

Co-Neutral 21st Commentary
April 2024

Compromise and Settlement Agreement

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

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I. Introduction

On January 4, 2012, the Oklahoma Department of Human Services (“DHS”) and the Plaintiffs (together, “the Parties”) reached agreement in this federal class action lawsuit brought against the state of Oklahoma on behalf of children in the custody of DHS. That matter, *D.G. vs. Yarbrough*, Case No. 08-CV-074, resulted in the Compromise and Settlement Agreement (CSA), which was approved by the United States District Court for the Northern District of Oklahoma (“the Court”) on February 29, 2012. The CSA requires (Section 2.10 (a)) that DHS develop a plan setting forth “specific strategies to improve the child welfare system.” Under the CSA, the parties identified and the court approved Eileen Crummy, Kathleen Noonan, and Kevin Ryan as “Co-Neutrals,” and charged them to evaluate and render judgment about the ongoing performance of DHS to strengthen its child welfare system to better meet the needs of vulnerable children, youth, and families. The CSA states specifically (Section 2.10 (i)) that “Twice annually, the Co-Neutrals shall provide commentary regarding the Department’s overall progress as reflected by the [data] reports and shall provide commentary as to whether the Department is making good faith efforts pursuant to Section 2.15 of the Settlement Agreement.”

DHS, with the assistance of state leaders, advocates and other stakeholders, developed the Pinnacle Plan in 2012, detailing significant commitments to be implemented beginning in State Fiscal Year (SFY) 2013. The Co-Neutrals approved the Pinnacle Plan on July 25, 2012.

The CSA required DHS to identify performance baselines and Target Outcomes to measure the state’s progress in core performance areas, which are grouped in the following categories:

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

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

Neutrals, and as updated.^{1,2} The CSA requires the Co-Neutrals to report on those Target Outcomes that DHS has met, those for which the department has achieved sustained, positive trending toward the Target Outcomes, and those Target Outcomes for which DHS has not achieved sustained, positive trending.

The CSA further requires the Co-Neutrals to determine whether DHS has “made good faith efforts to achieve substantial and sustained progress” toward a Target Outcome. This standard requires more than an assessment of DHS’ intentions but necessarily requires a conclusion by the Co-Neutrals that is based on an analysis of the activities undertaken and decisions made by DHS or, as the Co-Neutrals have stated, the inactions or failures to make decisions, and the impact of those decisions and activities on achieving substantial and sustained progress toward a Target Outcome.

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

COVID Recovery Agreement

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

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

¹ The summary chart of the metrics includes only the remaining seven measures for which DHS is still subject to monitoring under the CSA as explained further below.

² Under Section 2.10(f) of the CSA, the Co-Neutrals shall issue Baseline and Target Outcomes, which shall not be subject to further review by either party but may at the discretion of the Co-Neutrals, after providing the parties an opportunity to comment, be revised by the Co-Neutrals. The CSA also requires the Co-Neutrals to provide commentary and determine whether DHS’ data submissions provide sufficient information to measure accurately the department’s progress. The Co-Neutrals have previously found data sufficiency for all the CSA performance areas and data metrics. Pursuant to the CSA, the Co-Neutrals may revise any determination of data sufficiency based on subsequent or ongoing data submissions as deemed appropriate.

- Permanency Performance Area Measure 6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency;
- Permanency Performance Area Measure 6.2b: The number and percent of children who entered their 12th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency;
- Permanency Performance Area Measure 6.2c: The number and percent of children who entered their 24th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency;
- Permanency Performance Area Measure 6.2d: The number and percent of children who entered their 36th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal;
- Permanency Performance Area Measure 6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18 and exited without permanency by age 18.

The CRA established an 18-month “COVID Recovery Period” that covered three six-month report periods (January 1, 2021 – June 30, 2021; July 1, 2021 – December 31, 2021; and January 1, 2022 – June 30, 2022). For these three six-month report periods, the Parties agreed the Co-Neutrals would suspend judgment with respect to DHS’ efforts for the seven Delayed Performance Area Measures. The CRA further established that the Co-Neutrals would resume rendering a judgment on DHS’ efforts regarding these seven measures in the Twentieth Commentary, covering the period July 2022 through December 2022. (See Appendix A for the CRA).

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

The CRA describes the remaining 23 performance area metrics as the “Non-Impacted Performance Area Measures.” In accordance with the CSA, including subsequent amendments and modifications to the CSA described above, the Co-Neutrals presented Section III of Commentary Nineteen as the Final Report for the 23 Non-Impacted Performance Area Measures. As detailed throughout Section III of Commentary Nineteen, the Co-Neutrals found that for a two-year continuous period, including the last six-month report period ending June 2022, DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for each of the 23 measures assessed in this Commentary.³ On April 24, 2023, U.S. District Court Judge Gregory K. Frizzell concluded and ordered:

The Compromise and Settlement Agreement provides a thirty-day period for the parties to appeal to the court the Final Report of the Co-Neutrals. [Doc. 770-1, p. 12]. The thirty-

³ DHS committed in the CRA that it will continue to report to the Co-Neutrals and the Plaintiffs on the metrics and Target Outcomes for all Delayed Performance Area Measures and Non-Impacted Performance Area Measures for a minimum period of one year after publication of the Final Report for each collective group of measures.

day period has lapsed and no appeal has been filed. Thus, the Nineteenth Commentary of the Co-Neutrals constitutes the Final Report for the twenty-three Non-Impacted Performance Area Measures. The Department's obligations under the Compromise and Settlement Agreement, as amended, with respect to the twenty-three "Non-Impacted Performance Areas Measures" are terminated. See [Doc. 770-1, p. 12]. (See Appendix B for the filed copy of Judge Frizzell's order.)

Seven Remaining Delayed Performance Area Measures

The CRA states that, "After resumption of Good Faith Assessments by the Co-Neutrals and the Department subsequently achieving Good Faith Assessments for all Delayed Performance Area Measures over a period of two successive years, inclusive of Good Faith Assessments made prior to the COVID Recovery Period, the final Commentary reflecting such efforts shall be considered the Final Report for the Target Outcomes of the Delayed Performance Area Measures and the Department's responsibilities and obligations under the Settlement Agreement shall terminate."

The Co-Neutrals' Sixteenth Commentary, issued for the period ending December 31, 2020, was their last report - prior to the beginning of the COVID Recovery Period - in which the Co-Neutrals rendered a good faith determination for the seven remaining, Delayed Performance Area Measures. For that period, the Co-Neutrals found that DHS had made good faith efforts to achieve substantial and sustained progress for each of these seven measures. In accordance with the CRA, these good faith findings for all seven measures discussed in the Co-Neutrals' Sixteenth Commentary count as the first of four periods. In the Twentieth Commentary, the Co-Neutrals found that the state made good faith efforts to achieve substantial and sustained progress toward the seven performance areas, representing two consecutive periods of good faith findings for the Delayed Performance Area Measures. In this Twenty-First Commentary, covering the period January 2023 through June 2023,⁴ the Co-Neutrals again find that DHS made good faith efforts to achieve substantial and sustained progress toward the seven remaining performance areas.

The following Table summarizes the Co-Neutrals' findings of DHS' progress toward the Target Outcomes and, separately, the Co-Neutrals' assessment of DHS' efforts for each of the seven measures during this report period.

⁴ In numerous instances, as described in this Commentary, data and information are only available through March 31, 2023 (due to reporting lags or intervals agreed upon previously by the Co-Neutrals and DHS). In some instances, the Co-Neutrals report on more recent decisions or activities by DHS to reflect, when possible, the most current view of the agency's performance.

TABLE 1: SUMMARY OF TARGET OUTCOMES

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
Delayed Performance Area Measures			
2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period and number of children served in Enhanced Foster Care (EFC) family placements. ⁵	Outcome: 574 EFC child placements assessed and confirmed; 28 TFC/ITFC homes Target: 440 EFC placements; 49 TFC/ITFC	Yes	Yes
Net gain/loss in TFC homes for the reporting period.	Yes for EFC; No for TFC/ITFC Outcome: 574 EFC child placements; -8 TFC/ITFC homes Target: 440 EFC placements; 19 TFC/ITFC;	Yes	Yes
6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	No Baseline: 35% Outcome: 34.7% Target: 55%	No	Yes

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

Metric	Has Met Target Outcome	Has Achieved Sustained, Positive Trending Toward the Target Outcome	Has Made Good Faith Efforts to Achieve Substantial and Sustained Progress Toward the Target Outcome
6.2b: The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	No Baseline: 43.9% Outcome: 48.3% Target: 75%	Yes	Yes
6.2c: The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	No Baseline: 48.5% Outcome: 51% Target: 70%	No	Yes
6.2d: The number and percent of children who entered their 36 th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal.	No Baseline: 46.6% Outcome: 51.2% Target: 55%	No	Yes
6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.	No Baseline: 30.4% Outcome: 53.9% Target: 80%	Yes	Yes

Methodology

The Co-Neutrals conducted a comprehensive series of verification activities to evaluate DHS' efforts and progress. These activities included numerous meetings with DHS leadership and staff, and the review and analysis of a wide range of aggregate and detailed data produced by DHS including children's and foster home records, policies, memos, and other internal information relevant to DHS' work during the period.

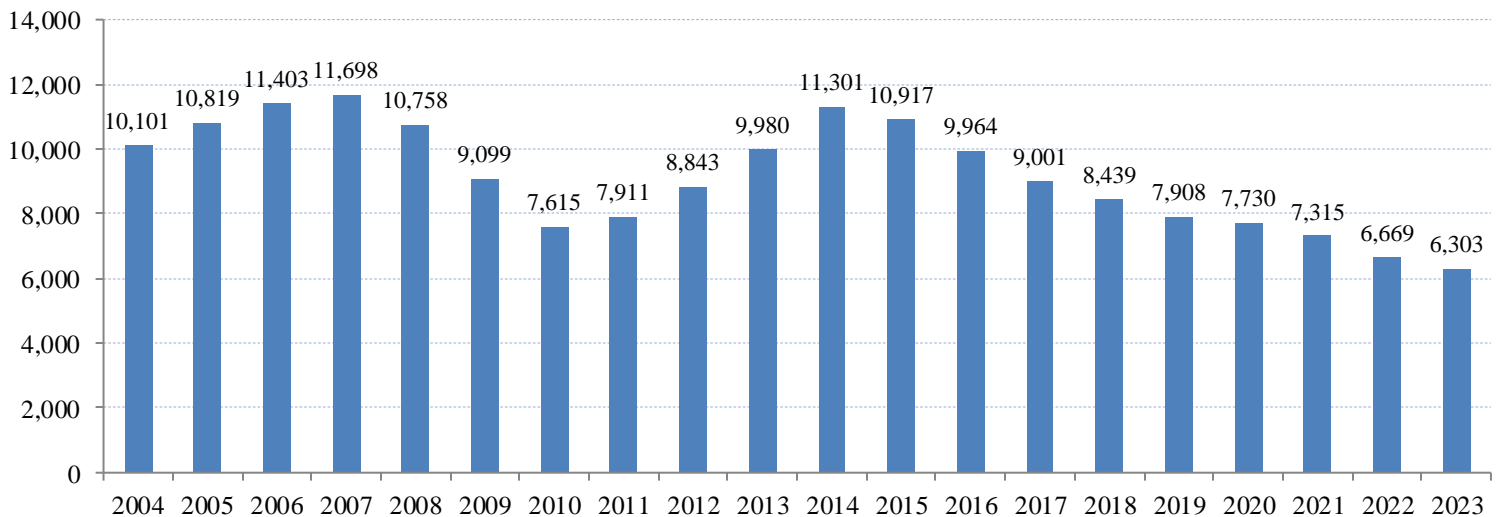
The remainder of this report includes:

- Context Data of Children in DHS Custody (Section II);
- Delayed Performance Area Measures: Performance Data Outcomes, Assessment of Progress (Section III); and,
- Appendix.

II. Context Data of Children in DHS Custody

DHS has experienced a steady decline in the number of children in its custody over the last nine years. At its peak, there were 11,301 children in DHS custody on June 30, 2014. On June 30, 2023, there were 6,303 children in DHS custody, representing a 44 percent reduction. The long-term decline in the population of children in care is the result of more children exiting care than entering care each year.

FIGURE 1: NUMBER OF CHILDREN IN DHS CUSTODY AT THE END OF THE SFY - 2004 TO 2023



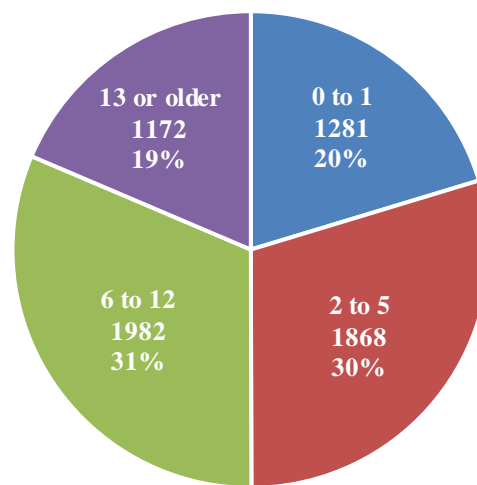
Source: DHS Data

Demographics

DHS data show that there were 6,303 children in custody on June 30, 2023, while there were 6,519 children in custody on January 1, 2023. During the reporting period from January 1, 2023 to June 30, 2023, 1,686 children entered care and 1,902 children exited care.

Young children aged zero to five years make up the largest portion (3,149 or 50 percent). Children aged 6 to 12 years comprised 31 percent (1,982) of the population in care, and 19 percent (1,172) were 13 years or older, as detailed in the following chart.

FIGURE 2: CHILDREN IN CUSTODY ON JUNE 30, 2023 BY AGE GROUP (TOTAL = 6,303)

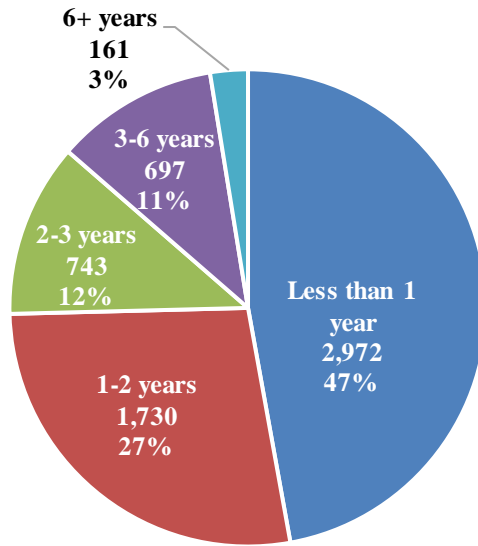


Source: DHS Data

With regard to gender, the population is split almost equally — 52 percent male and 48 percent female. With regard to race, the population of children was 35 percent White, 10 percent African American, and eight percent Native American. Overall, 35 percent of children identified as Native American, including those children who identified with more than one race and ethnicity category and those who identified as Hispanic. In addition, 17 percent of children identified with Hispanic ethnicity (and can be of any race).

As presented in the chart below, DHS' data shows that of the children in care on June 30, 2023, 47 percent (2,972) were in care for less than one year; 27 percent (1,730) between one and two years; 12 percent (743) between two and three years; 11 percent (697) between three and six years; and three percent (161) for more than six years.

FIGURE 3: CHILDREN IN CARE ON JUNE 30, 2023 BY LENGTH OF STAY (TOTAL = 6,303)



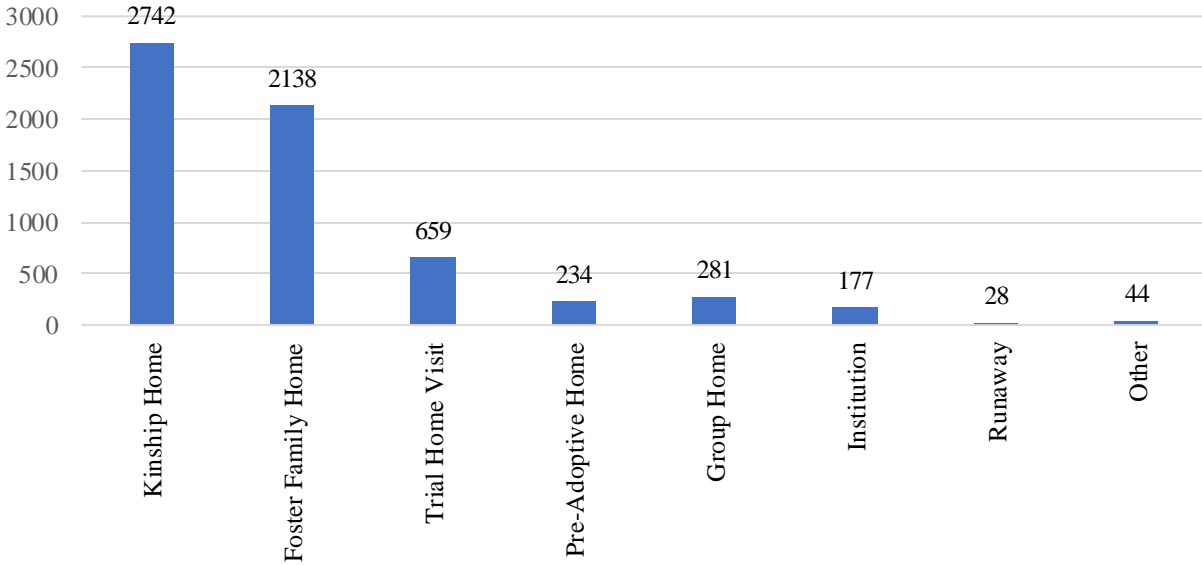
Source: DHS Data

As the following chart demonstrates, 92 percent of children (5,773) in DHS custody on June 30, 2023 resided in family settings, including in relative and non-relative kinship homes (44 percent), with foster families (34 percent), with their own parents (11 percent), and in homes that intend to adopt (four percent). Of children in custody, 458 (seven percent) resided in institutional settings, including shelters, residential treatment and other congregate care facilities. The remaining one percent of children resided in supervised independent living, or unidentified placements (listed as “other” in the table below), or have left care without permission (listed as “runaway” in the table below).

Of the 5,773 children living in family settings, 1,269 (22 percent) were less than two years old, 1,859 (32 percent) were 2 to 5 years old, 1,878 (33 percent) were 6 to 12 years old, and 767 (13 percent) were 13 years or older. Of the 458 children living in institutional settings, seven (two percent) were less than two years old, four (one percent) were 2 to 5 years old, 93 (20 percent) were 6 to 12 years old, and 354 (77 percent) were 13 years or older.⁶

⁶ Percentages in these paragraphs do not sum to 100 due to rounding.

FIGURE 4: CHILDREN IN CARE ON JUNE 30, 2023 BY PLACEMENT TYPE (TOTAL = 6,303)



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

A. Therapeutic Foster Care

In the CSA, DHS committed to increasing the number of foster homes available for children in need of therapeutic care. Since the beginning of the department’s reform efforts, DHS’s long-standing therapeutic foster care (TFC) providers have not been able to develop and maintain an adequate pool of traditional TFC homes for the state. While DHS’ TFC agency partners remain a part of the department’s placement continuum, over the last three years DHS shifted efforts to focus on developing its own, internal TFC program, known as Enhanced Foster Care (EFC). DHS has designed the EFC program to meet the therapeutic needs of children and families by enhancing treatment services and other supports, most importantly therapeutic parenting, in traditional and kinship foster homes. DHS’ new EFC program is designed to supplement the TFC homes developed and managed by private agencies.

For this report period, the Co-Neutrals continue to find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for therapeutic foster care.

Private Agency TFC Homes

DHS historically relied on private, contracted agencies to recruit, approve, and manage TFC homes for children in custody. Oklahoma’s legacy TFC program, like others around the country, was created as a

placement option for children who need a higher level of behavioral health support in a home-based setting. Placing children in a TFC home was also intended, in part, to avoid placement in a congregate care setting, including shelters. TFC foster parents receive special training to provide some therapeutic services to children in their homes as part of the Medicaid-reimbursed model of care. In addition, private TFC agencies provide care management, individual therapy and other therapeutic services, as needed, for the children placed in their TFC homes.

Over the last several years, DHS' leadership team made it a priority to coordinate with the Oklahoma Health Care Authority (OHCA) to make programmatic improvements to the state's TFC program, effectively removing long-standing barriers to approve children for TFC placements. These programmatic improvements required the collaborative efforts of both state agencies and in some instances the legislature to amend Oklahoma's statutes, policies, and its Medicaid plan.

The progress DHS and OHCA have made to ensure children are appropriately authorized for TFC-level care is important and necessary. However, approvals of TFC placement requests and DHS' identification of children who require family-based therapeutic care continue to outpace the development of new TFC homes for children who need them. As of January 18, 2024, DHS reported that 31 children were approved for TFC-level care and on the TFC placement waitlist. With the creation of the EFC program, all children on the TFC waitlist are automatically referred to the EFC program to determine whether it is possible to provide the necessary services and support in their current homes or in new kinship or traditional foster homes.

