised and updated with assistance from the CQI team. Approximately 45 fidelity reviews have been completed using the updated tools. The FMC lead completes a minimum of one review per region per month. In May 2022, CQI staff along with a PP programs field representative (PFR) started assisting with fidelity reviews. The expectation for the number of completed reviews is two reviews per month per reviewer. Each reviewer enters the meeting observations into Qualtrics, and a quarterly report is compiled with the fidelity review results. Results of the recent version of the survey are compiled and included in the Family Meeting Continuum Q2 report as part of the FMC practice feedback loop.

Strategy Development

Ongoing strategy efforts include identifying those with lived experience and including them in assessment processes, strategy enhancements, and decision-making; thus, prioritizing a human-centered design approach to enhance placement stability strategies. Inspired by another state's campaign titled "You Shared Your Home, Now Share Your Voice", Oklahoma's campaign "Share your Voice" will include surveying foster parents during two separate events to capture information about their diverse experiences.

The first survey will be deployed when a placement episode is end-dated for reasons of "provider requested change of placement" and "provider unable to meet behavioral health needs." The placement stability leads will utilize the real-time data to understand contributing factors that led to the placement disruption and how to thoughtfully support the next placement's stability. Overall results will be used to inform placement stability strategy enhancements. A Placement Disruption Survey workgroup, created specifically for this effort, includes other core strategy leads who can view this survey and the results through the lens of their strategy or program area to impact practice. For instance, the survey results can be used by Resource specialists to better support the resource family for the next placement.

This survey's implementation goal was initially set for February 2022; however, it was delayed for several reasons including the decision to have foster parent(s) review the survey questions and provide feedback, to allow more time for communication planning for foster parents and CW staff, determining support capacity to sustain the effort, and additional discussions with regional and district leadership regarding the administration of the survey. On 7/7/2022 a meeting was held to determine and finalize the most effective process for administering this survey. Implementation of the survey is now set for August 2022.

The second survey will be administered as part of the annual review process for foster families. This survey will focus on obtaining feedback from foster families regarding their past and current experience with IMs, resource parent check-in calls, resource parent support plans, subsequent meetings, and the Child Placement Interview and updated placement process. The survey results will be shared broadly with PP and FC&A Programs to ensure the results are used to inform recruitment, retention, ongoing support, and placement stability strategies. FC&A leadership teams were trained on this survey's implementation in March 2022 during the FC&A supervisor meeting. Delays in actual implementation subsequently occurred to allow more time for communication planning with foster parents and CW staff, and for completion of the placement stability strategies overall data analysis. Based on the completed data analysis, discussed in more detail below, the survey was updated and excludes questions related to resource parent check-in calls. Implementation of this survey is now set to begin in August 2022.

The Placement Stability Analysis was completed to determine the impact of various placement stability processes such as services, monthly worker visits, FM completions, CBHS, EFC, and other factors on a child or youth remaining in their first placement following removal. The overall data analysis found that current placement stability strategies, including the resource parent check-in call and IM, have no direct impact on whether a child or youth will remain in their first placement. The analysis was discussed during the May 2022 placement stability leads meeting and resulted in ending resource parent check-in calls. Communication to the regional and district staff about the placement stability data analysis is currently being developed. The goal of the communication is to effectively share the data analysis and highlight the opportunities to support foster families and children during the first 60 days of placement through multiple quality face-to-face specialist visits, completing an IM, development of the service and support plan with the family, and utilization of EFC when appropriate. The placement stability leads will continue to use the results of the placement stability data analysis to inform ongoing support efforts related to after-hour removals and the age of children who are disrupting from placements due to the "provider requesting a change of placement" and "provider unable to meet behavioral health needs" as both factors contribute to the likelihood of placement instability for children in family-based settings.

Impact of COVID-19

Over the previous reporting periods, CWS used COVID-19 relief payments and Kith Care for foster parents as supports for placement stability. Kith Care is extended to December 2022 to continue to support foster parents.

Conclusion

Consistent increases in the original baselines for 4.1a, 4.1b, 4.1c, and 4.2 is attributed to the focused placement stability efforts related to enhanced strategies and detailed data analysis with an emphasis on kinship placement, data-driven planning, and active leadership involvement. Further analysis on implementation of the "Share Your Voice" campaign and strategic planning will

continue to be assessed and utilized for process evaluation and strategy enhancements.

5.1: Shelter Use—Children ages 0 to 1 year old

Operational Question

Of all children ages 0-1 year with an overnight shelter stay from 1/1/2022 through 6/30/2022, how many nights were spent in the shelter?

Data Source and Definitions

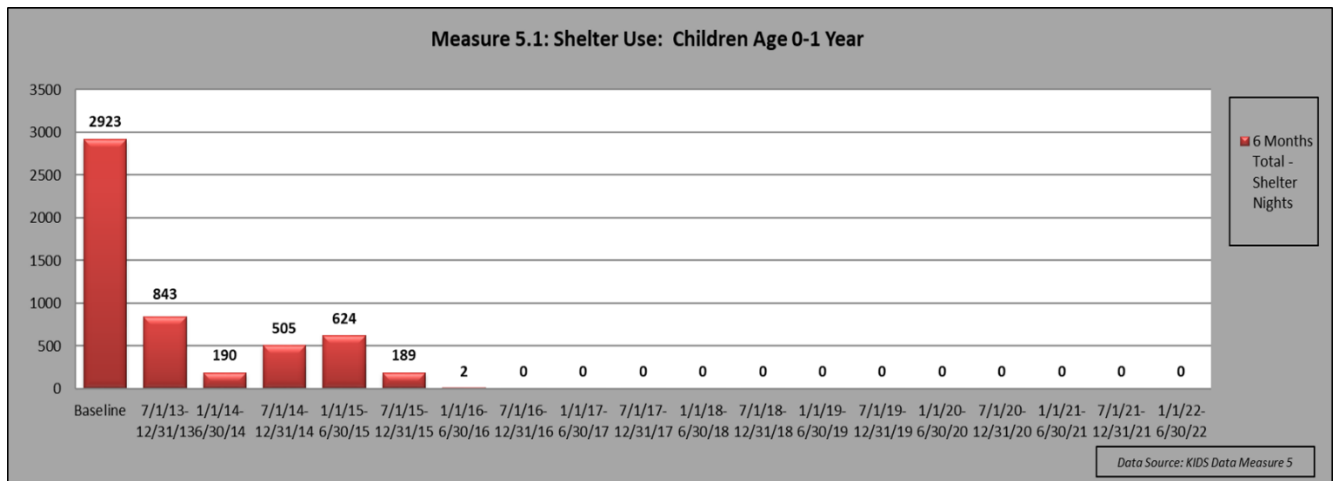
Data shown is the total number of nights children ages 0-1 year spent in a shelter during the time period from 1/1/2022 through 6/30/2022. The baseline for this measure was 2,923 nights with a target of 0 nights by 12/31/2012. Automatic exceptions are made when the child is part of a sibling set of four or more or when a child is placed with a minor parent who is also in the Oklahoma Human Services (OKDHS) custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in a shelter.

Trends

Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 0-1 year with an overnight shelter stay from 1/1/2012 – 6/30/2012	2,923 Nights
7/1/2013 – 12/31/2013	All children age 0-1 year with an overnight shelter stay from 7/1/2013 – 12/31/2013	843 Nights
1/1/2014 – 6/30/2014	All children age 0-1 year with an overnight shelter stay from 1/1/2014 – 6/30/2014	190 Nights
7/1/2014 – 12/31/2014	All children age 0-1 year with an overnight shelter stay from 7/1/2014 – 12/31/2014	505 Nights
1/1/2015 – 6/30/2015	All children age 0-1 year with an overnight shelter stay from 1/1/2015 – 6/30/2015	624 Nights
7/1/2015 – 12/31/2015	All children age 0-1 year with an overnight shelter stay from 7/1/2015 – 12/31/2015	189 Nights
1/1/2016 – 6/30/2016	All children age 0-1 year with an overnight shelter stay from 1/1/2016 – 6/30/2016	2 Nights
7/1/2016 – 12/31/2016	All children age 0-1 year with an overnight shelter stay from 7/1/2016 – 12/31/2016	0 Nights
1/1/2017 – 6/30/2017	All children age 0-1 year with an overnight shelter stay from 1/1/2017 – 6/30/2017	0 Nights
7/1/2017 – 12/31/2017	All children age 0-1 year with an overnight shelter stay from 7/1/2017 – 12/31/2017	0 Nights
1/1/2018 – 6/30/2018	All children age 0-1 year with an overnight shelter stay from 1/1/2018 – 6/30/2018	0 Nights
7/1/2018 – 12/31/2018	All children age 0-1 year with an overnight shelter stay from 7/1/2018 – 12/31/2018	0 Nights
1/1/2019 – 6/30/2019	All children age 0-1 year with an overnight shelter stay from 1/1/2019 – 6/30/2019	0 Nights
7/1/2019 – 12/31/2019	All children age 0-1 year with an overnight shelter stay from 7/1/2019 – 12/31/2019	0 Nights
1/1/2020 – 6/30/2020	All children age 0-1 year with an overnight shelter stay from 1/1/2020 – 6/30/2020	0 Nights
7/1/2020 – 12/31/2020	All children age 0-1 year with an overnight shelter stay from 7/1/2020 – 12/31/2020	0 Nights

1/1/2021 – 6/30/2021	All children age 0-1 year with an overnight shelter stay from 1/1/2021 – 6/30/2021	0 Nights
7/1/2021 – 12/31/2021	All children age 0-1 year with an overnight shelter stay from 7/1/2021 – 12/31/2021	0 Nights
1/1/2022 – 6/30/2022	All children age 0-1 year with an overnight shelter stay from 1/1/2022 – 6/30/2022	0 Nights
Target		0 Nights

Section 2, Table 5.1-1



Section 2, Graph 5.1-1

Data Commentary

There were zero children, ages 0-1 year, who spent zero nights in shelter care from 1/1/2022 through 6/30/2022. During this time period, 1,671 children, ages 0-1 year, were in out-of-home (OOH) care and 100 percent of those children did not have a shelter stay. A child younger than age 2 years has not been placed overnight in a shelter since January 2016.

Reporting Period Progress

Child Welfare Services (CWS) is committed to zero placement of children younger than age 2 years in any shelter, having ceased this practice six years ago.

5.2: Shelter Use—Children ages 2 to 5 years old

Operational Question

Of all children ages 2-5 years with an overnight shelter stay from 1/1/2022 through 6/30/2022, how many nights were spent in the shelter?

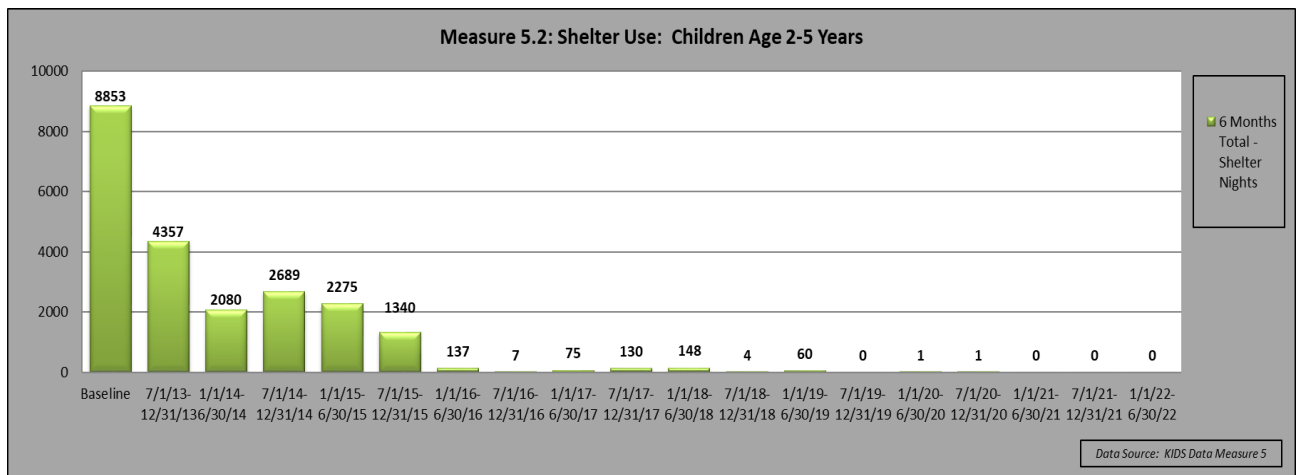
Data Source and Definitions

Data shown is the total number of nights children ages 2-5 years spent in a shelter during the time period from 1/1/2022 through 6/30/2022. The baseline for this measure was 8,853 nights with a target of 0 nights by 6/30/2013. Automatic exceptions are made when the child is part of a sibling set of four or more or a child is placed with a minor parent who is also in OKDHS custody. Note: Children who meet automatic exceptions are still included in the count of total nights spent in a shelter.

Trends

Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 2-5 years with an overnight shelter stay from 1/1/2012 – 6/30/2012	8,853 Nights
7/1/2013 – 12/31/2013	All children age 2-5 years with an overnight shelter stay from 7/1/2013 – 12/31/2013	4,357 Nights
1/1/2014 – 6/30/2014	All children age 2-5 years with an overnight shelter stay from 1/1/2014 – 6/30/2014	2,080 Nights
7/1/2014 – 12/31/2014	All children age 2-5 years with an overnight shelter stay from 7/1/2014 – 12/31/2014	2,689 Nights
1/1/2015 – 6/30/2015	All children age 2-5 years with an overnight shelter stay from 1/1/2015 – 6/30/2015	2,275 Nights
7/1/2015 – 12/31/2015	All children age 2-5 years with an overnight shelter stay from 7/1/2015 – 12/31/2015	1,340 Nights
1/1/2016 – 6/30/2016	All children age 2-5 years with an overnight shelter stay from 1/1/2016 – 6/30/2016	137 Nights
7/1/2016 – 12/31/2016	All children age 2-5 years with an overnight shelter stay from 7/1/2016 – 12/31/2016	7 Nights
1/1/2017 – 6/30/2017	All children age 2-5 years with an overnight shelter stay from 1/1/2017 – 6/30/2017	75 Nights
7/1/2017 – 12/31/2017	All children age 2-5 years with an overnight shelter stay from 7/1/2017 – 12/31/2017	130 Nights
1/1/2018 – 6/30/2018	All children age 2-5 years with an overnight shelter stay from 1/1/2018 – 6/30/2018	148 Nights
7/1/2018 – 12/31/2018	All children age 2-5 years with an overnight shelter stay from 7/1/2018 – 12/31/2018	4 Nights
1/1/2019 – 6/30/2019	All children age 2-5 years with an overnight shelter stay from 1/1/2019 – 6/30/2019	60 Nights
7/1/2019 – 12/31/2019	All children age 2-5 years with an overnight shelter stay from 7/1/2019 – 12/31/2019	0 Nights
1/1/2020 – 6/30/2020	All children age 2-5 years with an overnight shelter stay from 1/1/2020 – 6/30/2020	1 Night
7/1/2020 – 12/31/2020	All children age 2-5 years with an overnight shelter stay from 7/1/2020 – 12/31/2020	1 Night
1/1/2021 – 6/30/2021	All children age 2-5 years with an overnight shelter stay from 1/1/2021 – 6/30/2021	0 Nights
7/1/2021 – 12/31/2021	All children age 2-5 years with an overnight shelter stay from 7/1/2021 – 12/31/2021	0 Nights
1/1/2022 – 6/30/2022	All children age 2-5 years with an overnight shelter stay from 1/1/2022 – 6/30/2022	0 Nights
Target		0 Nights

Section 2, Table 5.2-1



Section 2, Graph 5.2-1

Data Commentary

There were zero children, ages 2-5 years, who spent zero nights in shelter care from 1/1/2022 through 6/30/2022. During this time, 2,687 children, ages 2-5 years, were in OOH care and 100 percent of those children did not have a shelter stay.

Reporting Period Progress

This is the third consecutive reporting period that no children ages 2-5 years, experienced placement in a shelter and the fourth in the last six reporting periods. Only two children, ages 2-5 years, have experienced placement in a shelter since 7/1/2019.

5.3: Shelter Use—Children ages 6 to 12 years old

Operational Question

Of all children ages 6-12 years with an overnight shelter stay from 1/1/2022 through 6/30/2022, how many nights were spent in the shelter?

Data Source and Definitions

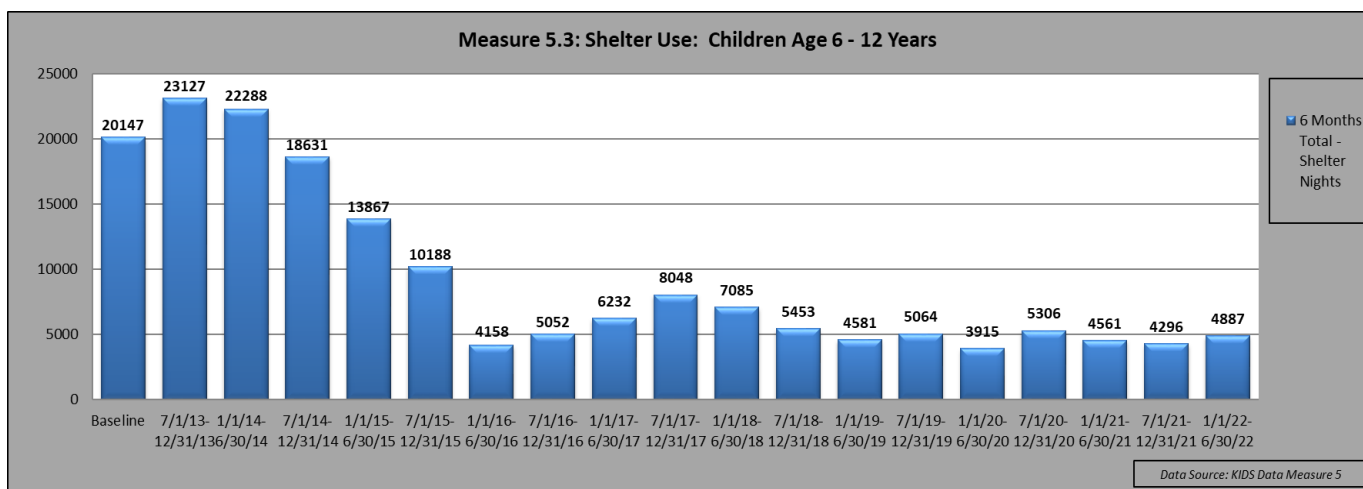
Data shown is the total number of nights children ages 6-12 years spent in a shelter during the time period from 1/1/2022 through 6/30/2022. The baseline for this measure was 20,147 nights with an interim target of 10,000 nights by 12/31/2013. An automatic exception is made when the child is part of a sibling set of four or more. Note: Children who meet an automatic exception are still included in the count of total nights spent in a shelter.

Trends

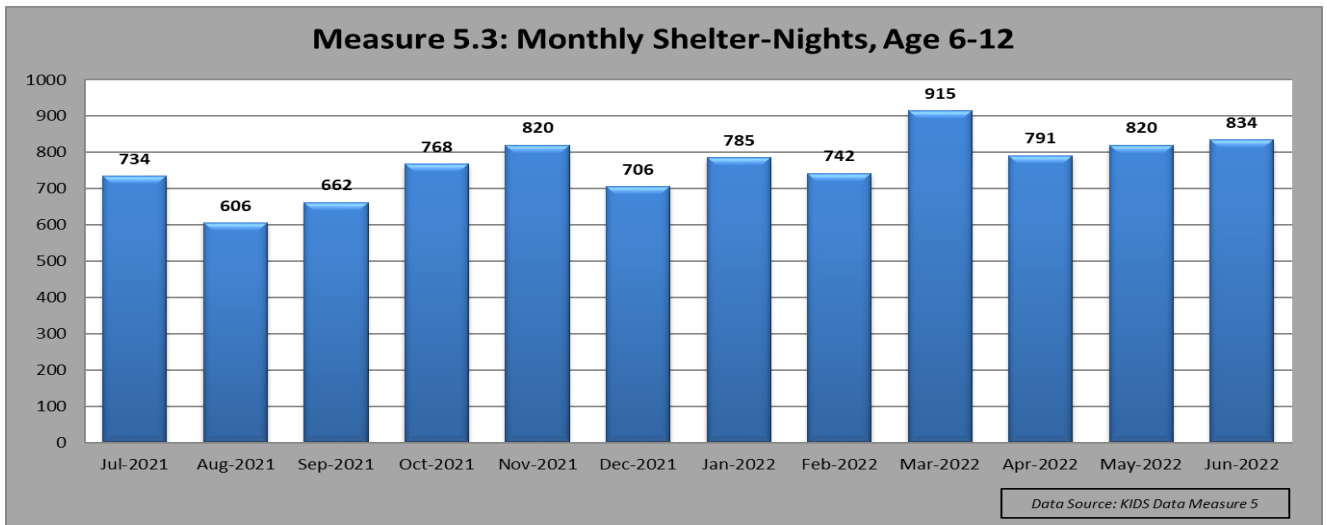
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 6-12 years with an overnight shelter stay from 1/1/2012 – 6/30/2012	20,147 Nights
7/1/2013 – 12/31/2013	All children age 6-12 years with an overnight shelter stay from 7/1/2013 – 12/31/2013	23,127 Nights
1/1/2014 – 6/30/2014	All children age 6-12 years with an overnight shelter stay from 1/1/2014 – 6/30/2014	22,288 Nights
7/1/2014 – 12/31/2014	All children age 6-12 years with an overnight shelter stay from 7/1/2014 – 12/31/2014	18,631 Nights
1/1/2015 – 6/30/2015	All children age 6-12 years with an overnight shelter stay from 1/1/2015 – 6/30/2015	13,867 Nights

7/1/2015 – 12/31/2015	All children age 6-12 years with an overnight shelter stay from 7/1/2015 – 12/31/2015	10,188 Nights
1/1/2016 – 6/30/2016	All children age 6-12 years with an overnight shelter stay from 1/1/2016 – 6/30/2016	4,158 Nights
7/1/2016 – 12/31/2016	All children age 6-12 years with an overnight shelter stay from 7/1/2016 – 12/31/2016	5,052 Nights
1/1/2017 – 6/30/2017	All children age 6-12 years with an overnight shelter stay from 1/1/2017 – 6/30/2017	6,232 Nights
7/1/2017 – 12/31/2017	All children age 6-12 years with an overnight shelter stay from 7/1/2017 – 12/31/2017	8,048 Nights
1/1/2018 – 6/30/2018	All children age 6-12 years with an overnight shelter stay from 1/1/2018 – 6/30/2018	7,085 Nights
7/1/2018 – 12/31/2018	All children age 6-12 years with an overnight shelter stay from 7/1/2018 – 12/31/2018	5,453 Nights
1/1/2019 – 6/30/2019	All children age 6-12 years with an overnight shelter stay from 1/1/2019 – 6/30/2019	4,581 Nights
7/1/2019 – 12/31/2019	All children age 6-12 years with an overnight shelter stay from 7/1/2019 – 12/31/2019	5,064 Nights
1/1/2020 – 6/30/2020	All children age 6-12 years with an overnight shelter stay from 1/1/2020 – 6/30/2020	3,915 Nights
7/1/2020 – 12/31/2020	All children age 6-12 years with an overnight shelter stay from 7/1/2020 – 12/31/2020	5,306 Nights
1/1/2021 – 6/30/2021	All children age 6-12 years with an overnight shelter stay from 1/1/2021 – 6/30/2021	4,561 Nights
7/1/2021 – 12/31/2021	All children age 6-12 years with an overnight shelter stay from 7/1/2021 – 12/31/2021	4,306 Nights
1/1/2022 – 6/30/2022	All children age 6-12 years with an overnight shelter stay from 1/1/2022 – 6/30/2022	4,887 Nights
Target		0 Nights

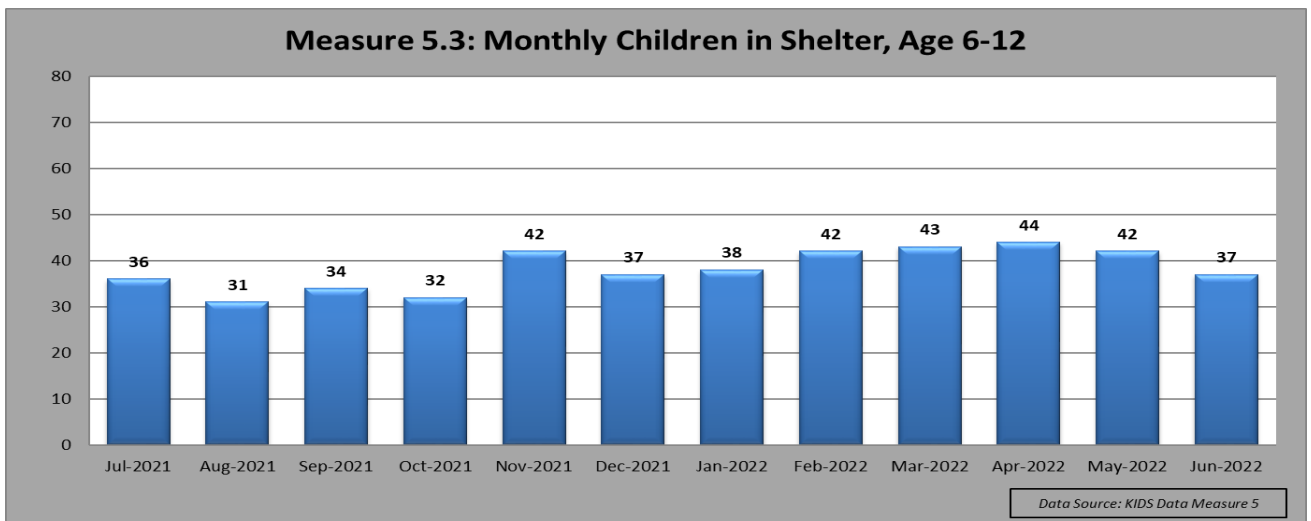
Section 2, Table 5.3-1



Section 2, Graph 5.3-1



Section 2, Graph 5.3-2



Section 2, Graph 5.3-3

Data Commentary

A total of 104 distinct children, ages 6-12 years, spent a total of 4,887 nights in shelter care from 1/1/2022 through 6/30/2022. Section 2, Graph 5.3-3 identifies 246 children spending time in shelters from January through June 2022. In some cases, the child's shelter stay extended across multiple months, thus the child is included in the count for each month. During this time period, 2,654 children ages 6-12 years old were in OOH care, and 96.1 percent of those children did not have a shelter stay.

Reporting Period Progress

For this reporting period the number of nights for children ages 6-12 years in shelter care increased by 591 nights from the previous reporting period. This reporting period also showed an increase of nine children from the previous reporting period. The number of nights in this reporting period was highest in March 2022 at 915 nights, and lowest in February 2022 at 742 nights.

The number of children younger than age 10 years continues to drop as well. This is due in large part to the commitment at all levels of OKDHS to work alongside internal and external stakeholders to prevent shelter admission for children younger than age 10 years. During this reporting period 39 children younger than age 10 years were served in shelter care.

Several Youth Service Agency (YSA) shelters continue work on increasing capacity for children in OKDHS custody with developmental disabilities and autism. CWS Developmental Disabilities Services (DDS) Programs staff remain a support to both shelters and CWS teams to guide through the DDS eligibility process and help ensure children in shelter care access appropriate services when needed. The majority of children served by this type of shelter have unique or higher levels of need that are often a barrier to traditional family-based placements or higher levels of care, but can temporarily be successfully served in shelter care with appropriate supports.

The partnership between the CWS Specialized Placements and Partnerships Unit (SPPU) and the Therapeutic Foster Care (TFC)/Intensive Treatment Family Care (ITFC) Programs staff continues. When children entering shelter care receive a "sounds like" for TFC but no TFC homes are available, further conversations are held between SPPU and TFC Programs staff. This approach is child-specific and recognizes that it is not always possible to achieve a TFC/ITFC placement due to the lack of capacity. It is typically recommended that a referral for enhanced foster care (EFC) services be made for the child, even if placement has not yet been found so that delays in service delivery are reduced. The TFC/ITFC Programs and traditional foster homes receiving EFC services enhances the families' ability to meet the often elevated needs of children placed in shelters who require a therapeutic level of care or have need of therapeutic interventions to maintain in a family-based setting.

5.4: Shelter Use—Children ages 13 and older

Operational Question

Of all youth ages 13 years or older with an overnight shelter stay from 1/1/2022 through 6/30/2022, how many nights were spent in the shelter?

Data Source and Definitions

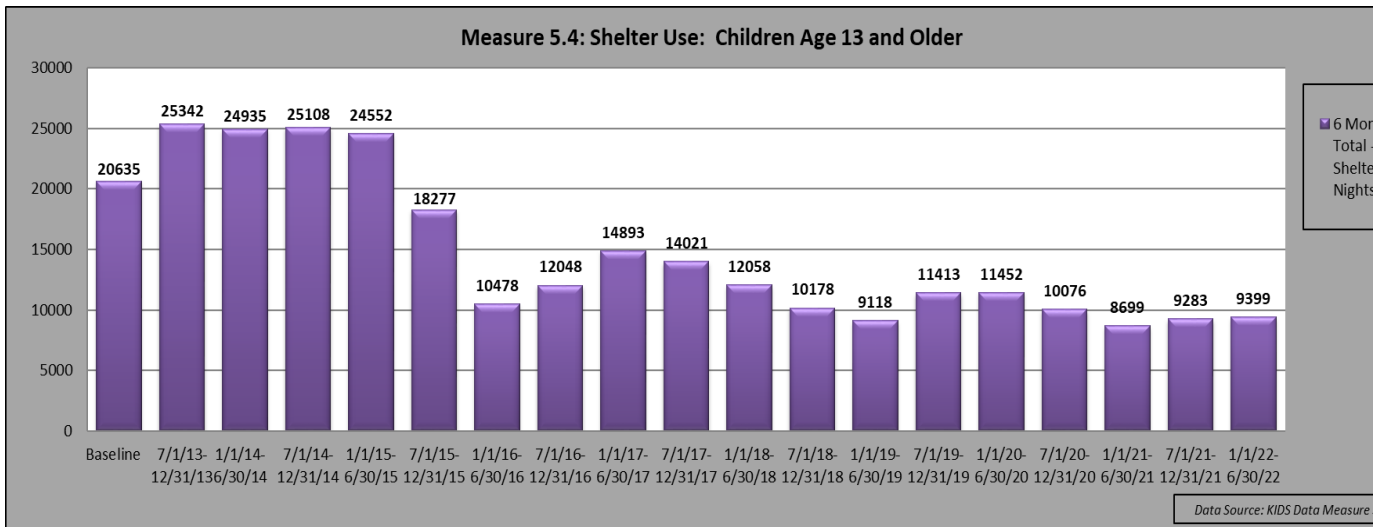
Data shown is the total number of nights youth ages 13 years or older spent in a shelter during the time period from 1/1/2022 through 6/30/2022. The baseline for this measure is 20,635 nights with a target of less than 8,850 nights. Of the youth age 13 years and older placed in a shelter during this period, the target is 80 percent of the youth will meet the criteria of Pinnacle Plan Point 1.17. An automatic exception is made for children when the youth is part of a sibling set of four or more. Note: Youth who meet an automatic exception are still included in the count of total nights spent in a shelter.

