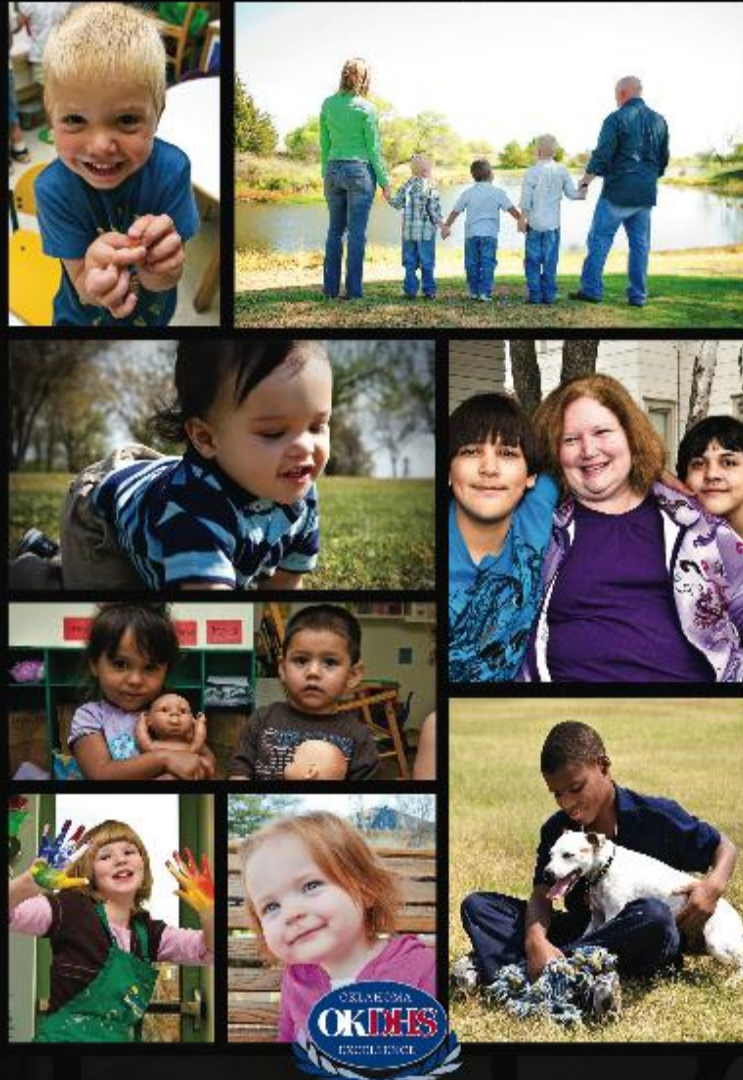


THE OKLAHOMA PINNACLE PLAN



AN IMPROVEMENT PLAN FOR CHILD WELFARE SERVICES



The Oklahoma Pinnacle Plan: An Improvement Plan for Child Welfare Services

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**The Oklahoma Pinnacle Plan:
An Improvement Plan for Child Welfare Services**

***If we don't stand up for children,
then we don't stand for much.***

Marian Wright Edelman



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EXECUTIVE SUMMARY

There is no greater purpose than ensuring the safe futures of abused and neglected children. The Marian Wright Edelman quote was selected for the powerful way it communicates the critical role of advocating for children. It reflects the mission of Oklahoma's child welfare professionals to stand up for children in harm's way. Each day, under the most difficult of circumstances, child welfare professionals work to keep families together when safely possible. When this is not possible, they search for relatives and **resource parents** to support children and families so reunification can happen. When reunification is not possible, they work to place children with families where they can lead safe, healthy lives and maintain connections to their kin, culture, and community. The work in child welfare has always been difficult and complex. Oklahoma's child welfare system has been challenged to do it better.

On January 4, 2012, the Oklahoma Department of Human Services (OKDHS), jointly with the Governor's Office and the Oklahoma Commission for Human Services, reached an agreement with the plaintiffs in class action litigation DG vs. Yarbrough, Case No. 08-CV-074. As part of this agreement, OKDHS was to develop an improvement plan for child welfare services (Pinnacle Plan) with assistance of key internal and external stakeholders and approval of the **Co-Neutrals**. The Pinnacle Plan details a five-year plan, beginning with State Fiscal Year (SFY) 2013, to address 15 performance areas identified in the agreement.

The Pinnacle Plan establishes the direction, expectations, and values from which the workforce will operate, resulting in more empowered families and a more empowered agency that knows where it is going and why. We expect this will lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. OKDHS must instill a sense of hope and forward progress among our families, children, staff and community.

The Pinnacle Plan outlines the commitments and critical initiatives that will be implemented to better serve children and their families. Pinnacle Plan initiatives are based on a set of new core commitments that represent the foundation of reform. These include, but are not limited to: expansion of resource homes, new **caseload** standards, reduction in use of **shelter care**, termination of shelter care for young children, consistent and timely investigations and reporting of child maltreatment in care, and effective and streamlined staff hiring and training.

OKDHS is committed to:

- **equity**, where all children, youth, and families have access to and receive unbiased treatment and services;
- keeping children **safe with their families** through prevention services, **kinship placements**, and timely reunification whenever possible;



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- ensuring every child is **safe while in out-of-home care** and custody by recruiting, retaining, and **supporting resource families** who best match the needs of the children and can provide for their safety, permanency, and well-being;
- moving to a continuum of care that best meets the needs of children in out-of-home care and provides for the **least restrictive family-like placements**, except in extraordinary circumstances;
- recruiting, retaining, and supporting the **best child welfare staff** through a commitment to ongoing staff development and ensuring **manageable caseloads and workloads**; and
- **engaging local communities** and agency partners in improving child welfare outcomes. We cannot do it alone.