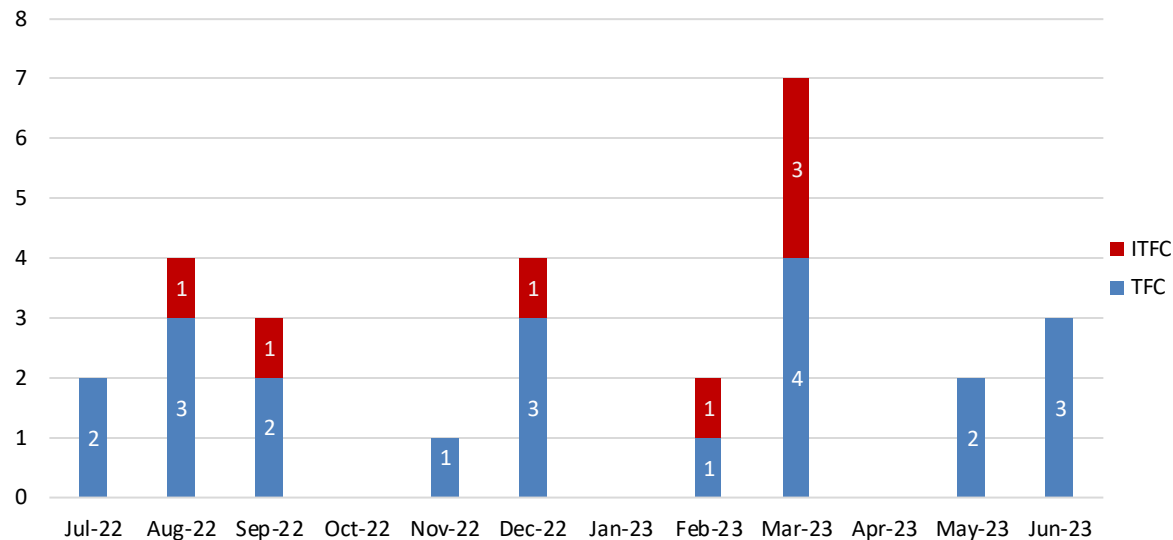
TFC New Home Development and Net Gain/Loss

During the full 12 months of SFY23, DHS developed a total of 28 TFC/ITFC homes combined: 21 were opened as TFC homes and seven opened as ITFC homes.⁷ All of the 21 TFC homes opened during the year were newly developed. Among the seven new ITFC homes, six were already open as a TFC home when they were also established as an ITFC resource, and one was a newly developed resource home. DHS' full 12-month target for SFY23 was established at 49 new TFC/ITFC homes combined, with a net gain target of 19. Of the 105 TFC homes open at the beginning of SFY23, 32 homes closed by the end of the year,

⁷ DHS and the private agencies collaborated to develop Intensive Therapeutic Foster Care (ITFC) homes for children who previously may have been denied placement and services in a regular TFC home based on an assessment that their behavioral needs were too complex or acute and required a more intensive level of care than was currently available in a home-based setting. ITFC was designed to meet the higher-level needs of children with complex behavioral health challenges, including those who may be dually diagnosed with an intellectual disability and a mental or behavioral health diagnosis. DHS' goal is to stabilize these children and meet their needs in a family setting. The leading tenets of the model include: only one child can be placed in the home; at least one caregiver must be a stay-at-home parent; foster parents must be actively involved with the child's treatment planning and have access to emergency or crisis respite care as well as 24/7 access to crisis management support. The ITFC caregivers receive a higher daily reimbursement than TFC families.

along with one of the SFY23 newly developed TFC homes. DHS reported 97 TFC homes open as of June 30, 2023, for a net loss of eight homes during SFY23.⁸

FIGURE 5: NEW THERAPEUTIC FOSTER HOMES BY MONTH, JULY 2022 - JUNE 2023



Efforts to Expand Recruitment of TFC/ITFC Homes

During this report period, DHS contracted with six agency partners to recruit and manage TFC and/or ITFC homes. The department continued during SFY23 to employ several strategies to help recruit additional homes and expand its current TFC home portfolio. In May 2022, DHS began to offer a monetary incentive to recruit new TFC/ITFC homes – the same incentive described in previous Commentaries as being offered to recruit new traditional foster homes. Leveraging the understanding that foster parents are among a child welfare system’s best recruiters, DHS offered a \$1,000 incentive bonus to foster families who recruit new TFC/ITFC homes and to the newly recruited families. The same incentive was offered when a traditional foster family transitions to become a TFC or ITFC home. In addition, if the new family maintains placement of a TFC/ITFC-level approved child in their home for 75 percent of the year and meets all applicable standards, both the recruiting and recruited home receive an additional \$1,000 incentive payment. This effort was also intended to help retain existing TFC/ITFC families. DHS had originally planned to run this incentive program through the end of December 2022 but extended it through June

⁸ In calculating the net gain/loss for SFY23, 25 new TFC/ITFC homes were included in the count and 33 home closures were included. All 21 new TFC homes were counted as new and four ITFC homes were counted as new. The closures included one home that opened as a new TFC during the year, along with 32 homes open at the beginning of the year but closed as of June 30, 2023.

2023 – the end of this six-month period. DHS reported in its August 2023 Semi-Annual report that there were 13 TFC families involved in the incentive program.

DHS has also continued to convene Recruitment Progress Collaboration (RPC) meetings with current provider agencies to manage and support their individualized recruitment plans, which are updated quarterly as needed. The department's commitment to sustain the TFC/ITFC program as one component of its placement continuum is sensible given the diverse needs of children in state custody and the knowledge and experience of that provider group in Oklahoma. That said, the TFC/ITFC program alone cannot meet the needs of the hundreds of children in home-based placements who require behavioral health support and services, as well as higher-level therapeutic parenting. Acknowledging that, DHS, as detailed further below, has dedicated substantial resources, focus and commitment to building internally its EFC program to expand and improve therapeutic foster care in the state.

Continuum of Care: Needs Assessment

Over the last three years, DHS has made significant progress in understanding the therapeutic placement and service needs of children in care. DHS has committed to complete an annual systemwide, population-level needs assessment to identify the levels and types of therapeutic placements children in custody require. Based on three completed needs assessments, DHS has begun to build a continuum of care, relying most significantly on the new EFC program, to meet the varying levels of child placement needs in the least restrictive setting. DHS has also developed internal processes and staffing structures to identify earlier within a child's time-in-care their individual mental health, behavioral and other treatment needs and the appropriate placement along a continuum of care. To complete the annual needs assessment, DHS has used an inclusive approach, reviewing case data for children in care at the end of and during the prior state fiscal year who were or whose therapeutic placement needs could have been met in the EFC program, including:⁹

- children in the EFC program or identified as needing EFC-level care during the year;
- children receiving 'Difficulty of Care' payments for Levels III, IV, and V;¹⁰
- children (ages 4 and over) with four consecutive elevated [child behavioral health] screeners;¹¹

⁹ Some children are included in more than one of these groups and DHS' data team removes any duplicate counts.

¹⁰ DHS provides an additional monthly reimbursement rate (Difficulty of Care payment) to foster parents who provide additional care and supervision to children in custody due to a child's extraordinary physical, mental, or emotional needs. The Difficulty of Care payment is above the regular foster care monthly maintenance payment the resource family receives.

¹¹ Child behavioral health screeners involve a series of questions about a child's behaviors, functioning and trauma responses that permanency caseworkers are directed to ask a foster parent during every monthly visit. Through these questions, foster parents are asked to share their observations of each child in custody placed in their home. The caseworker is required to document in the child's case record the foster parent's responses, which generate a score indicating if the child may require additional mental health services and/or assessments. Notably, after the end of this report period, DHS discontinued the use of these screeners, deciding instead to focus on implementing

- children with a removal reason of abandonment;
- children on the TFC or group home waitlist or denied TFC;
- children with a case plan goal of PAPP;¹²
- children who have disrupted from trial adoption;
- children involved with mobile crisis response;
- children placed in levels above foster care settings.

Similar to the methodology and approach DHS and the Co-Neutrals have used to establish annual targets for new TFC and traditional foster homes, the department first established a total need, identifying that approximately 1,173 children may benefit from the support of an EFC placement during SFY23. DHS and the Co-Neutrals then applied a 25 percent reduction factor taking into consideration the department's capacity under this new, developing EFC program and the current limits to mental health service capacity in Oklahoma. As such, 294 (25 percent of 1,173) was subtracted from 1,173, reaching a new projected need of 879 EFC supported placements. This new total need of 879 EFC placements was then projected over two years to reach a Target Outcome of 440 verified EFC cases for SFY23. As noted below, DHS began SFY23 on July 1, 2022 with 425 children in the EFC program and ended the year on June 30, 2023 with 461 children in the program. (See the EFC Case Review Section below for details on the cases reviewed for this report period and state fiscal year).

Enhanced Foster Care

DHS' decision to develop its EFC program to provide family-based therapeutic care beyond Oklahoma's privately operated TFC program represents a much-needed paradigm shift in the department's commitment and approach to ensure children in custody receive the therapeutic supports and treatment they need to achieve stability, permanency, and well-being. This commitment to create an individualized therapeutic placement for a child currently in, or moving to, a traditional or kinship home also represents a massive undertaking with respect to service delivery, programming, organizational staffing, case management, training and practice. Further, DHS understands that the successful development and implementation of its EFC program is vitally important for Oklahoma to continue achieving substantial and sustained progress in this performance area.

As detailed below, DHS continued to report increasing numbers of children in custody enrolled in the EFC program during SFY23. At the same time, DHS continued to confront challenges with having sufficient and consistent availability of mental health treatment providers and services. As such, the EFC team continued through this report period to collaborate with other state agencies and community providers to address

one assessment tool. As described below, DHS is now using a Child and Adolescent Needs and Strengths Assessment tool. However, the child behavioral health screener is still referenced throughout this section of the Commentary as the screeners were still utilized during this report period.

¹² PAPP stands for the case plan goal of Planned Alternative Permanency Placement. Additional information on this case plan goal is presented in the Permanency section of this Commentary that reviews Metric 6.4, permanency for older youth.

this challenge. DHS has also focused on continuing to develop and refine the service and operational details of its internal EFC programming and practice and build the structure and skill sets of its caseworkers and EFC team, as well as participating foster parents and partners in the community.

EFC Program Description

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

The EFC program includes five foundational program elements: 1) a needs-based treatment plan for the child and family that features individual therapy for the child and family therapy or some form of therapeutic parenting supports/services for the child's foster home caregivers; 2) a crisis prevention plan developed with the child and foster parents; 3) an EFC Service and Support Plan; 4) foster parent(s) who have completed the required Pressley Ridge training; and, 5) a Supplemental/Difficulty of Care (DOC) foster care rate of approximately \$400 additional per month for each EFC approved child.^{13,14}

An essential, if not the most important, component of the EFC program is that the foster parent(s) caring for the child must agree to participate actively in the child's treatment and planning. As such, the EFC program team must ensure that foster parents receive supports and services that guide and enable them to provide therapeutic parenting based on each child's needs. The foster parent(s) must also complete 15 hours of the Pressley Ridge therapeutic training modules that are required of TFC-approved homes, as well as any other training deemed necessary to meet the individual needs of each EFC eligible child in the home. Pressley Ridge training includes lessons that teach families about trauma and child development, childhood mental health diagnoses, therapeutic communication, developing healthy relationships, understanding and changing behaviors, conflict resolution, and managing behavioral crises.

Further, EFC requires heightened engagement by DHS caseworkers to ensure that the core components of EFC are in place, and that therapeutic progress can be observed in their interactions with the child and resource family.

¹³ The requirement for individual child therapy and the child's participation in developing the crisis prevention plan is contingent on the child being sufficiently mature and able to participate.

¹⁴ DHS is using DOC payments as the funding mechanism to provide the additional EFC payment to foster families. DHS is reviewing a more formal, individualized assessment to determine the level of additional financial support warranted based on the needs of each child and family. The Child and Adolescent Needs and Strengths Assessment tool that DHS recently completed for EFC will be used to support this assessment. (See more information below on this tool.)

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

- Completed Child and Adolescent Needs and Strengths Assessment (CANS) tool indicates that the child would benefit from EFC level of care.
- The onset of placement moves from family-based settings due to the provider requesting a change of placement or that the provider cannot meet the behavioral health needs of the child.
- A minimum of two elevated Child Behavioral Health Screeners.
- Other child-specific needs/factors that pertain to the child's permanency, safety, and well-being, as approved by the Enhanced Foster Care Administrator.
- A provisional or primary diagnosis from the most recent edition of "The Diagnostic and Statistical Manual of Mental Disorders" (some exceptions are being considered).
- Conditions are directly attributed to a primary medical diagnosis of a severe behavioral and emotional health need and may also be attributed to a secondary medical diagnosis of a physical, developmental, intellectual and/or social disorder that is supported alongside the mental health needs.
- Conditions are directly attributed to a mental illness/serious emotional disturbance, a medical issue, or a developmental/intellectual delay.
- Evidence that the child's presenting problems require full integration of 24-hour crisis response/behavior management and intensive clinical interventions from professional staff to prevent the child from having to move from a family-based placement or to transition to a family-based setting from a higher-level of care.

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

Children Served in the EFC Program

As demonstrated by the eligibility criteria outlined above, DHS has cast a wide net to identify children in custody who may require EFC services. Among the children the EFC program team automatically considers for EFC services are those who: are on the TFC waitlist; have had one placement move due to a foster parent's request; exited a shelter to a kinship or traditional foster home; are placed in a kinship home that was approved only after an elevated leadership review¹⁵; and, received services through Mobile Crisis Response in the last week.

¹⁵ As explained further below under the Permanency section on Metric 6.4, DHS may approve a kinship home for placement of an older youth (15 years and older) even if the home was previously not approved. If youth ages 15 and older ask to be placed in such a kinship home, DHS will conduct an elevated review to assess if the child's

A child is identified as part of “Quad 2” when they are legally free for adoption but do not yet have an identified adoptive placement. During this report period, in February 2023, DHS began to require EFC services for any Quad 2 child and their resource family who are entering trial adoption together. As such, when a child enters a trial adoption placement in Quad 2 status, it means the child and family have no significant prior relationship. DHS and the Co-Neutrals have highlighted in numerous prior reports and Commentaries that a disproportionately high percentage of Quad 2 trial adoptions disrupt before an adoption is finalized and the primary reason noted for the disruptions has been the pre-adoptive foster parents requesting that the child be removed from their home due to their challenging behaviors. Under an innovative and thoughtful new protocol, DHS will place a Quad 2 child in a prospective adoptive home and begin the placement with EFC services. Around 90 days after the child enters this placement, the family and child, along with their DHS casework team and other supports, will discuss during an EFC Treatment Team Meeting whether the family and child are ready to enter trial-adoption status. In presenting the new protocol to casework staff across the state, DHS highlighted, “Our hope is by allowing the family and child/youth a time where they can experience living together as a family unit without the stress and pressure of having already committed to adoption, we can ensure we are providing services to support them in making this lifelong decision together.”¹⁶

DHS is building a system that assesses the therapeutic and mental health needs of children in custody and identifies many of these children, of all ages, as early as possible. In its August 2023 Semi-Annual report (page 10), DHS presented the following three summary data tables regarding the population of children who were served in the EFC program during SFY23. As shown in Table 2 below, DHS’ EFC program served 1,068 children in SFY23. In comparison, DHS’ EFC program served a total of 914 children over the 12 months of SFY22 and 651 children for the full 12 months of SFY21. DHS’ EFC program showed a 17 percent increase of 154 children served from SFY22 to SFY23. Importantly, DHS’ data team’s continuum of care needs assessment anticipated that 1,173 children would require EFC program services during SFY23, which is in close range of the actual number (1,068) of children served in the EFC program.

protective capacities, along with additional services such as the EFC program, can support the department approving the home for the youth’s placement.

¹⁶ DHS Assistant Child Welfare Director email, February 9, 2023.

TABLE 2: TOTAL CHILDREN SERVED IN EFC IN SFY 2023¹⁷

Children Served in EFC, July 2022 - June 2023	
Entry and Exits	# Children
# Children in EFC as of 7/1/2022	425
Entered EFC SFY23	643
Exited EFC SFY23	607
# in EFC as of 6/30/23	461
Total Served (unduplicated)	1068
# children that had more than 1 EFC episode PUR	113
<i>DHS Data Source: YI145; Run Date: 7/19/23</i>	

DHS further reported that of the 1,068 children served by EFC during SFY23, 54.6 percent were placed in traditional foster homes, 42.3 percent were placed in kinship homes, 2.4 percent were in another type of foster care, and 0.7 percent were in trial adoption. Compared to SFY22, there was a six percent increase in the number of children served in the EFC program while placed with relatives, and as highlighted by DHS, “This is a positive trend and supports the EFC Program team’s goal of providing EFC services and supports to more children in kinship placements.”¹⁸

TABLE 3: CHILDREN SERVED IN EFC IN SFY 2023, BY PLACEMENT TYPE¹⁹

Placement Type	EFC as of 6/30/23	Exited EFC in SFY23	Total in SFY23	
Kinship	188	314	502	42.3%
DHS Traditional	141	225	366	30.8%
Agency Traditional	119	164	283	23.8%
Other Foster Care	13	16	29	2.4%
Trial Adoption		8	8	0.7%
TOTAL	461	727	1188	
<i>DHS Data Source: YI145; Run Date: 7/19/23</i>				

¹⁷ DHS reported this is a unique count of children and youth. If a child or youth exited EFC services and the EFC episode was less than 30 days, they were excluded from the population count.

¹⁸ DHS August 2023 Semi-Annual report, page 10.

¹⁹ The number of EFC placement types recorded for SFY23 is greater than the total number of children served in the program as some children experienced more than one type of placement while receiving EFC therapeutic supports.

As shown in Table 4, DHS identified that children ages five years old and younger represent the largest age group of children served in the EFC program during SFY23, followed by children six to nine years old. Combining these two youngest age groups shows that 63.5 percent of children served in the EFC program during SFY23 are younger than the age of 10. Importantly, this data shows that DHS seeks to identify and meet the behavioral health needs of children as early as possible. The EFC program serves many children ages three and under, a population whose therapeutic needs were not systematically served previously in TFC or family-based placements. New evidence-based mental health treatments for this youngest group of children and caregivers are also being used in many of these EFC placements.

TABLE 4: CHILDREN SERVED IN EFC BY AGE GROUP IN SFY 2023

Age Group	Region 1	Region 2	Region 3	Region 4	Region 5	State Office	Total	
5 and Younger	55	66	57	83	94	7	362	33.9%
Age 6-9	56	80	51	54	72	3	316	29.6%
Age 10-12	40	42	27	40	56	3	208	19.5%
Age 13-15	21	36	24	25	32	0	138	12.9%
16 and older	8	15	6	6	7	2	44	4.1%
TOTAL	180	239	165	208	261	15	1068	

Data Source: YI145; Run Date: 7/19/23

The EFC program staff, working with DHS’ data team, gathers data regarding the reasons children exit the EFC program, including children who have successfully completed the program, and track any trends in placement stability and disruptions. As shown in Table 5 below, DHS recorded the reasons 607 children exited the EFC program during SFY23 and the most frequently specified reason (125 or 20.6 percent) is that the child exited DHS care through adoption.

TABLE 5: EXIT REASONS FROM EFC PROGRAM IN SFY 2023

STATUS/EXIT REASON	#	%	Average # of Days
COMPLETED	345	56.8%	275
Child Exited Care – Adoption	125	20.6%	298
EFC no longer needed	113	18.6%	318
Child is in Trial Reunification	83	13.7%	197
Child Exited Care – Other	24	4.0%	222
CLIENT DISCONTINUED	262	43.2%	197
Provider Requested/Cannot Meet Needs	80	13.2%	186
Child Moved to Higher Level of Care	42	6.9%	174
Non-Compliance w/EFC Requirements	37	6.1%	230
Resource Parent Request	31	5.1%	215
Child Moved to Shelter	30	4.9%	161
Placement w/ Relative, Sibling, or Proximity to Family	16	2.6%	268
Other	14	2.3%	233
Child is AWOL	6	1.0%	142
Child Requested Change of Placement	3	0.5%	183
A/N Allegations	3	0.5%	178
TOTAL	607		242
<i>Data Source: YI145; Run Date: 7/19/23</i>			

In its August 2023 Semi-Annual report, DHS noted that among the 607 children for whom an EFC exit reason was documented, “345 children, or 56.8 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 275 days.” For 262 children, or 43.2 percent, their EFC episode ended for numerous other reasons as noted in the Table above, including the resource parent’s request and/or non-compliance with the EFC requirements. Among the 42 children who exited the EFC program to enter a higher level of care, the majority (28 children) required an acute, psychiatric or residential placement.

As noted in Table 2 above, 113 children experienced two EFC episodes during this report period. Generally, a child in EFC ends and begins a new EFC episode when they change foster homes as all or most of the five EFC foundational components must be re-established for the child, including: a treatment plan that includes the services the new foster parents will receive; a crisis prevention plan that is developed with the input of the new family; an EFC Service and Support Plan; and, Pressley Ridge training if not yet completed by the resource parents. For the 113 children who experienced two EFC episodes during SFY23, DHS has tracked the length of time between when each child ended and began their new EFC case. DHS

reported that 84 children started their second EFC case within 90 days and 51 of these 84 children started within 45 days.

Child and Adolescent Needs and Strengths Assessment

Another integral component and strategy among DHS' commitments to meet the therapeutic placement and treatment needs of children in custody is the development and systematic implementation of a Child and Adolescent Needs and Strengths (CANS) assessment tool to help determine the appropriate level of foster care to meet each child's behavioral, mental health and other specialized treatment needs. DHS has now finalized the CANS algorithm for EFC, TFC, ITFC, level D+, and all level E group placements. DHS established a contract with the University of Oklahoma Health Sciences Center (OU-HSC) as a third-party assessor to complete CANS assessments for children in DHS' care. The contract supports hiring 14 assessors. In September 2023, the department reported that seven of the 14 assessor positions were filled, with hiring ongoing. However, due to turnover with the CANS assessors, DHS had only four assessors from May through August 2023 and has not yet been able to reach the goal of completing CANS assessments within three business days, but instead reported the turnaround time for each assessment has been one to two weeks.

In January 2023, DHS began an online referral process to complete a CANS assessment for all children who have a new placement request for EFC services, TFC/ITFC or congregate care. During this report period, the department employed an overtime plan with DHS program and field leadership staff to shorten the completion timeframe but has confronted capacity challenges with this strategy as well. DHS and OU-HSC are exploring adding more assessors across the state to meet the demand for these CANS assessments and complete them timelier.

DHS also continued during this report period to develop, in collaboration with OU-HSC, a CANS assessment training that will be required for all DHS Permanency Planning and Foster Care and Adoptions (FC&A) staff. The training will highlight and walk through two case scenarios, one will be for EFC placement support and the other for residential treatment level of care. Using these two case examples, the training will describe what the CANS assessment is, how the referral process is completed, and how to use the results for treatment planning and support for the youth and family.

Building the EFC Team and Structure

During this period, DHS leadership continued to expand its EFC program team, adding nine new positions. This includes five child welfare specialists supporting EFC in the field and a new EFC field supervisor for Region 5, which includes Tulsa.²⁰ The new EFC members also include a new supervisor and two additional

²⁰ This new field supervisor also supervises the work of a "floater" EFC field coordinator who covers when other coordinators are not available due to vacation, medical leave and other absences.

program field representatives, all of whom focus on EFC quality assurance work. As DHS noted in its August 2023 Semi-Annual report, page 14:

Beginning in September 2023, the programmatic structure will consist of the programs administrator supervising the field manager and programs supervisor. The programs supervisor will supervise four QA [Program Field Representatives (PFRs)]. The field manager will continue to supervise three [child welfare (CW)] specialist IVs and five regional PFRs. Each CW specialist IV supervises one CW specialist III and four CW specialist IIs; two of the CW specialist IVs each supervise one administrative technician. Each regional EFC team consists of an EFC PFR and at least two EFC regional field coordinators. With all new team additions, there will be 32 CW employees dedicated solely to the advancement and success of the EFC program.