Trends

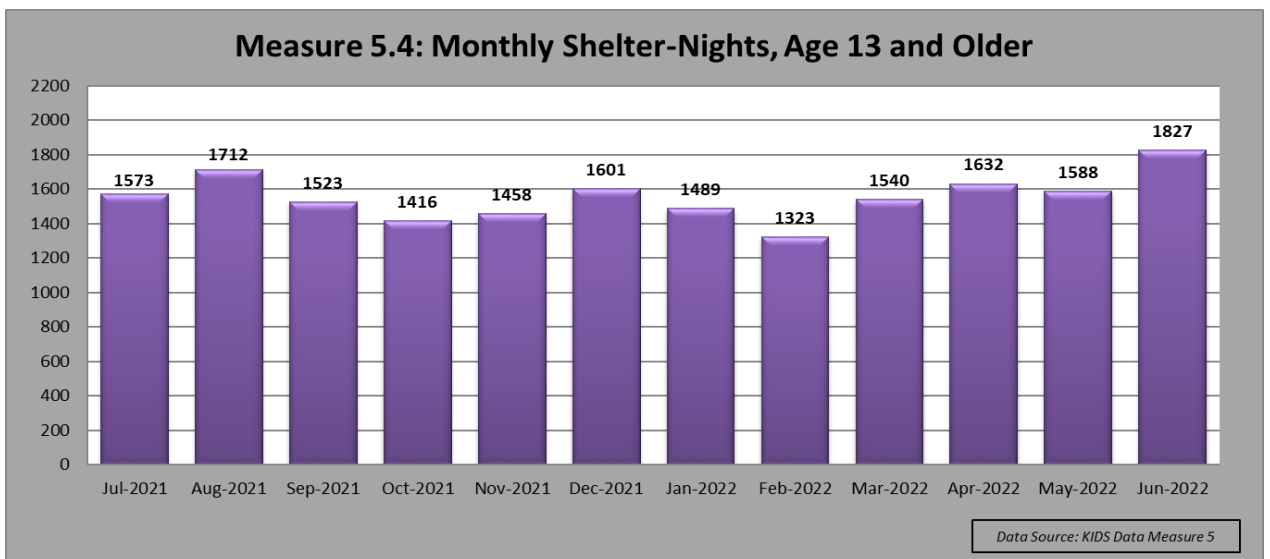
Reporting Period	Population	Result
Baseline: 1/1/2012 – 6/30/2012	All children age 13 or older with an overnight shelter stay from 1/1/2012 – 6/30/2012	20,635 Nights
7/1/2013 – 12/31/2013	All children age 13 or older with an overnight shelter stay from 7/1/2013 – 12/31/2013	25,342 Nights
1/1/2014 – 6/30/2014	All children age 13 or older with an overnight shelter stay from 1/1/2014 – 6/30/2014	24,935 Nights

7/1/2014 – 12/31/2014	All children age 13 or older with an overnight shelter stay from 7/1/2014 – 12/31/2014	25,108 Nights
1/1/2015 – 6/30/2015	All children age 13 or older with an overnight shelter stay from 1/1/2015 – 6/30/2015	24,552 Nights
7/1/2015 – 12/31/2015	All children age 13 or older with an overnight shelter stay from 7/1/2015 – 12/31/2015	18,277 Nights
1/1/2016 – 6/30/2016	All children age 13 or older with an overnight shelter stay from 1/1/2016 – 6/30/2016	10,478 Nights
7/1/2016 – 12/31/2016	All children age 13 or older with an overnight shelter stay from 7/1/2016 – 12/31/2016	12,048 Nights
1/1/2017 – 6/30/2017	All children age 13 or older with an overnight shelter stay from 1/1/2017 – 6/30/2017	14,893 Nights
7/1/2017 – 12/31/2017	All children age 13 or older with an overnight shelter stay from 7/1/2017 – 12/31/2017	14,021 Nights
1/1/2018 – 6/30/2018	All children age 13 or older with an overnight shelter stay from 1/1/2018 – 6/30/2018	12,058 Nights
7/1/2018 – 12/31/2018	All children age 13 or older with an overnight shelter stay from 7/1/2018 – 12/31/2018	10,178 Nights
1/1/2019 – 6/30/2019	All children age 13 or older with an overnight shelter stay from 1/1/2019 – 6/30/2019	9,118 Nights
7/1/2019 – 12/31/2019	All children age 13 or older with an overnight shelter stay from 7/1/2019 – 12/31/2019	11,413 Nights
1/1/2020 – 6/30/2020	All children age 13 or older with an overnight shelter stay from 1/1/2020 – 6/30/2020	11,452 Nights
7/1/2020 – 12/31/2020	All children age 13 or older with an overnight shelter stay from 7/1/2020 – 12/31/2020	10,076 Nights
1/1/2021 – 6/30/2021	All children age 13 or older with an overnight shelter stay from 1/1/2021 – 6/30/2021	8,699 Nights
7/1/2021 – 12/31/2021	All children age 13 or older with an overnight shelter stay from 7/1/2021 – 12/31/2021	9,248 Nights
1/1/2022 – 6/30/2022	All children age 13 or older with an overnight shelter stay from 1/1/2022 – 6/30/2022	9,399 Nights
Target		8,850 Nights

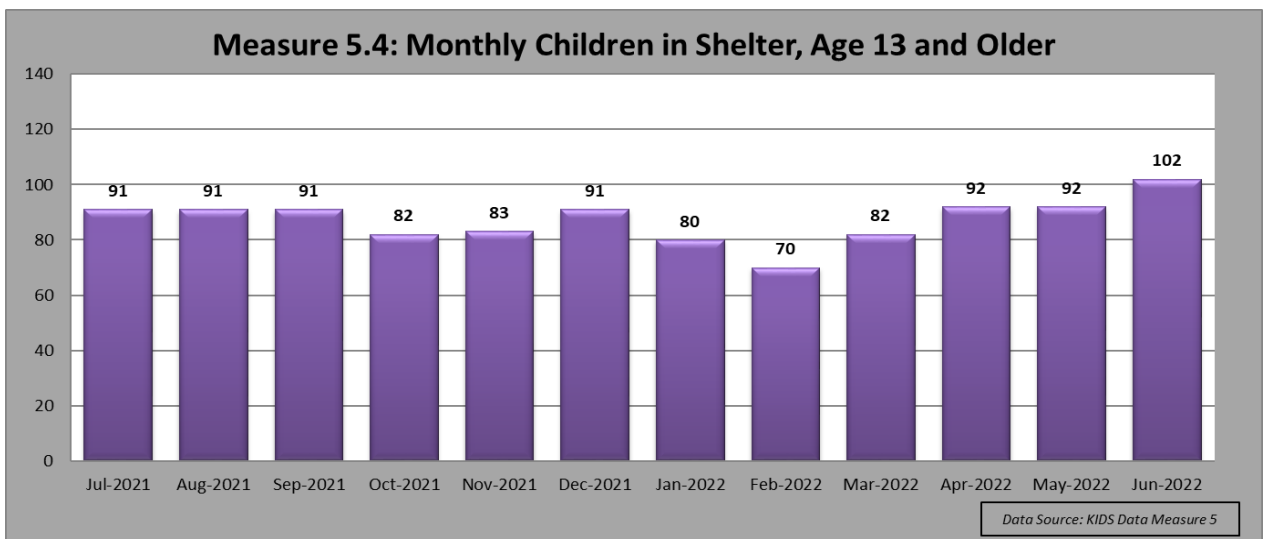
Section 2, Table 5.4-1



Section 2, Graph 5.4-1



Section 2, Graph 5.4-2



Section 2, Graph 5.4-3

Data Commentary

A total of 235 distinct youth, ages 13 years or older, spent a total of 9,399 nights in shelter care from 1/1/2022 through 6/30/2022. Section 2, Graph 5.4-3 identifies 518 youth spending time in shelters from January through June 2022. In some cases, the youth's shelter stay extended across multiple months; thus, the youth is included in the count each month. During this time period, 1,531 youth, ages 13 years or older, were in OOH care and 84.7 percent of those youth did not have a shelter stay.

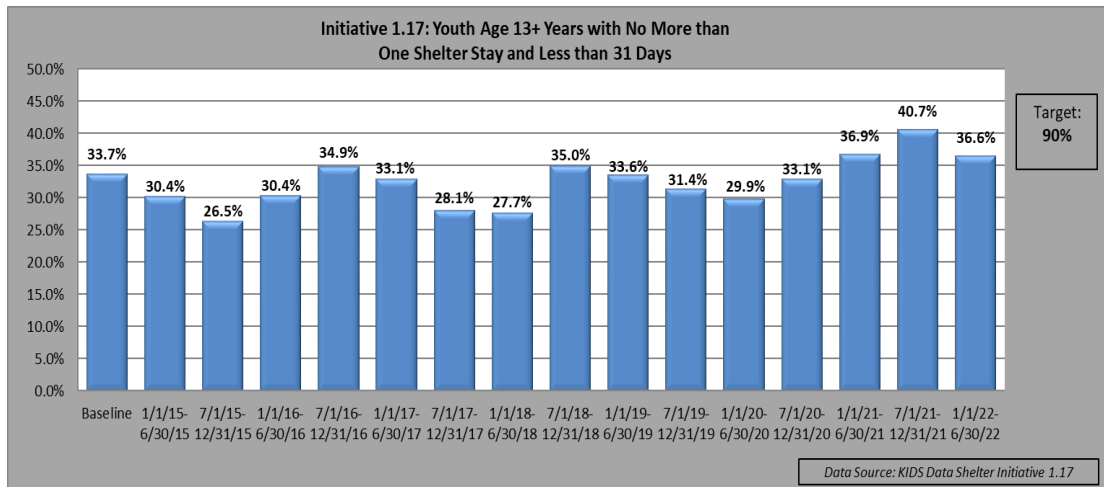
For youth ages 13-17 years, the number of shelter nights increased by 116 total shelter nights from the previous reporting period; however, the number of youth in the shelter decreased by 18. From July through December 2021 there were 253 youth and during this period, January to June 2022, there were 235 distinct youth.

Reporting Period Progress

The number of nights for youth in this age group was at its highest, during this reporting period, in June 2022 at 1,827 nights and the lowest in February 2022 at 1,323 nights.

Reviewing previously denied kinship placements for youth ages 15-17 years is now established practice. When a youth age 15-17 years has a potential kinship placement denied due to a concern that may be alleviated with the appropriate supports or oversight, the placement denial is elevated to the next level for review by the child welfare (CW) district director and field manager. When the decision is made at that level to deny the kinship placement, the regional deputy director and Foster Care and Adoptions (FC&A) deputy director review the denial. When denial is still recommended, the Assistant CWS Director for Field Operations reviews the denial. While not idyllic, in some ways shelter care with a viable plan to enter transitional living or independent living programs at age 18 years may be the best placement alternative for 17-year-olds who are close to aging out of the system, due to the restrictive nature of congregate care settings and other higher levels of care. SPPU staff work with shelter teams to focus on employment, education opportunities, and post-discharge plans for youth who are either opposed to group home care or do not have the behavioral needs to meet group home care criteria. Preferably, all youth should be with their family or in a family-based placement that can best meet their needs; however, when that is not available some youth do well with the smaller milieu and more community-based service approach of a shelter. CWS continues to creatively problem-solve ways to develop appropriate planning to meet the needs of older youth.

Initiative 1.17: Youth 13 years and older not to 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.



Section 2, Graph 5.4-4

Data Commentary

For the six-month period ending 6/30/2022, 36.6 percent of youth, age 13 years and older, experienced no more than one shelter stay lasting less than 31 days. Of the 235 youth, age 13 years and older, who had a shelter stay during the reporting period, 86 youth had one shelter stay lasting less than 31 days. Of the remaining 149 youth, age 13 years and older, who had a shelter stay: 57 youth, or 24.26 percent, had one stay that lasted longer than 31 days; 22 youth, or 9.36 percent, had two or more stays that lasted less than 31 days; and 70 youth, or 29.78 percent, had two or more stays that lasted more than 31 days in a shelter.

Reporting Period Progress

CWS continues to strive toward the goal of minimizing a youth's length of stay in shelter when a shelter is used as a last resort for placement of youth and taking actionable and tangible steps to prevent those youth from returning to shelter care.

The regional multidisciplinary team (MDT) leads now manage the process for shelter authorization review with SPPU Programs staff available to support or consult as needed. A new shelter liaison supervisor was hired during this reporting period, and this person participates in the regional MDTs meetings. SPPU Programs staff participate when needed or when requested by the MDT lead due to the needs of a specific youth. The regional MDT leads enter data from the authorization form into the WebFOCUS YI891 Shelter Survey from Qualtrics Report that assists in identifying trends and needs for youth entering shelter care. This report is available to CWS leadership and regional staff to enhance the effectiveness of their work. For example, regional MDT leads review for potential training enhancements surrounding placement efforts prior to shelter placement.

Strategies to minimize shelter entries and shorten shelter stays for children and youth are firmly in place. The training and messaging to CW field staff about appropriate use and prevention of shelter care remains. This training is included in the CWS Supervisor Academy in addition to regional leadership and supervisory teams, so the messaging is reinforced and presented to new CW supervisors to guide their teams and support best practice. The shelter discharge planning tool

is used by shelters when appropriate to provide information to the next placement provider when there is a planned discharge of a youth from shelter care.

CWS works alongside Oklahoma Association of Youth Services (OAYS) partners in finding ways to suitably support youth in shelter care. Shelters provide same-day admission for children and youth; however, CWS continues to experience unique challenges in obtaining shelter placements for some children and youth who had multiple previous shelter stays, have primarily delinquent and/or disruptive behaviors, and frequently go missing from care. OAYS shelter directors are engaged by SPPU Programs staff when one of these youth is in need of shelter placement to develop short-term solutions. CWS works with both the Oklahoma Office of Juvenile Affairs (OJA) and hospitals to identify youth and children with upcoming discharges and engage CW staff in work to prevent them from entering shelter care.

A short-term increase in daily rates for emergency shelter placements was approved in late May 2022 to help with the increasing number of youth needing shelter care that are unable to be placed in any other placement type. This rate was scheduled to end 6/30/2022; however, the rate is extended due to most shelters remaining at or near capacity.

Direct Care Authorization and Other Supports

The contract with four YSA shelter providers is used as needed. During this reporting period, one YSA shelter accessed funding for one-on-one staffing. Hiring and retaining staff is a challenge for shelter providers which impacts the ability of shelters to take on additional children or youth. The additional supports of working with the OKDHS DDS division, the CWS Nurses, and providing additional one-on-one unique training opportunities for shelter staff are unchanged from previous reporting periods.

OJA

OJA contracts with 21 YSA shelters to care for children and youth. The contracts include a tier system for rates based on a child or youth's needs. The SPPU shelter programs field representatives (PFRs) and shelter liaisons are available to gather additional information for any YSA shelter and/or OJA when determining the most appropriate tier level for a youth in OKDHS custody. Currently, four SPPU liaisons and a supervisor are assigned to the YSA shelters to provide support to the children and youth in shelter care, the child or youth's assigned CW specialist, and the shelter providers. A SPPU PFR is assigned as a liaison to work alongside OJA to address needs regarding dual custody or dually adjudicated youth.

Impact of COVID-19 Pandemic

CWS continues to assess how best to navigate the ongoing effects of the pandemic and how practice can be modified or changed to accommodate for both the changes in availability of resources to meet the needs of children and youth and the accessibility of those resources to CWS staff. The second shelter operates as an option for COVID-19 exposed youth to safely quarantine according to the updated Centers for Disease Control and Prevention guidelines. CWS and OJA

partners meet as needed to address any ongoing concerns, new protocols, and/or needs related to the ongoing COVID-19 pandemic. CWS has updated policy and processes on how and when COVID-19 vaccines and boosters are administered to children and youth in OKDHS custody. CWS provides support to shelters in navigating systemic challenges, such as supporting alternatives to face-to-face contact with their CW team and family members, and providing personal protective equipment and cleaning supplies as needed. CWS assists in obtaining COVID-19 testing for youth when needed.

Abandoned Children and Youth

CWS continues to experience children and youth in an inpatient program or detention facility coming into OKDHS custody due to abandonment by their parents or guardians. Many of these youth experience their first OOH placement episode in shelter care through voluntary parent placement, acute or residential psychiatric care, or a juvenile detention center.

CWS continues to gather and analyze data on the increased numbers of children and youth placed in OKDHS custody through reason of abandonment. The KIDS data team has researched the data and found that children and youth with a removal condition of abandonment or a substantiated allegation of abandonment comprised 12.4 percent of children and youth removed during SFY 2022. Not surprisingly, the largest percentage of these abandonments were youth ages 13-17 years at 41 percent. Children ages 6-12 years comprised 12.2 percent and children younger than 6 years comprised 5.7 percent. These abandonment numbers have all increased since CWS began tracking the data in late SFY 2021. It is still unclear what the underlying conditions are and how CWS can best serve these youth when prevention services fail and youth are placed into OKDHS custody. CWS will continue to analyze this data in order to plan how best to support CW field staff moving forward as well as determine where best to serve these youth along the continuum of care.

Additional Shelter Reduction Efforts

One effort to support CW field staff will occur in the next reporting period, beginning with the SPPU team conducting collaborative shelter placement calls with resource family partner (RFP) and Therapeutic Foster Care (TFC) agencies, as well as internal FC&A placement staff. The calls will focus on four to five youth at a time. The SPPU team will gather information prior to the call, including the Child Placement Interview information, information from the shelter staff as to daily functioning, interactions and anything that a family may need to know about the youth to make a successful placement. The SPPU shelter liaisons, while visiting with the child or youth during their routine visits, will casually discuss what the child or youth would like in a family, school, and community setting. This information will be shared on the collaborative call as well. If a home is identified through this process, the shelter liaison will take the lead on connecting the shelter provider with the RFP agency, the TFC agency, or the FC&A staff to coordinate calls or visits with the potential foster family; and, will assist in facilitating the transition process.

Conclusion

The CWS shelter program team places strong emphasis on reducing the use of shelter placements through working alongside internal and external stakeholders to grow and maintain a healthy continuum of care with family-based placements to best meet the needs of each specific child and youth in OOH care. The CWS Executive Team has received weekly updates since January 2020 on the number of children and youth in shelter care with the ability to follow up with their regional teams for case and child-specific information when needed. The cohort of children ages 6-12 years increased in both shelter numbers and nights over the reporting period, and youth ages 13-17 years increased in shelter nights and decreased slightly in numbers over the same timeframe. CWS evaluates and adapts existing practice to reduce shelter use and focus supports where needed, showing the outcomes of building a self-correcting system. Data indicates children and youth continue to enter shelter care for a number of different reasons, including disruption of kinship or foster care placement, upon initial removal, discharge from higher levels of care, and discharge from OJA custody/placement, which is consistent with previous reporting periods.

SPPU has moved into the role of consultant and support to the regional MDTs and CW staff, working alongside to reduce barriers to children and youth exiting shelter care, while continuing efforts with the regional placement teams to find the appropriate level of placement for each individual child and youth who enters a shelter. The SPPU shelter staff also engage with the child's or youth's assigned CW specialist to meet any specific needs, increase opportunities for visitation with people important to the child or youth, and support shelters in times of crisis. The shelter team reviews and refines the interventions and supports available to CW staff and shelters so that the best outcomes can be achieved for children and youth.

6.1: Rate of Permanency for Legally-Free Children with No Adoptive Placement

Operational Question

Of children who were legally-free but not living in an adoptive placement as of 1/10/2014, what number of children exited care to a permanent placement?

Data Source and Definitions

All children who were legally-free for adoption as of 1/10/2014 and did not have an identified adoptive family with the percentage who have since achieved permanency, either through adoption, guardianship, or reunification, are reported in Measure 6.1. The target for this measure is that 90.0 percent of the children age 0-12 years, and 80.0 percent of the children age 13+ years will achieve permanency. "Legally-free" means there is a parental rights termination date reported to Adoption and Foster Care Analysis Reporting System (AFCARS) for both mother and father or for one parent when the child was previously adopted by a single parent. In the KIDS system, these children are classified as "Quad 2" children, indicating that these children are legally-free and have no identified adoptive placement.

Description of Denominator and Numerator for this reporting period

Denominator: All Quad 2 children with a case plan goal of adoption as of 1/10/2014.

Numerator: The number of Quad 2 children with a case plan goal of adoption who achieved permanency.

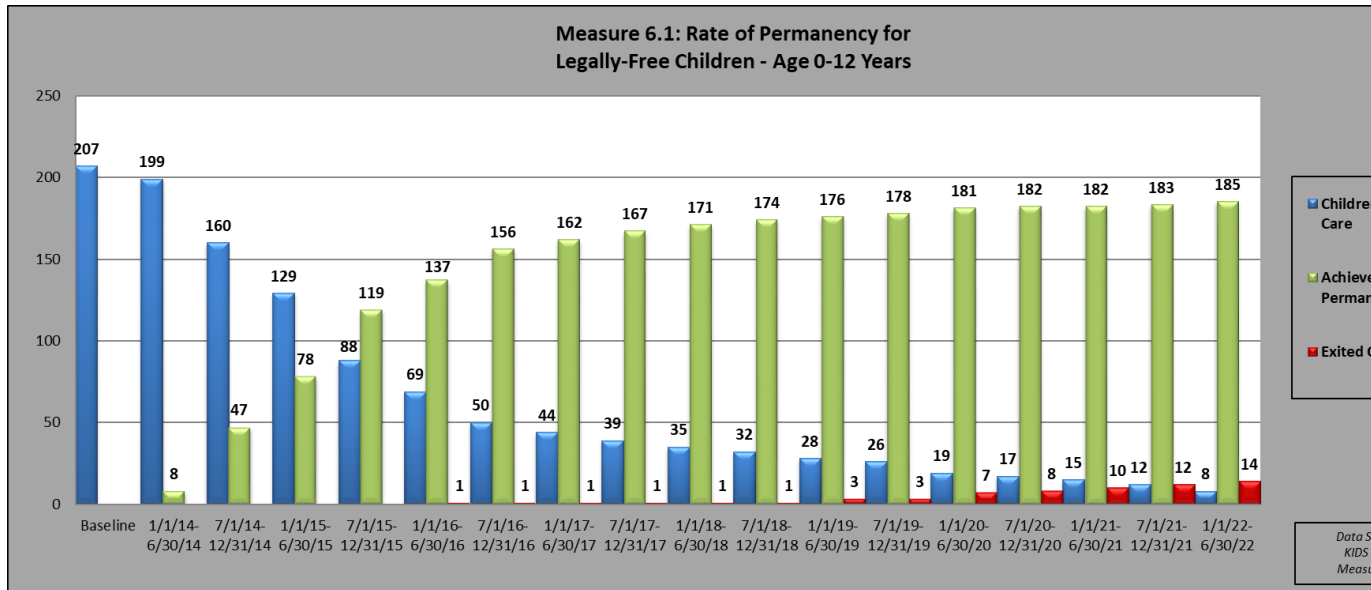
Trends

Reporting Period	Population	Numerator	Denominator	Result
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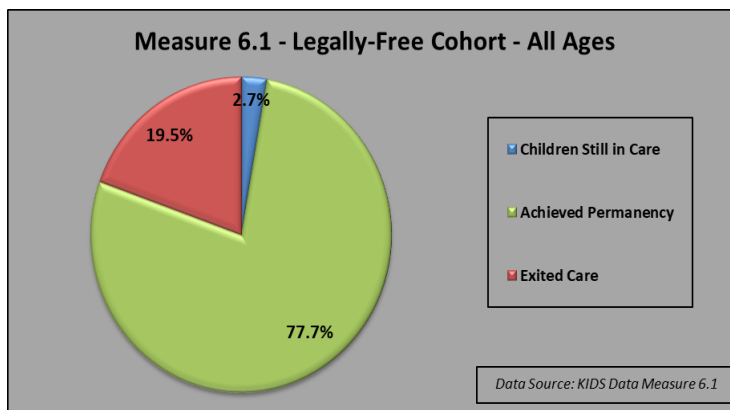
Cohort Baseline 1/10/2014				292 Children
1/10/2014 – 6/30/2014	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	8	207	3.9%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	1	85	1.2%
7/01/2014 – 12/31/2014	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	47	207	22.7%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	8	85	9.4%
1/01/2015 – 6/30/2015	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	78	207	37.7%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	17	85	20.0%
7/01/2015 – 12/31/2015	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	119	207	57.5%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	23	85	27.1%
1/01/2016 – 6/30/2016	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	137	207	66.2%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	32	85	37.6%
7/01/2016 – 12/31/2016	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	156	207	75.4%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	34	85	40.0%
1/01/2017 – 6/30/2017	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	162	207	78.3%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	37	85	43.5%
7/01/2017 – 12/31/2017	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	167	207	80.7%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	39	85	45.9%
1/01/2018 – 6/30/2018	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	171	207	82.6%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	39	85	45.9%
7/01/2018 – 12/31/2018	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	174	207	84.1%
	All Quad 2 children age 13 or older as of 1/10/2014 with a case plan goal of adoption	42	85	49.4%
1/01/2019 – 6/30/2019	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	176	207	85.0%
7/01/2019 – 12/31/2019	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	178	207	86.0%
1/01/2020 – 6/30/2020	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	181	207	87.4%

7/01/2020 – 12/31/2020	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	182	207	87.9%
1/01/2021 – 6/30/2021	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	182	207	87.9%
7/01/2021 – 12/31/2021	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	183	207	88.4%
1/01/2022 – 6/30/2022	All Quad 2 children age 0-12 as of 1/10/2014 with a case plan goal of adoption	185	207	89.4%
Target		90.0% (Age 0-12)	80.0% (Age 13+)	

Section 2, Table 6.1-1



Section 2, Graph 6.1-1



Section 2, Chart 6.1-1

Data Commentary

Of the 292 children in the original cohort from 1/10/2014, a total of 227 children or 77.7 percent achieved permanency, 57 children or 19.5 percent left out-of-home (OOH) care to non-permanent exits, and eight children or 2.7 percent remain in OOH care, as seen in Section 2, Chart 6.1-1.

As of 6/30/2022, for the cohort of 207 children age 0-12 years old, who were legally-free without an identified placement, 185 or 89.4 percent reached permanency, as seen in Section 2, Graph 6.1-1. Of those remaining in OOH care, six youth have a case plan goal (CPG) of adoption. Two youth have a CPG of return to own home and both are currently placed with their biological parents. One youth is in trial reunification and the other youth is in a kinship placement with a parent whose parental rights are terminated. If these two youth, who are residing in the homes of their biological parents, were included in the measure results, 90.3 percent of the cohort have achieved permanency, which exceeds the 90 percent target.

During this reporting period, one youth from the cohort achieved permanency through adoption and one youth achieved permanency through guardianship. Two youth from the baseline cohort left OOH care via emancipation at age 18 years.

- One youth transitioned into an adult Daily Living Services (DLS) home through a partnership with Oklahoma Human Services (OKDHS) Developmental Disabilities Services (DDS), where the youth is supported by DDS as well as a host of permanent connections.
- One youth exited OKDHS custody; however, continues to live in their long-term foster parent's home. Despite conversations about guardianship and adoption, both the foster mother and youth decided they did not want to pursue legal permanency. This youth's sibling entered into guardianship during this period with another family, both families are friends, so the siblings remain well connected.

Reporting Period Progress

Youth Remaining In 6.1 Baseline Cohort

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

- One youth is placed in an Agency Companion Home. A third-party guardianship is being sought.
- One youth is placed in a kinship/non-relative home.
- Two youth are each working toward reunification with their respective biological mother. The YTS specialist is working to overcome significant barriers regarding the special needs of each youth and each mother.
- Two youth each have permanent connections and are in specialized placements to meet their high-level needs.
- Two youth are each placed in the home of a biological parent whose parental rights is terminated.

As CWS YTS enters the third year utilizing the evidence-based Wendy's Wonderful Kids (WWK) model, the statewide YTS team continues to engage youth in a variety of child-focused permanency efforts customized for each child or youth. After decades of adhering to general recruitment efforts of finding families for legally-

free children and youth with whom there was no prior connection, the WWK model is now the primary strategy of family finding. YTS also applies WWK strategies as efforts to identify connections and permanency options for older youth with a CPG of planned alternative permanent placement (PAPP). Elements within the WWK model include diligent search and case record review, network building, child-specific recruitment planning, building a strong relationship with children and youth, and assessment of adoption readiness for both the child and any identified families. For all youth assigned to YTS, regardless of their CPG, specialists apply elements from the WWK model to assist youth in building connections. YTS specialists and supervisors strive to overcome barriers created by a combination of factors, including those caused by the COVID-19 pandemic and resulting general disruptions for both child welfare (CW) staff and youth in OOH care.

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

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

For State Fiscal Year (SFY) 2022, 0.85 percent of children and youth who experienced a finalized adoption were authorized with a source of statewide family staffing (SWS), according to the YI770H Authorization Source Data Summary. This number is a decrease from the two previous years, which was 1.7 percent in SFY 2020 and 2 percent in SFY 2019. During this reporting period, an average of 20.3 non-unique "adoption only" families were presented at SWFS. The previous reporting period averaged 33.8 families, which is an average decrease of 13.5 families.

YTS continues to deemphasize general recruitment efforts, but maintains partnerships with AdoptUSKids (AUSK) and Raise the Future (RTF) as additional efforts for some children and youth. Oklahoma continues to feature children and youth without inclusion of their photos, in an effort to further limit their digital footprint as well as to increase their safety. During this reporting period, website recruitment efforts were:

- AUSK: YTS staff registered 17 additional children and youth; and
- RTF: YTS listed 24 new children.

From January through June 2022, the Foster Care and Adoption Support Center reported receiving 2,063 inquiries. The Referral Source was specified on 500, or 24.24 percent of inquiries. The numbers for Inquiry Channel, Specified Interest, and Referral Source are represented in Section 2, Table 6.1-2.

Total Number of Inquiries: 2,063					
Inquiry Channel			Referral Source		
	1,70				
Internet	5	82.65%	Internet	181	36.20%
Hotline	210	10.18%	Friend	100	20.00%
AdoptUSKids	84	4.07%	Adopt US Kids	45	9.00%
OKBenefits App	26	1.26%	Other	39	7.80%
Direct Phone	15	0.73%	Foster Parent	31	6.20%
Email	8	0.39%	Facebook	27	5.40%
Be a Neighbor Website	8	0.39%	Relative	18	3.60%
OKDHS Only Inquiry	4	0.19%	Adoptive Parent	13	2.60%
TFC/ITFC Recruitment Event	2	0.10%	Faith Based	11	2.20%
Adoption.com	1	0.05%	OKDHS Recruiter	8	1.60%
	2,06				
Total	3		OK Benefits	7	1.40%
Specified Interest			OKDHS Employee/Website	5	1.00%
Fostering	797	38.63%	One Church	4	0.80%
Resource Parent	646	31.31%	Be a Neighbor	4	0.80%
Adoption	612	29.67%	TV	3	0.60%
Other	3	0.15%	Informational Meeting	2	0.40%
Respite	2	0.10%	Radio	1	0.20%
OK Fosters	1	0.05%	OK Fosters Website	1	0.20%
Kinship	1	0.05%	Life Church	0	0.00%
DDSD	1	0.05%	Billboard	0	0.00%
ITFC	0	0.00%	Private Recruiter	0	0.00%
TFC	0	0.00%			
			Total	500	100.00%

Section 2, Table 6.1-2

A primary strategy to assist CW staff in achieving permanency for children and youth is the YTS Quad 2 Adoption Timeliness Accountability Team (ATAT) process. With required participants including both YTS and assigned Permanency Planning specialists, their supervisors, regional managers or district directors, and any resource or other partners involved specific to the child or youth, this staffing brings the whole team to the table for open discussion. Regional multidisciplinary team (MDT) leads participate to ensure the Quad 2 ATAT process meets multilevel staffing (MLS) criteria. This ongoing practice is reviewed continuously and assessed for modifications as needed. Currently, Quad 2 ATAT meetings for each child or youth take place every other month, with some flexibility; older youth may be reviewed more frequently and children or youth with an impending permanency plan are staffed monthly to ensure action steps are completed.

The Quad 2 ATAT process encourages a team approach to achieving permanency for children and youth, while assisting in overcoming barriers, and illuminates situational concerns within each case for team discussion. The YTS programs field representative (PFR) has developed partnerships across all CWS Programs and Placement, and communicates any barriers so that experts in each area can be invited to the meetings. Each YTS supervisor provides a monthly update on the baseline cohort youth assigned to their specialist's, as well as any other specialist's assigned youth whose cases are staffed via the Quad 2 ATAT process. The PFR supports staff's WWK efforts on these children and youth by ensuring established target and due dates are met. Quad 2 ATAT staffings do allow more time to staff the case in-depth as compared to MDT/MLS settings, and the PFR works closely with the regional MDT leads to ensure that youth are not staffed multiple times in the same month. Progress is made through ongoing follow-up on action steps and assigned tasks to eliminate barriers, as well as through support from other programs.

During this reporting period, 12 youth from the 6.1 baseline cohort were staffed, with four exiting OOH care:

- two youth achieved legal permanency through adoption or guardianship;
- one youth exited into a DLS home; and
- one youth aged out with relational permanency with a long-time placement provider.

In addition to the 12 youth staffed during this reporting period from the 6.1 baseline cohort, YTS continues to staff some children and youth placed at an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) facility as they become discharge-ready. YTS provides a monthly report of these permanency efforts to Specialized Placements and Partnerships Unit partners. During this reporting period, three children in this cohort were staffed.

YTS also utilizes the Quad 2 ATAT process to staff youth with the CPG of guardianship to eliminate barriers. During this reporting period, three youth were staffed to explore guardianship:

- one youth aged out but was living with a relative;
- one youth had a CPG change to adoption, which finalized the third week of July 2022; and
- one youth will be signing themselves back into OKDHS custody when they turn 18 with plans of remaining in the same foster home.

Due to the complexities regarding the Interstate Compact for the Placement of Children (ICPC), YTS began applying the Quad 2 ATAT process to potential and current out-of-state placements during this reporting period. Five youth involved in ICPC placements were staffed during Quad 2 ATAT meetings. Two youth were placed into trial adoption (TA) during this reporting period, and the Quad 2 ATAT continues to monitor the TA period. One youth experienced a TA disruption, and one youth experienced a declined adoption. The remaining youth is still in the initial stages of the ICPC process.

In total, 24 youth were staffed via the Quad 2 ATAT process during this reporting period.

YTS management reviews KIDS data and reports frequently to identify and track youth who meet criteria for various staffing processes including, but not limited to, Quad 2 ATAT, 6.4 cohort, and youth with the CPG of PAPP. The YTS field administrator works with KIDS staff to ensure daily reports accurately reflect the youth and meet YTS needs. Workload assignments are distributed to YTS staff in a manner to best meet the needs of the assigned youth.

YTS began discussions in this reporting period about redesigning the statewide, virtual Permanent Connections Meeting (PCM), which is generally held by YTS staff in collaboration with the National Resource Center for Youth Services. The PCMs purpose includes educating youth on important connections and relational and legal permanency, as well as the different permanency options available to them, and dispelling myths related to OKSA services with regards to each permanency option. Participants include youth, CW specialists, and group home staff. The agenda includes games, competition for prizes, an encouraging and informative keynote speaker, and information about post-secondary education and other permanency and OKSA-related information. Moving forward, YTS will decide between an in-person, virtual, or hybrid meeting format, review results from past events, and research which other states have a similar event.

Personnel

During this reporting period, seven YTS specialists left for other employment. Two of the staff retired, two transferred to another position within CWS, and three separated from OKDHS. During the same time frame, YTS hired four new specialists, and currently has four vacancies, as one of the positions was vacated in a previous reporting period.

The YTS total staff capacity is one field administrator, one PFR, eight CW specialist IVs, seven CW specialist IIIs, and 35 full-time CW specialist I and IIs. YTS also has administrative staff consisting of one administrative assistant II, one part-time staff person who serves as statewide internet liaison, and one part-time person who is the SWFS coordinator. Two of the eight YTS CW specialist IV's supports a team of six CW specialists; the remaining six YTS CW specialist IV's have five specialists each. YTS currently has no staff on graduated caseloads, and most staff met workload standards during the majority of this reporting period.

Due to YTS ongoing vacancies, YTS supervisor teams continue to discuss the Onboarding Checklist for Youth Transition Services with new staff in an effort to ensure learning of their YTS role early on. In this reporting period, the online Permanency for Teens training was added to the checklist. YTS staff complete the National Training Institute Adoption Competency and Mental Health training through the Center of Adoption Services and Education, virtual WWK training, as well as shadowing visits at a variety of placement types, and completing online training webinars created by AUSK.

Support

CWS has worked over several reporting periods to refine the protocol for involving mental health consultants (MHCs) in adoption disclosures, as well as creating a process to involve CWS Education Services and Developmental Disabilities Programs staff in the disclosure process for children and youth with higher-level needs. From January through June 2022, there were 10 requests for a MHC to attend a Quad 2 adoption disclosure. All 10 of those requests met the requirements for MHC involvement, and the MHCs attended all of them.

During this reporting period, it was determined that the MHCs will attend all disclosures for Quad 2 children and youth. FC&A and YTS Programs staff are working on an update to the Behavioral Health Consultant (BHC) and Post-Adoption Field Services Worker Referral form and developing a plan to share this new, expanded protocol to staff.

In May 2022, 26 YTS staff and the FC&A field deputy director attended the WWK Summit 2022 in Columbus, Ohio. This event, sponsored by The Dave Thomas Foundation for Adoption (DTFA) and paid for exclusively through WWK grant funds, provided more than 600 WWK recruiters, supervisors, and managers/administrators three days of training, collaboration, and celebration. Attending trainings on diligent search, supporting youth throughout the search for permanency, understanding how trauma impacts youth throughout the year, and other training sessions, left CWS YTS staff refreshed and reinvigorated. Staff also connected with WWK recruiters from other states.

Oklahoma's assigned DTFA staff are a constant, daily support to YTS staff in maintaining fidelity to the WWK model, having regular contact with YTS specialists, supervisors, program staff, and the administrator. The YTS field administrator and deputy director for Field Operations meet quarterly with DTFA management to discuss progress and needs of the program, patterns of barriers seen in cases, budgeting, and other administrative items.

YTS staff participated in two full-day staff development meetings on 3/30/2022 and 6/30/2022. The meetings trained staff on the critical need for youth to have access to their birth certificates and other essential documents, levels and types of Community-Based Residential Care, educational advocacy, family meeting support for the 6.4 strategy, a review and takeaways from WWK Summit, and discussion of enhanced foster care (EFC) services for Quad 2 children and youth.

In an effort to provide continuing education to YTS and Resource specialists working with non-identified adoption-only families, training on adoption and permanency-related topics occurs monthly. Topics covered during this reporting period included a Question and Answer session with programs staff, a guide to the Quad 2 Adoption Process, EFC services for Quad 2 children and youth, child and adolescent psychopathology, working with youth with conduct disorder, grief and loss in adoption, and training on funded guardianships. While some subject matter experts are brought in for training, the majority of topics are trained by YTS and FC&A Programs staff, and the Statewide Coordinator for Adoption Preservation Services, who also serves on the CWS clinical team.

During this reporting period, YTS partnered with the EFC team to begin development of a protocol that all children and youth designated as adoption/Quad 2 receive EFC services, rather than going through the process of individually qualifying each child and youth for these services. While the proposal is not yet solidified, the current plan is to modify the TA process to ensure therapeutic services are in place and the family is allowed to experience family life together prior to moving into the official TA status. As these plans come to fruition, final details will be provided.

Conclusion

YTS continues to review its work and resulting data as a normative practice to determine effectiveness. YTS considers data as a reflection of programmatic health, and the 6.1 baseline cohort as a microcosm of a larger population of children and youth. The YTS program continues to evolve in order to meet the more challenging needs of children and youth in OOH care. To date, this includes the shift to a child-focused approach to advocacy across the 6.1 cohort regardless of CPG or quad designation.

Primary next steps to assist and support YTS in achieving permanency for children and youth include:

- Re-envisioning of the PCM for older youth in OOH care;
- Training to support staff's knowledge and understanding of the Indian Child Welfare Act;
- Ongoing development for CW supervisors and specialists working with youth with a PAPP CPG, carrying primary assignments, and working with adoption hesitant youth;
- Ongoing work with FC&A Programs staff in the process of streamlining the child profile update and WWK assessments; and
- Ongoing work to stabilize the workforce and train new staff.

6.3: Re-entry Within 12 Months of Exit

Operational Question

Of all children discharged from foster care in the 12-month period prior to the reporting period, what percentage re-entered care within 12 months of discharge?

Data Source and Definitions

Re-entry within 12 months measures all children discharged to permanency, not including adoption, from foster care in the 12-month period prior to the reporting period and the percentage of children who re-enter foster care during the 12 months following discharge. This is the same as the Federal Metric and this data is pulled from Adoption and Foster Care Analysis Reporting System (AFCARS) data.

Description of Denominator and Numerator for this reporting period

Denominator: All children who exited foster care from 4/1/2020 through 3/31/2021.

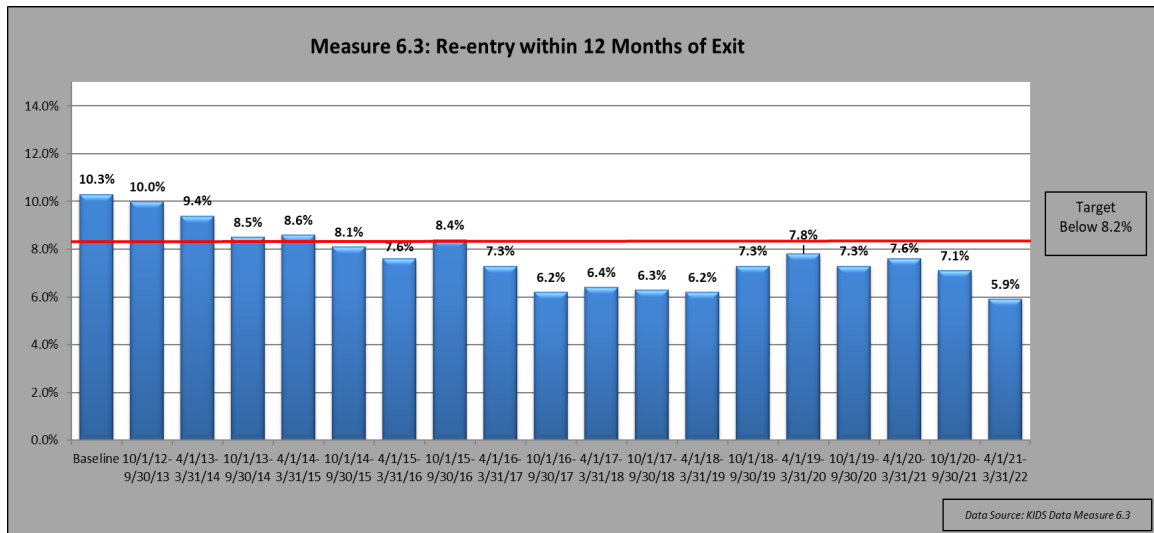
Numerator: All children who exited foster care from 4/1/2020 through 3/31/2021 and re-entered care within one year of exit.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All exits from 10/1/2010 – 9/30/2011			10.3%

10/1/2012 – 9/30/2013	All exits from 10/1/2011 – 9/30/2012	234	2,334	10.0%
4/1/2013 – 3/31/2014	All exits from 4/1/2012 – 3/31/2013	223	2,375	9.4%
10/1/2013 – 9/30/2014	All exits from 10/1/2012 – 9/30/2013	225	2,638	8.5%
4/1/2014 – 3/31/2015	All exits from 4/1/2013 – 3/31/2014	230	2,682	8.6%
10/1/2014 – 9/30/2015	All exits from 10/1/2013 – 9/30/2014	223	2,756	8.1%
4/1/2015 – 3/31/2016	All exits from 4/1/2014 – 3/31/2015	218	2,869	7.6%
10/1/2015 – 9/30/2016	All exits from 10/1/2014 – 9/30/2015	238	2,822	8.4%
4/1/2016 – 3/31/2017	All exits from 4/1/2015 – 3/31/2016	207	2,828	7.3%
10/1/2016 – 9/30/2017	All exits from 10/1/2015 – 9/30/2016	187	3,004	6.2%
4/1/2017 – 3/31/2018	All exits from 4/1/2016 – 3/31/2017	185	2,879	6.4%
10/1/2017 – 9/30/2018	All exits from 10/1/2016 – 9/30/2017	165	2,622	6.3%
4/1/2018 – 3/31/2019	All exits from 4/1/2017 – 3/31/2018	155	2,482	6.2%
10/1/2018 – 9/30/2019	All exits from 10/1/2017 – 9/30/2018	181	2,486	7.3%
4/1/2019 – 3/31/2020	All exits from 4/1/2018 – 3/31/2019	201	2,576	7.8%
10/1/2019 – 9/30/2020	All exits from 10/1/2018 – 9/30/2019	169	2,307	7.3%
4/1/2020 – 3/31/2021	All exits from 4/1/2019 – 3/31/2020	161	2,114	7.6%
10/1/2020 – 9/30/2021	All exits from 10/1/2019 – 9/30/2020	146	2,043	7.1%
4/1/2021 – 3/31/2022	All exits from 4/1/2020 – 3/31/2021	113	1,928	5.9%
Target				8.2%

Section 2, Table 6.3-1



Section 2, Graph 6.3-1

Data Commentary

The number of children re-entering out-of-home care within a 12-month period is currently at 5.9 percent, which remains below the set target of 8.2 percent. The measure is 4.4 percent lower than the original baseline and exceeds the target by 2.3 percent. This is the eleventh consecutive reporting period where performance remained below the Pinnacle target and the overall best performance on this measure since Pinnacle reporting began.

Reporting Period Progress

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

During this reporting period, Family Meeting Continuum (FMC) statewide implementation was completed. Staff and resources were dedicated to this strategy due to the belief that the FMC will positively impact safe permanency for children. The FMC has two main purposes: more frequent and intentional family meetings and using the same facilitator at each meeting for the duration of the case. The FMC will support reduction of re-entry rates through successful identification of needed services for families, with frequent meetings, and facilitator consistency for quality parent engagement.

6.5: Rate of Adoption for Legally-Free Children

Operational Question

Of all children who became legally-free for adoption in the 12-month period prior

to the year of the reporting period, what percentage were discharged from foster care to a finalized adoption within 12 months of becoming legally-free?

Data Source and Definitions

All children who became legally-free for adoption in the 12-month period prior to the year of the reporting period with the percentage who were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally-free are reported in Measure 6.5. "Legally-Free" means there is a parental rights termination date reported to Adoption and Foster Care Analysis Reporting System (AFCARS) for both mother and father. This measure is federal metric C 2.5.

Description of Denominator and Numerator for this reporting period

Denominator: All children who became legally-free for adoption from 4/1/2020 through 3/31/2021.

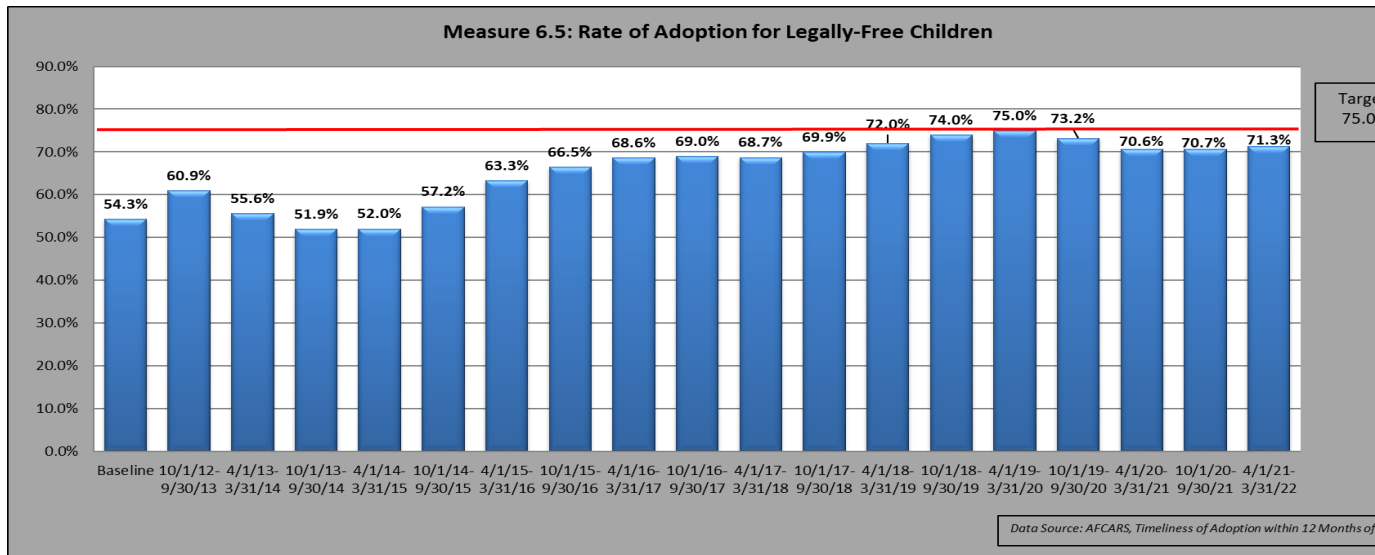
Numerator: The number of children who became legally-free for adoption from 4/1/2020 through 3/31/2021 and were discharged from care to a finalized adoption in less than 12 months from the date they became legally-free.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children who became legally-free from 10/1/2010 – 9/30/2011			54.3%
10/1/2012 – 9/30/2013	All children who became legally-free from 10/1/2011 – 9/30/2012	898	1,474	60.9%
4/1/2013 – 3/31/2014	All children who became legally-free from 4/1/2012 – 3/31/2013	857	1,540	55.6%
10/1/2013 – 9/30/2014	All children who became legally-free from 10/1/2012 – 9/30/2013	839	1,618	51.9%
4/1/2014 – 3/31/2015	All children who became legally-free from 4/1/2013 – 3/31/2014	935	1,797	52.0%
10/1/2014 – 9/30/2015	All children who became legally-free from 10/1/2013 – 9/30/2014	1,200	2,099	57.2%
4/1/2015 – 3/31/2016	All children who became legally-free from 4/1/2014 – 3/31/2015	1,459	2,304	63.3%
10/1/2015 – 9/30/2016	All children who became legally-free from 10/1/2014 – 9/30/2015	1,567	2,355	66.5%
4/1/2016 – 3/31/2017	All children who became legally-free from 4/1/2015 – 3/31/2016	1,754	2,558	68.6%
10/1/2016 – 9/30/2017	All children who became legally-free from 10/1/2015 – 9/30/2016	1,886	2,734	69.0%
4/1/2017 – 3/31/2018	All children who became legally-free from 4/1/2016 – 3/31/2017	1,770	2,577	68.7%
10/1/2017 – 9/30/2018	All children who became legally-free from 10/1/2016 – 9/30/2017	1,674	2,395	69.9%
4/1/2018 – 3/31/2019	All children who became legally-free from 4/1/2017 – 3/31/2018	1,669	2,319	72.0%
10/1/2018 – 9/30/2019	All children who became legally-free from 10/1/2017 – 9/30/2018	1,634	2,208	74.0%
4/1/2019 – 3/31/2020	All children who became legally-free from 4/1/2018 – 3/31/2019	1,596	2,129	75.0%

10/1/2019 – 9/30/2020	All children who became legally-free from 10/1/2018 – 9/30/2019	1,525	2,084	73.2%
4/1/2020 – 3/31/2021	All children who became legally-free from 4/1/2019 – 3/31/2020	1,352	1,915	70.6%
10/1/2020 – 9/30/2021	All children who became legally-free from 10/1/2019 – 9/30/2020	1,040	1,470	70.7%
4/1/2021 – 3/31/2022	All children who became legally-free from 4/1/2020 – 3/31/2021	970	1,361	71.3%
Target				75.0%

Section 2, Table 6.5-1



Section 2, Graph 6.5-1

Data Commentary

During this review period, performance on this measure increased by 0.6 percent. Of the 1,361 children that became legally-free, 970 children had a finalized adoption within 12 months of becoming legally-free resulting in an overall outcome of 71.3 percent. Overall, performance is 17 percent above the baseline.

Reporting Period Progress

Regional Adoption Timeliness Accountability Teams (ATATs) continue to meet monthly either face-to-face or via Microsoft Teams to review legally-free children and youth in the following categories:

- All Quad 1 children and youth not authorized;
- Children and youth authorized 14-calendar days or more and not in Trial Adoption (TA); and
- Children and youth in TA 30-calendar days or more not yet finalized.

Meetings are typically attended by the regional ATAT leads and the Foster Care and Adoptions (FC&A) Adoption specialists, supervisors, field managers, and Oklahoma Human Services (OKDHS) adoption attorneys. The ATAT strategy lead and the Interstate Compact on the Placement of Children (ICPC) program

supervisor attend when available. District directors are invited to attend and participate in the monthly ATAT meetings.

Common barriers to timely adoptions across the state include: delays involving foster home annual updates, obtaining birth certificates, foster parent medical examinations, pending divorces, termination of parental rights (TPR) of unknown father, child profile update, sibling separation or waiting on a sibling to become legally-free and ICPC adoption home studies. Regions 1 and 4 continue to report delays involving response and/or coordination from tribal partners who are short staffed. Regional ATAT leads, district directors, OKDHS adoption attorneys, and FC&A field managers provide guidance during the ATAT meetings and follow up on issues related to their area of expertise.

Regional Updates of Specific Barriers

- Region 1, District 4: court hearings for finalizations are occurring more timely.
- Region 2, District 20: continues to meet every other week. OKDHS adoption attorneys continue to attend monthly ATAT meetings as well as the bi-weekly staffing's and are very responsive and helpful in addressing legal barriers. The court-related barriers frequently identified include: delays in TPR of unknown father, sibling separation orders, missing TPR orders, and pending TPR appeals. District 21 is no longer meeting every other week as they saw improvement.
- Region 3: OKDHS adoption attorneys continue to be beneficial to the ATAT process regarding tribal issues, immigration matters, and court-related barriers.
- Region 4: the primary barrier is the need for a court order with a finding of Good Cause for Adoption; however, they observed improvement during this review period.
- Region 5: court barriers and delays are the most significant barrier. Tulsa County Child Welfare Services (CWS) court liaisons continue regular communication with the District Attorney's office and court clerk to expedite the delayed TPR orders. The Region 5 deputy director and Assistant CWS Director of Field Operations previously met with Tulsa County judges to address these barriers and report improvement on TPR order timeliness.

OKDHS Adoption Attorneys

The OKDHS adoption attorneys continue to attend the monthly regional ATAT meetings. The OKDHS adoption attorneys finalized adoptions for 117 children in 96 cases during this reporting period. The OKDHS adoption attorney information continues to be provided to resource families to raise awareness about their availability.

Barrier Tracking

The barrier tracking enhancement to adoption screens in KIDS was released 10/2/2021. The enhancement allows child welfare (CW) specialists to document barriers to adoption finalization. Five screen utilization training sessions were completed with CW staff in October 2021 and two sessions were completed in December 2021. At the request of CW specialists, the ATAT strategy lead and KIDS staff held additional training sessions on 5/20/2022 and 5/23/2022. Additional training sessions will be offered as needed.

The enhancement release has now been available in KIDS for nine months and CW specialists continue to adjust to the documentation requirements. The ATAT strategy lead discussed utilization of the adoption screens in KIDS with FC&A field managers and supervisors on 3/10/2022. Each region will continue to have accountability and follow-up built into their action steps and ATAT process.

The ATAT strategy lead and KIDS staff continue to work on how to best collect this data for a review over time. Currently, the Y1818 Ongoing Quad 1 Report, is a real-time report, meaning once a child's adoption is finalized, the information is no longer available to easily review over an extended period of time.

Guardianships and Adoptions

FC&A and Permanency Planning (PP) Programs staff continue collaboration on guardianship efforts and are committed to exploring all permanency options for children and youth. The PP, Adoption, and Resource specialists continue to review guardianship questions during adoption criteria staffings to determine the child or youth's most appropriate permanency goal.

Resource Home Annual Updates

With the exception of April 2022, FC&A specialists continued to stay below 100 overdue annual updates for foster homes during every month of this reporting period. Overdue annual updates can delay the adoption process in some regions although they are not considered a significant barrier. Throughout this reporting period, specialists worked diligently to maintain the annual updates. The following is the monthly overdue annual update totals for this reporting period:

- January - 88
- February - 80
- March - 90
- April - 112
- May - 82
- June - 83

Conclusion

With ATAT's ongoing success to address and resolve barriers, the number of children and youth authorized and currently in TA has remained steady, resulting in an increased number of adoption finalizations in State Fiscal Year 2022:

- adoption authorizations occurred for 1,498 children;
- 1,507 children were in TA; and
- adoption finalizations took place for 1,446 children.

6.6: Trial Adoption Disruptions

Operational Question

Of all children who entered trial adoptive placements during the previous 12-month period, what percent of adoptions did not disrupt over a 12-month period?

Data Source and Definitions

A trial adoption (TA) placement is defined as the time between when a child is placed into an adoptive placement until the adoption is legally finalized. A trial adoption disruption is defined as the interruption of an adoption after the child's placement and before the adoption finalization.

Description of Denominator and Numerator for this reporting period

Summary Report – August 2022

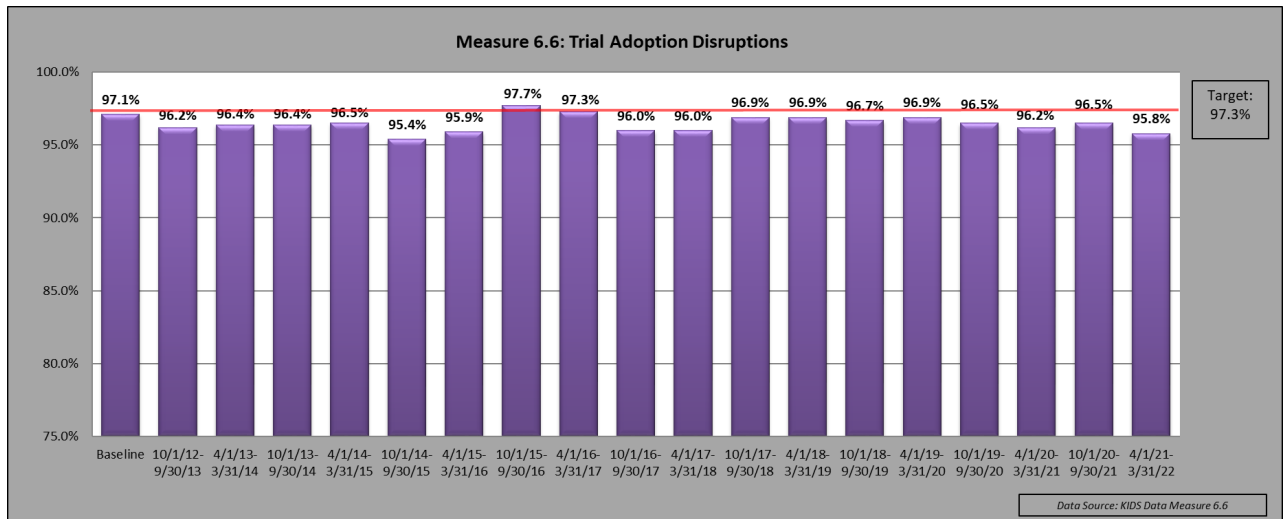
Denominator: Number of children that entered trial adoption from 4/1/2020 through 3/31/2021.

Numerator: Number of children that entered trial adoption from 4/1/2020 through 3/31/2021 and the trial adoption did not disrupt within 12 months.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children who entered TA from 10/1/2010 – 9/30/2011			97.1%
10/1/2012 – 9/30/2013	All children who entered TA from 10/1/2011 – 9/30/2012	1,433	1,489	96.2%
4/1/2013 – 3/31/2014	All children who entered TA from 4/1/2012 – 3/31/2013	1,366	1,417	96.4%
10/1/2013 – 9/30/2014	All children who entered TA from 10/1/2012 – 9/30/2013	1,195	1,239	96.4%
4/1/2014 – 3/31/2015	All children who entered TA from 4/1/2013 – 3/31/2014	1,252	1,297	96.5%
10/1/2014 – 9/30/2015	All children who entered TA from 10/1/2013 – 9/30/2014	1,477	1,549	95.4%
4/1/2015 – 3/31/2016	All children who entered TA from 4/1/2014 – 3/31/2015	1,938	2,020	95.9%
10/1/2015 – 9/30/2016	All children who entered TA from 10/1/2014 – 9/30/2015	2,138	2,189	97.7%
4/1/2016 – 3/31/2017	All children who entered TA from 4/1/2015 – 3/31/2016	2,337	2,403	97.3%
10/1/2016 – 9/30/2017	All children who entered TA from 10/1/2015 – 9/30/2016	2,413	2,513	96.0%
4/1/2017 – 3/31/2018	All children who entered TA from 4/1/2016 – 3/31/2017	2,511	2,615	96.0%
10/1/2017 – 9/30/2018	All children who entered TA from 10/1/2016 – 9/30/2017	2,437	2,516	96.9%
4/1/2018 – 3/31/2019	All children who entered TA from 4/1/2017 – 3/31/2018	2,206	2,276	96.9%
10/1/2018 – 9/30/2019	All children who entered TA from 10/1/2017 – 9/30/2018	2,162	2,235	96.7%
4/1/2019 – 3/31/2020	All children who entered TA from 4/1/2018 – 3/31/2019	2,127	2,196	96.9%
10/1/2019 – 9/30/2020	All children who entered TA from 10/1/2018 – 9/30/2019	2,044	2,118	96.5%
4/1/2020 – 3/31/2021	All children who entered TA from 4/1/2019 – 3/31/2020	1,940	2,017	96.2%
10/1/2020 – 9/30/2021	All children who entered TA from 10/1/2019 – 9/30/2020	1,609	1,667	96.5%
4/1/2021 – 3/31/2022	All children who entered TA from 4/1/2020 – 3/31/2021	1,357	1,417	95.8%
Target				97.3%

Section 2, Table 6.6-1



Section 2, Graph 6.6-1

Data Commentary

Child Welfare Services (CWS) performance on this measure decreased by 0.7 percent for this reporting period with 1,417 children entering into TA and 1,357 or 95.8 percent not experiencing a disruption while in TA placement.

Section 2, Table 6.6-2 shows the breakdown of identified placement and non-identified placement children with a disruption during this reporting period.

Trial Adoption Disruptions						
Relationship of Adopting Placement	# of Disrupted Cases	Total Cases	% Disrupted	# of Kids Disrupted	Total Kids	% Disrupted
ID Placement	28	897	3.1%	39	1324	2.9%
Non-ID Placement	18	62	29.0%	21	93	22.6%
Total	46	956	4.8%	60	1417	4.2%

Data Source: Measure 6.6; Run Date: 6/10/22

ID Placement includes relationships of Non-Relative Foster Parent, Relative Foster Parent, and Relative Not Receiving Foster Care Payment. Non ID Placement is Other Non- Relative (highlighted pink on report detail) *Three families are counted in both relationships for case types as they had children from ID and Non-ID adoptions.

Section 2, Table 6.6-2

Of children placed with an identified adoptive placement, 39 of 1,324 children experienced a TA disruption and 21 of 93 children placed with a non-identified adoptive placement experienced a disruption. Additional factors contribute to the higher disruption rate in the non-identified resource homes, such as these children are older, possibly have increased special needs, and are placed with families with no previously established relationship with the children. CWS continues to seek ways to better support these families.

Reporting Period Progress

The CWS adoption disruptions strategy lead and the Youth Transition Services (YTS) programs field representative (PFR), YTS specialists, and Non-ID Resource specialists continue to work as a team to minimize the number of adoption disruptions children experience before achieving permanency. During this

reporting period there was a slight decrease in performance of 0.7 percent. The adoption disruption reasons during this reporting period were:

- Caregiver Cannot Meet Child's Behavioral/Emotional Needs
- Caregiver Request
- A/N Allegations Against Caregiver
- Court Action
- Child's Request

The correct supports and services are the most important tools Adoption specialists can provide to adoptive families and children during and after the TA process. The strategy lead, YTS PFR, mental health consultants (MHCs), and the Statewide Coordinator for Adoption Preservation are working together to improve the MHC's role in adoption disclosures and the 45-calendar day family preservation check-in calls.

In May 2022 the strategy lead created a one-page flyer, What To Expect After Adoption, to provide families during the adoption disclosure. The flyer is a snapshot of what the MHC will discuss during the disclosure and will make the information given easier for the family to process. The flyer is currently being reviewed by the Statewide Coordinator for Adoption Preservation and the MHC leads and is expected to be available soon. The flyer, along with a narrative or script is being developed by the Statewide Coordinator for Adoption Preservation and will be used as the MHCs guide for the conversation.

The 45-calendar day family preservation check-in call is where the YTS, Non-ID Resource specialist, and MHC can together support the family while they are in the middle of the attachment process. At this point, the adoptive family has had placement of the child in their home for a little over a month and may have additional questions for the MHC. The YTS, Non-ID Resource specialist, and MHC will jointly discuss all relationships in the home and the services provided. When these processes are finalized, the strategy lead, MHCs, and Statewide Coordinator for Adoption Preservation will present the information and train YTS and Non-ID Resource specialists.

MHCs

During this reporting period the MHCs continued to attend adoption disclosures based on the following parameters:

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

From January through June 2022, there were 10 requests for a MHC to attend a Quad 2 adoption disclosure. All requests met the requirements listed above and the MHCs attended all 10 disclosures. The Post-Adoption Services field service workers attended all disclosures. With the implementation of Wendy's Wonderful Kids (WWK), the number of adoption disclosures for Quad 2 children with non-identified adoptive families has decreased. Therefore, the strategy lead and the

MHC program supervisor met in May 2022 to discuss the MHCs attending all Quad 2 adoption disclosures. The program supervisor is currently reviewing data with the goal of meeting this request.

Training and Support

The strategy lead and YTS PFR continue to educate and support CW specialists through training and virtual office hours. Below is the monthly training conducted thus far in State Fiscal Year 2022.

DATE	TOPIC	Presenters
January 2022	<ul style="list-style-type: none"> • Question/Answer Session 	Ashley Hairod, Programs Supervisor Tracy Chaufy, PFR
February 2022	<ul style="list-style-type: none"> • Quad 2 Adoption Process Guide 	Ashley Hairod, Programs Supervisor Tracy Chaufy, PFR
March 2022	<ul style="list-style-type: none"> • Enhanced Foster Care for Quad 2 Children 	Ashley Hairod, Programs Supervisor Simyra Cooper, PFR
May 2022	<ul style="list-style-type: none"> • Child and Adolescent Psychopathology: Working with Youth with Conduct Disorder 	Michael Linder, YTS Supervisor Tracy Zimmerman, YTS Supervisor
June 2022	<ul style="list-style-type: none"> • Loss and Grief for Parents and Kids • Guardianship 	Dr. Bonni Goodwin Lynette King, PFR

The trainings help CW specialists build the skills necessary to work with children, youth, and families to minimize disruptions and increase successful adoptions. After training the CW specialists are able to articulate the needs of the child and family during case staffings. During the TA planning call, specialists discuss adoption competent service providers instead of providers always assigned in the past. In June 2022, the Statewide Coordinator for Adoption Preservation rejoined training efforts and presented on Loss and Grief for Parents and Kids. Upcoming trainings will include a refresher on adoption competency as well as the work with Post-Adoption Services and how they interact and provide support to adoptive families.

Adoptive Parent Handbook

The new Adoptive Parent Handbook has Post-Adoption Services contact information, information on attachment through the adoption process, trauma triggers with timelines a family can record and refer back to, how to find support groups, how to create support groups, and more. The handbook is interactive and the family will be able to write down questions, feelings, thoughts, and track experiences to reflect on in difficult times to remember why the adoptive child or youth is expressing behaviors in a certain way or time. The Adoptive Parent Handbook is designed for adoptive families to utilize from adoption disclosure through finalization. OKDHS Publications is currently editing the handbook and should be available soon. CWS plans to provide training to Post-Adoption Services staff and others as needed to assure they understand how it can be used to best support families.

Enhanced Foster Care (EFC) and Quad 2 Adoptions

The CWS adoption disruptions strategy lead continues to work with the EFC programs administrator to develop a process for assessing all Quad 2 children for EFC services prior to placement with an identified family. They also continue to work on a process for potential routes to TA placement of Quad 2 children, or for children who were once Quad 2 but changed to Quad 1 through finding a connection via WWK. Once all processes are final the leads will train YTS and Non-ID Resource specialists in a bi-monthly adoption training.

COVID-19 Pandemic

Oklahoma, as with other states, continues to see up and down spikes of virus infections. It is unclear how this impacts current adoption disruption data. However, what is relatively clear is that pandemic effects over the past two years continues to impact service provider availability as well as virtual versus in-person mental health services for Quad 2 children, youth and adoptive families who are building new relationships and attachments. Furthermore, navigating impacts of the economy, employment, child care, housing, financial stability, travel for visits/services and other essential services continues to be an enormous stressor that cannot be measured. CWS and its partners continue to work closely with families, children, and youth to assist them in navigating these often changing systems to assure successful attachments and relationships through adoption.

Conclusion

This measure decreased by 0.7 percent for this reporting period with 1,417 children entering into TA and 1,357 or 95.8 percent not experiencing a disruption while in TA placement. The expanded strategies are fully implemented. CWS will continue to monitor the effectiveness of strategy activities such as training and support for staff and families as well as MHC participation. Furthermore, as the process of assessing Quad 2 children for EFC services is developed, CWS anticipates this has the potential to further decrease disruptions for these youth and their forever families.

6.7: Adoption Dissolutions

Operational Question

Of all children whose adoptions were finalized over a 24-month period, what percentage of those children did not experience dissolution within 24 months of finalization?

Data Source and Definitions

A finalized adoption is defined as the legal consummation of an adoption. Adoption dissolution is defined as the act of ending an adoption by a court order terminating the legal relationship between the child and the adoptive parent. This term applies only after finalization of the adoption.

Description of Denominator and Numerator for this reporting period

Denominator: All children who had a legalized adoption during the 24 months ending 3/31/2020.

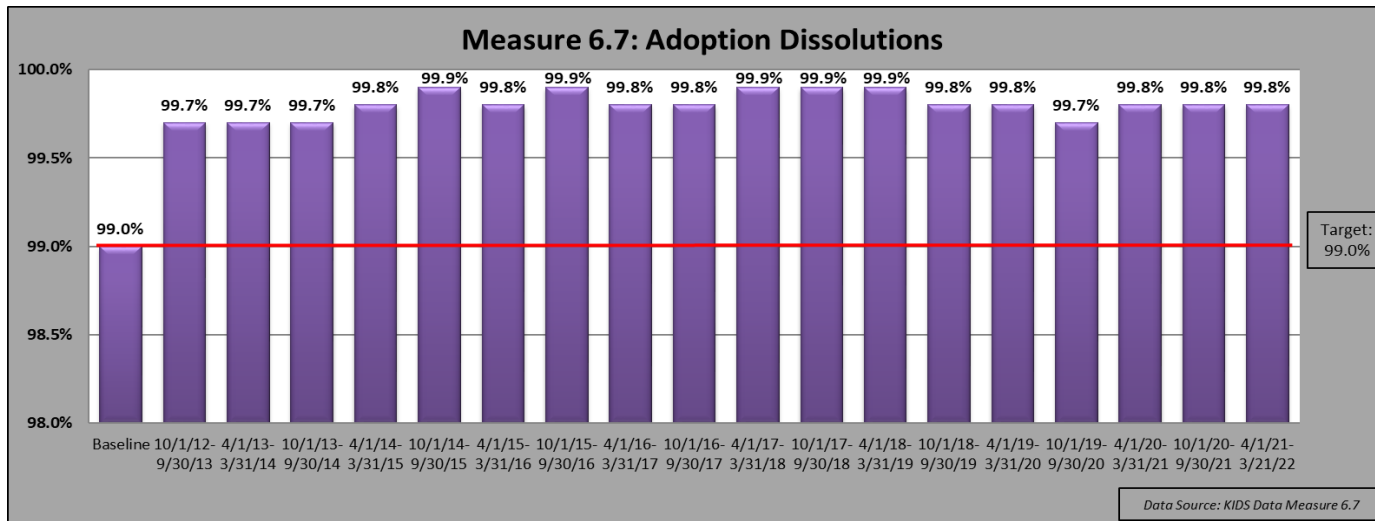
Numerator: All children who had a legalized adoption during the 24 months ending 3/31/2020 that did not dissolve in less than 24 months.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children with a legalized adoption from 10/1/2008 – 9/30/2010			99.0%

10/1/2012 – 9/30/2013	All children with a legalized adoption from 10/1/2009 – 9/30/2011	2,969	2,979	99.7%
4/1/2013 – 3/31/2014	All children with a legalized adoption from 4/1/2010 – 3/31/2012	3,055	3,063	99.7%
10/1/2013 – 9/30/2014	All children with a legalized adoption from 10/1/2010 – 9/30/2012	2,856	2,865	99.7%
4/1/2014 – 3/31/2015	All children with a legalized adoption from 4/1/2011 – 3/31/2013	2,945	2,950	99.8%
10/1/2014 – 9/30/2015	All children with a legalized adoption from 10/1/2011 – 9/30/2013	2,846	2,849	99.9%
4/1/2015 – 3/31/2016	All children with a legalized adoption from 4/1/2012 – 3/31/2014	2,697	2,702	99.8%
10/1/2015 – 9/30/2016	All children with a legalized adoption from 10/1/2012 – 9/30/2014	2,737	2,741	99.9%
4/1/2016 – 3/31/2017	All children with a legalized adoption from 4/1/2013 – 3/31/2015	3,086	3,093	99.8%
10/1/2016 – 9/30/2017	All children with a legalized adoption from 10/1/2013 – 9/30/2015	3,647	3,655	99.8%
4/1/2017 – 3/31/2018	All children with a legalized adoption from 4/1/2014 – 3/31/2016	4,312	4,317	99.9%
10/1/2017 – 9/30/2018	All children with a legalized adoption from 10/1/2014 – 9/30/2016	4,721	4,727	99.9%
4/1/2018 – 3/31/2019	All children with a legalized adoption from 4/1/2015 – 3/31/2017	5,035	5,041	99.9%
10/1/2018 – 9/30/2019	All children with a legalized adoption from 10/1/2015 – 9/30/2017	5,109	5,119	99.8%
4/1/2019 – 3/31/2020	All children with a legalized adoption from 4/1/2016 – 3/31/2018	5,025	5,036	99.8%
10/1/2019 – 9/30/2020	All children with a legalized adoption from 10/1/2016 – 9/30/2018	4,836	4,849	99.7%
4/1/2020 – 3/31/2021	All children with a legalized adoption from 4/1/2017 – 3/31/2019	4,637	4,647	99.8%
10/1/2020 – 9/30/2021	All children with a legalized adoption from 10/1/2017 – 9/30/2019	4,323	4,331	99.8%
4/1/2021 – 3/31/2022	All children with a legalized adoption from 4/1/2018 – 3/31/2020	4,230	4,237	99.8%
Target				99.0%

Section 2, Table 6.7-1



Section 2, Graph 6.7-1

Data Commentary

Child Welfare Services (CWS) continues to exceed the goal of a 99.0 percent success rate for adoption stability with 0.2 percent in dissolutions for the third reporting period in a row. During the 24 months ending 3/31/2020, 4,237 children had a legalized adoption and 4,230 or 99.8 percent of those adoptions did not dissolve within 24 months. CWS has consistently exceeded the Pinnacle target since reporting began.