Together, the EFC team has brought enhanced focus and support to caseworkers and supervisors who are still learning how to implement this new EFC program effectively. The EFC team significantly advanced during this period the quality and timeliness of EFC Treatment Team Meetings, described further below, and the use of templates and other support documents designed to guide DHS staff, foster families and providers in the implementation of the EFC program and help ensure children receive family-based therapeutic care.

DHS has also made it a priority for every member of its EFC program team to develop their understanding of trauma-induced behaviors, therapeutic parenting and resources available to best support children and families in the EFC program, as well as DHS caseworkers and supervisors. During this fiscal year, the EFC team received numerous one to two-hour trainings on topics commonly addressed with children and families in the EFC program, including: Attachment and Supporting Resource Parents; Age-Appropriate Sexual Behaviors and Problematic Sexualized Behaviors; Secondary Trauma; Educational Services and Developmental Disabilities Program Overview; Infant Mental Health and Services/Treatment Planning; Behavioral Interventions and Supports in Schools; and, services available through DHS' child welfare nursing team and Youth Villages. As discussed in greater detail in the Permanency section below, DHS has worked to incorporate a hope-centered approach, language and trainings into its child welfare practice. For the EFC program, the department reported that 17 members of the team completed Motivational Interviewing and 19 members completed the Hope Navigator trainings "to enrich meeting facilitation and the quality of EFC coordination. These trainings support trauma-informed communication and bring an emphasis to person-centered and hope-centered interactions."²¹

DHS is also committed to training its EFC team on therapeutic interventions that are commonly used to guide EFC foster parents to provide therapeutic care in their homes. One such intervention is Trust-Based

²¹ DHS August 2023 Semi-Annual report, page 15.

Relational Intervention (TBRI).²² DHS reported that eighteen EFC staff completed TBRI for Professionals training and one staff is a trained TBRI practitioner. Also, all EFC staff have and are required to complete the Pressley Ridge Training that is required for EFC resource parents.

As outlined further below, DHS' EFC field coordinators lead and facilitate EFC Treatment Team Meetings every 60 days to assess if and how the program and providers are meeting the therapeutic service needs of the participating children and families. DHS understands that its EFC coordinators and other team members who help to guide and evaluate EFC cases must be well-trained and informed on trauma-based behaviors and interventions in order to set and drive high-quality standards for the EFC program and the children and families who receive this service.

EFC Treatment Services

DHS' EFC program, similar to the TFC program, is established with the expectation that a core part of a child's healing will happen through therapeutic interactions with their resource parents. This is why foster parents in the EFC program must agree to participate actively in the child's treatment and therapeutic parenting services. Individual child therapy is also a core component of the EFC program. As noted above, a challenge DHS confronts to fully implement EFC for every child and family identified for the program is that Oklahoma has a shortage of service providers. This includes behavioral health services DHS accesses through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and community-based providers.

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

Currently, the most common way the EFC program offers therapeutic parenting services is through Oklahoma's SOC program, a wraparound program for children with behavioral health needs managed by ODMHSAS. EFC case records often document general references to foster parents participating in or receiving SOC wraparound services or care coordination but do not make clear whether the family is directly receiving therapeutic parenting services.²³ At the same time, some EFC case records note that families are receiving SOC Family Support Provider (FSP) services or evidence-based supports, such as

²² "TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors." (Source : <https://child.tcu.edu/about-us/tbri/#sthash.uODDMhhy.dpbs>)

²³ SOC's care management and coordination services do not typically indicate direct therapeutic services are provided but rather they offer support to access and coordinate participation in direct services, although family therapy may accompany care coordination.

Parent-Child Interaction Therapy or TBRI. According to ODMHSAS' SFY2023 Service Manual (page 59), FSP services provide:

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

While the presence of FSP services for some EFC cases indicates that recipient families are being supported in their efforts to provide therapeutic care, there are capacity limits to the availability of FSP services as well. DHS and the Co-Neutrals have discussed the need for providers, caseworkers, and the EFC team to document more specifically what therapeutic parenting services EFC resource parents are receiving and how the families are applying what they learn to provide trauma-informed care to EFC-approved children placed in their homes. The EFC team, working with ODMHSAS and providers, has taken various steps to prompt all members of a child's treatment team to document EFC case records with greater clarity, which helps DHS track whether the EFC program is serving the therapeutic needs of the participating children and families. DHS also shared with the Co-Neutrals a training that ODMHSAS developed for its SOC providers to better effectuate therapeutic parenting guidance in EFC cases where SOC services are involved.

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

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

Further, DHS, in partnership with ODMHSAS, developed an EFC Monthly Progress Report form and requested that every service provider involved in an EFC case submit monthly progress notes that include: the date and type of each therapy/counseling session completed (or canceled/rescheduled) for the month; who participated in each session (child only, family only or child and family together); and a description of the provider's interaction with the foster parent(s) and how the foster parent(s) are involved in the child and/or family treatment services, as well as summary progress notes. As noted below in the Co-Neutrals' summary of EFC case reviews completed for this report period, the EFC records uploaded for each child's case included, compared to previous periods, more provider progress notes with specific dates of services completed, along with more narrative regarding therapeutic observations and progress. DHS has reported challenges with receiving timely progress reports from some EFC service providers that contain an appropriate level of detail (such as identifying which services delivered each month were for individual versus family sessions). DHS' EFC program team requires a level of service reporting and confirmation that sets a new standard for transparency and accountability. The adjustment to meet DHS' additional expectations has not been swift with some providers but has improved significantly, nonetheless.

To support service providers in meeting another baseline requirement of the EFC program, DHS developed a template to aid providers in preparing crisis prevention plans. While some providers already have and use their own format or template, DHS made available to all providers the new template to help ensure that every plan identifies possible triggers, warning signs of a potential behavioral crisis and replacement activities to help de-escalate the situation. The template further specifies that the plan must be developed with the child (if verbal and able to articulate thoughts and feelings) and their foster parents.

DHS' EFC team continued to make substantial effort this report period to build relationships with behavioral health providers and community health centers across the state. DHS has focused on expanding the understanding that these partners have about the goals and requirements of the EFC program, and continued its discussions about ways that DHS can better collaborate to meet the therapeutic service needs of participating children and foster parents. Further, DHS continued during this period to explore opportunities to build the capacity of the state's mental health providers and increase the number that participate in the EFC program.

During this six-month report period, DHS' EFC team, including the program administrator and regional program field representatives participated in 93 collaborative meetings with services providers, including Certified Community Behavioral Health Clinics (CCBHCs) and community mental health centers (CMHCs) across the state. DHS also began at the beginning of this report period to provide Pressley Ridge training to community mental health providers who offer SOC services to EFC families so that these providers can reinforce the therapeutic parenting guidance presented in these trainings.

EFC Treatment Team Meetings

EFC TTMs have become a backbone component of the EFC program. TTMs are designed to ensure the appropriate therapeutic treatment and support services are in place for each EFC-approved child and their foster family. The EFC program requires a TTM be held 30 days after a child enters the program and every 60 days thereafter.²⁴ TTMs focus on the child's treatment progress, as well as any additional needs of the child or resource family. As noted above, with the new TTM form and guidance questions, TTMs are also held to ensure therapeutic parenting services are in place and that therapeutic parenting is occurring. In December 2021, the EFC program's regional field coordinators assumed the lead role to facilitate and document the TTM discussions. With a dedicated EFC field team in place, DHS transitioned responsibility for convening and leading the TTMs to the EFC program. While the assigned permanency and resource caseworkers are still required to participate in every TTM, having the EFC program team facilitate the TTMs ensures there is a review of EFC-case elements that frequently need strengthening, such as the timely initiation and consistency in service delivery and ensuring providers and foster families understand the importance of developing and using therapeutic parenting skills in the home. It also allows the EFC program to identify any other ongoing or developing areas that may require statewide or regional leadership attention.

More specifically, DHS explained in its August 2023 Semi-Annual report (page 17) that "The EFC TTM provides a forum for proactive conversations and problem-solving both delicate and tough situations that could impact positive child outcomes; many of these conversations might not occur without the structure of a TTM."

EFC Service and Support Plans

DHS requires that an EFC Service and Support Plan be completed for each EFC home. The EFC Service and Support Plan outlines each child and family's strengths and needs, and the service array selected for them. The EFC Service and Support Plan includes the monthly visitation plan (for both the permanency and resource caseworkers); the schedule for family meetings; the schedule for individual and family therapy; the Pressley Ridge training completion plan; a respite plan; the crisis intervention plan; and contact information for the treatment team. Initially, DHS assigned the resource caseworker the responsibility to complete the EFC Service and Support Plan within 30 days of the child's enrollment in the program. At the end of the last report period (in December 2022), DHS shifted lead responsibility for completing these plans to the regional EFC program coordinators who were charged with documenting the EFC Service and

²⁴ DHS has encouraged staff to schedule EFC treatment team discussions to coincide with other family meetings held as part of the department's Family Meeting Continuum when possible, which is discussed in the Permanency section, Metric 6.2 Performance Area below.

Support Plan during the 30-day TTM with input from all members of the team.²⁵ At the time this change was made, the EFC program team also began to use an enhanced EFC Service and Support Plan form that includes more detail and guided instructions for completing each plan.

TTMs and the EFC Service and Support Plans are designed to ensure each member of a treatment team, including the child's permanency caseworker, the family's resource worker, the family, and the service providers, has ongoing clarity about the child and family's treatment needs, service plans and progress.²⁶

EFC Progressive Case Reviews and Verification

For the sixth consecutive report period, the Co-Neutrals, along with DHS, have completed EFC case record reviews. With each round of EFC verification case reviews, the Co-Neutrals, as well as DHS, have progressively increased the level of scrutiny, applying a more in-depth assessment of the regularity and prevalence of therapeutic care for children and the preparedness of both providers and caregivers to provide that care. These qualitative reviews highlight areas of strength and areas for ongoing improvement in order to continue to enhance the program as it grows to better meet the needs of children in custody, and better support parents and other caregivers to take care of their children. As DHS has matured the program, adding more dedicated resources, DHS and the Co-Neutrals have expected that EFC cases will show greater fidelity to the department's EFC program description and requirements. In all of the case reviews, DHS and the Co-Neutrals independently review the same cases but use the distinct reviews to assess and discuss bright spots as well as opportunities for ongoing quality improvement and program refinement.

In the first EFC case review for the period of July 2020 through December 2020, DHS and the Co-Neutrals sought to verify for each EFC-approved child that the documentation showed a treatment plan that included individual child therapy, family therapy and a crisis plan and that the foster family was receiving the additional DOC payment. For the second review, representing the period of January 2021 through July 2021, DHS and the Co-Neutrals sought to verify that individual child and family therapy (or some form of therapeutic parenting services) were in fact occurring, beyond just being noted in a child's treatment plan as a recommended or planned service. DHS and the Co-Neutrals applied what they called a "phase one

²⁵ The resource and permanency workers, as well as the foster parent(s), are required to review, make adjustments as needed and sign the plan. The resource worker is responsible for documenting completion of the plan in the EFC record and providing a final copy to the foster parents.

²⁶ In November 2023, DHS stopped requiring the development of an EFC Service and Support Plan. DHS found that the majority of information gathered and documented in the EFC Service and Support Plan are included in the TTM forms, which are reviewed and updated every 60 days. DHS discussed this assessment of these EFC plans with the Co-Neutrals who concurred. Incorporating the EFC Service and Support Plan into the TTM helps ensure that all the critical information that was included in the plan is reviewed and updated regularly. For the purposes of this Commentary, the EFC Service and Support Plan is discussed as one of the five foundational elements to verify each EFC child case, as these plans were still required throughout this six-month review period and SFY23.

level of verification” during both the first and second reviews as DHS continued to ramp up full implementation of the EFC program.

For the third round of EFC case reviews, during the report period of July 2021 through December 2021, the Co-Neutrals and DHS applied a new “phase two” review tool. The process aimed to verify additional documentation of the service components required by the EFC program, assess each child’s case for greater consistency in the child and family’s therapy sessions and services, and determine whether the caseworker’s monthly contact notes discussed therapeutic progress of the child in the EFC home. The new tool also assessed if the EFC Services and Support plan and TTM notes were uploaded to each child’s records.

DHS Develops New Internal, Continuous Quality Review of EFC Case Progress

For the fourth round of reviews, which assessed the period of January 2022 through June 2022, the Co-Neutrals focused on 50 EFC cases, again applying a phase two tool, but with increased emphasis on identifying evidence of service delivery and therapeutic parenting in the home. This fourth round of EFC reviews also incorporated a new, internal quality assurance process that DHS began to implement at the end of that period under review.

DHS developed this Continuous Quality Improvement (CQI) process to assess the progress of EFC cases continuously throughout a child’s participation in the program rather than evaluate cases retroactively at the end of each period. Through this review process, the EFC program team began to evaluate and determine if an open EFC case is “pending” or “in progress” and document this status on its EFC case tracking report.²⁷ Designated members of the EFC Quality Assurance team – including the program field representatives who focus on quality assurance – conduct this CQI case assessment following a child’s first 60-day TTM based on an EFC case status review guide, the documentation in the completed TTM form and a review of the child’s case records. The same post-TTM evaluation of a child’s case status is reviewed at the end of every 60-day TTM and can be changed from “in progress” back to “pending” if, for example, the child’s needs can be met in a more robust way. The EFC team may also determine based on post-TTM status reviews that a child’s current EFC episode should end. This does not mean that EFC services cannot be requested and approved for the child at a later time with the same or a different resource family.

This approach allows the EFC program team to track which open EFC cases appear to have all therapeutic program components in place, and which have room for continued growth. More importantly, this approach allows DHS to take prompt action to identify and address any barriers preventing a child and family from receiving the level of service the EFC program is designed to provide. Every child approved for the EFC program is added to the department’s EFC tracking report with a status of “pending.” The EFC team will change the status to “in progress” once they confirm that the key therapeutic components of

²⁷ This EFC tracking report is identified as the YI145 EFC Efforts and Tracking Report.

the program are underway. These include confirming that: the foster parents are engaged and participating in the child's treatment; treatment services are being delivered; as well as that all EFC foundational elements are in place. These five foundational elements are: a treatment plan that outlines the individual and family therapies and services planned; a crisis prevention plan; an EFC Service and Support plan; Pressley Ridge training completed by the resource parent(s); and the additional Difficulty of Care payment in place for the foster family.

DHS' development of its own internal verification process represents a significant effort over the last three report periods to put in place significant quality assurance and program improvements processes. According to DHS, each post-TTM review takes 1.5 to 2 hours to complete. As of the end of July 2023, the EFC team completed 1,076 post-TTM reviews.²⁸

The Co-Neutrals have observed increasing progress in the development and implementation of the EFC program with each successive case review. Further, with DHS' post-TTM CQI process now underway to regularly monitor each EFC-child case, the Co-Neutrals' EFC case record reviews look not only to assess the individual cases and ongoing improvements in the program but also to evaluate the strength of DHS' internal CQI process for EFC cases.

In the last three EFC case reviews, including the review completed for this period as detailed below, the Co-Neutrals confirmed a high concurrence level between DHS and the Co-Neutrals. That said, DHS continues to assess opportunities to improve its CQI process and best identify the progress and status of each EFC case. In October 2023, DHS added a new status category for EFC cases to better distinguish between those cases that are newly enrolled with fewer EFC foundational program elements in place from those EFC cases that may have most or all program elements in place, as well as those that may have been moved back, perhaps temporarily, from "in progress" to "pending" status. The Co-Neutrals concurred that this change would be helpful to the program. The Co-Neutrals will provide an update in their next Commentary on this new status category and DHS' CQI process for the EFC program.

EFC Case Verification Review – This Report Period

For this current report period (January 2023 through June 2023) and sixth round of EFC case verification, the Co-Neutrals reviewed 131 EFC cases, including 81 that the department identified as "in progress," 24 cases listed as "pending," 22 cases noted as "completed," and four cases with the status of "client discontinued." In presenting the 131 cases, DHS included brief narrative answers to questions that are part of DHS' internal review, including: descriptions of individual services occurring for the EFC child, descriptions of therapeutic parenting services or family therapy, strengths identified, and any EFC components lacking. DHS also provided a brief narrative related to permanency and resource worker

²⁸ DHS August 2023 Semi-Annual report, page 21.

contacts and whether they adequately discussed EFC services and supports during monthly visits with the EFC foster parents.

The Co-Neutrals again applied a phase two verification tool with an emphasis on identifying evidence of service delivery and therapeutic parenting in the home. Of the 131 EFC child cases reviewed, the Co-Neutrals verified 110 (84 percent). Table 6 below provides a brief quantitative summary of the Co-Neutrals’ findings.

TABLE 6: EFC VERIFICATION - 131 CASES FROM JANUARY THROUGH JULY 2023

EFC Cases Reviewed: Verified as Yes or No		
131 Cases	Yes	No
In progress/attending (81)	72	9
Pending (24)	16	8
Completed (22)	19	3
Client Discontinued (4)	3	1
TOTAL	110 (84%)	21 (16%)

Of the 131 children, the Co-Neutrals found that the foster parents for all 131 child cases had either completed or started/enrolled in their required Pressley Ridge training. For 127 EFC cases (97 percent) the foster parent(s) completed the training and the other four cases (three percent) had started or enrolled. The Co-Neutrals found 105 (80 percent) had timely TTMs held, and an additional 26 (20 percent) were held partially timely, which meant the every-60-day time frame may have been missed by a few weeks on occasion.

In terms of quality, the Co-Neutrals found that 105 (80 percent) of the TTMs supported EFC case verification, 24 (18 percent) partially supported verification, and only two (two percent) did not. Additionally, the Co-Neutrals found 129 (99 percent) of the children had a crisis plan documented, and of those, 85 (66 percent) were found to be sufficient plans and 37 (29 percent) crisis plans were assessed as partially sufficient. Regarding EFC service plans, the Co-Neutrals found that 127 (97 percent) had a plan documented, and of those, 96 (76 percent) were found to be sufficient plans, 29 (23 percent) were at least partially sufficient, and only two plans (two percent) were not identified as sufficient.

Both DHS and the Co-Neutrals assess EFC cases as “in progress” based on a higher therapeutic standard. As noted above, the Co-Neutrals agreed in almost 90 percent of the 131 EFC cases reviewed that DHS identified as “in progress” meaning that in addition to having all five foundational EFC elements in place, the EFC placements are verified as having therapeutic services provided routinely to the child and family along with therapeutic parenting occurring in the foster home.

Further, the Co-Neutrals reviewed DHS’ EFC tracking document listing all children in DHS custody who were served in the EFC program during this six-month report period. The records for these children showed that in addition to the 110 EFC child cases reviewed and verified by the Co-Neutrals as “in

progress,” an additional 124 children in the EFC program had all five foundational elements in place. As a result, the Co-Neutrals confirmed a total of 234 EFC child placements during this period. Combined with the 340 distinct EFC child placements confirmed during the last six-month period, the Co-Neutrals verified a total of 574 EFC child placements in traditional and kinship foster homes during SFY23, which exceeds the annual target set for 470 confirmed EFC child placements.

While work remains to build the EFC program and the behavioral health services it requires, this report period’s EFC case review again showed marked progress in the development of the EFC program. The protocols and templates developed by the EFC program are being used by providers. There is much more consistency in the cadence and documentation of the TTM’s facilitated by EFC program staff whose expertise about the therapeutic needs of children, and their caretakers, continues to deepen. The Co-Neutrals observed in case records TTM facilitators providing more guidance to families, providers and caseworkers about appropriate resources and supports, as well as offering explicit feedback about what was needed to move a case status from “pending” to “in progress.” Case records also consistently included crisis plans for children and caretakers and higher-quality plans compared to previous verification reviews. Further, the Co-Neutrals found more consistently that EFC records contained progress reports from providers documenting whether and when services were provided. These are important improvements, as they demonstrate more engaged providers who understand the requirements of the EFC program. The Co-Neutrals also observed shorter time frames between a child’s referral for EFC and their connection to a provider.

The overall trajectory of the EFC program continues to be positive. There do remain areas for improvement. The main recurring theme in the 21 EFC cases reviewed but not verified by the Co-Neutrals was a lack of identifying details regarding family therapy or therapeutic parenting services. But, here too, the Co-Neutrals observed improvements. The second most prevalent concern among these 21 placements not verified was services not documented as occurring for at least 60 days during the period under review. Consistent with past reviews, the Co-Neutrals found the vast majority of EFC children had individual therapy listed as a service in their treatment plan,²⁹ and were receiving individual therapy, however, actual receipt of services was not consistent with their treatment plans. Again, Oklahoma continues to confront the challenge of a shortage of service providers that accept Medicaid in the state which limits the availability of family therapy and other services to help foster parents therapeutically care for children placed in their homes.

Therapeutic Parenting

As noted above, therapeutic parenting is a core therapeutic component of EFC. Through its new CQI, post-TTM reviews, DHS has increased its assessments of both the type of services needed to support therapeutic parenting, and of the kind of guidance foster parents receive to meet the individual needs of

²⁹ Children under the age of four often do not receive individual therapy but instead participate in family therapies, such as parent-child interactive therapy (PCIT).

the EFC-approved children in their homes. DHS and the Co-Neutrals have previously agreed they would not verify EFC cases in which the records made only general references to SOC, wraparound services, care coordination and case management without making clear what type of therapeutic intervention service or guidance was being provided, and how it supported the foster parent in their parenting of the EFC-approved child. Given the importance of therapeutic parenting to the EFC program, DHS understands that it must be woven consistently through and assessed in the TTM discussions, progress reports, monthly caseworker contacts, the department's CQI reviews and the expectations communicated to service providers. As noted throughout this section of the Commentary, DHS has taken steps to make this happen and continues to assess the best ways to improve this practice.