Reporting Period Progress

Post-Adoption Services have implemented several strategies during this reporting period to continue building an expanded set of supportive resources for adoptive families targeted at preventing adoption dissolutions. Due to the volume of families who have adopted and are participating in an Adoption Assistance Agreement, efforts are underway to determine the most opportune time to contact an adoptive family to offer support. The plan is that proactive support and awareness of resources can prevent families from reaching a crisis level that leads to disruption or dissolution. The Oklahoma Fosters webpage now has multiple sub-sections under the Post-Adoption tab and more are in development. These supports include links to online training, Oklahoma specific resources, national resources, literature for adoptive parents, and children's books for adoptees. There are also sub-sections with specific resources for transracial and lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual adoptive families.

Post-Adoption Services is making additional efforts to create partnerships internally and externally to provide more consistent support to adoptive families. Internally, Post-Adoption Services partnered with Oklahoma Human Services (OKDHS) Child Care Services to establish a process that ensures adoptive families do not have a break in their child care services during the transition from finalization to post-adoption. Externally, Post-Adoption Services recently began a partnership with the Oklahoma Health Care Authority on the Specialty Program for At-Risk Kids. This team of licensed behavioral health specialists provides individualized care management services for at-risk children and youth in OKDHS

custody or who are in post-adoptive status with continuing OKDHS adoption services. Additionally, Post-Adoption Services continues its partnership with the Youth Villages Intercept® program. The overall goal is to create a continuum of resources for whatever need an adoptive family may have, be it something minor or at the highest crisis level.

Post-Adoption Services specialists continue participation in the monthly Adoption Competency Series training provided by the Statewide Coordinator for Adoption Preservation. The training assists specialists in ongoing skills development to work with families while simultaneously creating a safe space to share and provide support to one another.

7.1: Worker Caseloads

Operational Question

What percentage of all child welfare (CW) workers meet caseload standards, are close to meeting workload standards, or are over workload standards?

Data Source and Definitions

Utilizing the standards set forth in the Pinnacle Plan, each individual type of case is assigned a weight and then the weights are added up in order to determine a worker's caseload. The consolidated workload tracking process allows Oklahoma to factor in the worker's "Workload Capacity." The chart below represents the consolidated workload tracking process. A snapshot is taken every morning at 12:00 am of the workload of all CW workers. The entire workload of workers with a qualifying case assignment of Child Protective Services (CPS), Permanency Planning (PP), Family-Centered Services (FCS), Adoption, and Foster Care are calculated and compared against the caseload standards. The workload is classified as meeting standards if it is 100 percent at or below a caseload. When the workload is over 100 percent but less than 120 percent of a caseload, it is considered to be "over but close"; otherwise, the workload is considered to be over the standard. The measure tracks each worker each day to determine if they meet the standard, and this is called a "worker day." Work performed by CW specialists is broken into multiple categories. This measure looks specifically at all CW workers (total), PP, FCS, CPS, Adoption, Foster Care, and Comprehensive workers. As of 12/31/2016, Oklahoma Human Services (OKDHS) began using the YI768C as the data source for the Workloads reporting measure, which is a point in time number of workers who are meeting workload standards on the last day of the reporting period. All previous reporting periods were updated to reflect this data.

Description of Denominator and Numerator for this reporting period

Denominator: The number of all CW workers in Adoptions, Foster Care, FCS, CPS, and PP that were caseload carrying eligible on the last day of the reporting period with at least one assignment on their workload.

Numerator: Number of worker days where workers met the standard carrying a caseload of 100 percent or less of their calculated workload capacity.

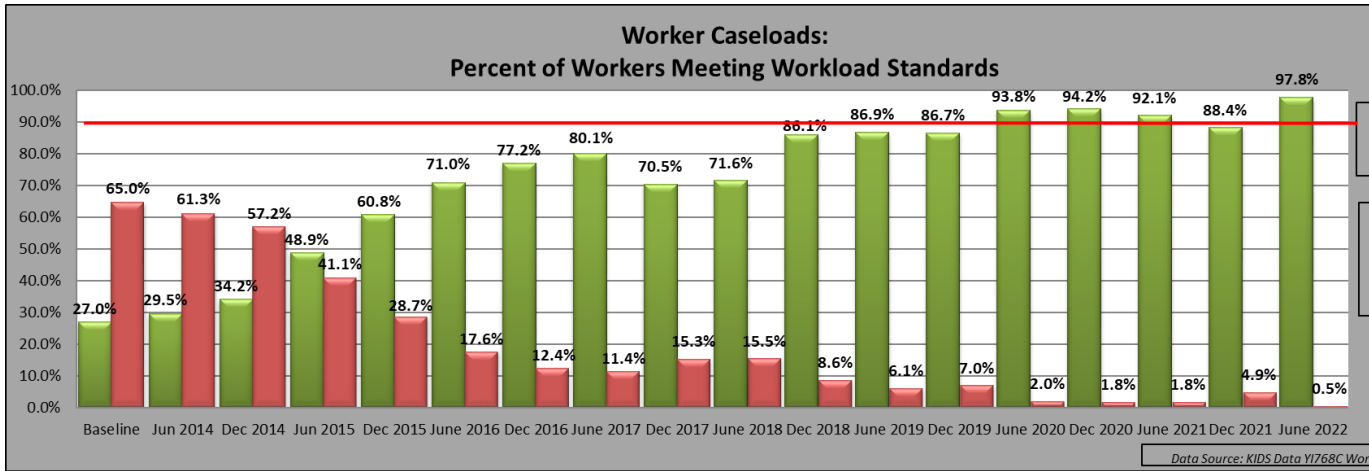
Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 1/1/2013 – 6/30/2013	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP			27.0%

1/1/2014 – 6/30/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	359 Workers	1219 Workers	29.5%
7/1/2014 – 12/31/2014	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	419 Workers	1227 Workers	34.2%
1/1/2015 – 6/30/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	658 Workers	1345 Workers	48.9%
7/1/2015 – 12/31/2015	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	912 Workers	1501 Workers	60.8%
1/1/2016 – 6/30/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1176 Workers	1656 Workers	71.0%
7/1/2016 – 12/31/2016	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1274 Workers	1651 Workers	77.2%
1/1/2017 – 3/31/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1212 Workers	1644 Workers	73.7%
4/1/2017 – 6/30/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1299 Workers	1621 Workers	80.1%
7/1/2017 – 9/30/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1037 Workers	1562 Workers	66.4%
10/1/2017 – 12/31/2017	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1097 Workers	1555 Workers	70.5%
1/1/2018 – 3/31/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1113 Workers	1546 Workers	72.0%
4/1/2018 – 6/30/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1106 Workers	1545 Workers	71.6%
7/1/2018 – 9/30/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	934 Workers	1490 Workers	62.7%
10/1/2018 – 12/31/2018	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1250 Workers	1451 Workers	86.1%
1/1/2019 – 3/31/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1312 Workers	1487 Workers	88.2%
4/1/2019 – 6/30/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1295 Workers	1490 Workers	86.9%

7/1/2019 – 9/30/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1150 Workers	1486 Workers	77.4%
10/1/2019 – 12/31/2019	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1314 Workers	1516 Workers	86.7%
1/1/2020 – 3/31/2020	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1411 Workers	1572 Workers	89.8%
4/1/2020 – 6/30/2020	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1473 Workers	1570 Workers	93.8%
7/1/2020 – 9/30/2020	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1392 Workers	1560 Workers	89.2%
10/1/2020 – 12/31/2020	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1433 Workers	1522 Workers	94.2%
1/1/2021 – 3/31/2021	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1353 Workers	1495 Workers	90.5%
4/1/2021 – 6/30/2021	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1314 Workers	1427 Workers	92.1%
7/1/2021 – 9/30/2021	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1232 Workers	1376 Workers	89.5%
10/1/2021 – 12/31/2021	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1164 Workers	1317 Workers	88.4%
1/1/2022 – 3/31/2022	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1154 Workers	1310 Workers	88.1%
4/1/2022 – 6/30/2022	All caseload carrying workers with a worker type of Adoptions, Foster Care, FCS, CPS, and PP	1252 Workers	1280 Workers	97.8%
Target				90.0%

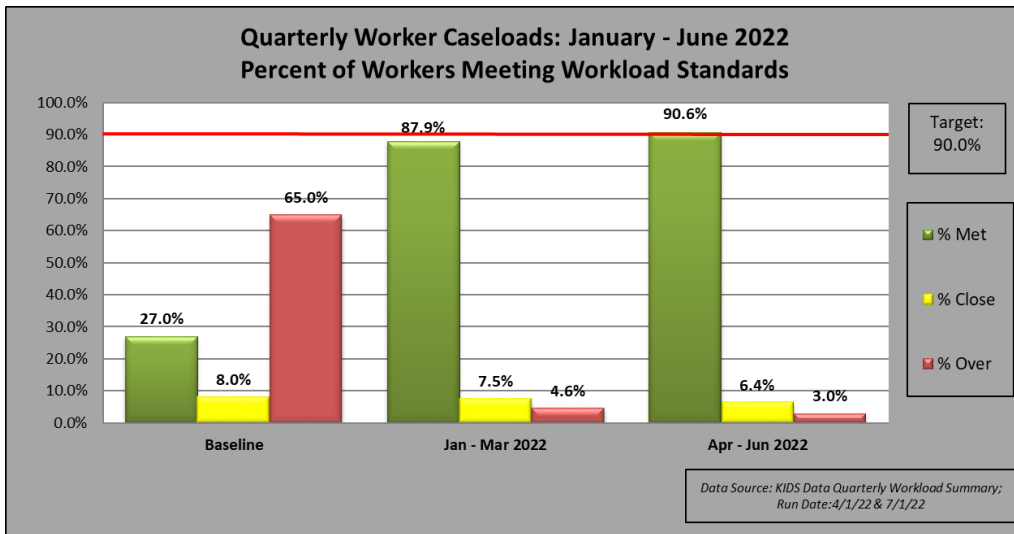
Section 2, Table 7.1-1



Section 2, Graph 7.1-1

Data Commentary

A one-day snapshot of the workload data is represented in Section 2, Graph 7.1-1. As of 6/30/2022, using the point-in-time Y1768C Staff Workload Report, the percentage of CW workers meeting the standard is 97.8 percent, with 1.7 percent close, and 0.5 percent over the standard. Of the 1,280 workers, 1,252 workers were meeting workload standards, 22 workers were close, and 6 workers were over the standard.



Section 2, Graph 7.1-2

Quarterly Workload Standards Report				
April 1, 2022 - June 30, 2022				
Worker Type	Worker Days	% Met	% Close	% Over
ADOPTION SPECIALIST	4182	96.9%	2.7%	.4%
RESOURCE FAMILY SPECIALIST	16685	93.8%	5.9%	.3%
COMPREHENSIVE	3725	92.2%	6.8%	1.0%
PERMANENCY PLANNING	49253	94.0%	4.7%	1.3%
PREVENTIVE/VOLUNTARY	5114	97.1%	2.6%	.3%
INVESTIGATION	33576	81.0%	10.6%	8.3%
RECRUITMENT	2984	100.0%	.0%	.0%
YTS	3430	93.9%	6.1%	.0%
TOTAL	118949	90.6%	6.4%	3.0%

Data Source: Quarterly Workload Summary, Run Date 7/1/22

Section 2, Table 7.1-2

In addition to the point-in-time reporting of workloads, a snapshot of each worker's workload is captured for each day during the quarter. The total days during the quarter that each worker met, were close, or was over workload standards is then reported in the Quarterly Workload Standards Report as seen in Section 2, Graph 7.1-2 and Section 2, Table 7.1-2. This number differs from the point-in-time report taken from the YI768C, as this quarterly report reflects all days during the quarter. This report also counts the number of days workers met, were close, or over workload standards, whereas the YI768C report is reporting on the number of workers. For the quarter of 4/1/2022 through 6/30/2022, there were a total of 118,949 worker days. Of those days, workers met workload standards 90.6 percent of the worker days, workers were close to workload standards 6.4 percent, and over workload standards 3.0 percent.

Reporting Period Progress

CASELOADS

Leadership Oversight of Caseloads

Child Welfare Services (CWS) leadership continues to rely on the weekly Workload Trends report and the WebFOCUS YI768C Staff Workload Dashboard that updates daily to track workload trends. The Workload Trends report is provided by KIDS staff to CWS leadership weekly and is the focus of the CWS Executive Team's weekly workload calls. Each deputy director communicates with his or her leadership teams weekly to discuss local progress and identify barriers. The Workloads Trends report also has a variety of data to assist in workload management.

During this reporting period, CWS leadership identified Districts 5, 20A, 21A, and 23A as districts with a pattern of not utilizing all the available workload capacity. Therefore, the four district directors were assigned a workload mentor for 90 days to improve the compliance rate. The workload mentors were district directors who have shown exceeding abilities to manage workloads. The mentor support plan appeared to be effective as all four districts demonstrated increases in workload compliance. Due to Region 2 demonstrating an overall increase in workload compliance, the long standing weekly call led by the Region 2 deputy

director and the Assistant CWS Director for Field Operations was cancelled during this reporting period.

CWS leadership uses available workload capacity across the state and across CWS program types to assist the districts with focused efforts. Examples of those efforts include:

- reassigning children and youth in permanent custody to Adoption specialists until the children and youth exit to adoption to assist in stabilizing PP workloads;
- CPS teaming, which entails one CPS specialist completing the required field interviews and then transferring the CPS case to another CW specialist to complete the non-field activities;
- assigning children involved in PP cases to neighboring districts, no matter the region; and
- deploying a number of CW specialists to help focused districts with CPS assignments.

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

In January 2022, CWS Field Operations developed a specialized CPS unit comprised of a CPS supervisor and five CPS specialists who assist with expediting the closure of open CPS investigations and assessments across the state. Typically the initial face-to-face stages of a CPS investigation or assessment, such as the interviews with children and caregivers, are accomplished within required time frames in order to determine immediate safety concerns. Once it is determined that no safety concerns are apparent, the documentation requirements get pushed aside due to the incoming emergencies. This specialized unit, the Statewide Assessment, Finalization and Expedition (SAFE) Team partners with district CPS specialists with high CPS caseloads by attending field interviews virtually or telephonically and documenting the interviews in real-time and/or by case assignment after the field work is complete. The unit is under the oversight of a district director. Due to the success of the SAFE Team, Regions 1, 2, 4, and 5 are developing regional SAFE Teams and the original statewide team is being absorbed into Region 3. CWS leadership is intentional in establishing the regional SAFE Teams prior to the increase of CPS referrals when schools resume in August 2022.

On 7/4/2022, a data snapshot from the Workload Trends report showed only one CW specialist over 150 percent of the standard. This signals a significant system improvement as compared to all previous reporting periods.

CW supervisors, district directors, and field managers are expected to complete workload training offered by KIDS staff. From January through June 2022, one

session of workload training was offered, with 17 CW staff in attendance. As of 6/30/2022, of the 446 CW staff required to take the training, 391, or 87.7 percent, completed the training. There are four sessions scheduled for State Fiscal Year (SFY) 2023; September 2022, November 2022, March 2023, and June 2023.

Net/Gain and Stability

From 12/31/2021 through 7/1/2022, CWS experienced a net loss of 20 CW specialist II's, a net loss of seven CW specialist III's, and a net gain of five CW specialist IV's. On 7/1/2022, 76 percent of CW specialist II positions were filled, with 347 vacancies and 294 open job announcements. While there is a current net loss of CW specialist II's, it is the lowest net loss for the last four reporting periods, with each period spanning six months.

- Period ending 12/31/2020 – Net loss 23
- Period ending 6/25/2021 – Net loss 52
- Period ending 12/31/2021 – Net loss 143
- Period ending 7/1/2022 – Net loss 20

CW specialist turnover since SFY 2013 is outlined in Section 2, Table 7.1-3. Turnover is calculated by dividing the number of separations by the average number of employees. SFY 2022 turnover for CW specialist I's is significantly the lowest since 2013 at 6.09 percent. In contrast, there has been significant increased turnover in CW specialist II's and CW specialist III's. SFY 2022 turnover for CW specialist I's – IV's is at 26.4 percent and has ebbed and flowed over the years. SFY 2020 was an outlier with the lowest turnover of 9.5 percent. Overall, turnover remains lower than the baseline of 28.9 percent; however, reaching healthy turnover remains a critical goal to achieve and sustain. Healthy turnover has been defined by national recognized organizations to be less than 10-15 percent.

Child Welfare Specialist Turnover

Position	SFY	Average Number of Employees	Percentage
CW Specialist I	2022	276	6.09%
	2021	346	19.94%
	2020	324	19.1%
	2019	259	37.5%
	2018	219	34.2%
	2017	281	24.6%
	2016	437	36.2%
	2015	412	38.3%
	2014	448	40.2%
	2013	204	53.4%
CW Specialist II	2022	1,110	30.5%
	2021	1,223	23.1%
	2020	1,180	11.0%
	2019	1,130	29.2%

	2018	1,223	28.5%
	2017	1,280	20.9%
	2016	1,098	20.2%
	2015	837	18.6%
	2014	693	21.5%
	2013	334	26.6%
CW Specialist III	2022	430	15.8%
	2021	426	3.3%
	2020	414	5.1%
	2019	368	14.9%
	2018	384	13.5%
	2017	406	10.3%
	2016	360	10.0%
	2015	287	7.3%
	2014	239	13.4%
	2013	109	18.3%
	2012	N/A	N/A
	2011	N/A	N/A
CW Specialist IV	2022	433	7.9%
	2021	438	6.9%
	2020	423	2.1%
	2019	369	8.9%
	2018	378	9.3%
	2017	430	5.6%
	2016	412	5.8%
	2015	359	5.8%
	2014	295	6.4%
	2013	143	7.0%
CW Specialist I – IV	2022	2,300	26.4%
	2021	2,433	17.4%
	2020	2,344	9.5%
	2019	2,126	24.2%
	2018	2,203	23.2%
	2017	2,396	16.8%
	2016	2,305	19.0%
	2015	1,894	18.8%
	2014	1,675	22.7%
	2013	790	28.9%

Section 2, Table 7.1-3

Date Source: Turnover Report; Run Date: 7/28/2022

RECRUITMENT

A Workforce Innovation Team (WIT) was formed during the last reporting period, which consists of OKDHS Human Resources Management (HRM) and CWS leadership representatives. WIT's focus is to strategize retention and recruitment efforts for the CW workforce, some of which are highlighted below. WIT meets virtually monthly and communicates via email and phone throughout the month.

Additionally, meetings occur as needed to finalize strategies and efforts or to discuss specific employee feedback.

Decline in Applicants

Government and Private Sector Human Resource Data

According to the 6/29/2022 article, *State, Local Governments Struggle to Hire Amid Job Market Shifts*, published by HRDIVE

<https://www.hrdiver.com/news/state-local-governments-struggle-to-hire-amid-job-market-shifts/626304>, "The Great Resignation is impacting the public sector as well as the private sector, and state and local governments within the United States continue to struggle to find skilled talent, analysts for MissionSquare Research Institute, an arm of public-sector retirement plan provider MissionSquare Retirement, said during a 6/27/2022 virtual event. A combination of factors has kept public-sector employment below pre-pandemic levels, but experts say governments can offer candidates a unique proposition. In a June 2022 report, MissionSquare found that employment at both the state and local government levels remained below pre-pandemic levels despite improving from lows recorded in spring 2020. In April 2022, state government employment was 1.9 percent lower than early 2020 levels, while local government employment was 4.1 percent lower than early 2020 levels. Reasons for the slow recovery vary but include rigid compensation structures, an uneven economic recovery across jurisdictions and a workforce demographic shift impacted by factors such as an increase in retirements and voluntary quits during the pandemic.

Queried about their recruiting processes, most state and local governments said they have seen the most success using social media, advertising jobs on government websites and relying on employee referrals to fill positions. Some governments have worked to improve workplace culture by engaging with employees and training both supervisors and front-line managers to improve work environments" and developing career paths for employees. Recognition, such as bonuses or some other method, "also has played a role in employers' response to talent shortages, according to MissionSquare. State and local governments did turn to remote work during the pandemic, but its use declined significantly in the past year. In 2021, 53 percent of respondents said they offered full-time remote work arrangements, compared to 22 percent of respondents in 2022. Instead, hybrid work has replaced regular telework as the top flexible work strategy among public-sector employer respondents. More than half, 54 percent, said they included regular hybrid scheduling for eligible positions and "very little decrease" in employee eligibility for flexible work offerings, even as full-time telework declined in emphasis."

ROUTE FIFTY released a 6/29/2022 article, *Why Job Applicants Are Frustrated With the State and Local Government* <https://www.route-fifty.com/management/2022/06/what-job-applicants-say-about-government-hiring-experience/368721/> highlighting a 2021 report from NEOGOV that showed a 32 percent drop in the number of applications received for each public sector job between 2019 and 2021. At year's end, the company updated that to 35 percent. New NEOGOV data, made available to Route Fifty, points to an additional 56 percent drop in applications per open job from 2021 to 2022. About

a quarter of all current public sector job postings are getting seven applicants or fewer." In May 2022, the company fielded two surveys, one of job applicants and one of human resource officials.

Of the 299 human relations officials who answered the survey, 79 percent said that they were not finding enough applicants to fill open positions. "Many of the results of the applicant shortage are visible. The governments said the shortages are:

- Contributing to staff burnout (82%)
- Leading to increased overtime (64%)
- Requiring more shared services and shared employees (31%)
- Making cutbacks in services (20%)

One significant finding from these respondents is that, despite the bleak application numbers, many of the individuals surveyed genuinely preferred working for government than for the private sector. The ability to learn, grow professionally and serve the public are often viewed as attractive attributes of government work. But the answers to open-ended questions exposed some of the impediments to taking a government job. These included slow hiring, limited communication with government representatives during the process and complex applications."

OKDHS Applicants

As discussed in the August 2021 and February 2022 Semi-Annual Reports, OKDHS experienced a decline in the number of applicants for all positions within the agency. HRM staff reviewed national reports and held discussions with other agency human relations recruiters who are experiencing a similar decline in applications. A few noticeable trends exist, but OKDHS can only speculate to what extent they are influencing a decrease in applications. The trends include: (1) an increase in individuals seeking unemployment reduced total applications; (2) enrollment in graduate level programs at universities nationwide increased by over 4.5 percent; (3) potential applicants with bachelor's degrees may be opting for school over work; and (4) concerns about available child care may impact potential applicants. In both the nation and Oklahoma, unemployment rose much more among women than men due to occupational differences and most likely to a lack of in-person school and child care. Since the majority of OKDHS applicants are female, about 70 percent, OKDHS experiences a greater impact than other organizations. On 9/1/2020, OKDHS launched a program, Kith Care, to assist working parents, including frontline CW specialists and supervisors, who need help providing child care to young children, by paying a relative to provide child care. Kith Care is currently available through December 2022.

The February 2022 Semi-Annual Report included additional recruitment challenges:

- Oklahoma had the twelfth largest labor shortage in the nation; and
- the labor force participation rate indicated Oklahoma experienced fewer unemployed persons actively looking for work than in most other states.

CW specialist II job postings are receiving less views since the onset of the COVID-19 pandemic, with 66,809 views in 2020, 37,601 views in 2021 and 9,424 views during the first six months of 2022. The conversion rate is the percentage of the views that result in applications being submitted. CW specialist II conversion rate has also decreased with an average conversion rate of 5.92 percent in 2020, 2.67 percent in 2021 and 2.31 percent during the first six months of 2022.

January 2022 had a substantial increase in the number of applicants, views and number of CW specialist II's hired. During January 2022, all OKDHS job postings were removed and then added back due to the implementation of the new Civil Service System, which replaced the long standing Merit System. CWS and HRM's theory is the job announcements were moved back to the top of the list when job seekers look for employment. This theory will be tested in August 2022 to determine if this results in increased views. Tulsa and Oklahoma Counties currently have a monthly CW specialist II job announcement, in which the CW specialist II job postings are removed and added back. Tulsa and Oklahoma Counties do have a higher rate of views and conversion rates compared to the state average, which reinforces the aforementioned theory. Even with decreased views and conversion rate, CWS is on track to hire more CW specialist II's in 2022.

In January 2022, CWS and HRM leadership began focusing on time to hire data. Time to hire is defined as the length of time from application date to the date the paperwork is submitted to HRM to verify the applicant's minimum qualifications. Time to hire in 14 days or less equals high performance. Time to hire in 15 to 29 days equals average performance, while time to hire in 30 days or over, needs improvement. In January 2022, the average time to hire was 29.27 days. Within 90 days, the average for CW specialist II and CW assistant decreased to 21.09 days. In May 2022, the average time to hire for CW specialist II and CW assistant was 12.29 days and then 15 days in June 2022. Therefore, having this data available to focus on has resulted in further decreasing the length of time to hire, which keeps potential hires engaged.

Quality Improvement Center for Workforce Development (QIC-WD)

A workforce challenge OKDHS has experienced is having too many staff with a workload that exceeds the standards for their program area due to turnover. Through a competency-based selection intervention, CWS hopes to begin consistently hiring the right staff in the right places, bringing parity to workload distribution.

To design the competency-based selection intervention, OKDHS conducted an in-depth job analysis to better define optimal performance and the characteristics required to perform the CW job well. The job analysis process includes interviews and surveys with the experts of the job – workers and supervisors themselves. This analysis will guide the development of a tailored selection strategy for the CW workforce.

The intervention consists of two parts for enhancing and creating a more robust selection tool. First, the interview questions and scoring criteria will be standardized and targeted at identifying the skills and competencies an individual

needs to bring with them to the job, in contrast to the skills and competencies that the individual will gain through training and on the job experience. A typing, writing, and computer literacy attestation portion also goes along with the traditional interview. The second part involves testing and validating individual difference measures through assessments such as the Hope Scale, Public Service Motivation Scale, and Watson-Glaser Critical Thinking Appraisal. If, and when, these measures are validated they will be incorporated into the hiring process to better inform the selecting officials.

QIC-WD received approval to conduct a sub-study in which previous applicants' applications are reviewed to see how screening criteria relates to who is interviewed and hired. The QIC-WD team reviews resumes and anticipates completion of this sub-study by the end of September 2022.

Since this project is being completed as a part of the QIC-WD work through the grant from the Children's Bureau the stated expected results are:

- the traits and competencies that should be present at the time of hire in order for a job candidate to be successful in doing CW work;
- how competency-based and standardized selection procedures affect worker proficiency, confidence, job satisfaction, commitment to the agency, and intention to stay;
- how increasing the number of staff who are a better fit for their positions and more likely to stay could reduce stress on existing employees and agency wide turnover; and
- how an increase in staff who are a better fit to CW work and a decrease in turnover can improve outcomes for children and families.

This project consists of a randomized control trial (RCT) and a control group to evaluate the results of the intervention. Section 2, Graph 7.1-3 and Section 2, Graph 7.1-4 show the randomized areas and controls groups for this project, as well as the projected timeline.

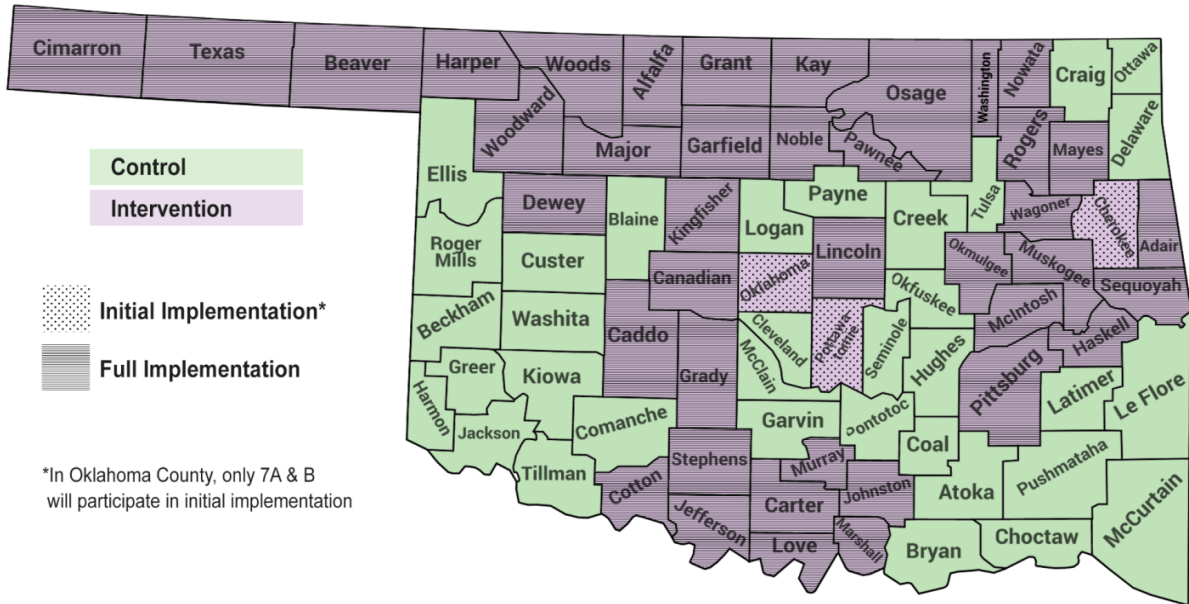
Implementation and training of CW supervisors in the implementation districts has continued during this reporting period. Two training sessions were held in May 2022 for the Standardized Hiring Process in which 24 CW supervisors attended. During April and May 2022, 17 supervisors completed the Performance Assessment training. Distribution of performance assessments for the RCT has concluded so data can be analyzed.

Additional efforts were made to collect surveys for the validation study via follow-up emails to supervisors. Of the 150 remaining CW supervisors who were contacted to complete the survey, 104 responded and provided information related to the performance of 142 CW specialists. This provided a significant boost in data. Data collection on the validation study has concluded. The QIC-WD team is now working on the data analysis.

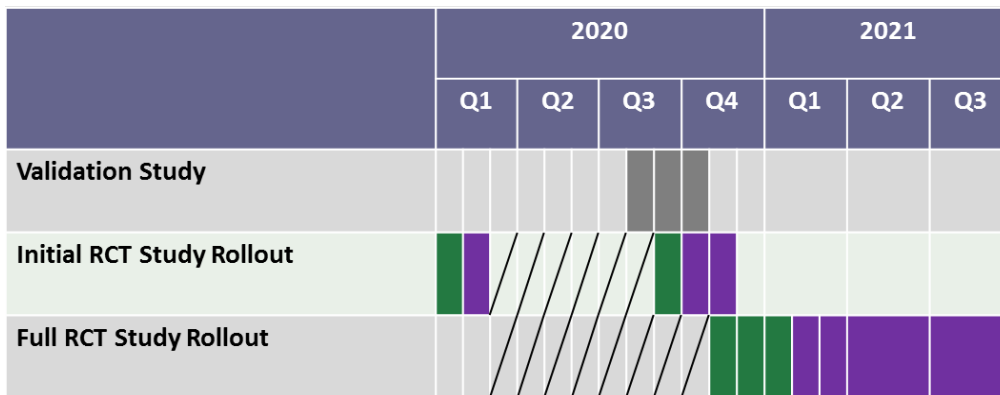
Surveys of newly hired CW specialists and their supervisors for the RCT portion of the project were concluded in May 2022. The QIC-WD teams anticipates this data

will be ready for analysis toward the end of June 2022 and expects to present available results in August 2022.

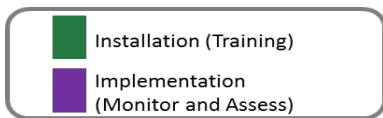
In late June 2022, the OKDHS Institutional Review Board approved a survey to assess satisfaction of the standardized hiring process among hiring panel members. Analysis of survey responses is anticipated to be completed by the end of September 2022.



Section 2, Graph 7.1-3
Source: QIC-WD



Note. Initial RCT Study Rollout includes Cherokee, Pottawatomie, & OKC 7A & B. Full RCT Study Rollout include the remaining intervention districts.



Section 2, Graph 7.1-4
Source: QIC-WD

CW Specialist Recruitment and Retention Incentives

On 1/10/2022, OKDHS launched a series of CW specialists' recruitment and retention incentives intended to bolster filling CW specialist positions that are critical to ensuring the safety and well-being of Oklahoma's children and families. These incentives will benefit Oklahoma families by bringing back seasoned, well-trained CW specialists who understand the needs of the agency's customers while also reducing new employee hiring costs.

Current CW specialists and supervisors that recruit former, CORE-trained CW specialists who left OKDHS in good standing to return to employment will be eligible for the following incentives:

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

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

In July 2022, all OKDHS employees received a \$1,250 appreciation bonus.

Technological Supports

CWS continues to utilize JazzHR, a web-based applicant management system launched in October 2019. JazzHR significantly reduces the time it takes to fill vacant positions and drastically increases the ability to reach potential applicants. JazzHR is a real-time applicant management system that permits hiring managers to see qualified applicants immediately after they apply. Waiting for an announcement to close or receive an applicant list to fill vacant positions no longer exists. Announcements stay open until the position is filled, which means no closing dates or re-announcements are needed.

In January 2022, OKDHS launched a new onboarding app. The onboarding app was created to help streamline the hiring process. The app takes the HRM Talent Management Unit's pre-hire and new hire paperwork and combines them into one PDF document that can be accessed via computer, tablet, or cell phone. The app not only creates the documents but also auto-populates the new hire's information to help speed up the process. The PDF document is then routed to the appropriate parties. The HRM Talent Management Unit is inviting teams from

different OKDHS divisions to learn the system every two weeks and is conducting trainings three times a week.

In January 2022, CWS and HRM revised the verbiage for CW specialist I and II job announcements. The revisions are supported by JazzHR guidance and include additional details of offered benefits, such as the number of annual and sick leave hours, overtime pay option, Employee Assistance Program (EAP), and number of paid holidays. The OKDHS Office of Communications revised the opening paragraph to be more hope-centered.

Realistic Job Preview

In April 2022, CWS, with the aid of the OKDHS Office of Communications, launched employee recruitment videos that were shared on OKDHS websites and social media platforms. CW employees were encouraged by CWS leadership to share the videos, Child Welfare Employment Series, on their personal social media platforms. The videos were also shared with the largest Oklahoma universities. The videos feature testimonials of a group of diverse and current CWS employees and is Oklahoma's first version of realistic job preview videos. A CWS Recruitment Flyer, CWS Employee Recruitment Benefits Flyer, was created which includes a link to the videos. In July 2022, CWS completed recording of the second phase of videos, which will highlight a more in-depth look into the lives of CPS and PP specialists.

Hiring Events

In-person hiring events for CW specialist II positions occurred in Oklahoma County on 5/11/2022, which resulted in 12 hires. On 5/24/2022, a hiring event for Pottawatomie and Lincoln Counties occurred, with two hires and a hiring event occurred in Canadian County on 6/1/2022 with one hire. Oklahoma County's hiring event resulted in increased hiring while the other two locations did not. Canadian and Oklahoma County hosted a joint hiring event on 7/21/2022.

RETENTION

Overtime or Compensatory Time Election

Effective 10/10/2021, CW specialist I, II, and III's and CW assistants can elect to receive either overtime pay or compensatory time for hours worked over 40 during their assigned work week schedule. They can make changes to their election on a quarterly basis. New hires will automatically be enrolled in compensatory time until the quarter following their hire date, when they have the option to change their election. OKDHS' ability to provide an overtime payment option is dependent on a stable budget and good stewardship on the part of all employees. Approximately 63 percent of these CW employees selected to receive overtime pay from October through December 2021. In July 2022, 85 percent of CW specialists chose to receive overtime pay. Offering the choice of overtime pay versus compensatory time is a significant system change.

Overnight Lodging for Employee Safety

OKDHS leadership is continually developing and finding ways to support the health and well-being of staff in addition to making OKDHS an elite employer. As stated in CWS True North Goals, "We will continue to build pathways to support,

liberate, empower and celebrate staff to allow them to have a creative and innovative voice in how we serve Oklahoma families." Employee safety is of the utmost importance.

CW employees in official travel status are eligible for direct payment of the cost of overnight lodging at any Wyndham Hotel or Motel/Studio 6 hotel in Oklahoma when: (1) distance traveled is greater than 100 map miles one way from the closer of the employee's duty station or home location; and (2) the employee's day has exceeded 18 hours or travel would occur between 10:00 p.m. and 7:00 a.m. and sufficient rest is needed to complete the work. Other approvals are based on a case-by-case basis at the discretion of the assigned and/or reviewing supervisor, such as when an employee places a child for one night and is expected to return and transport the child the next morning.

EAP

Based on previous survey results and feedback, exhaustion and burnout are some of the top reasons CW specialists resign. On 5/6/2021, OKDHS launched an expansion to the existing EAP, with Immediate Support Sessions that are available 24/7. This means an OKDHS employee can talk with a crisis-trained staff person by voice or Zoom immediately and directly from their cellphone. Immediate Support Sessions are not therapy sessions, but for in-the-moment situations. The session's maximum length is 30 minutes. The sessions are for any situation, such as work, personal, or family, and should not circumvent the employee-supervisor relationship. Although it rarely happens, without adequate staff, an employee's call may go to voicemail if several others are calling at the same time. Immediate Support Sessions are confidential and no one at OKDHS will know of an employee's usage of the service unless the employee self-discloses. Immediate Support Sessions do not count against an employee's annual EAP visits to a licensed counselor, which in January 2022 increased from six to 12 free annual counseling sessions.

The CW Clinical Team provided a virtual mindfulness series, Help for the Healer, to CW supervisors, field managers, and district directors, 3/18/2022 through 5/6/2022. On 5/13/2022, the program was opened to all CW staff for another eight-week series. Help for the Healer was created due to the COVID-19 pandemic highlighting and exacerbating the existing mental health crisis across the nation. Those in leadership positions are not immune to this increased stress. The series' broad topics included organizational wellness; self-care; guided imagery; body scan; a focus on the breath; a focus on gratitude; and loving kindness meditation.

Training and Resources

CWS leadership received overwhelming feedback that the virtual CORE training was not as effective for newly hired CW specialists to learn and develop their skills. Therefore, all new CORE groups returned to in-person training starting 7/12/2021 and remain as of the writing of this report. Level courses for CW specialists have also returned to in person.

The CWS PP Programs team collaborated with Digital Pathways, OKDHS' technological and digital transformation team, to develop content for a website page "toolkit" within the agency's existing InfoNet to serve as a hub for resources, information, and guidance for PP specialists. The website page provides current information about processes within PP, and links to internal and external resources specialists frequently access in the course of their work. Input from PP staff and review of frequent questions submitted to the CWS PP Programs team were considered when deciding what content to include. The website page enhances communication and accessibility of current information for PP staff, and the ease of editing allows Programs staff to modify content in response to PP staff's needs. The website page also allows PP staff to highlight specific permanency strategies. Collaboration with Digital Pathways is ongoing to add a Family-Centered Services toolkit next.

Dragon Speaking software is a speech recognition program that allows the user to speak into a microphone on a computer with the software translating the spoken words into text. CWS surveyed how many CW specialists would be interested in receiving the software and approximately 1,000 expressed interest. CWS is in the process of purchasing 1,000 software licenses with a projection to install to the employees' laptops in August 2022. The purpose of the software is to provide additional technological support by aiding one of the CW specialists' most critical job functions, quality and timely documentation.

Listening Sessions

CWS leadership, specifically the administrator of leadership and employee support, Assistant CWS Director for Field Operations, regional deputy directors, and regional program analysts, are conducting one-on-one listening sessions with employees to glean what is working well in the regions, barriers, issues, reasons for turnover, and ideas to improve employee retention and recruitment. CWS leadership also participates in ad hoc listening sessions as requested by CW employees or when CWS leadership becomes aware of an opportunity. The OKDHS HRM retention manager receives a copy of all resignations from CW employees and also offers an individual meeting with the employee as an effort to retain and glean feedback of the employee's experience. These efforts are in addition to the annual feedback survey offered to employees.

Wellbeing Groups and Leadership Development

OKDHS is partnering with Alia, a Minnesota based non-profit focused on assisting in the transformation of CW systems across the country. In an effort to support workforce transformation and build the resilience of employees, OKDHS has engaged Alia to begin individualized leadership coaching sessions with 10 CW leaders. The leadership coaching will involve the CWS Executive Team identifying the 10 candidates for participation, targeting a diverse group of emerging leaders. The coaching will be individualized and is meant to be a support for leaders to provide a safe space to process challenges, think through potential solutions, or to unload frustrations. Leadership coaching will be offered one hour per month in 30 or 60 minute increments, projected to occur August 2022 through July 2023.

In addition, Alia will conduct employee wellbeing groups for non-supervisory and supervisory staff. There will be 10 wellbeing groups conducted once per month, projected to occur August 2022 through July 2023. These groups will last 50 minutes with the same participants attending each month. Wellbeing groups are confidential, self-defined groups of up to 12 people, who have similar roles in the organization. It is an initiative that gives employees time, during work, to address their needs around workplace wellbeing. The groups will include conversations about how employees are doing in their work, relationships at work, and in life, as it relates to their stress and work/life balance. There is time for open conversation, time for learning from each other, and share in Alia's wellbeing curriculum.

Mentorship Program

In July 2022, OKDHS launched its Mentorship Program, which matches employees with experienced leaders in the organization, to receive support, get help, and learn skills to grow in OKDHS. The main intent of the program is that it's flexible for what the mentee is looking for, and how much time the mentee and mentor are able to commit. Even if an employee is too busy for a program, an employee will be matched with someone who can be there as another source to answer questions the employee might have in their day-to-day work.

Based on the parameters the mentee selects in their application form, they be randomly matched with an OKDHS leader. Mentorship relationships will last for six month increments, and there will be a month sign up period between each cycle. There will be opportunities for both group and individualized mentorship arrangements. Deadline for the current cycle is 8/10/2022. On 7/27/2022, OKDHS HRM presented the Mentorship Program at the statewide CWS quarterly leadership meeting and all leaders were encouraged to sign-up as a mentor.

Telework and Flexible Scheduling

OKDHS is committed to teleworking and flexible scheduling being the new workforce standard. Telework continues to be performed outside of the employee's assigned duty station/office. The general expectation is that employees may work in an office setting two days per week; however, greater flexibility is expected for CW employees due to the work's nature. All CW employees are provided laptops, mobile hotspots, and cell phones. Compressed scheduling continues to be available for employees with a desire to work an alternate workweek (AWW). Both of these options require the employee to create a permanent schedule and select the same AWW day or half day each week, as well as obtain supervisory approval for the scheduling.

The Telework Pulse Survey for the first quarter of 2022 was sent on 2/15/2022 to a sample of 1,100 CW employees and collected a total of 630 responses, with a response rate of 57 percent.

- 89 percent Satisfied or very satisfied with teleworking.
- 47 percent Improved job satisfaction, with 39 percent staying the same, and 14 percent reported a decline.
- 55 percent Improved work/life balance, with 24 percent staying the same, and 21 percent reported a decline.

- 93 percent Responsiveness to clients and partners stayed the same or improved.
- 85 percent Agreed or strongly agreed telework experience has improved.
- 52 percent Declined engagement with co-workers, with 40 percent staying the same, and 8 percent reported an improvement.

Increased flexibility and autonomy, no commute, improved work-life balance, less daily interruptions, increased productivity, easier to focus, and less stress were the top reasons for finding telework satisfying.

Technology issues, feeling disconnected, isolated from co-workers, remote meetings, no adequate space or equipment, harder to focus, more stress, too many distractions, less productivity, and children at home were the tops reasons finding telework unsatisfactory.

Trends were taken from the 2020 Telework Perceptions Survey and the 2021 Employee Feedback Survey. "Satisfaction with telework" and "experience has improved" were both rated higher in 2022, with co-worker engagement as the area most in need of support and improvement.

In April 2022, OKDHS launched a series of in-person trainings ReConnections: Foundations for Leaders. The training is similar to Connections training for new employees but intended for more veteran employees. The training provides an opportunity for veteran employees to learn more about the impact of agency work in the communities and to become familiar with leadership initiatives including True North goals and becoming a HOPE-centered organization. Employees who want to advance in their career will find resources and opportunities to become a more significant part of leadership culture.

Service First Phase Two: OKDHS Real Estate Modernization Strategy

Over the last two years, OKDHS embarked on a journey to transform service delivery to the more than one-third of Oklahomans served annually. Although the work to embed the OKDHS workforce in the community began before the COVID-19 pandemic as part of OKDHS' True North Goal to eliminate systemic barriers that keep customers from being successful, the pandemic provided an opportunity to learn a significant amount about how customers consume service; how OKDHS can most effectively meet them where they are in both physical and digital spaces; and determine what works and what doesn't.

In May 2020, OKDHS initiated the Service First strategy, prioritizing OKDHS customers and workforce over physical structures. The economic downturn resulted in a \$28 million budget reduction for OKDHS in SFY 2021, and the Service First plan is how OKDHS realized a portion of the 4 percent savings needed without impacting services or laying off or furloughing staff. In counties where offices closed, OKDHS established more than 100 community partnerships that are utilized today for continued presence across the state. Currently, OKDHS looks toward the future of service delivery and recognizes that many of the remaining offices suffer from deferred maintenance for more than a decade. The OKDHS neglected real estate footprint lacks hope and sends the message that

employees and those served are not valued. The people of Oklahoma deserve a world-class customer service experience from OKDHS and leadership is committed to providing it to them. Furthermore, the space no longer fits the needs of the OKDHS workforce, as OKDHS learned the services can be robustly delivered by embedding in the community and in the field, and that the workforce is as productive, or more, teleworking.

CWS and OKDHS leadership conducted virtual listening sessions with employees during the Service First Phase One, with the intent to listen to employees' concerns, questions, and ensure their day-to-day work needs would be met. CWS leadership conducted onsite tours of various Service First partner locations in 2021 to assess how well employees' and clients' needs were being met since the transition. The onsite tours included speaking to various employees and asking for their feedback. Due to these efforts, CWS and OKDHS leadership concluded a CW space needed to be developed in a specific county, which is currently underway. Additionally, these efforts resulted in adding printers to a plethora of Service First partner locations for CW employees to use and troubleshooting other issues.

On 1/31/2022, a Child Welfare Physical Space Survey was sent to all CW specialists and supervisors, providing them an opportunity to anonymously complete and make their needs known so that CWS leadership can work toward solutions. The survey's purpose was to ensure each CW specialist has access to the tools they need to perform their job duties efficiently and effectively, such as physical office space, office tools, and state vehicles. CWS and OKDHS leadership reviewed the initial survey results on 2/7/2022 and began developing concrete steps to resolve unmet employee needs.

Nearing the end of 2021, OKDHS began implementation of Phase Two of Service First – a plan to further transform services through the modernization of OKDHS' real estate footprint – to better serve the needs of Oklahomans. This plan will help realize the new Executive Leadership True North Goal of creating a 'World Class Customer Experience' illustrating the value that OKDHS places in the people served and the workforce that is critical to the communities. OKDHS will begin trading in large and obsolete administrative buildings, some with more than 30,000 square feet, in favor of three types of smaller, more strategically located and thoughtfully designed locations.

As OKDHS embarks on this new effort, at least one of these types of spaces will be in all of the counties and some counties will have all three types of locations. OKDHS will use data to make the decisions to determine location, and leadership is committed that no one will vacate any current location until a new building in the county is fully open and operational. The first locations are retail spaces, which closely resemble a bank branch, allowing in-person engagement for service recipients who cannot reach OKDHS through remote means. These spaces will be designed with the Science of Hope as their foundation with first contact resolution in mind, meaning that OKDHS in most cases is able to process eligibility and distribute benefits in one visit to the office. These offices will also allow OKDHS to utilize virtual intake services with a host facilitating the application process for

walk-in traffic without the need for Adult and Family Services staff to be physically present in each location. This furthers agency efficiency by allowing OKDHS to distribute caseloads statewide and decreasing wait times for benefits.

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

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

Modernization will also help OKDHS further reduce costs. OKDHS will be able to harvest savings through reduced square footage statewide, as well as reduced maintenance and technology costs, as modern infrastructure is more cost effective to maintain. Under this plan, OKDHS will move away from a building ownership model to a leasing model. OKDHS will utilize the contracting process to ensure buildings are maintained and that landlords are responsible for construction, renovations, and upgrades. OKDHS is also hard at work upgrading the agency's digital infrastructure, as the ability to meet customers virtually, wherever they are located, is critical.

For years, OKDHS neglected modernization and upgrades across the board, sometimes rightfully so when faced with fiscal scarcity, but what the agency sacrificed along the way is the need to honor human dignity by valuing employees and customers. OKDHS' goal is to provide the best world-class customer service experience in state government, not just in Oklahoma, but the nation. Service First Phase Two will improve OKDHS's customer service and treat employees better, all while meeting the business needs today and into the future. The first CW space, located in Grady County, is projected to open in September 2022.

7.1: Supervisor Caseloads

Operational Question

What percentage of child welfare (CW) supervisors meet caseload standards, are close to meeting workload standards, or are over workload standards?

Data Source and Definitions

This measure looks at supervisor units in regards to the worker standard per unit. There are two parts to determine if a supervisor unit meets the standard. First, the measure looks at the number of CW workers each supervisor is currently supervising in his or her unit. The target is for each unit to have a ratio of five CW workers to one supervisor. When a unit has a ratio of 5:1 or less, they are considered to meet the standard. Units are "close" when they have a ratio of 6:1. All units with a ratio of 7:1 or over are considered "over." Each worker accounts for 0.2 percent of a supervisor's workload capacity. Secondly, the measure looks at any of those supervisors who are currently supervising caseload carrying workers and also have primary assignments on his or her own workload. Because these workload assignments deduct from a supervisor's capacity to supervise their

workers, the additional caseload must be factored into the measurement. Initially a supervisor was allowed to carry up to two case assignments, and those case assignments would not be calculated into the total workload. Any additional assignments on a supervisor's caseload would then be calculated at the same case type weight as on the worker's caseload and then combined with the supervisor capacity, which includes the number of workers supervised. Beginning with the reporting period ending December 2019, supervisors were no longer allotted the one or two assignments that did not add to the overall workload total. All assigned, countable work is now calculated into the supervisor's workload. Assignments on a supervisor's caseload is calculated at the same weight as a worker's caseload and then added to the supervisor capacity, which includes the number of workers supervised. With this combined calculation of the supervisor's workload capacity, it is then determined how many of these supervisor units are meeting the workload standard. This information is based on KIDS ORG data and HRM data and is point in time as of the last date of the reporting period.

Description of Denominator and Numerator for this reporting period

Denominator: All current supervisor units currently supervising caseload carrying workers in Adoptions, Foster Care, Family-Centered Services, Child Protective Services, and Permanency Planning.

Numerator: All current supervisors with a combined workload of 100 percent or less.

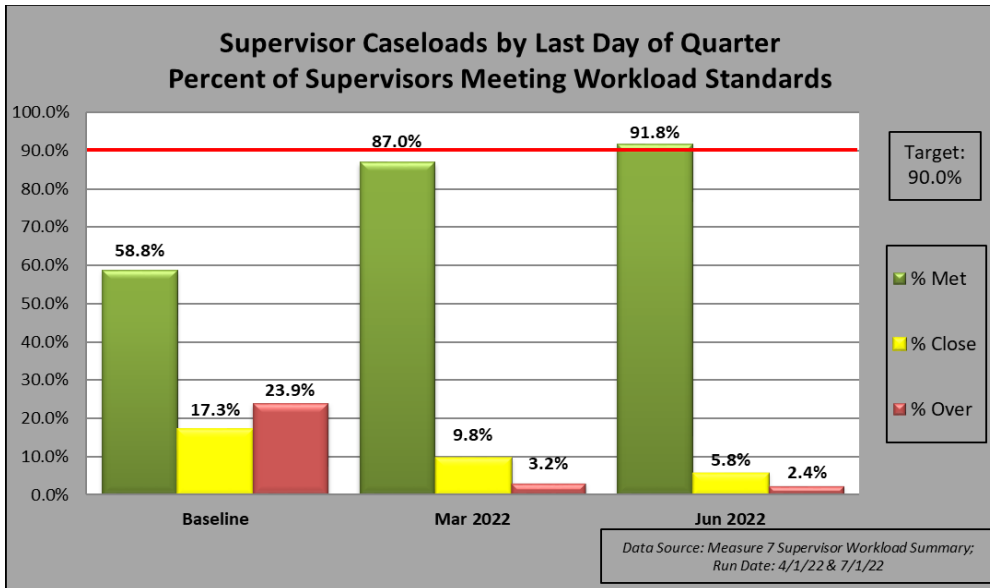
Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 4/1/2014 – 6/30/2014	All supervisors with a unit currently supervising caseload carrying workers			58.8%
7/1/2014 – 12/31/2014	All supervisors with a unit currently supervising caseload carrying workers	217 – Met	306 Units	70.9%
1/1/2015 – 6/30/2015	All supervisors with a unit currently supervising caseload carrying workers	259 – Met	345 Units	75.1%
7/1/2015 – 12/31/2015	All supervisors with a unit currently supervising caseload carrying workers	297 – Met	372 Units	79.8%
1/1/2016 – 6/30/2016	All supervisors with a unit currently supervising caseload carrying workers	308 – Met	379 Units	81.3%
7/1/2016 – 12/31/2016	All supervisors with a unit currently supervising caseload carrying workers	330 – Met	387 Units	85.3%
1/1/2017 – 3/30/2017	All supervisors with a unit currently supervising caseload carrying workers	317 – Met	376 Units	84.3%
4/1/2017 – 6/30/2017	All supervisors with a unit currently supervising caseload carrying workers	313 – Met	375 Units	83.5%
7/1/2017 – 9/30/2017	All supervisors with a unit currently supervising caseload carrying workers	301 – Met	368 Units	81.8%

10/1/2017 – 12/31/2017	All supervisors with a unit currently supervising caseload carrying workers	319 – Met	377 Units	84.6%
1/1/2018 – 3/31/2018	All supervisors with a unit currently supervising caseload carrying workers	318 – Met	375 Units	84.8%
4/1/2018 – 6/30/2018	All supervisors with a unit currently supervising caseload carrying workers	312 – Met	373 Units	83.6%
7/1/2018 – 9/30/2018	All supervisors with a unit currently supervising caseload carrying workers	339 – Met	379 Units	89.4%
10/1/2018 – 12/31/2018	All supervisors with a unit currently supervising caseload carrying workers	334 – Met	377 Units	88.6%
1/1/2019 – 3/31/2019	All supervisors with a unit currently supervising caseload carrying workers	316 – Met	364 Units	86.8%
4/1/2019 – 6/30/2019	All supervisors with a unit currently supervising caseload carrying workers	307 – Met	368 Units	83.4%
7/1/2019 – 9/30/2019	All supervisors with a unit currently supervising caseload carrying workers	313 – Met	376 Units	83.2%
10/1/2019 – 12/31/2019	All supervisors with a unit currently supervising caseload carrying workers	265 – Met	378 Units	70.1%
1/1/2020 – 3/31/2020	All supervisors with a unit currently supervising caseload carrying workers	295 – Met	373 Units	79.1%
4/1/2020 – 6/30/2020	All supervisors with a unit currently supervising caseload carrying workers	341 – Met	383 Units	89.0%
7/1/2020 – 9/30/2020	All supervisors with a unit currently supervising caseload carrying workers	318 – Met	378 Units	84.1%
10/1/2020 – 12/31/2020	All supervisors with a unit currently supervising caseload carrying workers	348 – Met	383 Units	90.9%
1/1/2021 – 3/31/2021	All supervisors with a unit currently supervising caseload carrying workers	326 – Met	379 Units	86.0%
4/1/2021 – 6/30/2021	All supervisors with a unit currently supervising caseload carrying workers	350 – Met	383 Units	91.4%
7/1/2021 – 9/30/2021	All supervisors with a unit currently supervising caseload carrying workers	324 – Met	369 Units	87.8%

10/1/2021 – 12/31/2021	All supervisors with a unit currently supervising caseload carrying workers	352 – Met	377 Units	93.4%
1/1/2022 – 3/31/2022	All supervisors with a unit currently supervising caseload carrying workers	327 – Met	376 Units	87.0%
4/1/2022 – 6/30/2022	All supervisors with a unit currently supervising caseload carrying workers	349 – Met	380 Units	91.8%
Target				90.0%

Section 2, Table 7.1-3



Section 2, Graph 7.1-5

Data Commentary

For the current quarter, 380 supervisor units in total were counted which are comprised of 1,467 CW specialist I, II, and III's. This calculates to a statewide worker to supervisor ratio of 3.86. As of 6/30/2022, 349 supervisors or 91.8 percent met the workload standard, 22 supervisors or 5.8 percent were close to meeting the standard, and nine supervisors or 2.4 percent were over the standard, as seen in Section 2, Graph 7.1-5. As part of this measure, the work assigned to supervisor's workloads must also be calculated into the workload standard. One hundred and fourteen supervisors had at least one assignment on his or her caseload. This is the fourth time since Pinnacle Plan reporting began that the target of 90 percent was met.

Reporting Period Progress

A WebFOCUS Supervisor Workloads report, updated daily, is available to all CW employees. Additionally, CWS leadership receives a more detailed supervisor caseload data report monthly. The data is reviewed near the beginning of each month by the CWS Executive Team. An explanation for why a supervisor is not meeting caseload standards must be provided to the regional deputy director and Assistant CWS Director for Field Operations for review, discussion, and direction.

During this reporting period, statewide adjustments were made to some supervisory units to more equally distribute the number of CW specialists assigned to each supervisor. Regional deputy directors are responsible for approving direct assignments made to a supervisor. Direct assignments are defined as assignments made to supervisors for the purpose of the supervisor doing the casework directly. This assignment type is what CWS expects to reduce and eliminate. Due to these efforts, CWS demonstrated 97.6 percent of supervisors meeting or close to meeting the target, which provides more supervisors with greater opportunities to coach, support, and mentor the CW specialists assigned to them.

2021 resulted in a significant increase of available caseload capacity for supervisors due to decreased number of CW specialist I and II applicants, which resulted in a net loss of specialists and increased vacancies statewide. CWS leadership is utilizing the available capacity with an agreed upon methodology to assign cases to equalize the work and provide concrete support to CW specialist I – III's. CWS acknowledges the need to decrease the number of CW supervisors with work assigned which remains the goal as vacancies are filled and CW specialist I – III's capacity is increased. Of the CW supervisors with any work assigned at the end of June 2022, 51 percent were assigned three or less employees and 88 percent were assigned four or less employees. Moreover, 66 percent of the CW supervisors were assigned two or less cases and 73 percent were assigned three or less cases. As aforementioned, SFY 2022 turnover for CW supervisors was 7.9 percent, which is a slight increase from SFY 2021. A theory for the increase could be due to the number of cases supervisors have been assigned, as the number of CW supervisors with any work assigned increased, turnover also increased, all while adjusting to remote supervision. The increased turnover could also be attributed to the "Great Resignation" experienced by both the private and public sectors in the nation. The second six months of SFY 2022 showed a decrease of turnover among supervisors.

Since 8/1/2021, CW frontline supervisors are approved to accrue compensatory time for time worked greater than 40 hours per week. CW frontline supervision and support of frontline CW specialists often occurs beyond a normal 40-hour work week, especially if the supervisor is helping with after-hours investigations, placement transitions, or the myriad of other CW emergencies that can happen after-hours. The numerous hours that CW supervisors work beyond their regular 40-hour work week historically was not recognized or rewarded. Accrual of compensatory time is a significant system change to support frontline CW supervisors, who in turn support frontline CW specialists.

Effective 1/23/2022, all CW supervisors are eligible to receive overtime pay for the following criteria, which is an effort to provide tangible support to supervisors who are supervising employees and working cases.

- Direct case assignments: Assignments made to supervisors for the purpose of having the supervisor do the casework directly.
- Indirect case assignments: Specific case activities a CW supervisor completes to support CW specialist I – III's. Activities include but not limited to, calling and documenting collaterals/references; completing a worker visit with a

child/parent/foster parent; reviewing and documenting CW and criminal history; transporting a client; and sitting with a child at a hospital/office setting.

Conclusion

Since reform began, OKDHS has evolved into a self-correcting system and caseload management is one example of that system. The baseline data ending June 2013, showed 27 percent of CW specialists meeting caseload standards compared to the recent period ending June 2022 with 97.8 percent meeting caseload standards. The baseline data ending June 2014 showed 58.8 percent of CW supervisors meeting caseload standards compared to the recent period ending June 2022 with 91.8 percent meeting caseload standards.

While caseload compliance ebbed and flowed over the reporting periods from 2013 through 2022, it is evident that OKDHS demonstrates substantial improvement in not only the metrics, but in identifying activities, efforts, and strategies resulting in enhanced caseload compliance. Furthermore, OKDHS self-corrected during times of increased work and times of decreased new hires. Retention is key to not only meeting workload standards, but more importantly, building a robust CW system with quality experience and best practices and outcomes for children and families. Caseload capacity is contingent upon amount of work. While OKDHS has demonstrated improved management of workflow and workload capacity, it would not have been possible to increase and overall sustain the compliance within the recent years if not for the agency's laser focused efforts in other areas, specifically permanency efforts to decrease the total number of children in out-of-home care. Tied to permanency efforts would be additional efforts to reduce shelter utilization, increase placement stability of children and youth, and increase the number of available foster homes. All these efforts and outcomes are intertwined and having a manageable caseload is the cornerstone of the work.

In order to develop, adjust, and transform retention efforts, OKDHS and CWS leadership will continue to evaluate employee experiences and feedback. CWS leadership is utilizing the annual employee survey, exit surveys, group feedback, and one-on-one feedback with employees to develop further recruitment and retention efforts. Considering the decreased applicants and net loss of CW specialists, CWS has demonstrated a phenomenal job managing the workflow and workload, utilizing available capacity. Equally important, arguably if not more important, is how OKDHS' culture has shifted regarding caseloads. Now, overall there is an expectation from a new CW specialist to the most tenured CW leaders that caseload standards be an expectation and is truly the foundation of quality casework. There is now a shared belief and value that absolutely nothing will substitute for qualified, stable, and well-supported front-line CW specialists and supervisors with reasonable caseloads.

SECTION 3. Delayed Performance Area Measures

2.3: New Therapeutic Foster Care Homes

Operational Question

How many new Therapeutic Foster Care (TFC) homes were opened in State Fiscal Year (SFY) 2022?

Summary Report – August 2022

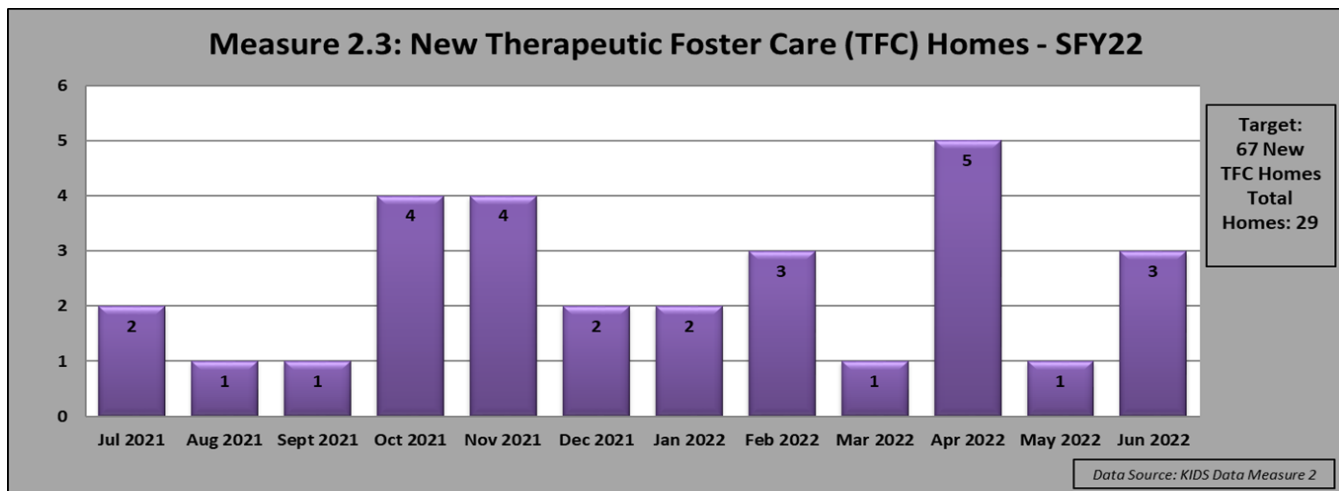
Data Source and Definitions

Total count of new TFC homes includes all new TFC homes by month that were opened using the agreed upon criteria.

Trends

Reporting Period	Population	Result	
SFY 2022 Baseline		96 TFC homes open as of 7/1/2021	
7/1/2013 – 12/31/2013	All new TFC homes opened in the first half of SFY 2014	55 TFC Homes	107 Total TFC Homes opened in SFY 2014
1/1/2014 – 6/30/2014	All new TFC homes opened in the second half of SFY 2014	52 TFC Homes	
7/1/2014 – 12/31/2014	All new TFC homes opened in the first half of SFY 2015	66 TFC Homes	137 Total TFC Homes opened in SFY 2015
1/1/2015 – 6/30/2015	All new TFC homes opened in the second half of SFY 2015	71 TFC Homes	
7/1/2015 – 12/31/2015	All new TFC homes opened in the first half of SFY 2016	43 TFC Homes	105 Total TFC Homes opened in SFY 2016
1/1/2016 – 6/30/2016	All new TFC homes opened in the second half of SFY 2016	62 TFC Homes	
7/1/2016 – 12/31/2016	All new TFC homes opened in the first half of SFY 2017	36 TFC Homes	59 Total TFC Homes opened in SFY 2017
1/1/2017 – 6/30/2017	All new TFC homes opened in the second half of SFY 2017	23 TFC Homes	
7/1/2017 – 12/31/2017	All new TFC homes opened in the first half of SFY 2018	17 TFC Homes	36 Total TFC Homes opened in SFY 2018
1/1/2018 – 6/30/2018	All new TFC homes opened in the second half of SFY 2018	19 TFC Homes	
7/1/2018 – 12/31/2018	All new TFC homes opened in the first half of SFY 2019	7 TFC Homes	16 Total TFC Homes opened in SFY 2019
1/1/2019 – 6/30/2019	All new TFC homes opened in the second half of SFY 2019	9 TFC Homes	
7/1/2019 – 12/31/2019	All new TFC homes opened in the first half of SFY 2020	34 TFC Homes	63 Total TFC Homes opened in SFY 2020
1/1/2020 – 6/30/2020	All new TFC homes opened in the second half of SFY 2020	31 TFC Homes	
7/1/2020 – 12/31/2020	All new TFC homes opened in the first half of SFY 2021	15 TFC Homes	25 Total TFC Homes opened in SFY 2021
1/1/2021 – 6/30/2021	All new TFC homes opened in the second half of SFY 2021	10 TFC Homes	
7/1/2021 – 12/31/2021	All new TFC homes opened in the first half of SFY 2022	14 TFC Homes	29 Total TFC Homes opened in SFY 2022
1/1/2022 – 6/30/2022	All new TFC homes opened in the second half of SFY 2021	15 TFC Homes	
Target		67 New TFC homes opened by 6/30/2022	

Section 3, Table 2.3-1



Section 3, Graph 2.3-1

Data Commentary

As of 6/30/2022, Child Welfare Services (CWS) opened 29 TFC homes that were counted as new according to Pinnacle Plan criteria. Of these 29 therapeutic homes, 26 were opened as TFC and three homes opened as Intensive Treatment Family Care (ITFC). The target for new TFC homes by the end of SFY 2022 was 67. As of 7/1/2021, 96 TFC homes were open statewide. During SFY 2022, 34 TFC homes opened and 25 TFC homes closed, leaving 105 TFC homes open as of 6/30/2022, for a net gain of nine homes.

Reporting Period Progress

TFC and ITFC Waiting List

The waiting list is monitored by TFC Programs, in collaboration with the child's or youth's assigned child welfare (CW) specialist, to ensure if the child or youth on the waiting list still meets medical criteria and is still in need of a treatment bed. If the child or youth still meets criteria for a treatment bed, TFC Programs refers the CW specialist to the Placement Line to have the Child Placement Interview (CPI) updated. Upon review by TFC Programs, if a child or youth either does not meet medical criteria based on the updated CPI or has stable placement in a family-based setting elsewhere, the waiting list is adjusted accordingly. TFC Programs send the TFC waiting list via email to agency partners weekly and TFC agencies provide responses on potential treatment bed options.