During the last report period, DHS finalized a new document, *Enhanced Foster Care Expectations for Foster & Adoptive Parents*. Families are asked to review the document before agreeing to enter the EFC program as it is critical to the success of an EFC case that they also agree to actively participate in and be part of their foster child's treatment. DHS also shared this publication with all child welfare staff.

Pressley Ridge Training for EFC Foster Parents

As reported previously by DHS and the Co-Neutrals, DHS confronted significant challenges in establishing and contracting enough training capacity to provide EFC parents with timely therapeutic foster care training with the Pressley Ridge modules. This is the first full state fiscal year during which DHS has had trainers dedicated to delivering Pressley Ridge to EFC families. In May 2022, the University of Oklahoma National Resource Center for Youth Services (NRCYS) began, through a contract with DHS, training EFC resource parents in Pressley Ridge. Through this contract, NRCYS streamlined and now manages an online enrollment process, maintains the training schedule, documents and tracks training completion, and issues the training certificates. DHS reported that during this six-month period (January to June 2023), NRCYS delivered 31 virtual trainings with 334 participants enrolled. DHS reported that NRCYS added additional Sunday trainings in response to increasing numbers of family members enrolling for that day's trainings.

DHS also reported in its August 2023 Semi-Annual report (page 22) the survey results NRCYS gathered from foster parents evaluating their training from January through March 2023 and highlighted these summary points:

- 99.1 percent of participants agree or strongly agree that they will continue to practice the skills and tools gained in this training even after the training is over.
- 96.7 percent of participants agree or strongly agree that the content of this training was well organized and easy to comprehend.
- 97.6 percent of participants agree or strongly agree that they would recommend this training to other foster parents.

On the training evaluation, DHS reported participants listed additional training topics that would be helpful to them, including:

- Discipline and communication strategies for children ages five and younger;
- Training strategies for parenting teens; and
- Learning how to use these tools in the moment.

During this period, DHS reported that the following in-service trainings were offered to EFC foster parents: Building Connections with Children; Understanding Trauma and the Effects on the Brain; Empowering Children to Use their Own Voice; Effective Discipline; Caring for Teens Diagnosed with Autism Spectrum Disorder; Enhanced Foster Care Resources; and Understanding IEP's and the Special Education System. Further, similar to the online EFC toolkit described below that DHS finalized this period for child welfare and foster care partner agency staff, DHS is also developing a similar online toolkit for foster parents caring for children in the EFC program in order to facilitate and advance therapeutic parenting.

Role of Permanency and Resource Workers in EFC Program

The EFC program also entails and expects different work from caseworkers who are assigned to a child or foster home approved for this new therapeutic foster care model. While DHS' expanded EFC team in the field and program office are helping with some case management and specific challenges, caseworkers are required to help coordinate and track service delivery of multiple providers, participate in additional team meetings, transport clients to additional appointments when needed, and document promptly and clearly the new EFC service elements in the child and family's case records.

In this period's EFC verification review, case records also showed progress with respect to documentation of caseworker contact notes showing discussions of the child's therapeutic progress and challenges and discussions with foster parents about their approaches to respond therapeutically to EFC-approved children in their care.³⁰

EFC case records reviewed this report period showed numerous caseworkers who demonstrated a strong commitment and high-level of case practice that helped to guide and support the child and foster parents, as well as a child's parents in many cases, in their therapeutic progress and healing. The Co-Neutrals highlighted these cases for DHS in their review notes. This included a sibling group of more than two children, all of whom participate in the EFC program. These children experienced multiple placements between 2019 and 2022, including an adoptive placement in which the family decided not to adopt one week before the scheduled adoption finalization. With the well-coordinated support of the EFC program, the children received consistent individual therapy and the new foster parents participated regularly in family therapy. The family was noted to have received quality guidance from the child/family's therapist, as well as their Pressley Ridge training, on trauma-informed communication skills, how trauma becomes the underlying cause of behaviors and emotional regulation. These foster parents demonstrated a clear commitment to incorporate what they learned into their parenting and to create an emotionally safe

³⁰ Neither DHS nor the Co-Neutrals based their ultimate assessment of an EFC case on the sufficiency and quality of a caseworker's documentation of progress in the monthly contact notes of an assigned EFC case .

environment in their home. This sibling group successfully exited care during this report period through adoption with their EFC family.

Overall, the Co-Neutrals and DHS have found through case reviews that permanency and resource family caseworkers need training and guidance on how to elevate their child welfare practice to navigate highly complex child cases, beginning with understanding the language they should use in discussing a child's trauma. Further, as children and families await the start-up of therapeutic services, it is all the more important that caseworkers are engaged in EFC cases to support a family's efforts to help a child with behavioral health needs. Caseworkers can play a vital role linking families to services, relying on their awareness of other services and supports that may be available as the family and child wait for the recommended or requested EFC-planned services to start. Moreover, caseworkers themselves can be an important part of the help and support that both children and families need.

During this report period, DHS, working with the University of Oklahoma, completed the first of three modules of a new, more comprehensive and interactive EFC training. Beginning in February 2023, DHS has required that all child welfare caseworkers and leadership complete the first module, which the department describes as a global overview of the EFC program. More specifically, DHS reported that the first module is a, "...1.5 to 2-hour course [that] lays out the overall process of EFC services, from assessing if a child qualifies, through determining needs and providing services and supports to the child and family, to determination of when EFC services are no longer needed."³¹ In its August 2023 Semi-Annual report, DHS noted that 1,896 child welfare staff completed the training as of July 31, 2023, while 91 staff were in progress.

DHS completed the other two modules at the end of the period. These trainings are titled, Enhanced Foster Care: Trauma-Informed Practice for the Specialist and are specific to the roles and responsibilities of the permanency and resource caseworkers. DHS stated that these two modules are designed to introduce "trauma-informed casework and enhance [caseworkers'] skills in providing a high level of quality casework for children with complex needs and their families."³² DHS highlighted that the training modules include:

- Concepts of Trauma-Informed Casework;
- Trauma-Informed Communication Skills;
- Quality Monthly Contacts;
- Trauma-Informed Casework in EFC Meetings; and
- Support for Specialists.

DHS summarized that, "The training will focus on specific duties, increasing critical thinking, and advocating for children and youth's treatment needs by being informed consumers."³⁴ Further, during this report period, the EFC program team finalized and shared with all DHS child welfare staff an online

³¹ August 2023 Semi-Annual report, page 23.

³² August 2023 Semi-Annual report, page 19.

toolkit. This toolkit explains the expectations for all members of a child’s EFC treatment team, as well as what is expected for therapeutic parenting in an EFC home and the mental health resources and services commonly provided, including evidence-based treatments and crisis prevention.

In addition, DHS developed guides for completing quality monthly visits with foster parents and children participating in the EFC program. The department reported that these guides (*EFC Resource Monthly Contacts* and *EFC Child’s Case Monthly Contacts*) were distributed to resource and permanency caseworkers through the child welfare Executive Team, which includes the Regional Deputy Child Welfare Directors. The EFC QA team now reviews and assesses these completed monthly contact guides during post-TTM reviews to assess the casework quality and status of each EFC case.

As highlighted in numerous previous Commentaries, child welfare supervisors are required to complete quality visit reviews with their caseworkers, using a standing questionnaire/form to ensure consistency in how caseworkers are guided to conduct and document every monthly contact in a foster home. The supervisor Quality Visit Review (QVR) form covers critical areas that caseworkers must address during their visits with a focus on assessing the child’s safety. During the last report period, DHS began to modify this review form to include questions related to EFC services and progress in the home (if a child and resource family are participating in the program) to help further guide caseworkers on the importance of their addressing and assessing specific aspects of an EFC case and progress during every monthly visit. With the EFC-related changes to the QVR form completed at the beginning of January, DHS presented the following table summarizing the initial results of 299 QVR forms completed between January and June 2023.³³

³³ DHS August 2023 Semi-Annual report, page 19.

TABLE 7: EFC QUALITY VISIT REVIEWS FROM JANUARY THROUGH JUNE 2023

Question from QVR	Number of Responses				Percentages of all Responses		
	Yes	No	Unclear	Total	% Yes	% No	% Unclear
<i>Children</i>							
Is child receiving EFC services?	299	4,075	0	4,374	6.84	93.16	0.00
Are services in place to help meet the child’s behavioral/emotional/cognitive/medical needs?	268	28	0	296	90.54	9.46	0.00
Can you tell if they are working sufficiently to help meet the child’s needs?	166	55	46	267	62.17	20.60	17.23
Is it clear in the contact how the services are impacting the child and family’s functioning?	136	87	43	266	51.13	32.71	16.17
Is it clear how the child is progressing in services?	137	84	45	266	51.50	31.58	16.92
Is it clear how the child’s current behaviors are manifesting in the home AND how they are affecting the resource provider’s parenting?	187	57	22	266	70.30	21.43	8.27
Is it clear how the services are helping the foster parent therapeutically respond to the child?	131	98	38	267	49.06	36.70	14.23
Is it clear that the supports in place are efficiently helping the resource family meet the child’s needs safely.	157	39	32	228	68.86	17.11	14.04

Source: DHS Data

Based on these QVR results, DHS made additional changes to the QVR form to help ensure that each EFC-related question is appropriately completed. DHS explained that, “For example, although there were 299 responses indicating EFC was involved, some of the proceeding questions had at most, 296 responses and as few as 228 responses. In future reporting, this aspect should not occur as the subsequent questions were corrected within Qualtrics [information collection system] to require responses when specific “yes” responses are entered.”^{33,34}

DHS has reported ongoing efforts by the EFC Program team to build a better understanding of the EFC program elements, requirements and best practice with caseworkers and child welfare staff at every level. The EFC leadership team completed at the beginning of this period in January 2023 a round of 1.5-hour EFC trainings with supervisors, district directors and regional deputy directors in each region. The trainings reviewed regional data and trends and focused on therapeutic parenting, quality monthly contacts, and supporting caseworkers who are assigned to a child or resource family in the EFC program. In addition, the department reported that during this six-month period, the EFC team attended 17 regional and district staff meetings to discuss the EFC criteria, service array, staff roles and responsibilities, and possible EFC

³⁴ DHS further noted in the August 2023 Semi-Annual report that, “The survey also allowed for ‘no’ and ‘unclear’ to be selected as responses. On 4/20/2023, the ability to select ‘unclear’ was removed because if it was not clear to the reviewer, the selection should be ‘no.’”

concerns and benefits.³⁵ DHS also presented an overview of the EFC program to tribal staff. The department reported that all tribes were invited and 12 tribes sent representatives.

Caseworkers Supporting Families and Children through Family Time

The department and Co-Neutrals have consistently found in case reviews completed over the years that many children often experience escalated behaviors both before and after visits with their birth parents. These experiences for children, birth parents and foster parents can at times lead to instability in the child's placement and reductions in planned family visits. As discussed in greater detail in the Permanency section below, Family Time visits (when deemed safe and appropriate) are critical to help birth families reunify with their children more promptly and have been shown to help children adjust better to being in foster care and experience higher levels of well-being.

During this report period in February 2023, DHS' EFC and Permanency program teams finalized and distributed two new publications to guide caseworkers, foster and adoptive parents, as well as birth parents and youth on managing through family visits. DHS summarized these documents as follows:³⁶

- Publication 22-46: *Family Time: A Guide for Foster and Adoptive Parents* was created specifically for resource parents who are struggling with the behaviors of a child or youth in their care following family time. It normalizes these behaviors around family time and helps resource parents consider ways they can lessen the child or youth's behavioral struggles before or after family time. This includes tips and suggestions that focus on supporting the child or youth's emotional health and well-being. It is recommended [caseworkers] provide this publication and discuss it with resource parents proactively and also when they report behavioral struggles. When resource parents share these behavioral struggles during an EFC TTM, EFC Programs staff reference this publication and provide it via email to the resource parents.
- Publication 22-51: *Family Time Talking Points for Child Welfare Staff* was created for [caseworkers] to assist in talking with children, their parents, and resource parents about the behaviors a child might display before, during or after family time and how to work together to create the best family time experience for all involved.

Mental Health Service Provider Capacity

DHS' leadership and EFC team have been collaborating in earnest with ODMHSAS and community-based providers to locate the traditional therapeutic and other types of evidence-based therapeutic services children need in community settings. ODMHSAS has established a care manager position to oversee their

³⁵ DHS reported that the regional EFC PFRs also regularly attend the monthly regional leadership meetings of the deputy directors and district directors from their assigned areas.

³⁶ February 2023 Semi-Annual report, page 17.

department's participation in the EFC program, which includes coordinating the initial matching of services and following up to ensure such services are provided.³⁷

The overall dearth of mental health services in Oklahoma is also experienced nationally. DHS reported in its August 2023 Semi-Annual report (page 25):

As with the national trend, Oklahoma has seen a higher rate of mental health professionals leaving the mental health system while fewer professionals are joining the mental health arena; all at the same time as all Oklahomans are seeking mental health services at a higher rate than pre-pandemic. Several factors contribute to the struggle of mental health professionals in meeting EFC requirements, including an inability to see clients weekly or to provide in-home sessions. Many mental health agencies report a lack of therapists and struggle to hire adequate staff.

However, there appear to be structural issues, such as the number of providers that participate in the Medicaid program, which make the issue of service shortages one that will continue to plague the EFC program unless the state takes new steps to solve this problem. The Co-Neutrals have discussed with DHS options to expand service capacity including increasing rates to attract more providers into the Medicaid program and creating new billing codes that make it easier for private providers to participate in some of the important EFC program components like Treatment Team Meetings that are currently not billable. A new billing code that allows therapists to provide parent coaching to EFC foster parents may also attract more providers to the program. DHS reported that Oklahoma has awarded a managed care contract for its Medicaid program, including a specialty program for children and youth in the state's custody. DHS also reported that implementation of the managed care contract program is expected to begin on April 1, 2024. It is essential that the state rigorously monitors network adequacy requirements for the incoming managed care organization to advance an expanded provider pool for children in state custody. The Co-Neutrals will report on changes, if any, related to behavioral health services for children in EFC as a result of the launch of the new MCO program.

Further, the Oklahoma Child Welfare Task Force established by Governor Stitt in January 2023, as discussed above, released on October 1, 2023 a report with recommendations. In its report, the Task Force highlighted that Oklahoma's availability of services options, including mental health professional services, are limited. The Task Force's recommendations to the Governor include the following:

³⁷ DHS reported that ODMHSAS will not be involved in every EFC case. For some EFC-approved children and placements, the department is seeking to work directly with local providers, particularly when a service provider is already successfully working with a child or family. DHS reported that in April 2022 the department partnered with OHCA to launch the Specialty Program for At-Risk Kids (SPARK) program through which a behavioral health specialist is assigned to help locate and coordinate services for children in the EFC program whose services are not coordinated through ODMHSAS. The SPARK behavioral specialists are also charged with connecting twice monthly with EFC foster parents and help them navigate services.

- Enhance the availability of mental health providers who specialize in working with children in foster care. (Recommendation 5.1, page 42)
 - Provide specialized mental health resources and interventions tailored to the unique needs of foster families. (Recommendation 5.1.1, page 43)
 - Review the licensing requirements for mental health professionals and streamline the processes for licensing and credentialing individuals specifically trained in working with children and youth in foster care or with complex care needs. (Recommendation 5.1.2, page 43)
 - Increase the Medicaid reimbursement rate for outpatient behavioral health services for children and families in foster care, or at risk of entering foster care. (Recommendation 5.1.3, page 44)

The inclusion and prioritization of these mental health service recommendations in the Task Force’s report can be instrumental to the future success of the EFC program and for the children and families who require enhanced therapeutic services and care as long as the state takes concrete and effective action to advance their implementation.

Similar to timeliness to permanency as described below in the Permanency section, the progress of an EFC case is not fully within DHS’ control. With permanency, the courts and birth parent(s) also have central roles in determining when and whether a family’s case progresses to trial reunification and reunification.

In the EFC program, DHS can create and support the conditions for a child to receive therapeutic care but ultimately DHS must also rely on the actions of the assigned service provider(s) and participating foster parent(s) to be able to assess a case as being in progress and meeting the program’s therapeutic expectations. To support this goal, DHS’ EFC team made good faith efforts toward sustained progress during this report period to guide and support all their essential partners (service providers, foster parents and caseworkers) to help meet the challenge of building and implementing a high quality therapeutic foster care program embedded in Oklahoma’s traditional and kinship resource homes.

B. Permanency (6.2, 6.4 Metrics)

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

The four 6.2 Metrics (a, b, c and d) measure DHS’ progress to achieve timely permanency for children who entered DHS’ custody at a designated time and who achieved permanency in 12, 24, 36 or 48 months from the child’s removal from their family.

As noted above, these four metrics were included as part of the Delayed Performance Area Measures under the Covid Recovery Agreement. The Co-Neutrals resumed in the last report period to render a judgment regarding DHS’ effort in this performance area and found that DHS made good faith efforts to

achieve substantial and sustained progress toward the Target Outcomes for each of these timeliness to permanency metrics. For this report period, the Co-Neutrals continue to find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for measures 6.2 a, b, c and d.

National Standards for Timely Permanency

As previously reported by the Co-Neutrals, when the Target Outcomes for the 6.2 Metrics for timely permanency were established under the Pinnacle Plan in 2014, there were no similar national standards for these performance measures. DHS and the Co-Neutrals sought to establish progressive Target Outcomes for timely permanency that the department could strive to achieve for children in Oklahoma's custody. Since that time, the Children's Bureau, which is part of the United States Department of Health and Human Services' Administration for Children and Families, completed Child and Family Services Reviews to assess the performance of state child welfare agencies with respect to child safety and numerous other well-being outcomes for children in states' custody, including timeliness to permanency. Based on the results of these reviews and other normalizing factors, the Children's Bureau published national standards that reflect the average level of performance of all reporting states. As such, the national standards do not represent what may be considered reasonably optimal permanency outcomes for children and families, but they do offer a mean against which the federal government measures and establishes a standard for each state's performance. In August 2022, the Children's Bureau updated these national standards, with the new and previous federal standards presented in Table 8 below. The Metric 6.2 Target Outcomes established for DHS at the start of this reform are significantly higher compared to the equivalent federal standards for timely permanency. Timeliness to permanency within 24 to 36 months (6.2c) and within 36 to 48 months (6.2d) are combined into the federal measure of timeliness to permanency for any child in care for 24 months or longer.

TABLE 8: COMPARISON OF FEDERAL AND OKLAHOMA MEASURES FOR TIMELY PERMANENCY

Federal Measure (Equivalent OK measure in parentheses)	Oklahoma Metric Target Outcome	Oklahoma Performance Outcome this Period	New Federal CFSR National Standard (As of Aug 2022)	Previous Federal CFSR National Standard
Permanency within 12 months (6.2a)	55.0%	34.7%	35.2%	40.5%
Permanency within 12-23 months (6.2b)	75.0%	48.3%	43.8%	43.6%
Permanency for children in care 24 months or longer (6.2 c and d combined)	6.2c - 70% (24-35 months)	6.2c – 51.0% (24-35 months)	37.3%	30.3%
	6.2d - 55% (36-48 months)	6.2d – 51.2% (36-48 months)		

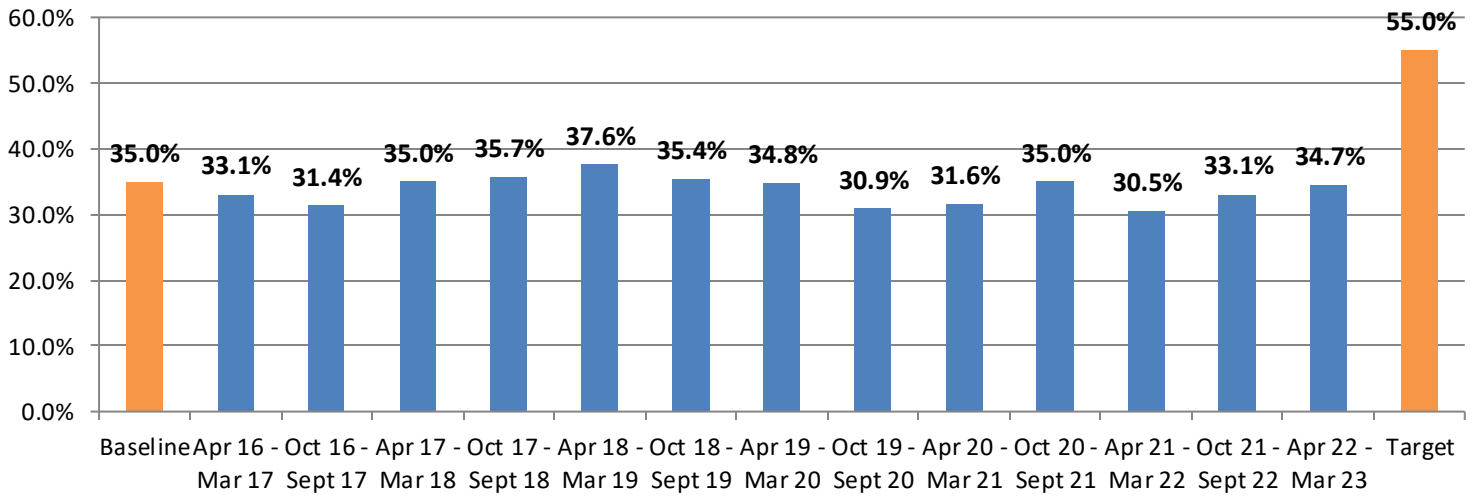
DHS’ current permanency outcomes in the context of the new national standards show that DHS is achieving outcomes above the equivalent national standards for Metrics 6.2 b, c and d. For Metric 6.2a, permanency within 12 months, DHS’ performance outcome for this report period is near (within 0.5 percent) the new federal standard. Presented below are summaries and tables detailing the baseline, performance-to-date, and Target Outcome for each of the 6.2 Metrics.³⁸

Metric 6.2a, Permanency within 12 months of removal

DHS reported that of the 1,572 children who entered foster care between October 1, 2021 and March 31, 2022, 545 children achieved permanency within 12 months of their removal date, which represents a permanency achievement rate of 34.7 percent for Metric 6.2a. This performance outcome represents a positive increase of 1.6 percent from last period when DHS reported a 33.1 percent outcome for this measure.

³⁸ The Co-Neutrals counted in the 6.2 Metrics children who in their 12th month of care entered trial reunification as having achieved permanency.