TFC Programs holds special staffings for select children and youth in need of a therapeutic home. These staffings are completed at the request of CWS leadership or the Specialized Placements and Partnerships Unit (SPPU). The children and youth staffed included those:

- un able to maintain in a placement;
- stepping down from a group home;
- in need of an exception for a group home; and
- returning from out-of-state inpatient treatment.

These virtual staffings include the child's or youth's assigned CW specialist and supervisor, TFC agency partners, TFC Programs staff, and SPPU staff. When

requested, TFC Programs also participates in special staffings for children and youth that do not have a current "sounds like" determination but did previously. Placement issues, barriers, and identified supports are addressed.

The TFC director staffing procedure implemented in the first quarter of SFY 2022 remains in place. If a child or youth who qualifies for TFC/ITFC has no identified placement and is physically in the office, TFC Programs conducts a director staffing with each TFC agency director separately by phone after 3:00 p.m. daily. To streamline this process further, discussions are underway to combine this procedure with the All Hands-on Deck call. This allows TFC to participate in the staffings led by the regional placement teams.

TFC Programs staff monitors the CWS Programs Placement Eligibility email inbox and review the CPI for a "sounds like" or "does not sound like". The cover sheet is completed by the child's or youth's assigned CW specialist with assistance from TFC Programs staff as needed and is submitted to the TFC email address.

TFC Programs consults with the Oklahoma Health Care Authority (OHCA) as needed for the "sounds like/does not sound like" process. TFC Programs has virtual meetings with OHCA to address processes, barriers, and potential solutions. The meetings are beneficial to TFC Programs staff as they offer an opportunity to address both specific and general situations.

Quality Services Within The TFC Program Treatment Team Meetings (TTMs)

TFC liaisons attend TFC and ITFC TTM along with agency partners, the CW specialist assigned to the child or youth, and other relevant parties. TFC liaison participation in all TTMs is a fully embedded practice. The TFC liaisons role is to assist with holding all parties accountable while providing feedback and advocating for the child or youth, particularly in the areas of treatment modalities, discharge planning, and permanency plans. This interaction allows for an increased level of collaboration between the CW specialist, TFC Programs staff, and agency partners in addressing the child's or youth's progress.

TFC Programs staff revised and enhanced the TTM guide to provide additional guidance and assistance for more effective TTMs. Agencies were provided the draft in April 2022 to test and give feedback. The agency partner's feedback was valuable and incorporated into the final version. Agency partners began using the TFC.ITFC Treatment Team Meeting Guide in July 2022 and have responded positively to the updated guidance.

TFC Programs, in conjunction with the Continuum of Care (COC) program, is developing a quality assurance process for TTMs. The process, to be overseen by TFC Programs staff, will include fidelity reviews using completed TTM guides. The reviews are tentatively set to begin in the first quarter of SFY 2023.

Mental Health Consultations

All "sounds like" and "does not sound like" determinations are referred to enhanced foster care (EFC) for ongoing assessment of services. The mental health

consultant (MHC) is included on the TFC/ITFC determination emails and also is engaged in making recommendations and referring children and youth for services. During weekly regional multidisciplinary team (MDT) meetings, the MHC actively participates with CW specialists and supervisors to ensure the proper services are provided to meet each child's or youth's individual needs.

When EFC services are determined not warranted, the MHC assesses if the child or youth is being staffed by a MDT because of placement in a shelter, group home, or inpatient treatment facility with no discharge plan. If the child or youth does not meet EFC qualifications and is not being staffed by a MDT or have a discharge plan, they are referred for a mental health consultation.

Recruitment Efforts

The combined TFC/ITFC agencies' SFY 2022 recruitment goal of 67 new homes included 49 new TFC homes and 18 new ITFC homes. Of the six TFC/ITFC agencies, the individual recruitment goals of five agencies was eight new TFC homes and three new ITFC homes. The sixth agency had an individual recruitment goal of nine new TFC homes and three new ITFC homes.

During SFY 2022, TFC/ITFC agencies recruited a combined total of 29 new homes. Twenty-six were TFC homes which represents 53.1 percent of the 49 new TFC homes goal. Three were ITFC homes which represents 16.7 percent of the 18 new ITFC homes goal.

- One agency reached 100 percent of their TFC goal and met 0 percent of their ITFC goal.
- One agency reached 87.5 percent of their TFC goal and met 0 percent of their ITFC goal.
- One agency reached 62.5 percent of their TFC goal and met 33.3 percent of their ITFC goal.
- One agency reached 37.5 percent of their TFC goal and met 33.3 percent of their ITFC goal.
- One agency reached 22.2 percent of their TFC goal and met 33.3 percent of their ITFC goal.
- One agency reached 12.5 percent of their TFC goal and met 0 percent of their ITFC goal.

All agencies continued to implement their previously finalized SFY 2022 recruitment plans. SFY 2022 second quarter updates were received by February 2022 and third quarter updates were received by April 2022, and fourth quarter updates were received in July 2022.

TFC Programs holds monthly Recruitment Progress Collaboration (RPC) meetings with agencies that are behind on their recruitment progress. The meetings are attended by TFC Programs staff and applicable agency staff. Each identified agency has an individual virtual meeting focused on recruitment goal progress, ongoing recruitment efforts, and any barriers to recruitment. TFC Programs staff provide feedback and offer suggestions and ideas when appropriate. These meetings also allow for additional discussion about families the agencies have in their pipeline and the progress toward certification of the families. These

meetings were not held in May or June 2022 to allow the agencies to focus on getting their families already in the pipeline certified before the end of SFY 2022.

There are intentional conversations at RPC meetings about recruiting ITFC families from within the agencies current pool of TFC families. Agencies report that identifying successful TFC parents that can step up to ITFC is their most effective recruitment strategy for developing homes for ITFC level of care. During RPC meetings, agencies are asked to identify which families they are targeting for ITFC and how the progress is going. The progress is often slow as agencies report that families need a lot of time to understand the requirements and feel comfortable enough to commit to the ITFC program. Additionally, agencies report that the stay-at-home parent requirement for ITFC has posed a challenge as many families are unwilling or unable to meet that criterion.

RPC meetings and other conversations with agencies about recruitment indicate that most agencies are activity engaged in their recruitment efforts. Some agencies report an increase in available recruitment opportunities since many of the COVID-19 restrictions have been lifted. Agencies continue to utilize their current foster families to help recruit new families as they report word-of-mouth is a highly effective inquiry source. During this reporting period, multiple agencies hired marketing specialists to assist with recruitment efforts for TFC and ITFC recruitment efforts, and to revamp their social media platforms and advertising materials.

In June 2022, TFC agencies were given the materials from the "It Takes All Kinds. Why Not You?" recruitment campaign originally conducted in spring 2021. The Oklahoma Human Services (OKDHS) Office of Communications packaged the materials together in a toolkit so that agencies could utilize them to further their recruitment efforts. The materials included:

- Email blast
- PowerPoint slide
- One-Pager
- Digital billboard
- Social media post
- Magazine/Newspaper ad
- Draft news release

TFC agencies were advised to use the tactics and materials that best fit their agency. The OKDHS Office of Communications is also available to give additional support with news story pitch ideas.

Child and Adolescent Needs and Strengths (CANS) Assessment

The contract for the third-party assessor, the University of Oklahoma Health Sciences Center (OU-HSC), was fully finalized on 11/9/2021. The hiring process for the 10 clinical assessors began at that time, and as of the writing of this report there are currently seven assessors.

To expedite use of CANS assessments across multiple levels of care, an overtime plan was developed and approved for 11 CWS programs and field leadership staff

to complete CANS assessments for the current EFC, TFC, ITFC, and congregate care populations. This plan also includes children and youth on any of the waiting lists for these levels of care. CANS assessment overtime plan was approved in March 2022 and began in April 2022. The CANS overtime plan was extended and is in place through December 2022 to continue to support the OU-HSC team in completing CANS assessments for youth in EFC, TFC, ITFC, and congregate care populations.

CANS next steps include finalizing the EFC algorithm and moving forward with the assessment of children and youth in congregate care settings, which is planned to begin in September 2022. TFC/ITFC will be assessed last. The current proposed algorithm for the various levels of care will be assessed with the outcomes of the CANS for the current populations and updated, as needed, before being finalized. The goal is to administer a CANS assessment to all children and youth in the listed levels of care by October 2022. The original completion date was changed from August 2022 due to staffing and technical challenges for the OU-HSC third party-clinical team.

COC

The CPI process is fully implemented statewide and questions regarding the CPI process are included in the Placement Stability Support Survey discussed in this Semi-Annual Report under Measure 4.2 Placement Stability Strategy Development.

Phase 1 of a continuum gap analysis was completed during this reporting period to identify the gaps in the placement and service continuum that impact vulnerable populations within the CW system. Phase 1 included a qualitative analysis from the CWS programs administrative teams in which they were asked to provide placement service concerns, or barriers, for various populations of children and youth who receive CW services. Additionally, they were prompted to provide information about promising practices, or services, not currently implemented, but believed to mitigate some of the identified concerns and barriers.

The gap analysis report, Child Welfare Continuum of Care Gap Analysis (Phase 1), was provided to CWS leadership for review on 5/18/2022. The report outlines key themes related to the major contributors to unsuccessful prevention efforts, placement disruptions, and step-ups to group placements. The analysis will be used to identify key partners who must sit at the table with CWS to assess internal and external data related to at-risk populations and identify areas of biggest impact for a deeper analysis. This collaborative interagency effort will establish a vision for an ongoing COC and will inform future strategies, identification of system supports and resources, and opportunities for collaboration with external partners.

Phase 2 of the project began in June 2022 with an initial interagency meeting to address system gaps impacting a sub-population of youth within the continuum. In July 2022, Oklahoma Office of Juvenile Affairs (OJA), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Health

Care Authority (OHCA), and CWS participated in an interagency strategy meeting. The goal of the meeting was to develop interagency strategies to address the current gaps impacting the population. More information will be shared about this effort and strategies once it is finalized. This initial interagency meeting is the first of many collaborative meetings that will support the next phase of the gap analysis in developing the vision and next strategies for the COC.

EFC

CWS continued building the EFC program during this reporting period.

As depicted in Section 3, Table 2.3-2, EFC served 914 children and youth in SFY 2022. Of this total, 138 children and youth had more than one EFC episode.

Children Served in EFC Jul 2021- Jun 2022	
Entry and Exits	# Children
# in EFC as of 7/1/21	386
Entered EFC SFY22	528
Exited EFC SFY22	503
# in EFC as of 6/30/22	411
Total Served (unduplicated)	914
<i># children that had more than 1 EFC episode PUR</i>	<i>138</i>
<i>Data Source: Y1145; Run Date: 7/15/22</i>	

Section 3, Table 2.3-2

Note: This is a unique count of children and youth served by EFC during SFY 2022. If a child or youth exited EFC services and the EFC episode was less than 30 days, they were excluded from the population.

Of the 914 children and youth served by EFC in SFY 2022, Section 3, Table 2.3-3 shows 60 percent were placed in a CWS foster family home or RFP supported foster home, 36.3 percent were placed in a kinship resource home, 2.3 percent were in another type of foster care, and 1.3 percent were in trial adoption (TA).

EFC in SFY22 by Placement Type				
Placement Type	EFC as of 6/30/22	Exited EFC in SFY22	Total in SFY22	
Kinship	160	227	387	36.3%
CWFC	132	235	367	34.5%
CW Supported	104	168	272	25.5%
Other Foster Care	11	14	25	2.3%
Trial Adoption	4	10	14	1.3%
TOTAL	411	654	1065	
<i>Data Source: Y1145; Run Date: 7/15/22</i>				

Section 3, Table 2.3-3

Section 3, Table 2.3-4 illustrates that EFC services are utilized consistently across the regions with Region 5 having the largest number of children and youth served in SFY 2022. Region 5 also has the largest percentage of children and youth served by EFC related to their total population served.

Number of Children Served in EFC SFY22			
Region	# Served	# EFC	% EFC
Region 1	1817	165	9.1%
Region 2	2414	188	7.8%
Region 3	1719	141	8.2%
Region 4	2393	187	7.8%
Region 5	2255	220	9.8%
Statewide	61	13	21.3%
TOTAL	10659	914	8.6%

Source: Y1145 & Context Data; Run Date: 7/15/22

Section 3, Table 2.3-4

As seen in Section 3, Table 2.3-5, the largest age group of children and youth served by EFC during SFY 2022 is ages 0-5 years, as compared to ages 6–9 years in previous reporting periods.

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

Data Source: Y1145; Run Date: 7/15/22

Section 3, Table 2.3-5

CWS continues to gather data to assess placement stability for children and youth receiving EFC services and those who exited EFC services. CWS began a tracking process for EFC exits in February 2022 to assess placement disruptions and identify any trends. As seen in Section 3, Table 2.3-6, 268 children, or 41 percent, successfully completed an EFC episode by exiting care, entering trial reunification, or stepping down from EFC services with an average length of time served by EFC of 233 days. Conversely, 386 children, or 59 percent, discontinued an EFC episode for several reasons, including placement moves, resource parent request, and non-compliance with EFC requirements. For these children, the average length of time served by EFC was 162 days.

Exit Reasons for EFC Episodes in SFY22			
STATUS/ EXIT REASON	#	%	Average # of Days
COMPLETED	268	41.0%	233
Child Exited Care - Adoption	117	17.9%	255
Child is in Trial Reunification	72	11.0%	206
EFC no longer needed	53	8.1%	240
Child Exited Care - Other	26	4.0%	192
CLIENT DISCONTINUED	386	59.0%	162
Child Moved to Traditional/Kinship home	210	32.1%	159
Child Moved to Higher Level of Care	45	6.9%	146
Child Moved to Shelter	43	6.6%	134
Resource Parent Request	40	6.1%	208
Non-Compliance w/EFC Requirements	24	3.7%	206
Child is AWOL	8	1.2%	78
Other	16	2.4%	180
TOTAL	654		191

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

Section 3, Table 2.3-6

The EFC team uses the YI827 Placement Stability Move Report and YI810 Elevated Child Behavioral Health Screener Report to ensure communication with primary CW specialists about the option of EFC services and supports to help maintain the child or youth's current placement. The EFC team also communicates with primary CW specialists for children and youth served in a shelter placement in the prior month who subsequently exited to a kinship or traditional resource home. Children or youth denied for TFC or on the TFC waitlist are evaluated for EFC services and supports when placed in a family-based setting. Regional MDTs meet weekly to identify and assess children and youth for the EFC program and other therapeutic placements and services.

As noted above, the administration of the CANS assessments began in April 2022 for a prioritized list of children and youth who are currently receiving EFC services. The EFC population is prioritized as the algorithm for this population is not fully developed at this time, and the data gathered from the current population will be used to inform the criteria for the level of care. The CWS goal is administration of a CANS assessment to all children and youth assessed for EFC by October 2022.

Program Infrastructure

The programmatic structure consists of the programs administrator supervising the programs supervisor and programs field representatives (PFRs), and the programs supervisor supervising the EFC regional field coordinators. Each regional EFC team consists of an EFC PFR and two EFC regional field coordinators. As of July 2022, all EFC regional field coordinator positions are filled. The EFC Programs team is also building administrative capacity to support the large volume of treatment and planning documents received daily. One administrative staff person joined the EFC team in May 2022 and a second staff person will join in August 2022. These are important additions to the EFC team as it provides the PFRs and EFC regional field coordinators to serve children and families at a higher

quality level with more time for dedicated conversations and evaluation of children and family needs. Future additions planned for the EFC team include two PFRs dedicated to quality assurance measures and two CW Specialist IVs to supervise the EFC regional field coordinators. These key additions emphasize quality and growth within the EFC program. With these current and future additions, there will be 23 CW employees dedicated solely to the advancement and success of the EFC program.

With further development in the team structure, EFC leadership recognizes the value in maintaining a shared vision of EFC goals. The EFC team has weekly in-person workdays for increased staff morale and collaboration among team members; and has created a team culture focused on strengths, support, leadership, and teamwork. Creating this culture within the EFC team ensures the values are shared outwardly with CW staff, resource parents, and other partners. In February 2022, the EFC Programs team committed to monthly ongoing education. The topics are listed in the monthly training calendar.

Month	Training Topic	Date Completed	Trainer	Hours
February 2022	Foster Care Overview	2/4/2022	Lindsey Jones, FC&A PFR	2 hrs
March 2022	Meeting Facilitation Skills	3/2/2022	Lindsay Crim, CPS PFR	2.5 hrs
April 2022	Therapy Modalities, SOC Training, Working with Providers	4/26/22	ODMHSAS – Dr. Coffey, Kelly & Falon	2 hrs
May 2022	Children’s Behavioral Health Conference – PFRs only	5/11/22 - 5/13/22	ODMHSAS	18 hrs
June 2022	ESDDP - Educational Services & Developmental Disabilities Program Overview	6/30/22	Darla Hill-Myer and team	1 hr
July 2022	CW Nursing Overview	7/11/22	Susan Oliver and team	1 hr
	OHCA SPARK Overview		Melissa Williams and team	

The EFC PFRs attended the ODMHSAS Children's Behavioral Health Conference in May 2022. They received training on several topics such as adverse childhood experiences, mobile crisis response, trauma-informed practice, and infant mental health. In June 2022, the EFC PFRs completed two advanced trainings for education about adult learners and to gain skills for developing and facilitating experiential training. In the upcoming year, the EFC Programs staff will complete Motivational Interviewing training and Hope Navigator training to enrich meeting facilitation and interpersonal skills. These trainings both support a trauma-informed system and bring an emphasis to person-centered and hope-centered interactions.

Program Development

During this reporting period, additional planning occurred between EFC leadership, the strategy lead for Pinnacle Measure 6.6 Adoption Disruption, and Youth Transition Services (YTS) staff to create EFC services protocol for children assigned to a YTS specialist at the time of TA. At the adoption disclosure, YTS, Permanency Planning (PP), and the Non-ID Resource specialist introduce the EFC program to the prospective adoptive family. Supports, services, and family expectations are outlined at the disclosure. PP specialists submit an EFC referral for assessment by EFC Programs staff. When the child or youth meets criteria and is approved, the EFC PFR attends the TA planning call to initiate the EFC process. The EFC services protocol is expected to be effective in fall 2022.

EFC forms are continually reviewed for enhancements as feedback is received from CW staff. In March 2022, Form 04EF003E, Enhanced Foster Care (EFC) Referral was updated to include the case plan goal, date of next family meeting, child's tribal status, and to identify any additional CW specialists assigned to the case. The enhancements also allow for multiple children and youth in a sibling group to be on one referral. Form 04EF004E, Enhanced Foster Care (EFC) Treatment Team Meeting (TTM) Documentation, was updated in April 2022 to include slightly different questions depending on the TTM type: initial or ongoing. Revisions included enhanced questions about service delivery, therapeutic parenting services, and crisis management.

In this reporting period, EFC Programs staff jointly completed in-depth case reviews with the Co-Neutrals for 127 children receiving EFC services. The reviews provided EFC Programs staff with valuable information to support necessary program adjustments. Overall, the reviews showed that the EFC program is progressing despite service array challenges and there are opportunities for improvement in key areas. EFC leadership discussed strategies to incorporate ongoing case reviews in the EFC program and began "90-Day Reviews" in May 2022. When the child has been in EFC for 90-calendar days, the case review is assigned to an EFC Programs staff member to complete and determine if initial EFC requirements are met and services are occurring consistently. EFC leadership schedules meetings every other week with each regional team, EFC PFR and EFC regional field coordinators, to discuss the case status and needed follow-up. If the case review reveals the initial requirements are met and services are consistently occurring, the child's status is changed from pending to in progress/attending. If the initial requirements are not met, the child is continuously staffed every other week until their status can be changed to in progress/attending or they no longer receive EFC services. These reviews provide EFC Programs staff an opportunity for real-time program evaluation and improvement. The joint Co-Neutral case reviews and 90-day reviews revealed several key areas for program development:

- **Treatment Team Expectations:** It is necessary to have clear, defined expectations of every treatment team member. An essential component of the EFC program is that resource parents caring for the child must agree to actively participate in the child's treatment and planning. EFC Programs staff is developing a one-page document to outline EFC expectations for resource parents. This document will be provided for resource parents to review and consider prior to agreeing to participate in EFC services. Additional one-page documents outlining

expectations will also be created for the child's CW specialist, Resource specialist, and service provider.

- **Therapeutic Parenting Services:** Additional growth is needed in the documentation of therapeutic parenting services provided to the resource parent. The TTM documentation captures this information but further training for EFC regional field coordinators to elicit rich conversation and document appropriately will be provided by EFC leadership. The therapeutic parenting services provided to the resource parents, how it impacts their parenting, and the child's response is critical to the EFC program. These topics are discussed during quality contacts completed by the child's assigned CW specialist and Resource specialist; however, enhanced conversation and documentation is needed. The EFC programs administrator and MIC lead are evaluating the Quality Visit Reviews currently conducted by CW supervisors with an emphasis on safety. Questions related to sufficient services and supports for the resource parents and the child's behavioral needs will be added.
- **Crisis Plans:** One foundational component of the EFC program is timely completion of quality crisis plans. EFC Programs staff and ODMHSAS are working together to create a crisis plan template focused on observing the child's behavior, recognizing triggers, developing calming and coping skills for the child to utilize, de-escalation strategies for the resource parents and identification of who to contact when they cannot manage a crisis situation alone. EFC Programs staff are also implementing additional follow-up procedures for any child who does not have a completed crisis plan within 30-calendar days of EFC approval.
- **EFC Service & Support Plan:** The EFC Service and Support Plan is a vital document that outlines child and family needs and strengths, in addition to planning for EFC services and supports. The timely completion of a quality plan with complete information is needed. The interactive EFC Training in development will provide additional instruction and information for completion of a quality plan. Timeliness will be monitored, and appropriate follow-up completed. Since the form has been utilized by staff for almost one year, form edits are in progress that will support gathering and capturing all needed information.
- **EFC TTM:** The requirement of regular EFC TTMs was introduced in August 2021 with the EFC regional field coordinator completing the first TTM 30-calendar days after EFC approval and the child's CW specialist completing subsequent TTMs every 60-calendar days. Due to competing responsibilities, there were difficulties in CW field staff completing the TTMs timely. In December 2021, facilitation and documentation of all TTMs transitioned to EFC regional field coordinators. These meetings focus on the child's treatment progress, additional needs of the child or resource family, and therapeutic parenting services in place. As mentioned, additional training will be provided to EFC regional field coordinators to facilitate well-organized TTMs that ensure a thorough discussion regarding the child's treatment and therapeutic parenting services occurs. EFC Programs, in conjunction with the COC program, began the process of developing a quality assurance process for TTMs during this review period. This is being completed so that further evaluation and meeting fidelity can be accomplished. The quality assurance process will include a fidelity tool for TTMs, a concentrated review of TTMs and the completed TTM forms. This process will be completed by EFC Programs staff and is tentatively set to begin in the second quarter of SFY 2023.

Communication

CWS recognizes the value of continued communication with CW staff about EFC implementation. From January through June 2022, EFC Programs staff attended numerous staff meetings to discuss the EFC criteria, service array, staff roles and responsibilities, and possible EFC concerns and benefits. In February 2022, EFC Programs discussed the EFC referral assessment, service delivery, and timeframes at the Maltreatment in Care leadership meeting. In March 2022, an EFC overview was provided to YTS and Non-ID Resource specialists for monthly training. EFC presentations were also given to two foster parent support groups in March 2022 and one in May 2022. In April 2022, the Region 5 EFC PFR attended a regional PFR meeting with the deputy director and discussed EFC utilization. In June 2022, EFC Programs staff provided training to three Foster Care and Adoptions all-staff meetings in Regions 1, 3, and 5. The Region 4 EFC PFR presented an EFC overview at the Region 4 Quarterly Supervisor Meeting that included CW supervisors, district directors and field managers. The Regions 4 and 5 EFC PFRs regularly attend the monthly regional leadership meetings with the deputy directors, district directors, and other PFRs to remain connected to important regional trends and share EFC updates.

To provide ongoing opportunities for open discussion with field staff, EFC Programs continues bi-monthly EFC Office Hours for all CWS regions and RFP agencies. EFC Office Hours is an opportunity for staff to ask questions regarding criteria, program requirements, and roles and responsibilities. From January through June 2022 and across all regions, the EFC team facilitated 56 opportunities for staff to attend office hours. Approximately five individuals attend each occurrence of office hours and report it is helpful to have a designated time to ask questions or staff a case situation. The EFC Programs team is considering ways to make office hours more educational and share pertinent information. EFC Programs staff are available to discuss the EFC program one-on-one with staff who have questions or want to better understand the program.

EFC Programs staff are currently developing an EFC toolkit for CW staff and one for resource parents. The toolkit will be available to CW staff on the agency InfoNet website page for easy access. The resource parent toolkit will be located on the Oklahoma Fosters website. EFC Programs staff plan to regularly provide tip sheets, videos, and training opportunities on the website to create a centralized location of supportive information for resource parents caring for children with complex needs. The Oklahoma Fosters website is available to the public and those wanting to learn more about EFC will be directed to this information.

EFC Training

An online and interactive EFC training is currently in development to replace the current EFC webinar-style training. All CW PP, Resource, and Adoption specialists, supervisors, and leadership will be required to complete the training. It is intended to support the specialists' skills to provide an enhanced level of casework and engagement for children and youth with complex needs and their families. The training is to focus on specific duties, increasing critical thinking, and advocating for children's treatment needs by being informed consumers. Three

interactive learning modules will be available, one as a global introduction to EFC, one specific to the child's specialist, and one specific to the Resource specialist. The launch goal is fall 2022.

Pressley Ridge Training

Resource parents who receive EFC services and supports are required to complete 15 hours of Pressley Ridge Treatment parent training. Pressley Ridge training is the only evidence-based training curriculum for treatment-level resource parents. The specific training modules included in the 15 hours are: Therapeutic Communication, Understanding & Changing Behavior, Conflict Resolution, and Understanding & Managing Crisis. EFC Programs staff, along with support from other CWS Programs staff, began Pressley Ridge trainings sessions for EFC parents in March 2021 and six training sessions were completed through April 2022. All training classes were offered in a virtual format. Three hundred and seventy-four resource parents completed all required training modules and 81 resource parents began the training but did not complete all required modules due to no longer caring for a child or youth in need of EFC services. The feedback from families is very positive regarding the training and its content.

In January 2022, the EFC team began a collaborative effort with the National Resource Center for Youth Services (NRCYS) to streamline the Pressley Ridge training process and increase training capacity. The EFC team identified and CWS hired eight part-time employees who are experienced trainers, and they completed the Pressley Ridge Training of Trainers in April 2022. In May 2022, NRCYS assumed responsibility for providing Pressley Ridge training to resource parents receiving EFC services; this includes participant enrollment, completion tracking and documentation, issuing certificates, and establishing the training schedule for future sessions. The EFC team and NRCYS worked together closely during this transition.

In May and June 2022, NRCYS offered seven EFC Zoom trainings and 147 participants were enrolled. Of those enrollments, the outcome was:

- 64 completions
- 43 in progress
- 36 no shows
- 4 cancellations

There are 13 EFC virtual trainings and four EFC in-person trainings scheduled from July through September 2022.

The EFC team and NRCYS began planning support groups in early spring 2022. NRCYS will maintain EFC-specific support groups with a focus on Pressley Ridge training principles. The support groups will most likely be led by a resource parent or trainer who is trained in Pressley Ridge. The planning was paused during this reporting period due to NRCYS staff capacity and will resume in fall 2022.

KIDS

EFC Programs and KIDS staff continue to develop tracking mechanisms and reports to support documentation and provide data for program improvement. In

February 2022, EFC tracking was moved to the KIDS Services screens and three EFC KIDS enhancements were released. The first enhancement is an EFC contact picklist choice that allows for easier tracking of EFC-specific efforts. The second enhancement implements a tracking process for EFC exit reasons to assess placement disruptions and identify trends. The third enhancement tracks disposition of an EFC referral or request for EFC services for children and youth to inform the initial assessment process. This enhancement tracks if a child or youth does not qualify or if the family declines to participate in EFC services.

The YI145 EFC Efforts and Meeting Tracking report tracks critical components of each EFC episode. The report provides a tracking component for EFC Programs staff and CW staff to ensure ongoing requirements are met that further the child's treatment goals and family engagement. The report, enhanced in July 2022, provides the date of the crisis plan and treatment plan separately, as well as whether the resource parent(s) has completed Pressley Ridge Training.

Service Array

EFC Programs staff collaborates with ODMHSAS to ensure initial consultations occur timely and providers are expediting service initiation. CWS shares data and qualitative review results with ODMHSAS after case reviews are completed. CWS and ODMHSAS continue discussions about a sustainable, joint qualitative review process of the individualized service array for children receiving EFC services.

EFC Programs staff and ODMHSAS staff meet twice monthly for ongoing discussions to identify strengths and areas for focused improvement regarding the EFC service array and program. A decision was made to jointly create a new form, Form 04EF005E Enhanced Foster Care Monthly Progress Report, for service providers that is a monthly verification of provided services. The progress report also outlines treatment progress, challenges and needs, and how the child's caregiver is involved in the child's treatment. In January 2022, ODMHSAS informed their contracted service providers of this form and expectations regarding its completion monthly. Since the form has been used for six months, several edits have been identified to better clarify the services provided and include instructions for form completion. These edits are pending, and the updated form will be available late summer 2022.

EFC Programs staff had several opportunities this reporting period to share EFC program information on a larger scale. In April 2022, the EFC programs administrator, the CWS Clinical Team deputy director, and an ODMHSAS senior manager presented EFC program information at the National Council for Mental Wellbeing Annual Conference in Washington D.C. In May 2022, the EFC programs supervisor, CWS Clinical Team deputy director, ODMHSAS senior manager and team lead from a community mental health center (CMHC) presented EFC information at the Oklahoma Children's Behavioral Conference. These presentations highlight the collaborative work between several key Oklahoma partners to a state and national audience.

In fall 2021, EFC PFRs began monthly meetings with Certified Community Behavioral Health Clinics (CCBHC) and CMHC in their region. ODMHSAS staff

attend these meetings as well to learn how the CCBHC and CMHC are adjusting to providing EFC services. From January through June 2022, 64 meetings were held with 13 different agencies. The feedback from the meetings is positive because they provide a forum to ask questions, share current service array abilities, discuss case-specific barriers, and grow relationships. The EFC programs administrator, programs supervisor, and each regional PFR plans to hold in-person meetings in fall 2022 with all CCBHC and CMHC in their region to build relationships and discuss EFC progress.

In June 2022, the EFC team, ODMHSAS staff, and members of the CWS Clinical Team began staffing select children receiving EFC services whose needs are unmet or continue to have elevated behaviors despite treatment. These staffings offer a team of professionals to provide clinical opinions and potential next steps.

EFC Programs staff continue building and sustaining relationships with individual service providers via meetings to educate about EFC. One of EFC's focus is to continue to build the program's capacity with private providers and increase the pool of providers offering EFC services and supports. Several meetings were held with service provider agencies during this reporting period to further EFC education and meet staff. During this reporting period, CWS and Youth Villages also began discussions about an EFC and Intercept® program collaboration and planning is ongoing. Due to the lack of available services in the community, Youth Villages is evaluating an expansion to Comanche County.

With an emphasis and focus on collaboration, CWS and the OHCA began a joint project during the prior reporting period. The project is the Specialty Program for At-Risk Kids (SPARK) whose purpose is to improve outcomes for at-risk children and youth with complex behavioral needs. The parallels between EFC and the SPARK include a shared commitment to positive outcomes, a focus on prevention of a higher-level placement, and interaction with the child or youth's treatment team. Children or youth served in this program will not be receiving services from an ODMHSAS-contracted provider. Children and youth who meet criteria will be assigned a SPARK behavioral specialist to provide care coordination, connect with resource families twice monthly, and help locate and navigate an effective service array.

EFC Programs staff identified a gap between EFC and private providers that are not contracted with ODMHSAS. SPARK is intended to help fill this gap. SPARK will have one behavioral specialist for each CWS region. Weekly planning meetings between CWS and OHCA began in December 2021 and provide an avenue to discuss program development and implementation. In April 2022, SPARK began serving their first clients which includes EFC and post-adoptive children and youth.

Impact of the COVID-19 Pandemic

TFC/ITFC

Specific challenges faced by TFC/ITFC agencies due to the ongoing COVID-19 pandemic are addressed individually with agencies as they occur.

TFC and ITFC providers have the ability to use telehealth to provide individual and family counseling appointments when someone in the household tests positive for COVID-19, shows symptoms, or has experienced exposure.

When in-home visits and/or meetings pose a risk to agency staff, TFC Programs staff is notified and exceptions are made on a case-by-case basis.

Agencies report an ongoing issue with families moving slowly through the certification process. This is thought to be a result of the lingering pandemic effects. Families appear to be weary and often lack urgency to follow through with the steps necessary to complete their certification process. Agency partners are mindful of this and work to still keep these families engaged, even if they are doing so at a slower pace than is ideal.

Agency partners are navigating both short-term and long-term staffing shortages due to staff members testing positive for COVID-19. Additionally, agencies report that it is exceptionally difficult to hire counselors to provide TFC services. Agencies primarily handle these issues internally but assistance and/or guidance from TFC Programs is available as needed.

EFC

During this reporting period, the ongoing COVID-19 pandemic impacted service providers' abilities to meet all EFC requirements. Several factors contribute to this struggle, including an inability to see clients weekly and provide in-person therapy sessions. Telehealth sessions are the only option for some providers due to staff shortages. Many agencies report a lack of therapists and a struggle to hire the needed staff. Some children receiving EFC services are placed on a waitlist due to capacity and the regional EFC PFRs advocate and problem-solve to ensure children are seen by providers timely; documentation regarding delays is a key focus moving forward. The EFC team is currently developing regional directories of service providers who work closely and efficiently with CWS and the EFC program. The EFC team and service providers continue discussions regarding the needs and any possible solutions.

6.2a: Permanency Within 12 Months of Removal

Operational Question

Of all children who entered foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within 12 months of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the Adoption and Foster Care Analysis Reporting System (AFCARS) files.

Description of Denominator and Numerator for this reporting period

Denominator: All children who entered foster care from 10/1/2020 through 3/31/2021.

Numerator: The number of children who entered foster care from 10/1/2020 through 3/31/2021 and exited to a permanent setting within 12 months of removal.