FIGURE 6: METRIC 6.2A - PERMANENCY WITHIN 12 MONTHS OF REMOVAL



DHS’ 6.2a Permanency Strategies, Efforts and Outcomes

Most children who achieve permanency within 12 months of removal do so through reunification. Of the 545 children in the 6.2a cohort who achieved permanency within 12 months this period, 417 (77 percent) were reunified with their families. DHS understands the critical need to have a strong case practice that engages parents early and often to return children to their own homes as soon as safely possible. DHS’ data has consistently shown that the percentage of children whose permanency is achieved through reunification diminishes sharply each year a child remains in the state’s custody. As detailed further below for measures 6.2b and c, the reported percentage of permanency exits through reunification this period is 37 percent between 12 and 24 months and further decreases to 19 percent once children entered their third year in custody.

**TABLE 9: MEASURE 6.2A, PERMANENCY RATES BY REPORT PERIOD
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 1 YEAR (MOST RECENT ON LEFT SIDE)**

Permanency Type	12-Month Data Report Period End				
	Mar-23	Sept-22	Mar-22	Sept-21	Mar-21
Reunification	77% (417)	78% (421)	75% (359)	82% (528)	82% (513)
Adoption	9% (52)	8% (43)	9% (43)	8% (51)	6% (38)
Guardianship/Custody to Relative	14% (76)	14% (76)	16% (74)	10% (68)	12% (75)
Permanency Total	100% (545)	100% (540)	100% (476)	100% (647)	100% (626)

To advance timely permanency under the 6.2 measures, Oklahoma has taken steps to assess broad, cross-system barriers and opportunities for better outcomes. Further, DHS has implemented strategies ranging from working with the legislature to establish new laws that support families and timely permanency to enhancing how supervisors coach caseworkers to engage parents seeking to reunify with their children. The department is also continuing ongoing collaboration with the courts and efforts to build a case practice that meaningfully engages and supports parents early and often toward reunification.

Oklahoma Government Leadership, Supporting DHS' Child Welfare System

The first among four priorities listed by Governor Stitt for the Child Welfare Task Force is to further reduce the time to permanency for children in the foster care system. The Child Welfare Task Force is also charged with identifying and proposing areas of support for birth parents, identifying risk factors that lead to the removal of children from their birth families' homes and further reducing the number of children's re-entries into foster care.

The Child Welfare Task Force includes child welfare experts and stakeholders, including family advocates from community organizations, Oklahoma's Secretary of Human Services, DHS' Child Welfare Director, two county district judges and two members appointed by the leaders of the state of Oklahoma's House of Representatives and Senate. With a total of 12 members, the Task Force was called to study, evaluate, and make recommendations regarding policies, programs and legislative proposals regarding the priorities noted above.

In its October 2023 report, the Governor's Child Welfare Task Force presented a report with a suite of recommendations including proposals focused on supporting birth families seeking to reunify with their children, including:³⁹

- Modernize and revise the language, format, and process of developing Individual Service Plans, with a focus on being more family-focused and hope-centered and co-designing the plans with families.
- Establish a practice model for an intensive approach to reunification.
- Develop practices to support birth families and enhance their understanding of child welfare processes.

The Co-Neutrals will provide an update in their next Commentary on DHS and the state's progress to implement recommendations in the Task Force's report.

Also, during this report period, Oklahoma's legislature, working with DHS and other stakeholders, passed new legislation to advance the state's efforts for more timely permanency and better support for families

³⁹ The full report can be reviewed at <https://oklahoma.gov/content/dam/ok/en/governor/documents/23-36%20OK%20Child%20Welfare%20Task%20Force%20Report%20Final.pdf>

and children. In April 2023, two new laws were enacted at DHS' request: Senate Bills 159 and 178. The first, Senate Bill 159, establishes that when parents voluntarily participate in services deemed necessary to address safety threats and progress toward reunification with their children who have been placed in care, this voluntary participation cannot be used in court as evidence of guilt during their adjudication and/or disposition hearing for their child welfare case. DHS has found timely permanency can sometimes be delayed due to parents hesitating to engage and participate early in pre-adjudication services out of fear that their voluntary participation will be presented as an admission of guilt as they await their adjudication and/or disposition hearing.

Senate Bill 178 clarifies that a child's placement in trial reunification with their parents need only last as long as necessary to ensure that reunification and case dismissal can be safely accomplished. DHS reported that this legislative clarification was necessary as legal professionals in Oklahoma often interpreted the law as requiring an extended time period, often a minimum of three months, of trial reunification before proceeding to reunification even when safety assessments would show safe reunification could occur sooner.

Senate Bill 706, signed into law effective July 1, 2023, requires that any jury trial for the termination of parental rights be set within six months of the Court scheduling the trial to ensure that progress toward permanency through adoption is not delayed.⁴⁰ Finally, Senate Bill 19, which DHS supported and became law effective in November 2023, establishes the Family Representation and Advocacy Program to help ensure parents, legal guardians and Indian custodians and their children who are entitled to court appointed counsel receive legal representation in their child welfare cases.⁴¹ The new law, which includes a revolving fund for the program, requires that appointed counsel have the training, support and access to resources to provide uniform and high quality legal representation.

The Co-Neutrals completed during the last report period a case record review of 90 children assessed in the 6.2a measure and found in recurring cases the exact barriers to timely permanency that these three new laws are designed to address. DHS, working with state legislators and the Governor's office, has demonstrated a commitment to executive and intergovernmental collaboration when necessary to help advance timely permanency. Beyond guiding, supporting and depending on casework staff in the field to improve the department's permanency practice, this higher-level collaboration and advocacy is also vitally important to achieve better outcomes for children and families.

⁴⁰ The court must schedule the trial within 30 days of a petition for the termination of parental rights. Further, the court may grant continuances to this new six-month requirement for a jury trial but only in the case of an emergency.

⁴¹ Senate Bill 19, Section 1. C. reads, "The purpose of the Family Representation and Advocacy Program shall be to ensure uniform and high-quality legal representation for children and indigent parents, legal guardians, and Indian custodians in deprived child actions brought by the state pursuant to the provisions of Section 1-1-101 et seq. of Title 10A of the Oklahoma Statutes."

Working with Court Partners

DHS does not independently make the final decision regarding a child's permanency outcome. Every permanency decision or recommendation the department makes must be approved by the courts according to the courts' schedules. To advance important collaboration with its court partners DHS has participated in a court improvement project and an overall expansion of efforts to enhance communications with judges and their staff. One example is that DHS made available to its court partners judicial dashboards that provide data on child welfare cases, including time to adjudication, first placement hearing, time to permanency exit, and termination of parental rights. The data in the dashboards can be reviewed to assess performance outcomes for each court jurisdiction. The department has provided its judicial partners with information regarding the dashboard's functions and how to utilize it to understand their district's outcomes.

At the beginning of SFY22, DHS began to collaborate again with its Oklahoma Court Improvement Project (CIP) partners for a second five-year targeted effort to increase permanency within 12 months with a focus on three new counties: Cleveland County, Lincoln County and Bryan County. These counties were selected for this round of the project based on, in part, their Metric 6.2a performance outcomes, which were lower than the average outcome for counties across the state for three consecutive report periods. Judges from these three counties agreed to participate in this joint project. As previously reported, DHS implemented from 2017 through 2019 a similar CIP effort with court administrators and judges, which also focused on three jurisdictions (Adair, Pottawatomie, and Canadian counties) to assess permanency outcomes and improve permanency exits within 12 months. Based on a cohort of 144 children from these counties who entered care between October 2017 and March 2018, DHS reported improved permanency outcomes within 12 months. As with the last CIP pilot effort, DHS reported that the focus again for the new CIP is to increase parent engagement as well as establish a shared understanding of a safety threshold for determining when reunification remains viable and appropriate.

The counties participating in the current CIP project began during the last period to implement individual action plans, starting with data collection tracking children who entered care in these counties in order to monitor permanency exits within 12 months. The counties collected data on a cohort of children removed in these areas from October 1, 2022 through March 31, 2023 of this report period. The data collected includes the following:

**TABLE 10: CIP PROJECT, CHILDREN REMOVED FROM BRYAN, CLEVELAND AND LINCOLN COUNTIES
OCTOBER 2022 THROUGH MARCH 2023**

County	# of Cases	# of Children	# of Children w/ Case Plan Goal of Reunification	# of Cases involving Substance Abuse
BRYAN	12	23	20 of 23	9 of 12
CLEVELAND	52	80	70 of 80	30 of 52
LINCOLN	8	15	14 of 15	5 of 8
Total	72	118	104 of 118 (88%)	44 of 72 (61%)

DHS will continue to track and assess the permanency efforts and outcomes for this cohort of 118 children through March 2024 to assess strengths, as well as areas needing improvement, in the department and the courts' joint, collaborative work to advance permanency within 12 months.

To support better, timelier permanency outcomes in these three counties, DHS' Permanency, Continuous Quality Improvement and Quality Assurance staff developed and delivered new training to district directors, supervisors and specialists in the CIP project's DHS districts. DHS reported the trainings were designed to help ensure consistency and best practice regarding family time visits and progress report updates presented to the courts with a focus on grounding staff in their understanding and ability to articulate parents' current safety threats and protective capacities. One training stresses the importance of the supervisor's role in coaching and guiding their assigned caseworkers in developing quality court progress reports and establishing district-wide expectations for this practice that is key to advancing and advocating for safe and timely permanency. While these trainings were created to initially support the DHS districts participating in the CIP project, they are used to support districts and casework staff across the state as DHS has identified and reported the need to improve the quality of court progress reports in multiple districts statewide. (DHS February 2023 Semi-Annual Report, page 32)

The Co-Neutrals' review of case records for 90 children in the last report period's 6.2a measure examined the reports DHS developed and presented to the courts. The review confirmed the importance of these progress updates to effectively advocate for and receive court approval for family time visits and timely permanency when assessed as safe and appropriate by the department.

In its August 2023 Semi-Annual report (page 40), DHS noted plans to continue with these county-based CIP projects. However, the department also noted that it plans to provide more in-depth pre-planning support to county courts as they make the decision and commit to participate and develop their individual action plans. With added information and feedback gathered from the Child Welfare Task Force and the Co-Neutrals and DHS' recent case reviews, the department seeks to ensure that the CIP action plans

incorporate elements (i.e., process requirements, case practice, supports for families, etc.) found to impact timeliness to permanency.

Diagnosis of Metric 6.2a Data and Cases Records

As documented in numerous Co-Neutral Commentaries and DHS Semi-Annual reports, the department has worked to establish itself as a continuously self-evaluating, self-learning, and self-correcting child welfare system. Because reunification is the primary form of permanency within a child's first 12 months in care, DHS has continued to track, analyze, and share data on children who are within their first 12 months in care with a goal of reunification. Based on previous case reviews of children who successfully reunified with their families within 12 months between January 2020 and September 2020, DHS concluded that "Parent engagement is paramount; it is what drives a case to a successful outcome. One single aspect of parent engagement that was learned from the case reviews is that early parent engagement is critical. It starts from day one and must continue for the duration of the case."⁴²

One case in point: While DHS found that cases involving substance abuse had a lower probability of returning children home super timely - around the seven-month mark. DHS also found that when the permanency worker initiated strong parent engagement early in the case, DHS can more effectively identify parents who are willing and able to accept the department's help to remove the safety threats presented by their substance abuse and subsequently reunify families within 12 months. Such case practice and timely action to engage and support parents is crucial as substance use is common among the safety threats that cause children to enter care. As noted in Table 10 above, 44 (61 percent) out of the 72 cases selected for the current CIP project involve parents with substance use concerns. Also, 71 percent (64 out of 90) of the cases the Co-Neutrals reviewed for timely permanency within 12 months involved parents who presented with substance abuse challenges. In fact, substance use represented the most frequently noted safety threat concern among the 90 child cases reviewed. See below for more information about this case review.

Monthly Visits with Birth Parents

DHS has made it a priority to increase the quality and completion of caseworkers' monthly visits with parents, which are a fundamental component of parent engagement. Four years ago, DHS informed the Co-Neutrals that the department had found substantial, statewide underperformance in caseworkers completing their required monthly visits with birth families. DHS has since taken action to address this previously identified deficiency in case practice. First, to help ensure greater accountability for parent/worker visits, the department established a 95 percent target⁴³ for these monthly contacts to maintain focus on this practice. Three times a month DHS generates and shares with supervisors, district

⁴² DHS summarized this conclusion from another of its case reviews of 74 children from the 6.2a and b cohorts for the period ending March 2020.

⁴³ DHS reported that the 95 percent target is the total percentage accounting for all parent visits completed, attempted and exceptions combined.

directors and the leadership of each region a Parent Visit Report, which includes summary charts that show statewide, regional and district level data on the percentage of all parents visited and the percentage of cases with all parents visited. The Parent Visit Report shows a total percentage of all documented parent engagement efforts, including attempted and completed visits, as well as parents with documented contact exceptions. While completing contacts with parents is the desired goal, DHS reported that it included attempted contacts in the total percentage to monitor all casework efforts to engage a parent, including efforts to identify, locate and visit parents.⁴⁴

As a result, DHS has made progress with parent visits. At the end of January 2020, DHS reported that 42 percent of required monthly caseworker visits with parents were completed. In its August 2023 Semi-Annual report (page 36), DHS reported improvement during the six months of October 2022 through March 2023, including 59.6 percent of parent/worker visits completed, 20.6 percent of parent/worker visits were attempted, and 11.6 percent of parent/worker visits identified as exceptions. In the case record review of 90 children in last period's 6.2a cohort, the Co-Neutrals observed that workers were predominantly diligent in attempting to schedule and complete monthly parent/worker visits, including documenting continuous efforts and attempts to contact parents who were incarcerated and parents who had not yet been located or were not responding consistently or at all to DHS.

DHS leadership reported that in addition to tracking and further improving the completion rate, the department is also focused on the quality of parent/worker visits. DHS updated its KIDS data system and designated a field in a child's case record where caseworkers are required to summarize their monthly contacts with parents.

Family Meeting Continuum

Beyond the required monthly visits with the child's parents discussed above, DHS requires casework staff to convene various meetings with parents after a child's removal – some must occur within days, some within weeks and some further out and at regular intervals. These meetings, along with the monthly required visits, are intended to allow DHS, in collaboration with a family, to assess the safety concerns that must be addressed; identify the family's service and support needs; and ensure that a workable service plan is in place that supports the family's timely progress toward reunification when possible.

Just over two years ago, DHS closely reviewed the efficacy of its continuum of family meetings to ensure the sequence and cadence of these gatherings help maximize the opportunities for families and the department to work towards timely reunification, particularly within 12 months. DHS found in its assessment that the required time frames for family meetings were not frequent or early enough. Previously, DHS' timeline called for the first family team meeting to occur 60 days post-removal with the next family team meeting scheduled four months later. Further, it was during this first family team meeting - targeting around the 60-day mark – when caseworkers were to finalize with a family their

⁴⁴ Exceptions to required monthly parent contacts include: a parent who is incarcerated for an offense resulting in the death penalty or a court order for no visitation.

Individual Service Plan (ISP). A family's ISP outlines the actions and services the family will complete to address the safety threats that resulted in their child's removal. DHS adjusted the timeline of the continuum and now requires that the first family team meeting occur no later than 30 days post-removal and every 60 days thereafter during a child's first year in custody, and the target deadline to finalize each family's ISP is by 30 days post-removal. It is important to distinguish between family team meetings and parent visits, which, as noted above, are required monthly. The first caseworker/parent visit is required within 14 days post-removal, and parent visits with their child(ren) are required, when appropriate, at least weekly during the first 90 days post-removal.

To support quality discussions and collaboration with parents during family meetings, DHS designated and trained facilitators with a goal of having every family assigned the same facilitator who is expected to establish an understanding of a family's dynamics and guide solution-focused conversations with a goal of achieving timelier permanency. Based on staffing capacity, the department began to roll out region by region this one family-same facilitator practice, starting in Region 4 and then moving on to Regions 5, 3 and 1. In April 2022, DHS finished its rollout in Region 2, with statewide implementation now in effect. However, with this sequenced rollout plan, the Family Meeting Continuum (FMC) practice reviewed during this period is still relatively new in some areas of the state.

DHS created a staffing and operational structure (facilitators, an FMC lead and supervisors, and an FMC planning group and sub-groups) to implement this family engagement effort. The department developed a Family Continuum Report that includes due dates for family meetings, overdue meetings, and information about parent participation in completed meetings. This report is generated and distributed monthly to track, monitor, and support timely completion of family meetings. To build accuracy in this Family Continuum Report, DHS added Family Meeting Continuum as a contact type that caseworkers can select when entering their contact notes for each family meeting. DHS acknowledged that this new FMC practice, with more frequent family meetings and designated facilitators, requires the ongoing focus of program and field leadership to ensure its success.

To help ensure the quality and effectiveness of family meetings, DHS expanded its fidelity reviews of family meetings with the assistance of its Continuous Quality Improvement team and a permanency planning program field representative. Through these internal quality reviews, DHS found during the last report period that family meetings that were scheduled with parents were documented as completed even if, in the end, no one from the family participated. DHS reported this finding to the Co-Neutrals and, in October 2022, issued new guidance to the department's FMC facilitators and regional leadership across the state, requiring that such meetings be documented as "attempted" when the parents cancel or do not participate for any reason. Further, the guidance advised that attempts must be made to reschedule the meeting.

DHS' new Family Meeting Continuum is intended to help parents be successful and timely in their efforts to reunify and establish a safe, stable, and supportive environment with their children. As such, DHS worked with the University of Oklahoma to develop a Hope Centered Approach to the department's

family meetings practice. As part of this effort, DHS created a guide, A Hope Centered Family Meeting Continuum, for use by all (families, DHS, and other child welfare supporters) who participate in the family meetings with a focus on two key components to a family's success: Pathways and Willpower. In the guide, DHS presents the question, "How do we create pathways for families to reach their goals?" In response, DHS lists: resources, community-based services, casework, courts, and foster parents. For Willpower, DHS poses the question, "How do we support the motivation of families to achieve their goals and build hope?" In response, the guide notes, "The family is the expert, identifying strengths, supports and mutual accountability." The guide further proffers that when families react with anger, despair, or apathy, it represents a lack of hope. On the other hand, the guide explains (with tips included) that when hope is nurtured through a trauma-informed practice, families can begin to believe that their "future will be better than today and [that they] have the power to make it so." Reinforcing with staff that they must help create the pathway for families to timely reunification and that they can help inspire hope and willpower in parents to achieve reunification is an important effort to elevate case practice and to improve permanency outcomes moving forward. DHS reported that all FMC facilitators and supervisors are trained in hope-centered language and parent engagement.

DHS continues to make it a priority to gather input from parents and youth, as well as community partners (e.g., tribal partners) who participate in the family meetings. Following each family meeting, the facilitator provides participants a QR code to access a survey, which participants can complete anonymously. In its August 2023 Semi-Annual report (page 34), DHS noted that since October 2021, 349 parents, 404 community partners and seven youth have completed surveys, providing mostly positive feedback while also sharing opportunities to improve the FMC practice. These opportunities include, for example, not using agency jargon during family meeting discussions so that everyone can participate and understand with clarity.

During the last report period, DHS distributed two user-friendly brochures, one for parents and one for youth, explaining how family meetings are designed to support their goals and ensure their input, strengths, needs, and voices are part of the decision-making in their case planning. These materials incorporate language that reinforces the goal of building hope for parents and their children.

Family Time

DHS has reported efforts to implement statewide a new "Family Time" practice to promote early, frequent, and intentional quality visits with children in custody and their families. The Family Time practice model charges staff to consider establishing the least restrictive supervision for these visits at the outset of a permanency case, including unsupervised visits as soon as the department assesses that such visits can occur safely. DHS completed training for all regions and presented information about Family Time to tribal and court partners, including a Family Time brochure that highlights research findings about family visits. The research shows that children who have more frequent contact with their parents:

- exhibit fewer behavioral problems and show less anxiety and depression;

- are more likely to have higher well-being ratings;
- adjust better to out of home placement; and,
- are more likely to reunify with their families with shorter lengths of stay in custody.⁴⁵

Further, DHS developed a Family Time tool to support safety discussions between caseworkers and families during family meetings and to focus the conversation on actual safety threats that must be addressed and specific steps to ameliorate these conditions. DHS reported the tool is designed for caseworkers to review and update during all family meetings and monthly visits with parents.

As noted above in the EFC section of this Commentary, DHS developed and distributed tip sheets for caseworkers and foster parents on how to prepare for and support a child before and after their family time with their parents. The department and the Co-Neutrals have consistently found in case reviews completed over the years that children’s emotions can run high with escalated behaviors both before and after family visits. The new tip sheets are designed to help families and DHS staff better understand and respond to children’s trauma triggers and behaviors associated with Family Time.

The department is guiding foster parents, DHS staff and partners and families to discuss this important practice as Family Time rather than “visitation.” Ultimately the goal is to move progressively toward less restrictive Family Time as quickly and safely as possible, such as moving from supervised to unsupervised visits and then to overnight stays, which, if successful, supports advancing to trial reunification.

Permanency Safety Consultations

Permanency Safety Consultations (PSCs), which the department began to implement six years ago, remain a DHS strategy with the goal of helping caseworkers and the department track and assess barriers and opportunities to achieve timely permanency for children through reunification. PSCs are structured case conferences (internal to DHS) convened at regular intervals to assess through a team approach the viability of a child’s safe reunification with his or her family. At the conclusion of each PSC, the team is required to document a recommendation that the child (or sibling group) is either safe or unsafe to move to trial reunification. These staff conferences include supervisors and district directors and are designed to systematically assess each family’s progress in addressing the safety concerns that resulted in the removal of their children. The staff conferences also review DHS’ case practice to support parents’ reunification efforts, as well as any opportunities or barriers to permanency.

DHS’ long-standing practice had been to hold the first PSC 90 days post-removal and every 90 days thereafter if a child’s case plan goal remains reunification. However, in April 2022, DHS communicated to the field that the first PSC would occur at six-months post-removal and that the safety assessment, which would normally happen at the 90-day mark, should be incorporated into the family meeting that is

⁴⁵ DHS’ Family Time brochure attributes these research references to: Cantos & Gries, 1997 and Hess, 2003.

required at the three-month post-removal time frame with the family engaged in the discussion. The requirement for subsequent PSCs remains the same: every 90 days until trial reunification begins.⁴⁶

PSCs can only bolster reunification outcomes if the vital work of parent engagement and support is conducted early, often, and before and after each PSC occurs. Further, to achieve timely permanency it is critical that DHS move with a sense of urgency to advance to less restrictive Family Time as parents progress in addressing safety concerns. It is equally important that DHS place a child in trial reunification with their family once the department determines a child is safe to return home. In April 2022, DHS also began to share with the field monthly data reports identifying children who have received a “safe” PSC finding but had not yet entered trial reunification. DHS reported that the field staff also received guidance, including the expectation that casework staff must proceed with urgency toward reunification after a safe finding.