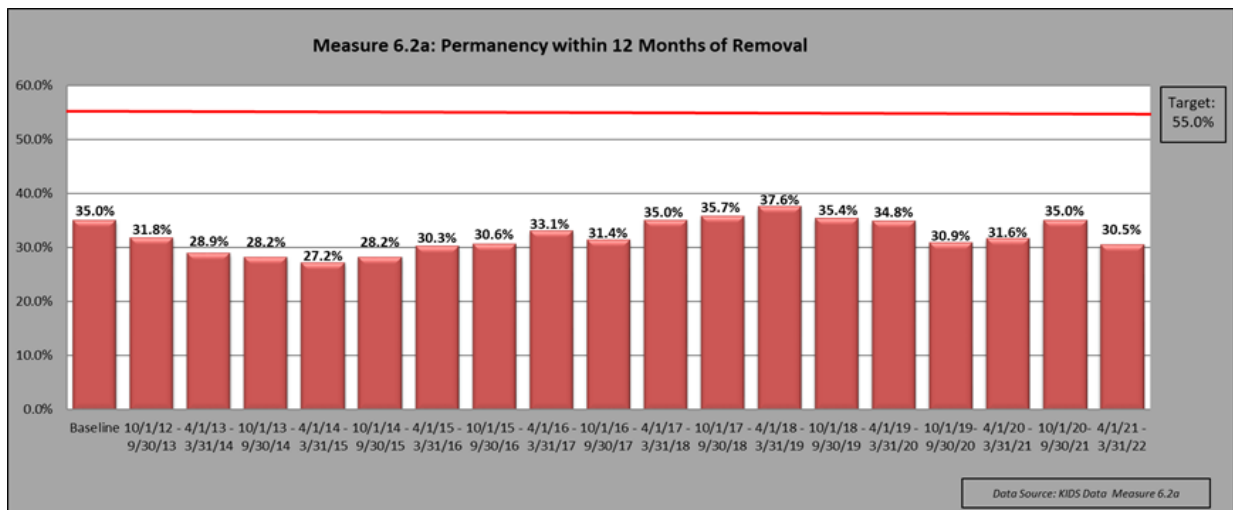
Trends

Reporting Period	Population	Numerator	Denominator	Result
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Summary Report – August 2022

Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2011 – 9/30/2011			35.0%
10/1/2012 – 9/30/2013	All admissions from 4/1/2012 – 9/30/2012	856	2,692	31.8%
4/1/2013 – 3/31/2014	All admissions from 10/1/2012 – 3/31/2013	782	2,707	28.9%
10/1/2013 – 9/30/2014	All admissions from 4/1/2013 – 9/30/2013	818	2,901	28.2%
4/1/2014 – 3/31/2015	All admissions from 10/1/2013 – 3/31/2014	748	2,749	27.2%
10/1/2014 – 9/30/2015	All admissions from 4/1/2014 – 9/30/2014	764	2,705	28.2%
4/1/2015 – 3/31/2016	All admissions from 10/1/2014 – 3/31/2015	714	2,359	30.3%
10/1/2015 – 9/30/2016	All admissions from 4/1/2015 – 9/30/2015	840	2,741	30.6%
4/1/2016 – 3/31/2017	All admissions from 10/1/2015 – 3/31/2016	774	2,340	33.1%
10/1/2016 – 9/30/2017	All admissions from 4/1/2016 – 9/30/2016	788	2,512	31.4%
4/1/2017 – 3/31/2018	All admissions from 10/1/2016 – 3/31/2017	832	2,375	35.0%
10/1/2017 – 9/30/2018	All admissions from 4/1/2017 – 9/30/2017	847	2,372	35.7%
4/1/2018 – 3/31/2019	All admissions from 10/1/2017 – 3/31/2018	792	2,105	37.6%
10/1/2018 – 9/30/2019	All admissions from 4/1/2018 – 9/30/2018	795	2,247	35.4%
4/1/2019 – 3/31/2020	All admissions from 10/1/2018 – 3/31/2019	701	2,017	34.8%
10/1/2019 – 9/30/2020	All admissions from 4/1/2019 – 9/30/2019	669	2,165	30.9%
4/1/2020 – 3/31/2021	All admissions from 10/1/2019 – 3/31/2020	626	1,982	31.6%
10/1/2020 – 9/30/2021	All admissions from 4/1/2020 – 9/30/2020	647	1,849	35.0%
4/2/2021 – 3/31/2022	All admissions from 10/1/2020 – 3/31/21	476	1,563	30.5%
Target				55.0%

Section 3, Table 6.2a-1



Section 3, Graph 6.2a-1

6.2b: Permanency Within 2 Years of Removal

Operational Question

Of all children who entered their 12th month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within two years of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the Adoption and Foster Care Analysis Reporting System (AFCARS) files.

Description of Denominator and Numerator for this reporting period

Denominator: All children who entered foster care from 10/1/2019 through 3/31/2020.

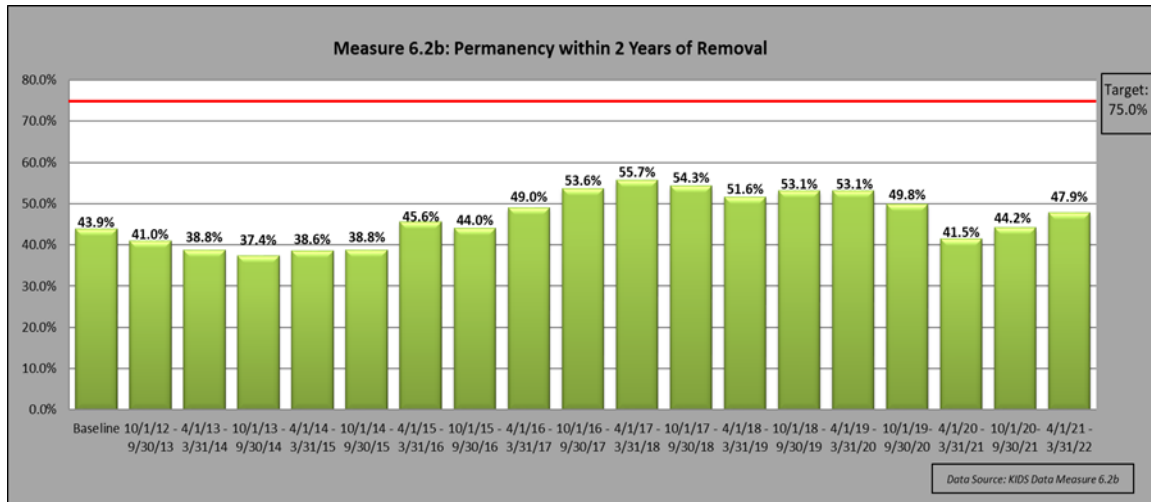
Numerator: The number of children, who entered foster care from 10/1/2019 through 3/31/2020, were removed at least 12 months, and exited to a permanent setting within 24 months of removal.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2010 – 9/30/2010			43.9%
10/1/2012 – 9/30/2013	All admissions from 4/1/2011 – 9/30/2011	667	1,626	41.0%
4/1/2013 – 3/31/2014	All admissions from 10/1/2011 – 3/31/2012	577	1,487	38.8%
10/1/2013 – 9/30/2014	All admissions from 4/1/2012 – 9/30/2012	669	1,787	37.4%
4/1/2014 – 3/31/2015	All admissions from 10/1/2012 – 3/31/2013	713	1,846	38.6%
10/1/2014 – 9/30/2015	All admissions from 4/1/2013 – 9/30/2013	780	2,008	38.8%
4/1/2015 – 3/31/2016	All admissions from 10/1/2013 – 3/31/2014	886	1,944	45.6%
10/1/2015 – 9/30/2016	All admissions from 4/1/2014 – 9/30/2014	821	1,865	44.0%
4/1/2016 – 3/31/2017	All admissions from	769	1,570	49.0%

	10/1/2014 – 3/31/2015			
10/1/2016 – 9/30/2017	All admissions from 4/1/2015 – 9/30/2015	961	1,793	53.6%
4/1/2017 – 3/31/2018	All admissions from 10/1/2015 – 3/31/2016	831	1,493	55.7%
10/1/2017 – 9/30/2018	All admissions from 4/1/2016 – 9/30/2016	891	1,640	54.3%
4/1/2018 – 3/31/2019	All admissions from 10/1/2016 – 3/31/2017	776	1,504	51.6%
10/1/2018 – 9/30/2019	All admissions from 4/1/2017 – 9/30/2017	781	1,472	53.1%
4/1/2019 – 3/31/2020	All admissions from 10/1/2017 – 3/31/2018	680	1,281	53.1%
10/1/2019 – 9/30/2020	All admissions from 4/1/2018 – 9/30/2018	715	1,435	49.8%
4/1/2020 – 3/31/2021	All admissions from 10/1/2018 – 3/31/2019	538	1,297	41.5%
10/1/2020 – 9/30/2021	All admissions from 4/1/2019 – 9/30/2019	649	1,467	44.2%
4/1/2021 – 3/31/2022	All admissions from 10/1/2019 – 3/31/2020	635	1,327	47.9%
Target				75.0%

Section 3, Table 6.2b-1



Section 3, Graph 6.2b-1

6.2c: Permanency Within 3 Years of Removal

Operational Question

Of all children who entered their 24th month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within three years of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from

the Adoption and Foster Care Analysis Reporting System (AFCARS) files.

Description of Denominator and Numerator for this reporting period

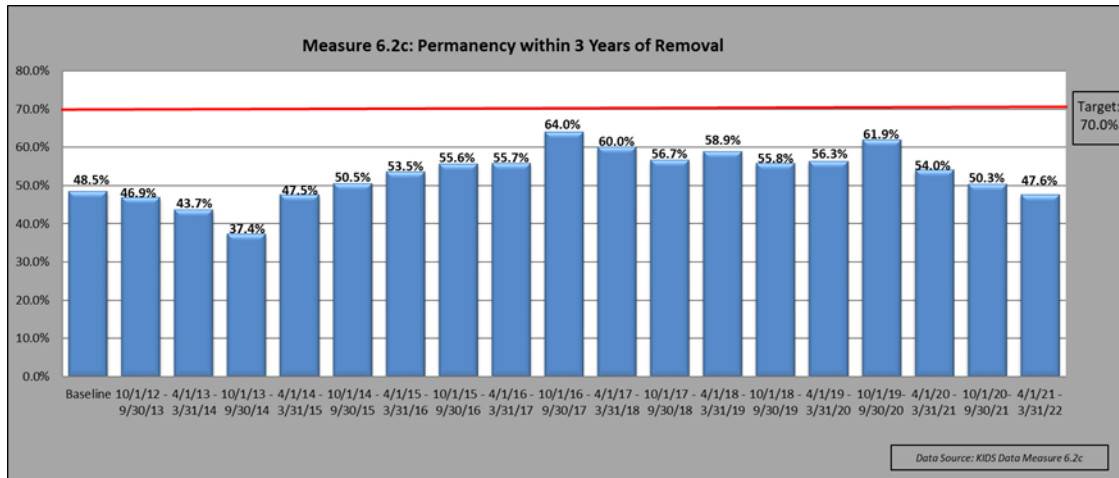
Denominator: All children who entered foster care from 10/1/2018 through 3/31/2019.

Numerator: The number of children, who entered foster care from 10/1/2018 through 3/31/2019, were removed at least 24 months, and exited to a permanent setting within 36 months of removal.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2009 – 9/30/2009			48.5%
10/1/2012 – 9/30/2013	All admissions from 4/1/2010 – 9/30/2010	350	746	46.9%
4/1/2013 – 3/31/2014	All admissions from 10/1/2010 – 3/31/2011	286	654	43.7%
10/1/2013 – 9/30/2014	All admissions from 4/1/2011 – 9/30/2011	346	924	37.4%
4/1/2014 – 3/31/2015	All admissions from 10/1/2011 – 3/31/2012	414	872	47.5%
10/1/2014 – 9/30/2015	All admissions from 4/1/2012 – 9/30/2012	552	1,094	50.5%
4/1/2015 – 3/31/2016	All admissions from 10/1/2012 – 3/31/2013	586	1,095	53.5%
10/1/2015 – 9/30/2016	All admissions from 4/1/2013 – 9/30/2013	653	1,174	55.6%
4/1/2016 – 3/31/2017	All admissions from 10/1/2013 – 3/31/2014	558	1,002	55.7%
10/1/2016 – 9/30/2017	All admissions from 4/1/2014 – 9/30/2014	633	989	64.0%
4/1/2017 – 3/31/2018	All admissions from 10/1/2014 – 3/31/2015	445	742	60.0%
10/1/2017 – 9/30/2018	All admissions from 4/1/2015 – 9/30/2015	443	781	56.7%
4/1/2018 – 3/31/2019	All admissions from 10/1/2015 – 3/31/2016	378	642	58.9%
10/1/2018 – 9/30/2019	All admissions from 4/1/2016 – 9/30/2016	405	726	55.8%
4/1/2019 – 3/31/2020	All admissions from 10/1/2016 – 3/31/2017	405	720	56.3%
10/1/2019 – 9/30/2020	All admissions from 4/1/2017 – 9/30/2017	406	656	61.9%
4/1/2020 – 3/31/2021	All admissions from 10/1/2017 – 3/31/2018	315	583	54.0%
10/1/2020 – 9/30/2021	All admissions from 4/1/2018 – 9/30/2018	357	710	50.3%
4/1/2020 – 3/31/2021	All admissions from 10/1/2017 – 3/31/2018	344	723	47.6%
Target				70.0%

Section 3, Table 6.2c-1



Section 3, Graph 6.2c-1

6.2d: Permanency Within 4 Years of Removal

Operational Question

Of all children who entered their 36th month in foster care between 12 and 18 months prior to the end of the reporting period, what percent exited to a permanent setting within 48 months of removal?

Data Source and Definitions

Measures 6.2a, b, c, and d cover the number and percent of children who entered foster care during a designated time frame from the removal date and reached permanency within 12, 24, 36, or 48 months respectively. This data is pulled from the Adoption and Foster Care Analysis Reporting System (AFCARS) files.

Description of Denominator and Numerator for this reporting period

Denominator: All children who entered foster care from 10/1/2017 through 3/31/2018.

Numerator: The number of children, who entered foster care through 10/1/2017 through 3/31/2018, were removed at least 36 months, and exited to a permanent setting within 48 months of removal.

Trends

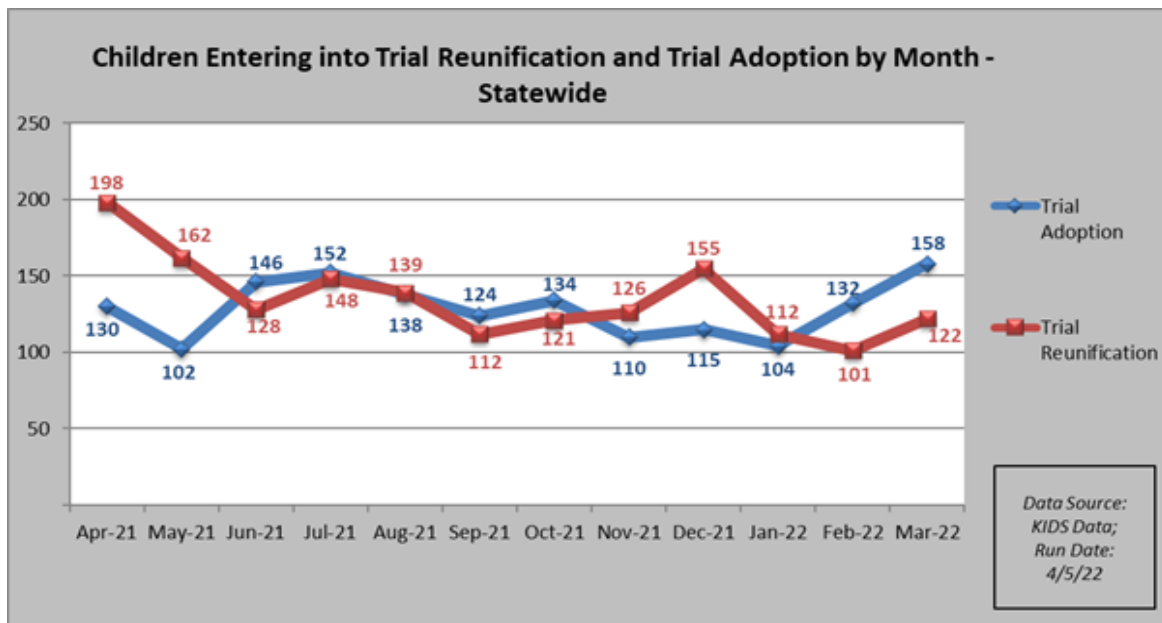
Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All admissions from 4/1/2008 – 9/30/2008			46.6%
10/1/2012 – 9/30/2013	All admissions from 4/1/2009 – 9/30/2009	128	264	48.5%
4/1/2013 – 3/31/2014	All admissions from 10/1/2009 – 3/31/2010	91	278	32.7%
10/1/2013 – 9/30/2014	All admissions from 4/1/2010 – 9/30/2010	141	359	39.3%
4/1/2014 – 3/31/2015	All admissions from 10/1/2010 – 3/31/2011	146	343	42.6%
10/1/2014 – 9/30/2015	All admissions from 4/1/2011 – 9/30/2011	285	556	51.3%
4/1/2015 – 3/31/2016	All admissions from 10/1/2011 – 3/31/2012	206	415	49.6%
10/1/2015 – 9/30/2016	All admissions from 4/1/2012 – 9/30/2012	278	503	55.3%
4/1/2016 – 3/31/2017	All admissions from	252	458	55.0%

Summary Report – August 2022

	10/1/2012 – 3/31/2013			
10/1/2016 – 9/30/2017	All admissions from 4/1/2013 – 9/30/2013	264	482	54.8%
4/1/2017 – 3/31/2018	All admissions from 10/1/2013 – 3/31/2014	228	412	55.3%
10/1/2017 – 9/30/2018	All admissions from 4/1/2014 – 9/30/2014	190	330	57.6%
4/1/2018 – 3/31/2019	All admissions from 10/1/2014 – 3/31/2015	168	279	60.2%
10/1/2018 – 9/30/2019	All admissions from 4/1/2015 – 9/30/2015	192	321	59.8%
4/1/2019 – 3/31/2020	All admissions from 10/1/2015 – 3/31/2016	126	247	51.0%
10/1/2019 – 9/30/2020	All admissions from 4/1/2016 – 9/30/2016	156	299	52.2%
4/1/2020 – 3/31/2021	All admissions from 10/1/2016 – 3/31/2017	167	300	55.7%
10/1/2020 – 9/30/2021	All admissions from 4/1/2017 – 9/30/2017	110	241	45.6%
4/1/2021 – 3/31/2022	All admissions from 10/1/2017 – 3/31/2018	144	254	56.7%
Target				55.0%

Section 3, Table 6.2d-1

Section 3, Graph 6.2d-1



Section 3, Graph 6.2d-2

Section 3, Graph 6.2d-2 is an unduplicated count of children who entered trial adoption (TA) or trial reunification (TR) for each month during the last 12 months ending March 2022. This is not a summary count of all children placed in TA or TR during the month. Although not a Pinnacle Plan measure, Child Welfare Services (CWS) tracks performance in these two areas, as it is reflective of real-time progress on moving children to permanency.

Permanency Safety Consultations of Children in Care on 3/31/22 with Goal of Return to Own Home	
Children in Care 90+ Days with Goal of Return to Own Home	2,360
Children with Permanency Safety Consultation	2,222
% with Permanency Safety Consultation	94.2%
<i>Data Source: KIDS Data Y1104; Run Date: 4/1/22</i>	
<i>*Data only includes children that have been in care at least 90 days</i>	

Section 3, Table 6.2d-3

Permanency Safety Consultations (PSCs) for Children with a Case Plan Goal of Return to Own Home Oct 2021 - Mar 2022				
Month of PSCs	# of PSCs	# of Children with PSCs	PSCs Recommendation Safe	PSCs Recommendation Unsafe
Oct-21	361	609	158	451
Nov-21	380	661	197	464
Dec-21	316	525	136	389
Jan-22	396	705	177	528
Feb-22	349	597	152	445
Mar-22	342	566	167	399
Total	2144	3663	987	2676
<i>Data Source: Y1838; Run Date: 11/5/21, 12/7/21, 1/5/22, 2/18/22, 3/7/22 & 4/7/22</i>				
<i>**Children in Trial Reunification are excluded from the population.</i>				

Section 3, Table 6.2d-4

	Number of Family Meetings (FM) Held	Unique Count of Children Included in FM's	Total Children Served in Care	% of Children with FM
4/1/21 - 3/31/22	13,509	9,170	11,200	81.88%
<i>Data Source: KIDS Data- FTM Types Included, FTM FTM- Alt. Perm Plan, FTM- Concurrent Planning, FTM- ISP Development, FTM- Safety Planning, FTM- 6 Month, FTM- Reasonable Efforts NR Court Finding, FTM- Placement Stability, and FTM- Progress to Permanency.</i>				

Section 3, Table 6.2d-5

As reflected in Section 3, Table 6.2d-3, as of 3/31/2022, 2,222 children had a Permanency Safety Consultation (PSC) completed out of 2,360 children who were eligible with the case plan goal (CPG) of return to own home. Fifty-one children were excluded from the population without a PSC as they were currently placed in TR. Per Section 3, Table 6.2d-4, during the review period of October 2021 through March 2022, a total of 2,144 PSCs were completed and those PSCs included 3,663 children. This number only includes children with a CPG of return to own home.

As seen in Section 3, Table 6.2d-5, 81.88 percent of children had a completed family meeting (FM) compared to the previous reporting period in which 71.61 percent of children had a completed FM.

Data Commentary

During this review period, CWS improved in two of the four permanency measures. Measure 6.2a decreased by 4.5 percent with a total of 476 children or 30.5 percent achieving permanency within the first 12 months in out-of-home (OOH) care. Measure 6.2b increased by 3.7 percent for an overall result of 47.9 percent; this is the second consecutive increase in the last three reporting periods. A total of 635 children achieved permanency within 24 months. Measure 6.2c decreased by 2.7 percent for an overall 47.6 percent, with 344 children achieving permanency within 36 months. Measure 6.2d increased by 11.1 percent or 56.7 percent for this reporting period, with 144 children achieving permanency within 48 months. For Measure 6.2d, this is the eighth time CWS has met or exceeded the target for this measure since Pinnacle Plan reporting began.

Of the 3,867 children included in all of the 6.2 permanency measures, 1,599 children achieved timely permanency. An additional 426 children achieved permanency after the timeliness target dates. Eighty-two children left to non-permanent exits, leaving 1,760 children remaining in OOH care that did not achieve permanency as of 3/31/2022, from the original population of 3,867 children. Of those 1,760 children, 131 children were placed in TR and 107 children were in TA for a total of 238 children close to achieving permanency.

Reporting Period Progress

Family Meeting Continuum (FMC)

CWS began implementing the FMC in November 2020 in specific regions. As of 4/4/2022 all five regions have implemented the FMC.

The WebFOCUS YI142 Family Continuum Report is intended for use in planning as well as oversight by providing family meeting (FM) due dates, overdue FMs, and parent participation. This allows CWS to track outcomes for all cases included in

the FMC both currently and in the past, and provides more accurate reporting of past due FMs. The report was updated in February 2022, to no longer reflect a due date for upcoming FMs for legally-free children as the case no longer meets criteria for inclusion in the FMC. Legally-free children are captured in other measure efforts. Although the due dates are no longer reflected for this population of children, they remain on the report to obtain a more accurate outcome as they may have been included in the FMC prior to becoming legally-free.

Through ongoing discussions with Continuous Quality Improvement (CQI) staff, FMC supervisors, and leadership, it was determined some cases may not be appropriate for FMC inclusion which in turn ties up resources and increases facilitator workloads. A guide was developed to identify cases which may be appropriate for a FMC exception, and the process by which CW supervisors can request an exception. On 2/18/2022, the FMC Exception Guide was sent to FMC leadership and supervisors. FMC supervisors request an exception by emailing the FMC lead with pertinent case information and the reason why the case is appropriate for an exception. The FMC lead maintains a monthly log of all exceptions for reference.

Upon evaluation of the requests received for case exception, a large number of children were determined to have a CPG of adoption. The WebFOCUS YI142 report was updated in June 2022, to notate children in out-of-home care more than six months and have a CPG of adoption or planned alternative permanent placement (PAPP) as no longer on the FMC, as these children are not the target group for this strategy. While they are still included on the report for outcome tracking purposes, they no longer show a meeting due. This allows tracking of the FMC cases easier to navigate.

KIDS staff is partnering with Chapin Hall to assist with the FMC data outcomes. In July 2022 the KIDS data team and Chapin Hall met to review the three regions who initially implemented the FMC, and to evaluate if children in these regions have more successful permanency rates within 12 months. Data sharing, reviews, and evaluation will continue in these regions and eventually in the remaining two regions whose full implementation occurred more recently.

As the FMC is now fully implemented statewide, the focus on implementation shifts to ensuring effectiveness and sustainability. At the May 2022 FMC quarterly meeting it was identified an overlap existed in both content and participants for the FMC monthly supervisor meeting and the permanency 6.2 leads meeting. As such and with full implementation completed, it was determined the FMC quarterly meeting is no longer necessary. Beginning in June 2022, FMC strategy updates became a standing agenda item at the monthly permanency 6.2 leads meeting. The FMC lead meets with the FMC facilitator supervisors on a monthly basis to share information, give and receive feedback that includes experiences in the districts, provide updates, and ensure sustainability of the strategy. The Permanency Planning (PP) programs administrator, along with FMC supervisor and CQI/Quality Assurance (QA) staff continue to meet with the FMC lead to discuss data, concerns, and communicate needs and feedback from staff. In June

2022 these bi-weekly meetings changed to one time per month as implementation statewide is completed.

Parent, youth, and community surveys are dispersed following each FM. The facilitator provides the meeting participants with a QR code to access the survey. After discussion with the PP programs administrator, FMC lead supervisor, FMC lead, and CQI programs field representative (PFR), Qualtrics was updated to allow parents, community partners, and youth to complete the survey without entering a pseudo ID in hopes that completing the survey anonymously will increase participation and transparency of responses.

Approximately 231 responses from parents have been captured through Qualtrics since the launch of the survey in October 2021. The survey's responses continue to reflect a higher percentage of strongly agree and agree than strongly disagree or disagree. Based on the survey results, a notable opportunity exists to improve in bringing a strength-based perspective to the meeting, providing support to parents, and including parents as part of the team. Inclusion of the family's support system is identified as another opportunity for growth within the FMC. The results of the parent survey are consistent with the results of the fidelity reviews. Many parents enter comments within the survey, some of which are positive about the meeting process, and some negative. Largely, feedback about the meetings are positive.

Approximately 212 survey responses from community partners have been received. The surveys continue to indicate foster parents are the largest number of respondents. For the community survey, strongly agree and agree continue to have highest number of responses to questions on participant input, being heard during the meeting, and whether the group developed clear actions steps. The community survey was also completed by 31 tribal partners who attended FMs. For each survey type, participants have the opportunity to give feedback on how CWS can improve the FM process.

Three youth surveys have been received. The FMC team is exploring strategies to increase participation. This was discussed at the July 2022 permanency 6.2 leads meeting, and ideas were brainstormed as to how to increase youth participation. Further discussion regarding the feasibility of these ideas will occur within the FMC teams.

In January 2022, survey feedback was provided to the CWS leadership team as well as CW district directors, permanency 6.2 leads, and FMC supervisors. Beginning April 2022, the results of the parent, community, and youth surveys were compiled and included in the Family Meeting Continuum Q1 2022 report. This report was shared at the 4/20/2022 biannual CQI Statewide Implementation Team (SIT) meeting, and also sent to the team via email. The survey results were also provided at the FMC monthly supervisor meeting in June 2022 and will continue to be provided on a quarterly basis. Results of the new version of the survey for the second quarter were compiled and included in the Family Meeting Continuum Q2 2022 report as part of the FMC practice feedback loop.

In March 2022, the fidelity review tools for both child safety meetings (CSMs) and ongoing FMs were revised and updated with assistance from the CQI team. Approximately 45 fidelity reviews have been completed using the updated tools. The FMC lead will complete a minimum of one review per region per month. In May 2022, CQI staff along with a PP PFR started assisting with fidelity reviews. The expected number of completed reviews is two reviews per month per reviewer. Each reviewer enters the meeting observations into Qualtrics and each quarter the fidelity review results are included in the FMC quarterly report.

Ongoing training is provided as needed for new facilitators. In March 2022, five new facilitators were trained. On 5/25/2022, a training about the FMC was provided to statewide tribal partners. The FMC lead attended Regions 3 and 4 quarterly meetings to provide updates and progress of the FMC. In June 2022, two training sessions were provided to all FMC facilitators and supervisors in collaboration with Dr. Pharris of the University of Oklahoma HOPE Research Center. The training sessions focused on parent engagement in the FM and the utilization of hope-centered language.

In February 2022, the PP programs administrator and FMC lead met with OKDHS Design Services to discuss creating a FM brochure for families. The brochure will be designed to provide families an opportunity to prepare for the FM and encourage them to use their voice at the meeting. The brochure will have several prompter questions with additional space to write out thoughts so that families, during the meeting, remember to bring up their ideas or concerns. The current CSM brochure is undergoing updates to incorporate hope-centered language. Completion of both brochures is expected by the next reporting period.

Worker/Parent Contacts

To make certain worker/parent contacts occur and are as equally valued as worker/child contacts, a target of 95 percent completed, attempted, or approved exceptions was established in January 2021. Average total efforts from October 2021 through March 2022 was 93.7 percent. Districts falling below the 95 percent target are required to report their explanations for missed contacts. District leadership continues to follow up with the assigned CW supervisors and staff to address the parents with no attempted contact. Resources, such as virtual KIDS training and PP Programs assistance, are utilized to reduce documentation errors.

Shifting focus from compliance to quality of worker/parent contacts began in March 2022 with modifications to the communication emails sent by PP Programs to regional and district leadership about the status of parent/worker contacts. The total percentage of documented contacts is still provided, but the individual percentages of completed, attempted, and exceptions are emphasized by providing a visual display. The completed parent contacts are divided by contact type: face-to-face, telephone, or virtual. Practice guidance is aimed at improving the quality of parent engagement through worker visits. A Quality Worker Visits with Parents review tool was completed by the CQI QA team to evaluate worker/parent contact quality. The tool will be administered by CW supervisors and will guide the supervisors' feedback to CW specialists. An implementation

date for supervisors to begin using the tool is pending, since the tool is currently being added into Qualtrics.

Parent Engagement

The parent exit survey is distributed every 30-calendar days. The survey is sent to parents with documented email addresses who exited the CW system within 30-calendar days from the population pull. The survey captures feedback from parents who were successfully reunified with their children and those who did not reunify or had their parental rights terminated. As of 6/28/2022, the response rate remains relatively low with 26 exit surveys completed. Permanency Programs continues to challenge creative thinking and to learn from other OKDHS division's about their client survey deployments in effort to re-evaluate and improve parent survey response rates. Finding more effective ways of ensuring that parents have an opportunity to respond to surveys is a targeted objective since their experiences and feedback is a critical component to improving outcomes for children and families.

PP Programs staff continues to monitor a specialized email inbox for parents to use for any questions they may have about their case or child. The email address is included in each monthly parent newsletter. The parent newsletter features relevant content based on the calendar year. Parent email addresses are pulled from KIDS and compiled in the parent contact information report. As of 8/5/2022, 798 parents have a valid email address entered in the parent demographic information. "No valid email" is still entered in the demographic screen to indicate the CW specialist inquired of the parents and they were not able to or did not wish to provide an email address. Messaging continues through monthly emails sent to CW supervisors, district directors, and regional directors emphasizing the importance of entering a parent's email address into the case demographic information and how completion of the KIDS Parent Contact Summary is an opportunity to ask a parent for their email address.

In May 2021, feedback from regional deputy directors about completion of a monthly worker contact with incarcerated parents included communication barriers with the Oklahoma Department of Corrections (DOC) case managers. PP Programs staff subsequently met with a DOC representative to discuss options to assist CW specialists contact and speak with incarcerated parents on their caseloads. As a result of this discussion, a revised data sharing agreement between OKDHS and DOC was proposed which would allow OKDHS to pull a monthly list of all incarcerated parents and email a DOC point of contact who then disseminates the list to the appropriate DOC facilities. The data sharing agreement was put on hold during this reporting period as there are several changes occurring within DOC to increase communication for all inmates and not just those involved with CWS.

Court Improvement Program (CIP)

The CWS state PP and CIP lead continue meeting quarterly with the CIP multidisciplinary team to build relationships, and to work with external partners on ways to improve systemic barriers to permanency. CIP and CWS began collaboration in late June 2021 for a second five-year joint project that targets

increasing permanency within 12 months. The agreed upon counties for the project are Cleveland County, Lincoln County, and Bryan County.

A kickoff meeting with CWS and court partners occurred on 4/22/2022. The day-long kickoff meeting, attended by CWS and court partners, comprised a full agenda with guest speakers presenting different topics and dedicated time for each county to begin brainstorming for their action plans. Included in the day was a parent and court partner panel that shared their experiences with CWS and their interactions with the court system. The shared experiences included the impact their CW specialists had on their case and quality legal representation. A guest speaker with the Capacity Building Center for Courts talked about using data to improve outcomes for children and families. A judge and a CW supervisor from the first joint project spoke about lessons learned and what practices made the biggest impact in the courtroom. Specific district data was also shared with each county group to assist with their action planning.

Since the kickoff meeting, each county team has met monthly to convene and discuss finalization of court room action plans to increase timely permanency. A core CIP team met in May and June 2022. Team members include the CW district directors, regional directors, and regional QA staff for the three selected counties; CIP staff; and PP Programs staff. A target date of 7/31/2022 was set for all counties to have finalized plans. One of the lessons learned from the first joint project was that not all action steps were measurable; or, once started, did not appear to achieve the intended outcomes. For this second joint project, the counties will test the plans and make adjustments as needed before 10/1/2022 at which point children entering out-of-home care will be measured and the plans will officially start. While the measurement of outcomes will not start until 10/1/2022, every county has some elements of their plans in place now. The core team met on 7/14/2022 to follow up on the status of county plans and offer support and guidance on any remaining action steps not finalized. All counties are on track with finalizing their plans with the exception of a few action steps needing review with court partners, which should be completed by August 2022. An August 2022 core team meeting date will be held to keep all county plans on target for the October 2022 implementation date.

Family Time

Parent engagement through frequent and intentional parent and child family time remains an identified key component to timely permanency. PP Programs staff organized and recorded a Family Time training video for resource parents which was compiled and edited by staff at the University of Oklahoma. The training video was finalized in April 2022 and uploaded to the Oklahoma Fosters website for resource parents to access. PP policy, Instructions to Staff (ITS), was revised to reflect the language shift from "visitation" to "Family Time." Additionally, the Child and Resource Family Support Plan was updated during this reporting period to include a section about Family Time. This new section encourages discussions at as many early touch points as possible with the family including Initial Meetings where the Child and Resource Family Support Plan is completed.

The Family Time Plan tool is used to encourage safety conversations between CW staff and the family with a section for identifying the current safety threat and how it meets the threshold. This tool can be reviewed and updated at FMs in addition to worker visits since FMs are held more frequently as part of the FMC. Safety review with the family assists in accurate safety versus risk identification, action planning to address any safety threats listed, and better outcomes for children and families.

Ongoing Family Time efforts were discussed at the permanency 6.2 leads meeting in July 2022 to ensure new CW staff are trained as well identifying key opportunities to train court and community partners on the components of Family Time.