In November 2022, DHS announced a new PSC accountability process. Included in DHS’ email distributing the November 2022 monthly PSC report, DHS charged district directors across the state, along with the department’s PSC team, to review each month, beginning in January 2023, all cases in their district that have received a safe finding until the child(ren) in each case enter trial reunification. District directors are required to document in KIDS their monthly reviews of these cases and report to the Assistant Child Welfare Director for Field Operations any barriers to beginning trial reunification.

It is not uncommon for DHS to identify a family as safe during a PSC but with the contingency that certain action items must be addressed before trial reunification can begin. For example, a parent may be deemed safe but waiting to secure housing as they exit a sober living program where children are not allowed to live full-time. Also, parents may be deemed safe for trial reunification but have an adult family member who recently moved into their home and DHS must first complete a background check on the family member to clear them as safe as well. As such, DHS is also using the monthly reviews of cases with a safe finding to ensure caseworkers and families are supported to timely address any barriers for trial reunification to begin.

In the August 2023 Semi-Annual Report (page 35), DHS noted that the number of children waiting more than 30 days to enter trial reunification after receiving a safe PSC finding decreased from 211 children in December 2022 to 159 children in April 2023 and, as of July 2023, was down to 109 children. Further, as a result of the new PSC accountability process, DHS has been able to more closely monitor barriers that cause delays in children with a safe finding entering trial reunification in a timely manner. DHS reported that it has identified and is tracking the following categories of barriers:

- Agency Delay – Existing practice expectations are not followed, such as updating the Ongoing Assessment of Child Safety (AOCS) for TR [trial reunification], reviewing

⁴⁶ After the end of this report period, DHS further adjusted the required timeframes for Family Meetings to provide more flexibility based upon the desires and needs of each family. The Co-Neutrals will provide more details on this update in their next Commentary.

background checks with other adults in the home, requesting an expedited hearing, etc.

- Child's Needs – Delay is determined necessary in response to child's complex needs or child's stated request.
- Parent Circumstance – Lack of community resources necessary for reunification, such as housing or childcare, or delay in response to parent's request for more transition time.
- Court Delay – Adverse rulings or extended hearing review periods.
- Interstate Company on the Placement of Children (ICPC) – Delay in assessment and approval by receiving state.
- Unsafe – Safety threats have returned or PSC finding documented incorrectly.
- None – Transition to TR is underway and expected to occur in a timely manner.

In addition, DHS' focused review of children with a safe PSC finding supported the department's gathering the following useful analysis, which was also reported in the August 2023 Semi-Annual report:

Barriers categorized as Court Delays and Parent Circumstance have the greatest impact in the delay of children entering TR, as they affect the most children and take the longest to resolve. Within the Parent Circumstance category, lack of housing is the most frequently identified barrier preventing TR. Although the ICPC delays also take significant time to resolve, there are far fewer children affected. Barriers categorized as Agency Delay are the quickest to resolve, which speaks positively of current processes in place, suggesting that when existing expectations are met, TR can occur timely. Different approaches are needed to resolve barriers, depending on whether the barrier is external or internal. The enhanced action item review process has confirmed considerable impacts of external barriers, such as adverse court rulings for the court-related delays and lack of affordable housing mentioned above, which will likely necessitate interagency and community collaboration to develop solutions. Information surrounding barrier identification will continue to be collected and shared with PP leads on an ongoing basis. Regional or district-focused efforts to resolve the external barriers may prove more beneficial than a statewide effort. For example, lack of housing was identified as a barrier within the Parent Circumstance category much more frequently in Regions 2, 3, and 4 than in Region 1. District 5 has identified the majority of their "Safe" PSC barriers as being related to long time periods between court hearings and the inability to request expedited hearings to obtain the necessary court order to begin TR; and District 2 has identified a significant number of adverse court rulings pertaining to non-safety related concerns, one example being a requirement for current drivers' licenses. Districts 5 and 2 are both identified focused districts and the ongoing efforts to support their practice are detailed below under Focused District Plans. Internal

barriers, such as procedural delays or insufficient safety assessments, can be more directly addressed through ongoing coaching and development of additional tools or resources for CW staff. In addition to specifically identifying and quantifying barriers to TR after "Safe" PSCs, the process has also prompted a perspective shift around maintaining urgency to permanency. Permanency leads and district directors for the identified focused districts report the "Safe" PSC process has been beneficial in heightening awareness among their staff regarding safety-driven decision-making, personal biases impeding progress to [trial reunification], and a general perspective shift towards taking prompt action to progress through Family Time to [trial reunification] when safety threats are managed and corrected.

Case Record Reviews

In their 20th Commentary released in September 2023, the Co-Neutrals presented detailed findings from a case record review of 90 children in the last 6.2a cohort who had a case plan goal to return home. Each of these 90 children did not enter trial reunification or reunify with their families within 12 months. In summary, the case records showed many good efforts and quality practice by caseworkers and DHS' team to engage parents early and often and support them to address the safety issues that resulted in the removal of their children. The cases also showed opportunities for practice improvements to advance cases timelier to permanency.

The 90 cases represented serious and complex safety issues, of which the three most frequent were substance abuse, domestic violence and a lack of safe housing/shelter. Records showed caseworkers documented efforts to connect parents to services and resources in order to address these challenges. Those efforts included referrals to substance abuse treatment programs (inpatient and outpatient) and domestic violence classes, securing Section 8 housing vouchers (although they often came with a waitlist), providing bus passes, and personally driving parents to their appointments and visits.

The Co-Neutrals identified cases where it appeared that missed opportunities existed to progress the case forward more promptly, including advancing to less restrictive family time visits. For 17 cases, the Co-Neutrals found that based on DHS' documented safety assessments, the department may have been able to request court approval for trial reunification to begin before the end of the first year. For each of these cases, the child did enter trial reunification within their 13th to 15th month in care. The records for these cases confirmed that DHS, engaging with the parent(s), did the good and necessary work to address the safety threats that led to removal and previously prevented reunification. However, it appears that some DHS staff may need additional guidance on how to work with the courts to best schedule hearings (or informal, accelerated conferences) and present well-developed court progress reports that advocate for and support safe and timely permanency exits within 12 months when possible.

The department has developed and delivered a supervisory and caseworker-level training on developing quality court reports to advance and advocate for an appropriate Family Time plan and timely

permanency. Further, DHS and the Co-Neutrals have collaborated to develop a more focused case review tool to assess the state's permanency practice and progress for children and families seeking to reunify within 12 months. This tool will review more specific recurring practice themes that surfaced in the Co-Neutrals and DHS' recent case reviews, particularly timely progression with family time, which has a critical impact on a family's timely progression to reunification. The Co-Neutrals will provide an update in their next Commentary on this new, robust permanency case review that DHS and the Co-Neutrals will complete and analyze together.

Efforts to Achieve Permanency Through Guardianship

DHS prioritized training and guiding staff to regularly consider guardianship as a permanency option, including for children who may have a case plan goal of reunification or adoption. DHS directs staff to assess during PSC discussions if guardianship may serve a child's and family's best interest, even though PSCs are primarily convened to focus on progress toward the goal of reunification. Similarly, DHS now systematically reviews if guardianship is the best permanency option for children identified as being in Quad 3 status, meaning they are not yet legally-free for adoption but are placed in a kinship foster home and have a goal of adoption. DHS reported that it has targeted reviews of Quad 3 children in care for nine or more months and placed in a kinship home. Further, DHS now requires staff to answer two guardianship questions in KIDS when completing adoption criteria staffings for a child and identify if guardianship has been discussed with the family connections in a child's life.

During the last report period, DHS finished delivering a new guardianship training tailored to the roles and responsibilities of foster care staff and caseworkers, Youth Transition Services (YTS) caseworkers, and FMC staff. Training for FMC staff and facilitators is designed to help guide discussions about guardianship if questions arise during family meetings. For foster care staff, the training is designed to help caseworkers answer questions that foster families may have about guardianships, including eligibility criteria for families to receive ongoing subsidies if they finalize a guardianship.

Other DHS efforts to promote guardianships include having DHS' designated guardianship liaison and leads review monthly reports that log and track guardianship requests and children who have a case plan goal of guardianship to ensure heightened focus and, developing an electronic process to submit a guardianship request through KIDS to better track and begin timely reviews of incoming requests. Further, during this report period, DHS advanced its guardianship practice by:⁴⁷

- Finalizing and distributing a *Guardianship Bench Card* which, "is intended for judges and court partners to use when guardianship questions arise in the courtroom. It also provides guidelines for court partners about funded guardianships and language that is required to secure funding."
- Finalizing and distributing to all child welfare staff a *Disclosure for Guardianship form*, along with staff guidance. DHS reported that, "The intent of the form is to ensure that families entering a

⁴⁷ DHS August 2023 Semi-Annual report, page 37.

court-ordered funded guardianship have similar, if not the same information, as they would receive through an adoption, and will be completed by PP staff with the families entering into a court-ordered funded guardianship.”

- Hosting guardianship lunch-and-learn discussions with key partners, including judges and a post-adjudication review board for Oklahoma County/DHS Region 3.

As previously reported, DHS has invested in this permanency outcome, increasing the subsidy rates to families who establish legal guardianship with a child in DHS custody to equal the amounts provided to families who foster a child in DHS custody. Further, during this report period, DHS developed a child disclosure form for families entering a legal guardianship. DHS reported that, “The intent of the child disclosure form is to ensure families entering into a court-ordered funded guardianship have similar, if not the same information, as they would receive through an adoption.”⁴⁸

District-Level Targeted Permanency Plans

Just prior to the beginning of this report period, DHS completed a district-level data analysis of permanency outcomes and presented the information to the leadership of each region. In its February 2023 Semi-Annual report (page 36), DHS noted the following:

The presentations included an overview of statewide performance for timely permanency by exit type and each district's permanency outcomes for reunification, guardianship, and adoption. Court measures were also included for each district such as time to adjudication, number of days to case plan goal (CPG) of adoption, and the median number of days from removal to end-date. Permanency Measure 6.2a strategy data regarding number of overdue family meetings, number of overdue PSCs, completed worker visits and type, and number of days from "Safe" PSC to TR were included as well. The purpose of the presentation was to bring awareness to the regional leadership teams of which districts are both under and over performing compared to the statewide average.

Based on these data analyses, each region selected two to three under-performing districts to develop targeted plans to increase permanency within 12 months. DHS reported that general areas of focus considered for the plans included: children who are found safe in a PSC but are not in TR, children identified as Quad 3 (not legally-free with case plan goal of adoption) to consider if guardianship would be appropriate, and heightened use of the 6.2a monthly monitoring report to track children who have the opportunity to achieve permanency within one year from their removal. The department's Permanency Programs team met with each selected district to review and finalize their individual plans and ensure

⁴⁸ DHS February 2023 Semi-Annual report, page 34.

that the plans aligned with each district's casework data trends and the specific practice areas that require improvement.

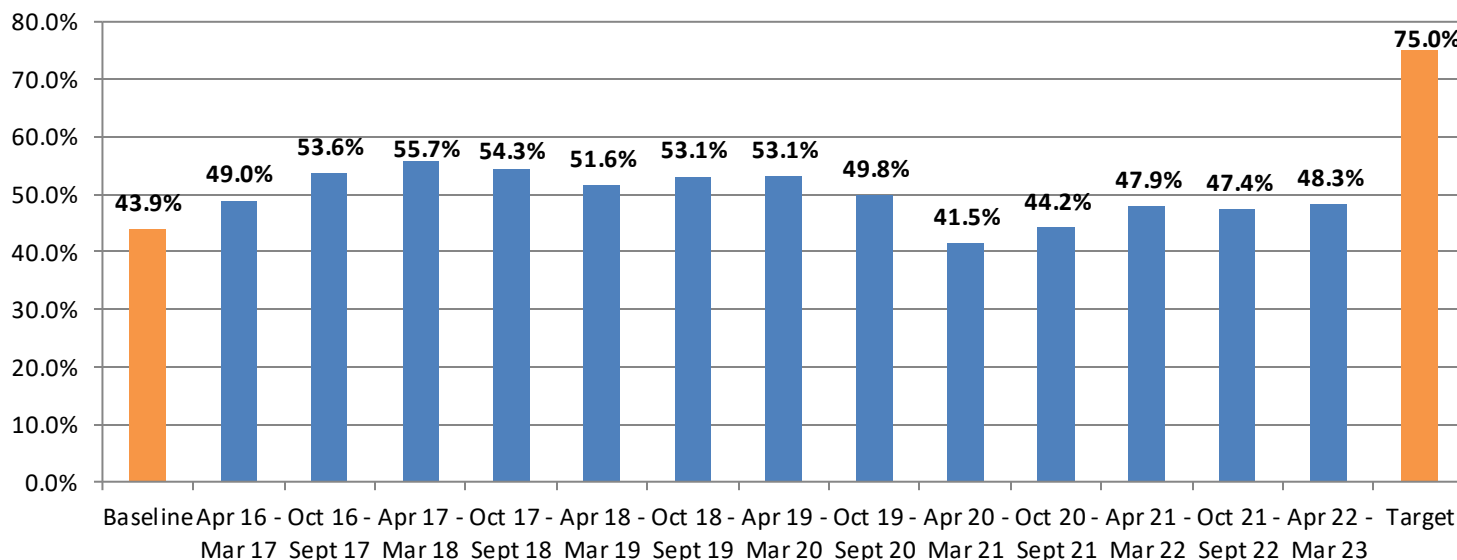
During this period, staff in selected districts received the training developed by DHS permanency programs on writing effective court reports. The training focuses on workers having a well-grounded understanding of safety threats and protective capacities and the ability to communicate information that supports DHS' recommendations and requests submitted to the court.

Detailed Tracking of Variables that Impact Timely Reunification

Since March 2021, DHS has used a data management tool to monitor every child in a 6.2a cohort against six factors: 1) the number of primary workers that have been assigned to a child; 2) if substance abuse is a contributing factor in the family's case; 3) the date and type of the most recent visit with the parent; 4) the date of the last and next family meeting; 5) the date of the most recent Initial Meeting, which are designed to support the foster parent and child in their current placement and bridge a connection with the child's family; and, 6) the date of the last PSC. DHS distributes an updated *6.2a monitoring report* each month for review by every region's deputy and district directors. The report identifies children who have multiple flags, which, based on the indicators DHS selected, include a past due family meeting or a family experiencing changes in their assigned permanency worker. District directors are required to hold follow-up meetings with their supervisors to establish heightened accountability for children in the 6.2a cohorts and guide staff to provide their best customer service to children and families striving to reunify within 12 months and those who may require additional support to break through barriers that could stall timely reunification. In its August 2023 Semi-Annual report (page 42), DHS reported that its leadership team requested that the focused districts noted above emphasize and assess the use of the 6.2a monitoring report in their individual district plans.

Metric 6.2b, Permanency within two years of removal: DHS reports that of the 1,067 children who entered foster care between October 1, 2020 and March 31, 2021 and stayed in foster care for at least 12 months, 515 children achieved permanency within two years of their removal date. This represents a permanency achievement rate of 48.3 percent for Metric 6.2b, a 0.9 percent increase from the 47.4 percent outcome reported last period. The starting baseline for this metric was set at 43.9 percent, and the target is 75 percent. As noted above, the federal standard for this measure is 43.8 percent, which places DHS above the national average and performance standard.

FIGURE 7: METRIC 6.2B – PERMANENCY WITHIN 2 YEARS OF REMOVAL



Adoption had long been the primary permanency outcome for children in the 6.2b cohorts. However, over the last four report periods, a shift occurred with many more children achieving permanency in this measure exiting through reunification with their families. As shown in Table 11 below, for the period ending March 2021, DHS reported that 50 percent of children who exited to permanency in the 6.2b measure exited through reunification and 42 percent were adopted. That pattern continued in the following two report periods, as the majority of children in care between 12 and 24 months who achieved permanency exited through reunification, not through adoption. Last period (ending September 2022) the percentage of children who achieved permanency through reunification and adoption were the same, at 44 percent. This period (ending March 2023) showed a shift back to the more common, historic permanency outcome trends for children in the 6.2b cohort as 51 percent (260 of 515) achieved permanency this period through adoption and 37 percent (193 of 515) through reunification.⁴⁹ There has also been a notable increase over the last two years in the number and percentage of children who exited care through guardianship as detailed in the following Table.

⁴⁹ As previously reported, many children who were positioned to achieve permanency through reunification within 12 months had their permanency exits delayed by one to three months due to court and other delays caused by COVID-19. These children who had the opportunity to reunify timely as part of their 6.2a cohort were instead included in the following 6.2b cohorts and contributed to the increases in reunification exits presented in the last three report periods. The decrease from last period's 44 percent of children exiting through reunification to 37 percent this period appears to be a return to pre-pandemic outcomes.

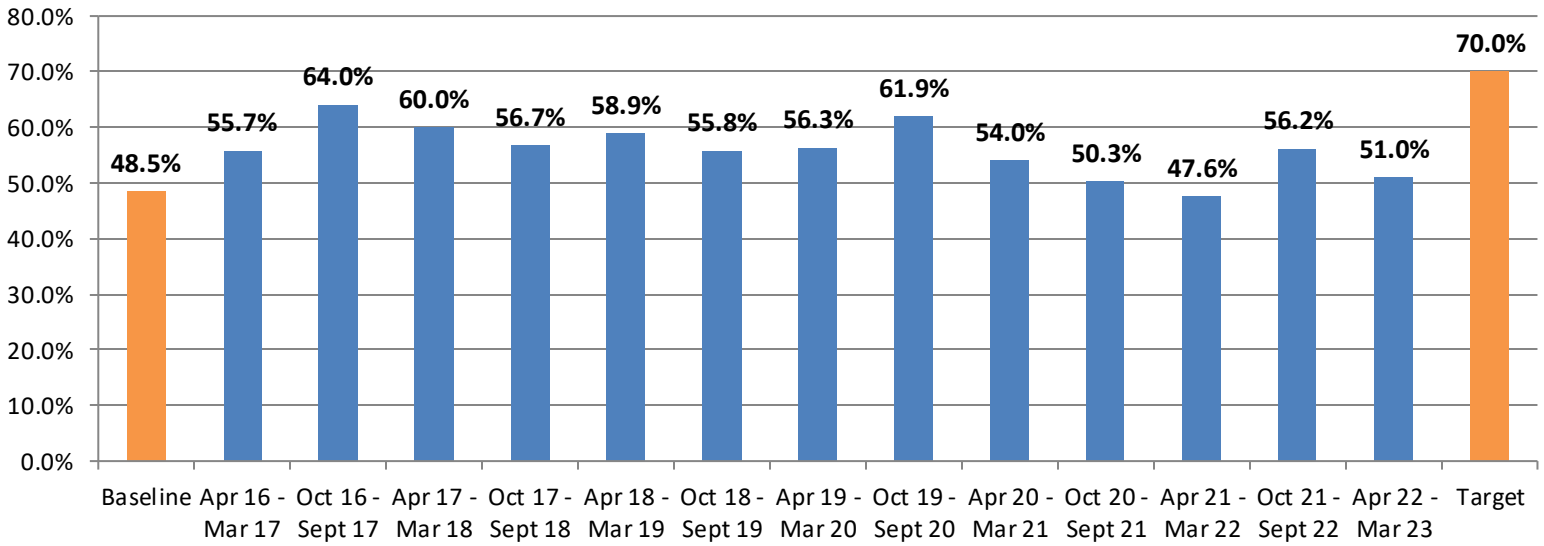
TABLE 11: MEASURE 6.2B, PERMANENCY RATES BY REPORT PERIOD CHILDREN WHO ACHIEVED PERMANENCY WITHIN 2 YEARS (MOST RECENT ON LEFT)

Permanency Type	12-Month Data Report Period End				
	Mar-23	Sept-22	Mar-22	Sept-21	Mar-21
Reunification	37% (193)	44% (244)	52% (329)	55% (356)	50% (271)
Adoption	51% (260)	44% (246)	39% (246)	38% (244)	42% (227)
Guardianship/Custody to Relative	12% (62)	12% (69)	9% (60)	7% (49)	7% (40)
Permanency Total	100% (515)	100% (559)	100% (635)	100% (649)	100% (538)

Every DHS effort outlined above, including the diagnosis of barriers to timely reunification, honing strategies and field implementation and engaging parents timely and meaningfully are relevant for this measure as well. However, as highlighted in previous Commentaries, DHS’ adoption practice has historically fueled the department’s progress toward the Target Outcome for Metric 6.2b as the permanency goals for children in Oklahoma shift significantly to adoption after 12 months in care. Outcomes reported in both this and the last several periods also show it is important for DHS to focus on all forms of permanent exits in order to achieve and sustain progress toward the Target Outcomes for 6.2b and each of the 6.2 measures.

Metric 6.2c, Permanency within three years of removal: DHS reports that of the 669 children who entered foster care between October 1, 2019 and March 31, 2020 and stayed in foster care for at least 24 months, 341 children achieved permanency within three years of their removal date. This represents a permanency achievement rate of 51 percent for Metric 6.2c, a decrease of 5.2 percent from last period.

FIGURE 8: METRIC 6.2C – PERMANENCY WITHIN 3 YEARS OF REMOVAL



Adoption remains the primary exit type for children in this 6.2c measure and cohort. Of the 341 children who achieved permanency during this report period, 239 (70 percent) were adopted and 63 children (19 percent) were reunified with their families. Thirty-nine children (11 percent) achieved permanency through guardianship or through placement in the custody of a relative.

**TABLE 12: MEASURE 6.2C, PERMANENCY RATES BY REPORT PERIOD
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 3 YEARS (MOST RECENT ON LEFT SIDE)**

Permanency Type	12-Month Data Report Period End				
	Mar-23	Sept-22	Mar-22	Sept-21	Mar-21
Reunification	19% (63)	22% (95)	23% (80)	30% (106)	20% (62)
Adoption	70% (239)	66% (290)	72% (246)	65% (233)	72% (228)
Guardianship/Custody to Relative	11% (39)	12% (55)	5% (18)	5% (18)	8% (25)
Permanency Total	100% (341)	100% (440)	100% (344)	100% (357)	100% (315)

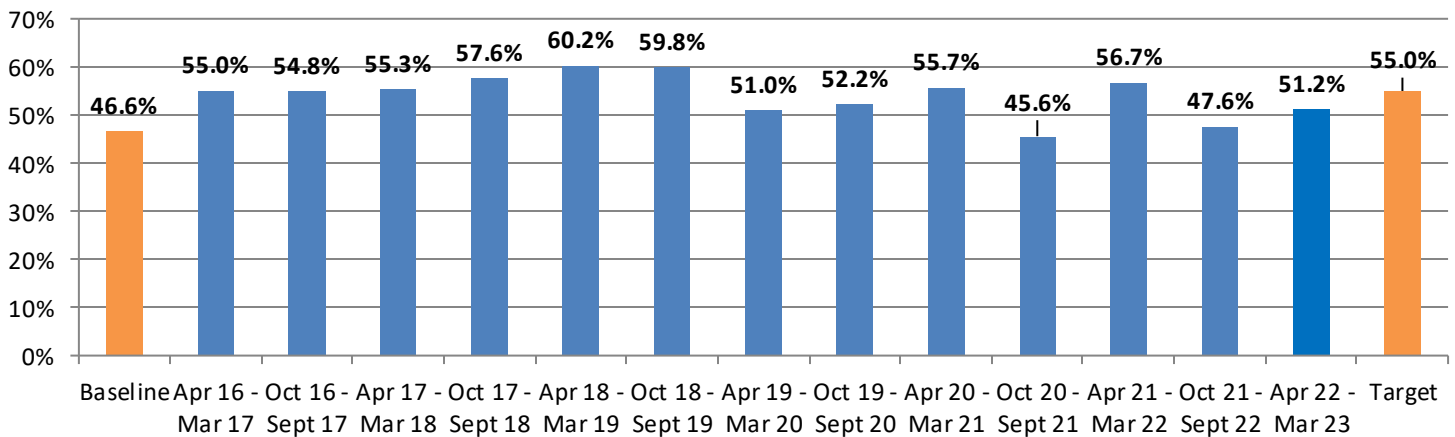
Metric 6.2d, Permanency within four years of removal: DHS reports that of the 363 children who entered foster care between October 1, 2018 and March 31, 2019 and stayed in foster care for at least 36 months, 186 children achieved permanency within four years of their removal date, primarily through adoption. This represents a permanency achievement rate of 51.2 percent. Of the 186 children who achieved permanency, 143 (77 percent) were adopted, 16 (nine percent) were reunified with their families and 27

(14 percent) achieved guardianship or were placed in the custody of a relative. Here too, as shown in Table 13 below, permanency exits through guardianship and custody to a relative have increased substantially this performance period and over the last two years. DHS has achieved the Target Outcome for this measure eight times since the beginning of the reform.

**TABLE 13: MEASURE 6.2D, PERMANENCY RATES BY REPORT PERIOD
CHILDREN WHO ACHIEVED PERMANENCY WITHIN 4 YEARS (MOST RECENT ON LEFT SIDE)**

Permanency Type	12-Month Data Report Period End				
	Mar-23	Sept-22	Mar-22	Sept-21	Mar-21
Reunification	9% (16)	12% (19)	15% (21)	4% (4)	10% (16)
Adoption	77% (143)	74% (116)	78% (113)	86% (95)	88% (147)
Guardianship/Custody to Relative	14% (27)	14% (21)	7% (10)	10% (11)	2% (4)
Permanency Total	100% (186)	100% (156)	100% (144)	100% (110)	100% (167)

FIGURE 9: METRIC 6.2D – PERMANENCY WITHIN 4 YEARS OF REMOVAL



As noted above, the federal standard for timely permanency for children in care beyond 24 months, which represents Metrics 6.2c and 6.2d combined, is 37.3 percent. For this report period, DHS' data showed that the department performed well above the federal standard for both measures, with 6.2c at 51 percent and 6.2d at 51.2 percent.

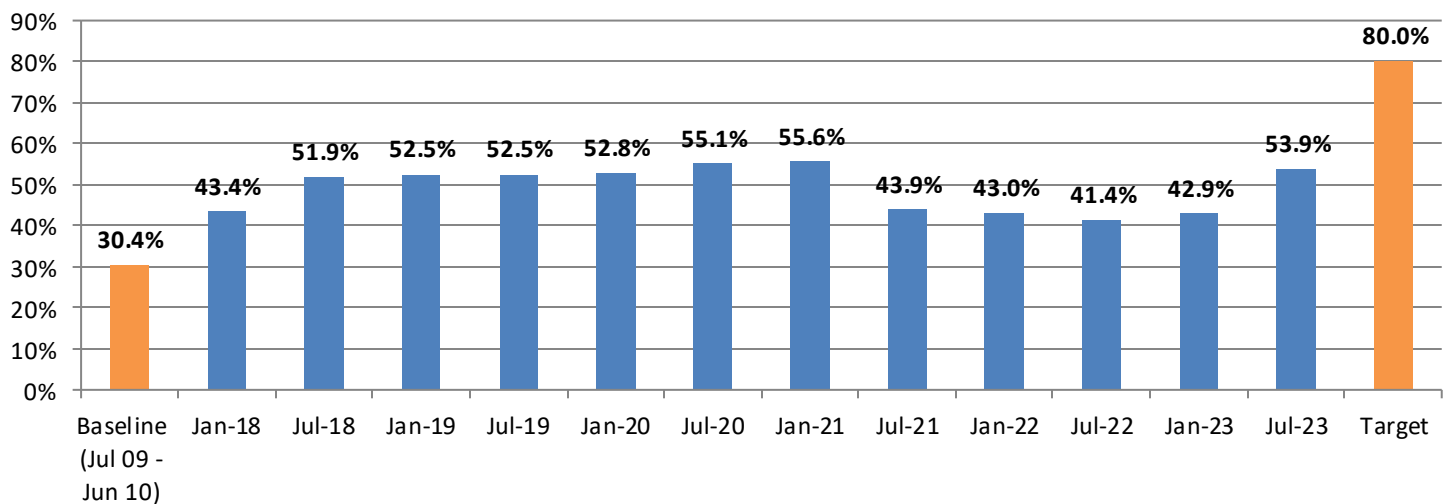
Permanency for Older Legally-Free Youth, Metric 6.4

Metric 6.4 includes a cohort of legally free youth who turned 16 years of age within two years before the report period and tracks those youth to measure the percentage who exited foster care to permanency, defined as adoption, guardianship, or reunification, before the age of 18. The final Target Outcome for this metric is set only for the percentage of youth who achieve permanency. However, the outcomes for youth exiting care without permanency or who remain voluntarily in DHS’ care after the age of 18 are also publicly reported to provide transparency into their overall experience. DHS’ baseline for this permanency metric was set at 30.4 percent of youth exiting with a permanent family, along with a final target at 80 percent.

As noted above, Metric 6.4 was included in the Delayed Performance Area Measures under the Covid Recovery Agreement. The Co-Neutrals resumed in the last report period to render a judgment regarding DHS’ effort in this performance area and found that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcome for measure 6.4. For this report period, the Co-Neutrals continue to find that DHS made good faith efforts to achieve substantial and sustained progress toward the Target Outcomes for this metric.

For this period, DHS reported that 102 legally free youth turned 16 years of age between April 1, 2020 and March 31, 2021. This period, 55 of these youth, representing 53.9 percent, achieved permanency while 47 youth exited out of DHS custody without achieving legal permanency. This performance outcome of 53.9 percent represents an increase of 11 percent from last period, and the highest percentage recorded in the last five periods. The 55 youth who achieved permanency in this report period exited DHS custody as follows: 40 youth were adopted, five youth exited through guardianship, seven youth were reunified, and three youth were in trial reunification at the time they reached the age of 18 and exited care.

FIGURE 10: METRIC 6.4 – PERMANENCY PERFORMANCE



As shown in Figure 10 above, DHS began with the data reported in January 2018 to show substantial and sustained progress toward the 6.4 Target Outcomes for seven consecutive report periods after reporting no progress against the starting baseline for the first four years of this reform.⁵⁰ This sustained progress for more than three years was the result of marked changes and improvements in the department's practice standards and efforts to achieve permanency for older youth. However, after reaching DHS' highest performance outcome of 55.6 percent, the department reported a sharp decline to 43.9 percent in the following report period, which coincided with the beginning of the COVID pandemic. DHS continued to report a decline in permanency outcomes for Metric 6.4 in the following two report periods until showing an increase in the performance outcome to 42.9 percent last period and a significant increase to 53.9 percent this period.

While the department has room for more progress toward the Target Outcome, DHS' outcomes data confirms that DHS is on an upward trend after three periods of decreased performance on this 6.4 measure. As outlined below, DHS has continued its efforts to gain a better understanding of the factors (structural, practice and child characteristics) that impact permanency for older youth and enhance case practice to achieve better outcomes.

Further, DHS has dedicated significant resources to help achieve permanency for youth reviewed in the 6.4 measure. In addition to a permanency planning caseworker, DHS also assigns to 6.4 youth a Youth Transition Services caseworker when the youth does not have an identified permanency placement or has a case plan goal of Planned Alternative Permanent Placement (PAPP).⁵¹ DHS' YTS caseworkers receive specialized training to focus solely on locating permanent homes for children by performing diligent searches for each child, identifying family connections and using information gathered from meaningful discussions with children and youth to help identify potential adoptive families. The department established the Youth Transition Services team as a standing, individual unit that consists only of YTS workers, supervisors, field leaders and administrative support staff, who collaborate with permanency planning and resource family workers to coordinate permanency efforts on behalf of legally free children who do not have an identified placement. By having this established, specialized family-finding unit, DHS

⁵⁰ DHS began reporting performance data for this metric in January 2014 (20.7 percent), followed by 6.4 outcomes data reported in July 2014 (26.9 percent), January 2015 (25 percent), July 2015 (25.3 percent), and January 2016 (26.2 percent), which are two and a half additional, prior years of performance not included in Figure 10 above.

⁵¹ For youth with a PAPP goal, DHS, historically did not make meaningful efforts to locate a viable and committed home where a child could achieve legal permanency with a family. However, DHS now assigns staff from the Youth Transition Services unit, to help advance permanency for these youth. PAPP is "also known as another planned permanent living arrangement (APPLA), [which] is a term created by the [federal] Adoption and Safe Families Act of 1997 to replace the term 'long-term foster care.' With [APPLA], the child welfare agency maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. [PAPP] or APPLA is a permanency option only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out." (Source: U.S. Department of Health and Human Services Website, <https://www.childwelfare.gov/topics/outofhome/foster-care/oppla-appla/>)

was selected in 2019 by the Dave Thomas Foundation for Adoption to receive training, resources, and support to implement in Oklahoma the Wendy's Wonderful Kids (WWK) evidenced-based adoption model,⁵² not only for all children who have a goal of adoption and no identified adoptive home, but also to help advance permanency for youth with a case plan goal of PAPP. DHS has also developed an online Permanency for Teens training that is required for all permanency planning and YTS caseworkers.

In addition, a Multi-Disciplinary Team (MDT) established in each region convenes a Multi-Level Staffing (MLS) every three months for 6.4 youth. The youth's permanency and YTS caseworkers, supervisors and district directors participate in these MDT staffings, which DHS reports are designed to address barriers to permanency and identify steps needed to ensure the youth is on a progressive track to legal and relational permanency. DHS reported that the MDT lead is expected to engage the entire team to support and help identify and complete action steps. The MDT lead is then charged with following up with the assigned caseworker, supervisor, and district director 14 and 30 calendar days after the initial staffing to address barriers to completing action steps and keep the team on track. Each regional MDT lead also serves as their region's lead for the 6.4 measure.

Efforts to Achieve Permanency for Older Youth

DHS has implemented strategies to improve outcomes under this measure with a focus both on curbing the number of youth who enter this metric's cohort and on applying additional casework attention and resources to youth who are at the greatest risk of aging out of foster care. To reduce the number of children entering the cohort, DHS has sought to achieve more timely permanency (through adoption and guardianship primarily) for legally free youth before they reach the age of 16 and to stabilize and maintain youth with their birth families, when safely possible, as older youth sometimes have higher protective capacities and can remain in their homes with supports and services. Since the 2013 baseline cohort of 170 youth reviewed in the 6.4 measure, DHS has substantially reduced the denominator to 102 youth included in this report period's assessment: this is a 40 percent decrease.

As reported in past Commentaries, most youth reviewed in Metric 6.4 during prior report periods had a permanency case plan goal of PAPP, not a goal of adoption, guardianship, or reunification. As a result in full or in part, many of those youth aged out of foster care. DHS continued in this report period to maintain a substantial positive reduction in the percentage of youth reviewed in Metric 6.4 who exited the department's custody with a case plan goal of PAPP. In the review period of October 2015 to September 2016, 66 percent (81 of 123 youth) in the 6.4 cohort had a PAPP case plan goal. Since then, DHS has steadily and significantly reduced this to 23 percent (23 of 102 youth) in the current period. All of the 23 youth with a PAPP goal exited DHS' custody this period without permanency, again highlighting a

⁵² An independent five-year evaluation by Child Trends of the WWK child-focused recruitment model showed that children served under the program are 1.7 times more likely to be adopted than those not included in the model but for whom permanency efforts have been a challenge. (Source: <https://www.davethomasfoundation.org/our-programs/our-research/>)

correlation between these two factors and the importance of continuing to reduce the number of children assigned a PAPP case plan goal.

Importantly, DHS has increasingly strengthened the reviews and requirements to change a youth's case plan goal to PAPP. At the beginning of January 2021, DHS established that a PAPP case plan goal for youth ages 16 and 17 must be approved by both a supervisor and district director, whereas previously only a supervisor's approval was required. Additionally, for all youth who are 16 years of age, a regional director and the Assistant Child Welfare Director for Field Operations must also approve any newly assigned PAPP goal. DHS reported, "This practice expectation emphasizes the importance of exhausting all efforts to achieve legal permanency for every youth in Oklahoma Human Services (OKDHS) custody."⁵³

DHS now requires higher level reviews of kinship home approvals that were denied when considered for placement of youth 15, 16 or 17 years of age. The department highlights this as an effort to reduce the number of youth who age out of foster care without a permanency resource and fully consider youth's placement preferences. This is an important step as the Co-Neutrals have found through case record reviews that some youth at risk of aging out will tell DHS they do not want to be adopted because after reaching the age of 18 they plan to live with a birth parent or other family members, typically someone DHS has earlier denied approval for placement.⁵⁴ Reconsidering a child's kinship placement preferences, particularly for older youth who have greater protective capacities, also reflects DHS' increasing efforts to lift and listen to the voices of children and youth in its custody.

Listening to Youth - Reinstatement of Parental Rights and My Meetings

As noted above, case record reviews of 6.4 cohorts have surfaced cases where youth have expressed their desire and intent to return to their birth parents upon turning age 18. Taking a more proactive approach to assess if DHS can support such reconnections and do so earlier in a child's case, the department established a protocol to distribute every month a report of youth who have become eligible to request the reinstatement of parental rights. Under Oklahoma statutes (Title 10A, Section 1-4-909), youth who are 14 years or older and have been legally-free for at least three years without achieving permanency can request, through a signed application to the court, the reinstatement of parental rights.⁵⁵

DHS reported that supervisors and district directors assigned to youth eligible for reinstatement receive the report each month, with the assigned supervisor or permanency caseworker then required to complete within 30 days a reinstatement questionnaire that includes information regarding the potential for reinstatement and any identified action steps. DHS completed and began to implement the *Reinstatement of Parental Rights Questionnaire* during the last report period, in September 2022. In its

⁵³ DHS August 2023 Semi-Annual report, page 48.

⁵⁴ As DHS is aware, it is still essential for youth of any age for the department before placement to ensure a complete evaluation of any potential safety risks in a home and that any such risks are addressed and do not present a safety threat to the youth.

⁵⁵ The child's attorney must also sign the application.

August 2023 Semi-Annual report (page 50), DHS reported that during the first 11 months of implementation, 125 reinstatement questionnaires were completed, with 92 youth marked as “no”⁵⁶ for reinstatement, 23 identified as “maybe” and 10 noted as “yes.” In its August 2023 Semi-Annual report, DHS summarized that,

Three of the 10 youth are currently residing with a bio-parent in TR with the plan to reinstate parental rights. Two youth exited care while residing with a parent; one youth exited to reunification, and the other youth did not have parental rights reinstated but exited custody to relative. Out of the remaining five youth, two have complex needs and are placed in higher level care with no plans to reinstate at this time, one youth's assigned CW specialist is working with the Interstate Compact on the Placement of Children staff for placement with the biological father, and the remaining two youth no longer want to explore reinstatement of their parent's rights.

Further, DHS noted that,

Through the increased use and monitoring of reinstatement of parental rights, nuances in the process of how reinstatements are documented have emerged, which potentially impacts accurate representation of youth custody exits. One situation being examined is youth placed with a terminated parent in a non-paid placement. These parents have been determined safe but have barriers to legal reinstatement; therefore, documentation cannot show the youth in a TR episode or residing in the parent's home at the time they exit OOH care. While these situations are not legally considered reinstatement, the youth is still considered as exiting custody in a permanency/reunification setting.

To engage youth more fully in planning for their own permanency, DHS began to implement My Meetings during the last report period in September 2022. My Meetings are the same Multi-Level Staffings discussed above but two of these four quarterly staffings convened within a year are intended to include the youth and two support people of their choice. Before each My Meeting begins, the regular MDT group holds a 30-minute pre-meeting without the youth, which then follows with a 60-minute discussion led by the youth and their participating support people. DHS reported that youth who are selected for My Meetings include youth with a case plan goal of PAPP or adoption but who do not have an identified path to permanency and youth with a removal reason of abandonment. Between September 2022 and June 2023, DHS reported that the MDT leads completed a total of 72 My Meetings statewide. As a new effort, DHS reported that staff who lead the department's permanency efforts for older youth are evaluating the

⁵⁶ DHS reported that, “Barriers to reinstatement include inability to locate parents, length of parent incarceration and severity of offenses, parent unable to care for complex needs of youth, refusal by either parent or youth to consider reinstatement, or safety threats continue to persist with the parent.” (DHS August 2023 Semi-Annual report, page 50.)

current model used for My Meetings, troubleshooting any potential design flaws, assessing any trends and reviewing what case tracking would be helpful.

Permanency for 6.4 Youth with Developmental Disabilities

DHS leadership informed the Co-Neutrals that Oklahoma's current Medicaid waiver does not allow a caregiver who provides family-based care for youth with a developmental disability to continue receiving federal financial support for this specialized care or federally funded DDS services if the family becomes the youth's legally permanent family through adoption or guardianship. This represents a structural barrier to permanency for legally free youth with developmental disabilities who otherwise have achieved a life-long commitment for housing, care, and support from an identified family. Among the 47 youth who were reviewed in the 6.4 measure and aged out this report period, the Co-Neutrals identified 16 youth whose case records indicated they were eligible for developmental disability services and supported placements. DHS reported that its leadership teams from its child welfare and DDS divisions are reviewing possible options for systemic and/or process changes to help improve legal permanency outcomes for 6.4 youth who have a DDS family committed to providing them ongoing care.

6.4 Case Record and Data Reviews

The Co-Neutrals reviewed case records of 36 youth who were among the cohort of 47 youth included in the 6.4 measure for this report period (April 2022 through March 2023) and who did not achieve permanency. Nine of the remaining 11 youth in this cohort of 47 youth who did not achieve legal permanency were not included in this case review because they were identified before the case review as being eligible for DDS supports.⁵⁷ As noted above, DHS has identified that there are federal funding and service barriers to these youth receiving ongoing DDS supports if they achieve legal permanency before the age of 18.

The Co-Neutrals reviewed contact notes from the 36 youth's assigned permanency planning caseworkers, YTS caseworker, MDT staffings, connections screens, WWK documents, and resource and placement records. The primary intention of this case review was to qualitatively observe case notes and records documented within the youth's last two years in care to understand DHS' challenges and efforts to secure legal permanency for these youth before reaching the age of 18 and identify any trends or practice issues that appeared to delay or help advance permanency outcomes. Various common themes emerged throughout this and prior 6.4 reviews and were added to the review tool to identify other cases that similarly surfaced these issues in youths' case records.⁵⁸

Thirty-Six 6.4 Youth Reviewed

⁵⁷ Two additional youth whose case records were not reviewed include one youth who was in AWOL/runaway status and another who moved to OJA/detention and was AWOL.

⁵⁸ The Co-Neutrals understand that there may be dynamics and details observed for each case by DHS staff that are not fully documented in case records (or identified by the reviewers) which may have influenced the staffs' decisions and the progression of the case toward legal permanency.

Consistent with past assessments, the youth reviewed in this 6.4 cohort presented with significant behavioral and other challenges. Beyond the nine youth noted above who were not included in this review due to their eligibility for DDS support, this case review identified seven additional youth who were eligible for DDS support and ongoing care who similarly confronted the same, structural (funding and service) barriers to legal permanency.

Case Observations and Frequency of Factors Related to the Youth:

The case records reviewed for these 36 youth showed the following, additional factors common to these adolescents. The following table shows frequency or number of youth whose case records noted these experiences.

TABLE 14: COMMON FACTORS AND EXPERIENCES FOUND IN CASE RECORDS OF 6.4 YOUTH REVIEWED

Challenging behaviors	30 youth
Expressed interest in living with a birth family member after aging out. (Note: It appears five of the 18 went to live with their birth family upon turning age 18.)	18 youth
AWOL episodes	17 youth
Expressed no or lack of interest in legal permanency during the last two years in care	16 youth
Previous failed adoption or guardianship	15 youth
Involvement with Office of Juvenile Affairs	11 youth
Substance use	11 youth
Concern of losing services (i.e., rental assistance, health care) if legal permanency was established (not including the seven additional DDS eligible youth identified).	2 youth

For 17 youth, the Co-Neutrals assessed through the record review that it was the severity of their challenging behaviors (including all of the challenges listed above) that acted as the primary barrier to legal permanency.