Guardianship Expansion

During this reporting period, ongoing messaging and training continued to clarify the overall understanding of when a guardianship might be an appropriate permanency option for a child or youth and family, as well as when it is in their best interest. PP Programs staff collaborated with FMC staff and Foster Care and Adoptions (FC&A) Programs staff in the development of role-specific training around guardianships for regional CW staff. The guardianship training for FC&A staff will help them answer foster family questions about guardianships as a permanency option and also equip them with knowledge about what eligibility criteria is required within the foster home for funding approval. FC&A role-specific trainings for guardianship are in the scheduling process, to occur at quarterly FC&A regional all-staff meetings either in-person or virtual depending on how the meetings are held within each region. Training for Region 1 occurred on 6/15/2022. Training for the remaining regions will occur as the quarterly meeting dates are set by the regions. Additional training for FC&A staff was held on 6/7/2022 for field managers and on 6/14/2022 for Youth Transition Services staff. Guardianship training for FMC staff was developed to help guide discussions when questions about guardianship arise during a FM. Trainings were held virtually in each region in May through June 2022. The desired outcome of each training is to provide FC&A and FMC staff with a clearer understanding of what guardianships look like in practice, and how to support the families who are considering or in the process of choosing guardianship. The Guardianship Frequently Asked Questions (FAQ) training video remains available to all regional CW staff through the OKDHS Learning Management System (LMS) to reference as needed.

A guardianship refresher training is currently under development for PP specialists and supervisors. A target date for completion has not been set at this time. The guardianship refresher training will be conducted virtually and offered in two sessions, a morning and afternoon session; there will also be a recorded session added to the LMS. The purpose of this training is to provide basic information for newer CW specialists, refresh and build on what knowledge existing CW specialists and supervisors already have around guardianships, and to build motivation around considering guardianship as a permanency option for children and youth.

Creation of a guardianship bench card is currently in draft form and is intended for judges and court partners to use when guardianship questions arise in their court room. It will also provide guidelines for court partners about funded guardianships. Having this information readily available in the courtroom will assist in expediting timely permanency for children with the goal of guardianship, and ensure that funding is in place as needed for the family.

Ongoing evaluation of the guardianship process remains critical to ensure there are no gaps in providing children and families with a sound alternate permanency option to adoption if it's in the child's best interest. During this reporting period the guardianship liaison began collaboration with FC&A Programs staff to create a child disclosure form for families entering into a guardianship. The disclosure form is in draft status at this time. The purpose of the disclosure form is to ensure families entering into a funded guardianship have the same information upon the court-ordered guardianship just as they would receive in an adoption.

Guardianship Office Hours offer an opportunity for CW specialists and supervisors to virtually speak with PP Programs staff about the various guardianship funding types and to ask case-specific questions. Office hours are on the same days each month to provide a consistent schedule and provides a structured time for the guardianship liaison to be present for questions. This also provides the opportunity for CW specialists to listen to other case staffings and learn from those conversations. PP Programs staff are also available outside of scheduled office hours to answer guardianship questions.

A new electronic supported guardianship request process is under development. Due to the number of requests made for changes to the KIDS system, the projected release date is extended to November 2022. The new request process will be completed electronically by CW specialists in KIDS and sent directly to the guardianship liaison for review. This will eliminate the use of an additional form and automatically populate information from KIDS into the request. When implemented, this new process will help CW specialists make timely requests and streamline data tracking.

Conversations are ongoing to identify and discuss any barriers to children achieving permanency through guardianship when it is an appropriate permanency option. A monthly virtual meeting is held by PP Programs and CWS leadership as guardianship expansion remains a primary strategy for improving permanency outcomes. The regional permanency and guardianship leads meet monthly to focus on region specific barriers to guardianships. PP Programs staff also participate to improve collaboration and information sharing about region specifics to promote ongoing strategy development.

The log to track supported guardianship requests is continually updated as efforts to offer guardianships increase, which also monitors children who exit out-of-home care due to a supported guardianship. The log is emailed monthly to the guardianship and permanency leads and is filtered to the current open guardianship requests. It also shows trends for that month around funded guardianship requests. The 6.2 monitoring report was also provided to the

guardianship leads in both May and June 2022 and was filtered by children with a CPG of guardianship and the cohort ending in September 2022 to review children with a CPG of guardianship and timely permanency. After sending the 6.2 monitoring report to the guardianship leads in May and June 2022, it was apparent that this was a duplicative effort as the 6.2 monitoring log is already filtered for children with a CPG of guardianship and sent to all district directors every month. Therefore, rather than sending the 6.2 monitoring report to the guardianship leads twice each, the guardianship liaison will review the list of children monthly with the guardianship leads to ensure there is a heightened focus for children with a CPG of guardianship. The guardianship liaison continues to answer emails and questions from foster parents and CW regional staff as to when guardianship might be a good permanency option, or what steps are needed to achieve permanency through guardianship. The guardianship liaison also attends FMs, when available, or conducts a staffing with the coordinators when they have questions prior to or after their meetings. Guardianship strategy tools and resources are also included in a Permanency Planning Toolkit that launched on the PP website page in March 2022 and is managed by PP Programs staff.

Permanency Safety Consultations (PSCs)

PSCs remain a strategy designed to impact outcomes in Pinnacle Plan Measures 6.2a, b, c, and d. While this strategy has been implemented for quite some time, ongoing analysis of the strategy's effectiveness resulted in enhancements to further support achieving timely permanency outcomes.

A report identifying upcoming and overdue PSCs across all cohorts is updated and emailed weekly to CW district directors and regional directors, along with practice guidance to enhance PSC quality and intentionality. PSC timeliness is a factor in the Measure 6.2a Monitoring Report, which is emailed monthly to CW district directors and regional directors. An overdue PSC causes a case to be flagged in the report, indicating the child is at risk of untimely permanency. Incorporating PSCs into the monitoring report reinforces the connection between PSCs and safe, timely permanency. Accountability efforts are successfully improving PSC timeliness within the 6.2a cohort. Prior to beginning accountability efforts on 12/7/2020, 622 children and youth within the 6.2a cohort were overdue for a PSC. As of 6/27/2022, 80 children and youth within the 6.2a cohort are overdue for a PSC. As shown in Section 3, Table 6.2d-6, the number of completed monthly PSCs remained consistent from October 2021 through March 2022.

Permanency Safety Consultations (PSCs) for Children with a Case Plan Goal of Return to Own Home Oct 2021 - Mar 2022				
Month of PSCs	# of PSCs	# of Children with PSCs	PSCs Recommendation Safe	PSCs Recommendation Unsafe
Oct-21	361	609	158	451
Nov-21	380	661	197	464
Dec-21	316	525	136	389
Jan-22	396	705	177	528
Feb-22	349	597	152	445
Mar-22	342	566	167	399
Total	2144	3663	987	2676
<i>Data Source: YI838; Run Date: 11/5/21, 12/7/21, 1/5/22, 2/18/22, 3/7/22 & 4/7/22</i>				
<i>**Children in Trial Reunification are excluded from the population.</i>				

Section 3, Table 6.2d-6

Duplication of efforts between the FMC and PSC strategies was observed during the FMC development and initial implementation. This observation resulted in the review and evaluation of what efforts could be modified to eliminate duplication and prioritize family participation, specifically the initial PSC at three months, which is an internal staffing without the participation or input of the family. Fidelity review data collected from January through March 2022 revealed that 35 percent of the PSCs reviewed were initial PSCs, and of those initial PSCs, only 7 percent resulted in a "safe" recommendation. The decision to absorb the three-month PSC into the FMC was communicated to CW district and regional staff on 4/8/2022, to take place effective immediately. The initial PSC is now required at six months after a child's removal and frequency of subsequent PSCs to remain the same, at every 90-calendar days until trial reunification begins. Ongoing evaluation to assess the implementation and impact of this modification will include examining data, feedback from district and regional staff, and communication with FMC lead and QA. The YI104 Child Information Report and YI838 Permanency Safety Consultation Report were updated to reflect the modified initial PSC due date.

Fidelity reviews are completed for each case that receives a PSC in which the reviewer is able to participate. The individual fidelity reviews and daily practice summaries are entered into the Qualtrics data collection system. Monthly distribution of the Qualtrics practice summaries to regional and district directors was temporarily paused in October 2021 while revisions were made to the fidelity review tool and the associated Qualtrics data collection survey and display. Distribution resumed in April 2022, as three months of data collected using the updated fidelity review tool was available and provided to CQI for inclusion in regional practice summaries. Analysis of the fidelity review process determined the fidelity review tool and the accompanying data display needed updating to stay relevant and useful.

Results from the ongoing fidelity review process, feedback from field leadership, and collaboration with CQI were used to update the fidelity review tool. Revisions included expanding several existing questions to gather more specific data surrounding elements of PSC practice, such as safety articulation and action item development. Several questions were added related to discussion of Family Time and quality parent engagement to further demonstrate how different strategy areas are connected and impact outcomes. The revised tool, Permanency Safety

Consultation Fidelity Review Tool 2021, and corresponding updates to the Qualtrics data display were implemented in January 2022. Thus far, three months of data from the new review tool and data display have been reviewed to provide insight into statewide and regional practice areas observed during PSCs. Based on the Permanency Safety Consultation Fidelity Review Summary R1, Permanency Safety Consultation Fidelity Review Summary R2, Permanency Safety Consultation Fidelity Review Summary R3, Permanency Safety Consultation Fidelity Review Summary R4, Permanency Safety Consultation Fidelity Review Summary R5, and Permanency Safety Consultation Fidelity Review Summary – State, two primary areas for improvement are the CW specialists' ability to accurately apply the safety threshold to the current safety threat and the facilitators' guidance in reviewing previous action items. Strengths noted were the descriptions of parent engagement, facilitators' guidance of conversation surrounding initial safety threats, group participation enhancing overall PSC process, and the Family Time discussion reflecting a connection between supervision level and the parents' protective capacities.

The updated PSC Guidebook was submitted to OKDHS Design Services in October 2021, containing all updated forms, clarified guidance on proceeding after a "Safe" recommendation, tips for maintaining quality PSCs when held virtually, action item development guidance, and guidance specific to addressing legal barriers to permanency. The guidebook was added to the PP website page within the OKDHS InfoNet in July 2022 to provide electronic access for all CW staff.

Monthly virtual meetings with the regional permanency leads continue. Identified trends in PSC practice shared by the leads with their leadership teams. The permanency leads also provide feedback on the strategies, which is taken into consideration when making any program changes or improvements to permanency efforts. PSC transfer of learning sessions will not resume at this time due to staff capacity and the recent decision to absorb three-month PSC into the FMC. However, the PSC coordinator will continue to participate in PSCs using the 6.2a monthly monitoring log as a guide for district selection.

The PP Programs team collaborated with OKDHS Digital Pathways to develop content for a website page within the existing OKDHS InfoNet to serve as a hub for resources, information, and guidance for PP specialists. The site provides current information about PP processes, and links to internal and external resources that PP specialists frequently access in the course of their work. Input from district and regional staff and review of frequent questions submitted to the PP Programs team were considered when deciding what content to include. The site enhances communication and accessibility of current information for district and regional staff, and the ease of editing allows PP Programs staff to modify content in response to CW staff's needs or a desire to highlight specific permanency strategies. In March 2022, a Permanency Planning Toolkit was launched on the PP website page and contains documents and information for CW staff utilization related to permanency strategies, including PSCs.

Measure 6.2a Data Analysis

A data analysis, Measure 6.2A- Permanency within 12 Months of Removal, was completed in July 2022 by the KIDS data team to determine what factors, if any, may have contributed to the measurement decrease for this reporting period. The decline appears to be impacted by the reduced number of children achieving reunification within 12 months. The three most recent six-month removal cohorts, removals from October 2019 through March 2021, were reviewed to see what factors may have impacted the recent decreases in achieving permanency within 12 months.

In reviewing the 18-month period of removals, there are specific factors that appear to impact whether a child was reunified or placed in TR within 12 months of removal, the number of times a child was previously removed, contributing factors in removal, and age at the time of removal.

- Children with no previous removals had a higher likelihood of reunifying than children who experienced a prior removal. One previous removal resulted in a 26.8 percent rate of reunification or TR within 12 months, two previous removals resulted in a 19.9 percent rate, and three or more removals resulted in a 13.6 percent rate.
- Contributing factors that lessen the rate of reunification within 12 months were abandonment, substance abuse, and domestic violence. Over the last three reporting periods, there was a noted increase in the percentage of children entering out-of-home care with a removal condition of abandonment.
- Children younger than age five years and older than age 14 years had lower rates of permanency within 12 months than any other age group. Infants had the lowest percentage of reunification and the highest percentage of adoptions within 12 months than any other age group.

In review of the data by region, permanency rates varied significantly.

This analysis was presented to the CWS Executive Team on 7/13/2022, who determined the next step was to meet with the regional permanency and guardianship leads. On 8/3/2022, an all-day in-person work meeting was held to review the 6.2a data analysis and current permanency strategies with the goal of holding transparent conversations about regional performance in timely permanency and adherence to permanency strategies. The permanency and guardianship leads committed to taking the ideas and strategy proposals discussed in the meeting back to their leadership teams and to provide an update in September 2022. A key effort identified was to look at district-level performance in timely permanency as well as adherence to permanency strategies, and to individually tailor efforts in addressing each district's unique set of challenges in achieving timely permanency.

6.4: Permanency for Legally-Free Teens

Operational Question

Of all legally-free foster youth who turned age 16 in the period 24 to 36 months prior to the report date, what percent exited to permanency by age 18?

Data Source and Definitions

Among legally-free foster youth who turned age 16 in the period 24 to 36 months prior to the report date, Measure 6.4 reports the percent that exited to permanency by age 18. An "Exit to Permanency" includes all youth with an exit

reason of adoption, guardianship, custody to relative, or reunification. "Legally-free" means a parental rights termination date is reported to Adoption and Foster Care Analysis Reporting System (AFCARS) for both mother and father.

Description of Denominator and Numerator for this reporting period

Denominator: All children in care who turned age 16 from 4/1/2019 through 3/31/2020 and were legally-free at the time they turned age 16.

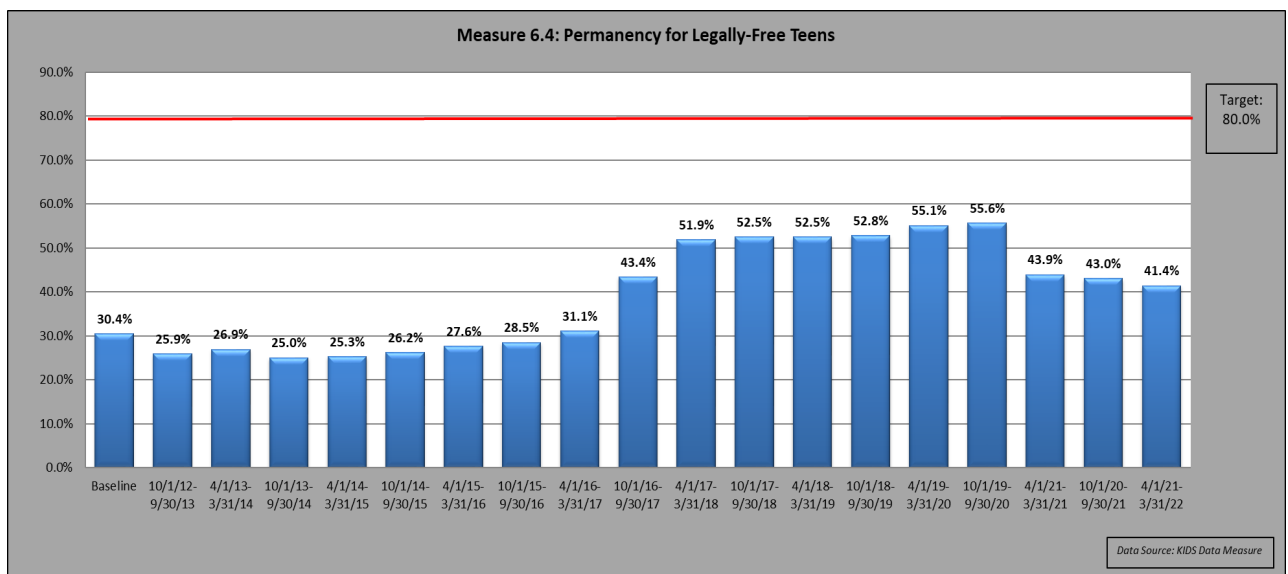
Numerator: The number of children, who turned age 16 from 4/1/2019 through 3/31/2020, were legally-free at the time they turned age 16, and reached permanency prior to their 18th birthday.

Trends

Reporting Period	Population	Numerator	Denominator	Result
Baseline: 10/1/2011 – 9/30/2012	All children in care who turned 16 from 10/1/2009 – 9/30/2010 and were legally-free at the time they turned 16.			30.4%
10/1/2012 – 9/30/2013	All children in care who turned 16 from 10/1/2010 – 9/30/2011 and were legally-free at the time they turned 16.	44	170	25.9%
4/1/2013 – 3/31/2014	All children in care who turned 16 from 4/1/2011 – 3/31/2012 and were legally-free at the time they turned 16.	36	134	26.9%
10/1/2013 – 9/30/2014	All children in care who turned 16 from 10/1/2011 – 9/30/2012 and were legally-free at the time they turned 16.	37	148	25.0%
4/1/2014 – 3/31/2015	All children in care who turned 16 from 4/1/2012 – 3/31/2013 and were legally-free at the time they turned 16.	37	146	25.3%
10/1/2014 – 9/30/2015	All children in care who turned 16 from 10/1/2012 – 9/30/2013 and were legally-free at the time they turned 16.	33	126	26.2%
4/1/2015 – 3/31/2016	All children in care who turned 16 from 4/1/2013 – 3/31/2014 and were legally-free at the time they turned 16.	29	105	27.6%
10/1/2015 – 9/30/2016	All children in care who turned 16 from 10/1/2013 – 9/30/2014 and were legally-free at the time they turned 16.	35	123	28.5%
4/1/2016 – 3/31/2017	All children in care who turned 16 from 4/1/2014 – 3/31/2015 and were legally-free at the time they turned 16.	41	132	31.1%
10/1/2016 – 9/30/2017	All children in care who turned 16 from 10/1/2014 – 9/30/2015 and were legally-free at the time they turned 16.	59	136	43.4%
4/1/2017 – 3/31/2018	All children in care who turned 16 from 4/1/2015 – 3/31/2016 and were legally-free at the time they turned 16.	84	162	51.9%
10/1/2017 – 9/30/2018	All children in care who turned 16 from 10/1/2015 – 9/30/2016 and were legally-free at the time they turned 16.	73	139	52.5%

4/1/2018 – 3/31/2019	All children in care who turned 16 from 4/1/2016 – 3/31/2017 and were legally-free at the time they turned 16.	64	122	52.5%
10/1/2018 – 9/30/2019	All children in care who turned 16 from 10/1/2016 – 9/30/2017 and were legally-free at the time they turned 16.	66	125	52.8%
4/1/2019 – 3/31/2020	All children in care who turned 16 from 4/1/2017 – 3/31/2018 and were legally-free at the time they turned 16.	65	118	55.1%
10/1/2019 – 9/30/2020	All children in care who turned 16 from 10/1/2017 – 9/30/2018 and were legally-free at the time they turned 16.	60	108	55.6%
4/1/2020 – 3/31/2021	All children in care who turned 16 from 4/1/2018 – 3/31/2019 and were legally-free at the time they turned 16.	54	123	43.9%
10/1/2020 – 9/30/2021	All children in care who turned 16 from 10/1/2018 – 9/30/2019 and were legally-free at the time they turned 16.	49	114	43.0%
4/1/2021 – 3/31/2022	All children in care who turned 16 from 4/1/2019 – 3/31/2020 and were legally-free at the time they turned 16.	41	99	41.4%
Target				80.0%

Section 3, Table 6.4-1



Section 3, Graph 6.4-1

Data Commentary

From 4/1/2019 through 3/31/2020, a total of 99 legally-free youth turned age 16 years old. Of these youth, 41 or 41.4 percent achieved permanency and 58 or 58.6 percent exited care prior to reaching permanency.

Achieved Permanency:

- 33 youth were adopted (33.3%);

- 7 youth were placed in guardianship (7.1%); and
- 1 youth was placed in custody to a relative (1.0%).

Exited Care Prior to Reaching Permanency:

- 56 youth exited care through emancipation/aging out (56.6%); and
- 2 youth exited through other non-permanency means (2.0%).

This reporting period ended with 41.4 percent of legally-free 16-17 year old youth achieving legal permanency, as seen above in Section 3, Graph 6.4-1. This percentage is a slight decrease from the previous reporting period, but still 11.0 percent above the baseline.

Pinnacle Plan Measure 6.4 - Number and Percent of Children who Turned 16 while in Foster Care and Legally-											
Exit Reason	REGION 1		REGION 2		REGION 3		REGION 4		REGION 5		TOTAL
ADOPTION	9		16		10		8		19		62
REUNIFICATION	1	25.0%	0	30.4%	0	28.3%	0	23.7%	1	34.3%	2
GUARDIANSHIP	2		1		3		1		4		11
CHILD AGED OUT / OTHER	3	8.3%	3	7.1%	7	17.4%	2	5.3%	10	14.3%	25
OTHER EXITS	1		1		1		0		0		3
Still in Care	32	66.7%	35	62.5%	25	54.3%	27	71.1%	36	51.4%	155
TOTAL	48		56		46		38		70		258

Data Source: Totals include Measure 6.4 for reporting periods ending 9/30/22, 3/31/23, 9/30/23, and 3/31/24. Run Date:

Section 3, Table 6.4-2

Section 3, Table 6.4-2 captures the next four cohorts for Measure 6.4. The data includes youth in the periods ending September 2022, March and September 2023, and March 2024. This data will help in monitoring youth remaining in out-of-home care as youth are more likely to achieve permanency in the first year of this measure at age 16 years old, than during the second year at age 17 years old.

Pinnacle Plan Measure 6.4 - Number and Percent of Children who Turned 16 while in Foster Care and Legally-Free					
Reporting Period	Sep-22	Mar-23	Sep-23	Mar-24	TOTAL
% Exited with Permanence	38.8%	41.7%	31.2%	16.2%	29.1%
% Exited without Permanence	35.7%	2.0%	.0%	.0%	10.9%
% Still in Care	25.5%	56.3%	68.8%	83.8%	60.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Measure 6.4 for reporting periods ending 3/31/22, 9/30/22, 3/31/23 and 9/30/23.
Run Date: 4/5/22

Section 3, Table 6.4-3

Section 3, Table 6.4-3 breaks out each of the upcoming cohorts for Measure 6.4. This is preliminary data and is subject to change; however, the reporting period in March 2023 already shows to be exceeding the current reporting period.

Reporting Period Progress

Effective 4/1/2022, the Youth Transition Services (YTS) administrator and the Permanency Planning (PP) Programs supervisor, as co-leads, began oversight of all Measure 6.4 improvement efforts and strategies. This brings improved alignment of all efforts related to permanency of children and youth, as YTS specialists are

assigned a high percentage of youth within the 6.4 cohort. As part of this transition, the co-leads reviewed the current 6.4 efforts and strategies, and the 6.4 data analysis report Measure 6.4 Review July 2022. A team of experts was also brought together to determine if and what new efforts were needed to meet the needs of youth within the 6.4 cohort. Thus, this report includes current efforts as well as e those newly developed.

Ongoing Efforts

The case plan goal (CPG) of planned alternative planned placement (PAPP) for any youth ages 16 and 17 years is approved by the CW supervisor and district director, with the additional approval required by the regional director and Assistant CWS Director for Field Operations for age 16 youth. This practice expectation emphasizes the importance of exhausting all efforts to achieve legal permanency for every youth in Oklahoma Human Services (OKDHS) custody. As of 7/1/2022, six youth age 16 years, and 40 youth age 17 years, have a PAPP CPG, for total of 46 youth. All youth with a PAPP CPG are assigned to an YTS specialist.

Higher level leadership reviews for denied kinship placements or previously failed kinship placements continue for youth ages 15 years and older. When a kinship placement for a youth age 15 years or older is denied, the placement denial is elevated to the next level for review by the child welfare (CW) district director and field manager. When the decision is made at that level to deny the kinship placement, the regional deputy director and Foster Care and Adoptions (FC&A) deputy director review the denial. When denial is still recommended, the Assistant Child Welfare Services (CWS) Director for Field Operations reviews the denial. The multi-level review's purpose is to consider the youth's placement preferences and to ensure all efforts to support the kin are identified and provided. This review happens quickly when the youth is in immediate need of placement. The youth's specific case and circumstances are always considered in the kinship assessment process, especially regarding the youth's functioning and vulnerability, while ensuring efforts and supports to mitigate risks are evaluated to work toward kinship placement and permanency for older youth.

The regional multidisciplinary (MDT) leads are an elevated voice for youth age 15 years and older, and meet monthly to discuss current practice, as well as navigation barriers. At these monthly meetings, the regional MDT leads determine all action items that could potentially lead directly to a connection or legal permanency for these youth.

The statewide Permanency for Teens online training in the OKDHS Learning Management System is required for all PP specialists, as well as YTS specialists, and is part of onboarding training for staff new to YTS. The course is also available after completion as a reference when needed. The Oklahoma Successful Adult (OKSA) program also provides technical assistance to CW staff about the benefits a youth can receive upon achieving legal permanency. The overall messaging of the importance of legal and relational permanency for legally-free teens continues to be infused into the program.

The OKSA program provides field supports through notifications to the assigned

CW specialist to ensure transition planning for teens takes place, starting at age 14 years. The assigned CW specialist is encouraged to include the participation of supportive adults in the young person's life and permanent connections. CW specialists are encouraged to include youth engagement to help young people achieve their permanency plan goals. Ensuring relational permanency is addressed early, and often, positively affects legal permanency rates.

Since January 2021, OKSA has worked to identify, reach out to, and assist youth transitioning out of OKDHS custody or have transitioned to provide them with additional COVID-19 pandemic funding. Recently, OKSA was given an extension through 9/30/2022 to disperse the remainder of the Division X funding to youth and young adults in this population ages 14-23 years. These additional funds are used to assist eligible youth and young adults with rent and utility payments, unexpected medical expenses, food, clothing, and purchasing vehicles. With these funds, youth and young adults are provided access to technology through the purchase of items, such as cell phones, data cards, laptops, or tablets. During this reporting period OKSA distributed 1,700 gift cards to youth and young adult's ages 14-27 years, and as of 7/6/2022 there are approximately 325 gift cards left to distribute to youth and young adults who have aged out of OKDHS custody.

Funding is used to strengthen partnerships within the community and provide long-term solutions to the housing shortage for young adults transitioning out of OKDHS custody. The OKSA program has worked to create a partnership with Pivot to offer housing solutions for young adults age 18 years and older. OKSA hopes to have a contract in place by September 2022.

In the previous reporting period OKSA initiated a pilot project to test and validate youth assessment and planning tools based on the Science of Hope. During the pilot program OKSA staff trained CW specialists in District 9 on the Science of Hope, as well as its application to working with youth in OKDHS custody. As part of this process, CW staff received specific training and ongoing technical assistance on the Hope assessment and planning tools created in partnership with the University of Oklahoma Hope Research Center. During the six-month pilot process, CW specialists incorporated these tools in their work with youth with a specific emphasis on increasing Hope and positive youth outcomes. The OKSA program lead structured feedback opportunities for the use of informing revision and eventual finalization of the assessment and planning tools. Through the feedback, evaluators determined more data was needed before rolling out the Hope assessment statewide and decided an additional, larger demographic pilot needed to take place. During this current review period, Tulsa County was selected for the six-month pilot project. OKSA continues to partner with the Hope Research project team to prepare to pilot the draft assessment and planning tools for youth based on the Science of Hope. Training for the CW specialists and supervisors who will be working with the youth during the pilot occurred on 7/12/2022 and 7/13/2022.

Newly Developed Efforts

Although a variety of factors impact permanency for youth in OOH care, the 6.4 data analysis report Measure 6.4 Review July 2022 reveals those youth who enter

OOH care due to abandonment are less likely to achieve permanency at a higher rate than children and youth with other removal factors. Other youth-specific factors that decrease the likelihood of a youth achieving permanency before age 18 include youth with a diagnosed disability or a mental health diagnosis requiring residential psychiatric care. Based on this, a select team was brought together in April 2022 to evaluate current approaches and collaborate on additional practices for the 6.4 population who are abandoned, have a diagnosed disability, and/or a mental health diagnosis. The 6.4 strategy review team was comprised of individuals from PP Programs, FC&A Programs and regional staff, a MDT lead, and OKSA Programs staff.

The first subpopulation identified through this collaboration is youth who statutorily qualify to request the court reinstate the youth's parent's previously terminated parental rights. While youth in the 6.4 population are staffed via the MDT/multilevel staffing (MLS) process, the subpopulation of youth who also statutorily qualify to request reinstatement of parental rights may benefit from additional heightened monitoring and staffing. Effective 9/1/2022, the Permanency Planning Intentional Case Staffing Guide, included in the Safety through Supervision Framework, will be part of the new protocol to bring heightened monitoring to this subpopulation. In the new protocol, PP Programs staff will email the YI813 Children Age 14 and Older with TPR Greater than 36 Months report monthly to district directors and CW supervisors who appear on the report. The CW supervisor and specialist will conduct a staffing of their assigned youth from the YI813 report and explore the possibilities of reinstatement of parental rights. The supervisor and/or specialist will have 30-calendar days from the time the YI813 report is sent to complete the reinstatement report to include information such as the date of the staffing, the potential for reinstatement, and any identified action steps. The completed reinstatement report will be shared with 6.4 and regional MDT leads for elevated MLS and ongoing monitoring of action steps and progress by the MDT leads. The reinstatement report is in draft form, but in its current version features streamlined pick-list options, branching questions, and the ability to export responses into an Excel spreadsheet and efficiently shared with the above mentioned staff. PP Programs staff are also creating a draft infographic which outlines the new protocol and includes embedded links for the reinstatement report, links for resources, and a section for frequently asked questions. At the writing of this report, the draft infographic has been distributed to district directors in Regions 4 and 5 for feedback to be used in revisions to the tool.

The second predominant group of youth in this subpopulation are categorized as Quad 2 youth with the goal of adoption with no identified permanency path. These youth fall into a variety of meeting cohorts, and as such, the goal in selecting this subpopulation for further monitoring is to avoid adding additional staffing meetings. Rather, the creation of the My Meeting, which includes youth in planning for their own permanency, is intended to replace two of the existing MLS. The My Meeting is bifurcated and starts with a 30-minute preparatory time for the team, after which a 60-minute meeting occurs where the youth and two support people of their choosing both participate and lead the meeting. The My Meeting cannot be completed without the youth; if the youth and supports are

not in attendance, it is simply a staffing. Because there may be some youth who appear to have no permanency path in KIDS, although the 6.4 strategy review team may in fact have one identified, the MDT lead would have discretion to arrange a My Meeting.

In addition to the legally-free youth with goal of adoption without a direct permanency path, youth with a removal reason of abandonment would be immediately flagged for a My Meeting, as well as youth who receive Developmental Disabilities Services (DDS) and are age 17.5 years, regardless of placement type or identified permanency path. My Meetings will be held in or around a youth's whole and half birthdays, with follow up meetings determined necessary by the youth and/or their team.

As MDT leads are de facto 6.4 leads, they would have the option to elevate any youth into this subpopulation as need or situation determines, as well as include all applicable parties from meetings due, including but not limited to Quad 2 Adoption Timeliness and Accountability Team, MLS, MDT, OKSA, and family group conference/family meetings. As of 5/31/2022, this subpopulation includes 130 youth. Regions 1 and 4 each have 25 youth in this subpopulation, Regions 2 and 3 each have 22 youth, Region 5 has 32 youth, and Region 6 has four youth. The average number of youth in this subpopulation per district is three, with a range of one youth in some districts to as many as nine youth in other districts.

Adding the additional parties discussed above to ensure the My Meeting is multifunctional prevents staff from having to attend multiple meetings regarding the same youth or case. The 6.4 strategy review team envisions a quality meeting where the youth's assigned CW specialist is part of a larger team working on behalf of the youth. This will decrease overall casework time, and ultimately enhance the CW specialists' feeling of being supported and result in further staff retention.

As the 6.4 population continues to require heightened monitoring, information will need to be disseminated to CW staff to share the purpose and meaning behind My Meetings, and ensure buy-in from all programs. MDT leads will present information on newly developed strategies at regional leadership meetings. Additionally, PP Programs staff will develop an infographic to be shared with individual PP specialists, supervisors, and district directors when their youth are selected for a My Meeting.

A third subpopulation identified includes youth who qualify for DDS benefits and are currently placed in family-based settings where availability of ongoing benefits and services pose a barrier to legal permanency. This strategy consists of upper-level leadership conversations, which are already occurring between the CWS and DDS divisions. Children and youth with disabilities are placed in OKDHS custody due to a higher level of vulnerability, which in turn creates challenges in both returning them home and finding alternate permanency. Oftentimes, children and youth in DDS homes or agency companion homes (ACHs) are hesitant to provide legal permanency due to loss of services/support, money payment, and/or other benefits.

Children and youth in OOH care who do not have a disability and/or mental health diagnosis are more likely to exit to permanency than children and youth with these diagnoses. According to the Measure 6.4 Review July 2022 data analysis, 80 percent of the youth in the upcoming reporting period ending 9/30/2022 do not have a recorded disability and have achieved permanency.

The 6.4 strategy review team recommended:

- high-level conversations occur to eliminate barriers which can lead to systemic or process changes,
- a review occur of the current requirements of third party guardians, possible development of recruitment strategies for third party guardians occur with ACH and resource family partner agencies in specific cases, and
- development of a staffing team to include Post-Adoption Services, DDS, Education Services and Developmental Disabilities Program, monitors of ACH contracts, Supplemental Security Income and CWS occur to discuss cases where barriers include benefits and services.

Conclusion

As CWS continues to work to counteract the social and community impacts of the COVID-19 pandemic on youth in OOH care, the unpredictability of the virus is unrelenting. The waxing and waning of variants, countered by the widespread availability of vaccines, require CW specialists to be ever vigilant about ensuring youth have access to social contact, services in their preferred manner, contact with connections and family, as well as an understanding of the upheaval in the lives of those people in whom they find solace.

As of 7/5/2022, there are 44 youth ages 16 and 17 years old with a PAPP CPG, continuing the cultural and practice shift to heightened focus on relational and legal permanency for teens. The number of youth entering the 6.4 cohort remains below the initial denominator of 170 established in 2013, and the 162 denominator during the period ending March 2018. There has been significantly fewer youth in each period thereafter. From the establishment of a robust YTS team using the evidence-based Wendy's Wonderful Kids (WWK) model, to the statewide, consistent model CWS has developed for the MDT process, as well as involvement in CWS leadership in removals involving teens and permanency efforts, CWS has demonstrated its commitment to increasing permanency outcomes for youth in OKDHS custody.

CWS' ongoing data-focused approach continues to guide work within this cohort. With the review of 6.4 strategies and development of additional efforts for specific populations within the cohort, CWS is on the right track to increasing permanency for youth in OOH care. Looking forward, CWS will continue to build a supportive, stabilizing, trauma-responsive process, providing quality mental health services which will in turn reduce both placement changes, the need for residential treatment, and delinquent involvement.