At the time of turning 18 years old, ten youth were living in a family-based placement (eight kinship and two traditional foster homes). The most common placement type was in a higher-level facility for 17 youth, while four youth were in AWOL status, four youth were living in a shelter and one youth was placed in an OJA detention facility.

Case Observations and Frequency of DHS Related Practices and Efforts:

Overall, the Co-Neutrals observed substantial efforts to support youth reconnecting with their birth parents and family members and seeking out potential life-long legal, permanent connections. Records showed these efforts often continued despite a youth’s mental health, behavioral or developmental challenges or expressed ambivalence or opposition to legal permanency. Contact notes from PP and YTS

workers and Multi-Level Staffings also showed significant efforts to support the youth's placement stability and plan for transitional services to adulthood.

While legal permanency was often discussed by all parties, this case review surfaced some missed opportunities to potential legal permanency. In the case records, the Co-Neutrals observed the following recurring issues related to DHS practice and efforts on behalf of the 36 youth who were reviewed:

- Youth's record appeared to show a lack of use of mediation or other consensus-building techniques to work through the youth's or prospective permanent family's concerns when permanency seemed possible with a particular family. (9 youth)
- Youth's record appeared to show a lack of advanced planning and service support to transition and prepare a youth and family for a new, prospective permanent placement. (12 youth)
- Youth's record appeared to show a lack of urgency to advance to legal permanency. (7 youth)
- Youth's record appeared to show that there was a good prospect or possibility to establish legal guardianship with kin, non-relative kin, or a long-term family placement. (7 youth)
- Youth's record showed a legal barrier where it appeared the issue could have been resolved if addressed with more focus and timeliness. (3 youth)

Based on their case review of youth who aged out under the 6.4 measure last period, the Co-Neutrals observed and discussed with DHS two other broad areas for practice improvements. First, the Co-Neutrals found that staff in numerous instances did not clearly document the final resolution of efforts to explore kinship options as possible permanent placements. DHS has a well-developed "connections" section and screens in KIDS to allow staff to document and track who these individuals are, the last time they were contacted, their level of response and their level of interest in being a connection for the youth. However, the connections screens in KIDS are not consistently used. It is important that contacts with connections are well-documented and tracked (especially for continuity when there are caseworker changes) to maximize opportunities for permanency and potential life-long connections.

The Co-Neutrals also found the state can enhance the role of YTS workers. It appears that the majority of YTS workers engage their assigned 6.4 youth in the foundational elements of the WWK work of identifying connections, completing statewide staffings and talking with the youth around their feelings towards legal permanency. At the same time, it appears there may be additional opportunities for the YTS to have a greater role in championing legal permanency for this population. Given the relationship that YTS workers seek to build with the youth, it appears that they are often in a unique position to help youth and an identified family work through concerns – mediating tensions and fears – that may be holding up a full commitment to legal permanency. DHS reported that in July 2023, just after the end of this report period, DHS began to revamp the role of the YTS workers, with an enhanced focus on guiding each youth's case to legal permanency and sharing more of this responsibility with the assigned permanency planning caseworker.

As with the 6.2a case reviews discussed above, the Co-Neutrals do not assume that if DHS were to have taken the actions assessed as missing or untimely that legal permanency certainly would have been achieved. The Co-Neutrals shared with DHS the case specific details and observations from these reviews so that DHS can also assess from this information any opportunities for additional efforts and improvement with respect to case practice in any local area or statewide.

When older youth and families are deciding to finalize legal permanency, emotions, fears and uncertainties can run high, especially for youth who have experienced previously failed adoptions and guardianships in addition to the loss of their birth families. And for the families, it can be a daunting decision, especially if they have experienced emotional and behavioral challenges with the youth that go beyond the typical teenager and family experience. DHS has worked to strengthen implementation of its case practice, with focused strategies and a robust staffing structure to achieve permanency for youth. Important to this work has been DHS' efforts to ensure youth and families understand that DHS will continue to support their permanency commitments with ongoing services and support.

APPENDIX A: "AGREEMENT TO AMEND THE COMPROMISE AND SETTLEMENT AGREEMENT AND PARTIALLY SUSPEND GOOD FAITH REPORTING ON SELECTED PERFORMANCE AREA MEASURES."

AGREEMENT TO AMEND THE COMPROMISE AND SETTLEMENT AGREEMENT AND PARTIALLY SUSPEND GOOD FAITH REPORTING ON SELECTED PERFORMANCE AREA MEASURES

Reference is hereby made to the Compromise and Settlement Agreement between the Parties dated December 15, 2011, and approved by the United States District Court for the Northern District of Oklahoma by Order dated February 29, 2012, Case 4:08-cv- 00074-GKF-FHM Document 778 (the "Settlement Agreement"). All defined terms hereafter used shall have the meanings ascribed to them in the Settlement Agreement.

Upon the occurrence of all signatures being affixed to this Agreement, the Parties hereby enter into and this Court approves amendments to Sections 2.10(i) and 2.15 of the Settlement Agreement to bifurcate and partially suspend Good Faith reporting on selected Performance Area Measures by and between the Parties on behalf of themselves and as representatives of the Plaintiff Class, Class Counsel, and Settling Defendant (hereafter also referred to as the "Department").

As set forth in greater detail below, the Plaintiff Class, Class Counsel, and the Department, intending to be legally bound hereby, for good and sufficient consideration the receipt and sufficiency of which is mutually acknowledged, request that the Co- Neutrals suspend their twice annual Commentary regarding the Department's overall progress to make Good Faith efforts to achieve substantial and sustained progress (hereafter, "Good Faith Assessments") in the Performance Areas of: 1) Therapeutic Foster Care, and 2) selected Permanency measures identified below.

- (1) **Covid Recovery Period.** It is AGREED by the parties that:
 - (a) Circumstances neither foreseen nor contemplated by the Parties during the drafting and signing of the Settlement Agreement have created conditions that significantly hamper the Department's efforts to positively impact the data metrics for certain performance areas. The continuing impact of the COVID-19 pandemic has drastically hindered both the Department's activities and efforts as well as those of external parties upon which the Department depends to achieve substantial and sustained progress.
 - (b) Until the impact of the COVID-19 pandemic on the Oklahoma child foster care system is more fully understood, addressed, and ameliorated, the Parties seek to hold in abeyance during a "COVID Recovery Period" the twice annual determinations of the Co-Neutrals whether the Department has engaged in good faith efforts to achieve substantial and sustained progress with regard to the following Performance Area Measures (hereafter, collectively referred to as "Delayed Performance Area Measures"):

- (i) TFC Performance Area Measure 2.B: Number of new therapeutic foster homes (TFC) reported by DHS as approved for the reporting period;
 - (ii) TFC Performance Area Measure Net Gain/Loss in TFC homes for the reporting period;
 - (iii) Permanency Performance Area Measure 6.2a: The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency;
 - (iv) Permanency Performance Area Measure 6.2b: The number and percent of children who entered their 12th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency;
 - (v) Permanency Performance Area Measure 6.2c: The number and percent of children who entered their 24th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within three years of removal, by type of permanency;
 - (vi) Permanency Performance Area Measure 6.2d: The number and percent of children who entered their 36th month in foster care between 12-18 months, prior to the end of the reporting period who reach permanency within four years of removal;
 - (vii) Permanency Performance Area Measure 6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.
- (c) All remaining Performance Area Measures will not be impacted by or otherwise subject to the COVID Recovery Period (hereafter, collectively referred to as “Non-Impacted Performance Area Measures”).
- (d) During the COVID Recovery Period, the Co-Neutrals will continue to provide Technical Assistance as well as validate, report, and comment upon the performance of the Department and its trending for all Performance Area data as it pertains to Delayed Performance Area Measures. The Co-Neutrals, however, will refrain from making any Good Faith determinations of the Department’s efforts as it pertains to Delayed Performance Area Measures during the COVID Recovery Period.

- (a) During the COVID Recovery Period, the Co-Neutrals will continue to provide Technical Assistance as well as validate, report, and comment upon the performance of the Department and its trending for all Performance Area data as it pertains to the Non-Impacted Performance Area Measures. Additionally, the Co-Neutrals will continue to make Good Faith determinations of Departmental efforts in all Non-Impacted Performance Area Measures in the Seventeenth and subsequent Commentaries.
- (2) **Term.** The Parties further agree:
- (a) The COVID Recovery Period shall continue for a period of 18 months and shall be taken into account by the Co-Neutrals when they prepare and publish the Seventeenth, Eighteenth, and Nineteenth Commentaries addressing the Department's activities and efforts during the calendar periods of:
 - (i) January 1, 2021 through June 30, 2021
 - (ii) July 1, 2021 through December 31, 2021
 - (iii) January 1, 2022 through June 30, 2022
 - (b) Absent further agreement between the Parties, the Co-Neutrals shall resume their Good Faith determinations as to the Delayed Performance Area Measures for Departmental efforts beginning July 1, 2022 and shall resume publishing those Good Faith findings in the Twentieth Commentary. For Delayed Performance Area Measures that had not yet achieved two successive years of Good Faith Assessments, the Co-Neutrals will continue to make Good Faith determinations of Departmental efforts until that Performance Area Measure has achieved two successive years of Good Faith Assessments, inclusive of all assessments made prior to the initiation of the COVID Recovery Period. Upon resumption of Good Faith Assessments and after Delayed Performance Area Measures have collectively achieved two successive years of Good Faith Assessments, they will no longer be subject to any validation, reporting, comment, or Good Faith Assessment by the Co-Neutrals.
 - (c) Because of the continuing uncertainties posed by COVID 19, the Parties further agree to assess and negotiate in good faith and determine whether the reporting period in which the Co-Neutrals resume their Good Faith determinations of these Delayed Performance Area Measures should be further altered.
 - (d) Should the Department continue to achieve Good Faith Assessments by the Co-Neutrals for Commentaries Seventeen, Eighteen, and Nineteen as to the Non-Impacted Performance Area Measures, those Measures will no longer


be subject to any validation, reporting, comment, or Good Faith Assessment by the Co-Neutrals. Otherwise, the terms of the original Compromise and Settlement Agreement shall continue to apply.

- (3) **Final Report.** To reflect modifications made to the Co-Neutrals' determinations of Good Faith efforts and their impacts upon the publication of the Co-Neutrals' Final Report, the Parties further agree as follows:
- (a) As referenced in Section 2(d) supra, should the Department achieve successive Good Faith Assessment for all Non-Impacted Performance Area Measures in Commentaries Seventeen, Eighteen, and Nineteen, Commentary Nineteen shall be considered the Final Report for the Target Outcomes of the Non-Impacted Performance Area Measures and the Department's responsibilities and obligations under the Settlement Agreement for those measures shall terminate.
 - (b) Pursuant to Section 2.13 of the Settlement Agreement and as a demonstration of transparency and sustainability of progress, the Department agrees to report to the Co-Neutrals and Class Counsel, for a minimum period of one year after publication of the Non-Impacted Performance Area Measures Final Report, the data metrics reflecting the Target Outcomes for all Non-Impacted Performance Area Measures.
 - (c) After resumption of Good Faith Assessments by the Co-Neutrals and the Department subsequently achieving Good Faith Assessments for all Delayed Performance Area Measures over a period of two successive years, inclusive of Good Faith Assessments made prior to the COVID Recovery Period, the final Commentary reflecting such efforts shall be considered the Final Report for the Target Outcomes of the Delayed Performance Area Measures and the Department's responsibilities and obligations under the Settlement Agreement shall terminate.
 - (d) Pursuant to Section 2.13 of the Settlement Agreement, and as a demonstration of transparency and sustainability of progress, the Department agrees to report to the Co-Neutrals and Class Counsel, for a minimum period of one year after publication of the Delayed Performance Area Measures Final Report, the data metrics reflecting the Target Outcomes for all Delayed Performance Area Measures.

- (e) Should the Department submit any request for a Final Report before the conclusion of two successive years of Good Faith findings by the Co-Neutrals, such request must identify whether the Department is seeking a Final Report as to the Delayed Performance Area Measures, the Non-Impacted Performance Area Measures, or both.
 - (f) The Parties retain the right to seek an appeal, in accordance with the Settlement Agreement, as to each and any Final Report published by the Co-Neutrals as referenced above
- (4) **Settlement Agreement.** Subject to the modifications outlined above, all remaining terms and conditions for both the Settlement Agreement and the 2016 Suspension of Final Date for Pinnacle Plan remain in full force and effect.


IN WITNESS WHEREOF, the parties hereto have executed this Request in several counterpart originals on the date set forth opposite their names.

FOR AND ON BEHALF OF THE SETTLING
DEFENDANT

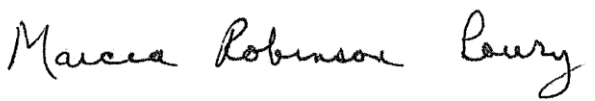
By  _____
Justin Brown, Director, Oklahoma Human
Services (Authorized Signatory)
Dated 12.15.21

By _____
Attorney General of the State of Oklahoma
Dated _____

FOR AND ON BEHALF OF THE PLAINTIFF CLASS:

By 
Dated 01/05/2020

FREDERIC DORWART
FREDERIC DORWART, LAWYERS
Old City Hall
124 East Fourth Street
Tulsa, OK 74103

By 
Dated 01/4/21

MARCIA ROBINSON LOWRY
A BETTER CHILDHOOD, INC.
1095 Hardscrabble Rd.
Chappaqua, NY 10514

- (e) Should the Department submit any request for a Final Report before the conclusion of two successive years of Good Faith findings by the Co-Neutrals, such request must identify whether the Department is seeking a Final Report as to the Delayed Performance Area Measures, the Non-Impacted Performance Area Measures, or both.
 - (f) The Parties retain the right to seek an appeal, in accordance with the Settlement Agreement, as to each and any Final Report published by the Co-Neutrals as referenced above
- (4) **Settlement Agreement.** Subject to the modifications outlined above, all remaining terms and conditions for both the Settlement Agreement and the 2016 Suspension of Final Date for Pinnacle Plan remain in full force and effect.

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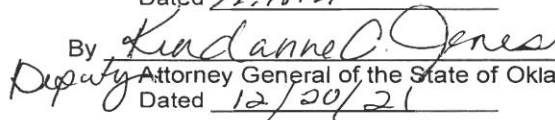
FOR AND ON BEHALF OF THE SETTLING
DEFENDANT

By



Justin Brown, Director, Oklahoma Human
Services (Authorized Signatory)
Dated 12.18.21

By



Deputy Attorney General of the State of Oklahoma
Dated 12/20/21

FOR AND ON BEHALF OF THE PLAINTIFF CLASS:

By

Dated _____

FREDERIC DORWART
FREDERIC DORWART, LAWYERS
Old City Hall
124 East Fourth Street
Tulsa, OK 74103

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

D.G., by Next Friend G. Gail Stricklin, <i>et al.</i> ,)	
)	
Plaintiffs,)	
)	
v.)	Case No. 08-CV-074-GKF-FHM
)	
JOHN SCHNEIDER, in his official)	
capacity as Chairman of the Oklahoma)	
Commission for Human Services, <i>et al.</i> , ¹)	
)	
Defendants.)	

ORDER

This matter comes before the court *sua sponte* on the Co-Neutral 19th Commentary, dated March of 2023, pursuant to the Compromise and Settlement Agreement entered in this matter.

On February 13, 2008, the named plaintiffs—nine children in foster care—on behalf of themselves and more than ten thousand similarly-situated Oklahoma children, filed suit seeking class certification and a permanent injunction enjoining defendants from subjecting plaintiff children to practices that violate their constitutional rights, among other relief. [Doc. 2]. This court certified a class of plaintiffs more specifically described as follows:

¹ John Schneider is automatically substituted as a part pursuant to Federal Rule of Civil Procedure 25(d).

All children who are or will be in the legal custody of the Oklahoma Department of Human Services (1) due to a report or suspicion of abuse or neglect; or (2) who are or will be adjudicated deprived due to abuse or neglect.

[Doc. 272]. The Plaintiff Class and the Oklahoma Department of Human Services subsequently reached a Compromise and Settlement Agreement, which this court approved by virtue of an Order and Judgment dated February 29, 2012. [Doc. 778 and Doc. 779].

Pursuant to the Compromise and Settlement Agreement, Kathleen G. Noonan, Kevin M. Ryan, and Eileen Crummy were appointed as “Co-Neutrals,” who were charged with, twice annually, providing commentary as to the Department’s overall progress and whether the Department is making good faith efforts pursuant to the Settlement Agreement. [Doc. 770-1, pp. 5 and 11]. To that end, the Co-Neutrals and Department established the Metrics, Baselines, and Targets Plan for various performance areas.

The Settlement Agreement provided that, on December 15, 2016, the Co-Neutrals should issue a final report, to include a finding that the Department has, or has not, made good faith efforts to achieve substantial and sustained progress toward Target Outcomes. [Doc. 770-1, pp. 11-12]. In the final report,

[i]f the Co-Neutrals find that the Department has made, for a continuous period of at least two years prior to December 15, 2016, good faith efforts to achieve substantial and sustained progress toward each Target Outcome, then the Department’s obligations under th[e] Settlement Agreement shall terminate and the parties shall jointly seek to vacate any Judgment entered by the Court as a result of a finding or decision by the Co-Neutrals.

[Doc. 770-1, p. 12].

On September 2, 2016, the parties agreed to amend the Compromise and Settlement Agreement to suspend the Co-Neutrals’ issuance of a final report. Instead, the amendment

permitted the Department to request a Final Report from the Co-Neutrals at any time.

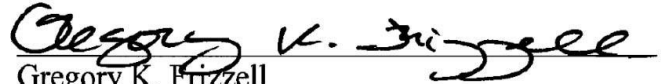
On December 14, 2021, the court granted the parties Joint Motion to Modify Settlement Agreement as set forth in the Agreement to Amend the Compromise and Settlement Agreement and Partially Suspend Good Faith Reporting on Selected Performance Area Measures, referred to as the COVID Recovery Agreement. [Doc. 908-1; Doc. 909]. Under the COVID Recovery Agreement, the parties agreed to hold in abeyance during the “COVID Recovery Period”² the twice annual determinations by the Co-Neutral as to whether DHS had engaged in good faith efforts to achieve substantial and sustained progress for seven performance area measures, known as the “Delayed Performance Area Measures.” All other performance area measures were referred to as the “Non-Impacted Performance Area Measures.”

On March 22, 2023, the Co-Neutrals issued the Nineteenth Commentary, the first Commentary following the COVID Recovery Period. With respect to the Non-Impacted Performance Areas, the Co-Neutrals found that the Department has fulfilled the Compromise and Settlement Agreement’s requirement for a two-year continuous period of good faith determinations. Thus, the Nineteenth Commentary serves as the Final Report for the Non-Impacted Performance Area Measures.

The Compromise and Settlement Agreement provides a thirty-day period for the parties to appeal to the court the Final Report of the Co-Neutrals. [Doc. 770-1, p. 12]. The thirty-day period has lapsed and no appeal has been filed. Thus, the Nineteenth Commentary of the Co-Neutrals constitutes the Final Report for the twenty-three Non-Impacted Performance Area Measures. The Department’s obligations under the Compromise and Settlement Agreement, as amended, with respect to the twenty-three “Non-Impacted Performance Areas Measures” are

terminated. *See* [Doc. 770-1, p. 12].

IT IS SO ORDERED this 24th day of April, 2023.


Gregory K. Frizzell
United States District Judge
Northern District of Oklahoma

² The “COVID Recovery Period” included the following: (1) January 1, 2021 through June 30, 2021; (ii) July 1, 2021 through December 31, 2021; and (iii) January 1, 2022 through June 30, 2022. [Doc. 908-1, p. 3].

APPENDIX C: METRIC PLAN BASELINES AND TARGETS (UPDATED SEPTEMBER 2015)

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

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

FOSTER AND THERAPEUTIC FOSTER CARE (TFC) HOMES				
Metric	Reporting Frequency	Target SFY 14*	Target SFY 15*	Target SFY 16*
2.A: Number of new foster homes (non-therapeutic, non-kinship) approved for the reporting period.**	Monthly	1,197 (July 1, 2013 Baseline: 1,693)	End of Year: 904 Interim Target: 678 by 3/31/15 (July 1, 2014 Baseline: 1,958)	End of Year: 1,054 Interim Targets: 12/31/2015: 527 3/31/2016: 790 6/30/2016: 1,054 (July 1, 2015 Baseline: 1,858)

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

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

Net gain/loss in foster homes (non-therapeutic, non-kinship) for the reporting period.***	Semi-Annually, in the January and July monthly reports	615	356	534
2.B: Number of new therapeutic foster homes (TFC) reported by OKDHS as licensed during the reporting period.	Monthly	150 (July 1, 2013 Baseline: 530)	150 (July 1, 2014 Baseline: 473)	172 Interim Targets: 12/31/2015: 86 3/31/2016: 129 6/30/2016: 172 (July 1, 2015 Baseline: 437)

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

6. PERMANENCY				
Metric	Report Frequency	Standard	Baseline	Target
6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.	Same	Total = 35% Reunification = 31.4% Adoption= 1.6% Guardianship = 2%	Total = 55%	6.2(a): The number and percent of children who entered foster care 12-18 months prior to the end of the reporting period who reach permanency within one year of removal, by type of permanency.

6. PERMANENCY				
6.2(b): The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.	Same	Total = 43.9% Reunification = 22.3% Adoption = 18.9% Guardianship = 2.7%	Total = 75%	6.2(b): The number and percent of children who entered their 12 th month in foster care between 12-18 months prior to the end of the reporting period who reach permanency within two years of removal, by type of permanency.

6. PERMANENCY				
6.2(c): The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.	Same	Total = 48.5% Reunification = 13.0% Adoption = 32.7% Guardianship = 2.9%	Total = 70%	6.2(c): The number and percent of children who entered their 24 th month in foster care between 12-18 months prior to end of reporting period who reach permanency within three years of removal, by type of permanency.

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

6. PERMANENCY				
<p>6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.</p>	<p>Same</p>	<p>30.43% (July 2009-June 2010)</p>	<p>50% by 12/31/14 75% by 12/31/15 80% by 6/30/16</p>	<p>6.4: Among legally free foster youth who turned 16 in the period 24 to 36 months prior to the report date, the percent that exited to permanency by age 18; stayed in foster care after age 18, and exited without permanency by age 18.</p>