ASSURANCES

How The Pinnacle Plan Will Drive Improvement in Oklahoma’s Child Welfare Services

OKDHS leadership developed the Pinnacle Plan to provide a clear and action-oriented plan for improving the lives of children, youth, and families served by the child welfare system. OKDHS will successfully implement the plan and will condition the agency to work on a range of improvements every day, at all levels, and in all functions. Priorities for change and improvement will be linked to a strong family-centered **practice model**, reinforcing that model at every turn. This will be accomplished through updated and revised training, structured and supportive supervision, an effective organizational and management structure, quality assurance activities, and public reporting of outcomes. Children and their families will have access to a comprehensive array of services, including intensive home-based services, designed to enable children to achieve positive permanency outcomes. OKDHS needs the support of external stakeholders, the community, the Oklahoma Legislature, the Governor’s office, the media, and local and federal partners to make change happen.

In summary, the Pinnacle Plan is crafted and timed to address performance deficits to achieve improvement. OKDHS leadership, including the Governor, the Commission for Human Services (and any successor entity or entities), the Director, and agency staff, are committed to successfully completing this plan and improving the quality of the program and outcomes for children and families.

STRATEGIC COMMUNICATION PLAN

The confidence and trust of both internal and external constituencies was critical to the development of the Pinnacle Plan and is critical to its implementation. This process has been and will continue to be as transparent as possible to create trust and ensure effective two-way communication. While different groups of stakeholders have varied interest levels for information, communications surrounding the Pinnacle Plan will continue to be detailed, and



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the same information will be made publicly available. A specific space on the OKDHS website, www.okdhs.org, is set aside to provide updates on the Pinnacle Plan development and implementation.

The purpose of a strategic communications plan is to connect the public with the work of the organization. For this reason, a strategic communications plan was developed for the Pinnacle Plan to identify methods of eliciting feedback and informing the public and key stakeholders of progress.



Pinnacle Point 1

We must expand quality placement options and supports to ensure safety of children in out-of-home care, reduce utilization of shelter care, improve placement stability, and to achieve positive permanency outcomes.

Oklahoma needs new and innovative ways to recruit, retain, and support resource families. Stable families provide children with experiences they need for healthy development in all aspects of life including social, physical, and emotional well-being. Every child deserves to be with a family that meets his or her safety, permanency, and well-being needs. Each child in out-of-home placement should be matched with a family that keeps him or her with siblings and close to school and community. Each child deserves a family that understands the impact of the trauma experienced by most children entering out-of-home care, helps the child heal from this trauma, and keeps the child even in tough times so the child does not have to change placements.

OKDHS shall place children according to the following standards and shall be consistent with placement preferences outlined in Section 1-4-204 of Title 10A of the Oklahoma Statutes and the federal Indian Child Welfare Act (ICWA). All children shall be placed in accordance with their individual needs, taking into account a child's need to be placed as close to home and community as possible, the need to place siblings together, and the need to place children in the least restrictive, most family-like setting. Children for whom adoption is the permanency goal should, whenever possible, be placed with a family where adoption is a possibility. **Children will be placed with families so they do not experience temporary shelters.**

Meeting the Need

OKDHS must have an **adequate number of resource parents**. OKDHS has not been able to meet this need in the past, but that is going to change. Improvement in this area is critical and addresses many of the 15 performance areas. If **every child has the right resource family**, a reduction in abuse and neglect in care, placement instability, shelter care utilization, failed adoptions, and older youth **aging out** of the system without a permanent family will be achieved. To improve its placement array, OKDHS commits to recruit and approve 500 additional non-relative resource homes. OKDHS approved 1,444 families for non-relative resource homes during SFY 2011; OKDHS will approve 1,944 new families for non-relative resource homes during SFY 2013. Additionally, Oklahoma needs an increase in **Therapeutic Foster Care (TFC)** homes to keep youth closer to their families and out of higher levels of congregate care. During SFY2011, OKDHS and **TFC agencies** approved 89 new TFC families. OKDHS, in partnership with TFC agencies, commits to recruit and approve 150 new TFC



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families in SFY 2013. Sufficiently in advance of each SFY of Pinnacle Plan implementation, OKDHS shall propose to the Co-Neutrals for their review and approval the targeted number of families to be approved as non-relative resource and TFC homes in order to continually build and maintain resource home and TFC home capacity. Upon approval of this plan, OKDHS will promote a collaborative, responsive partnership with Oklahoma's private provider agencies.

Approval Process

Many families inquire about becoming resource families, but the number of families that complete the approval process is not adequate to meet the need. During SFY 2011, approximately 5,000 families expressed an interest in non-relative, kinship, or another type of family foster care, but did not make it through the "pipeline." Through focus groups and surveys, OKDHS learned approximately 15 percent of families dropped out of the approval process because of poor customer service from the agency. Another 50 percent of families reported "personal reasons" for dropping out of the process. OKDHS believes many of these families drop out for reasons within the agency's control and are more directly related to customer service and difficulty with the process. To address this "pipeline issue," OKDHS will improve customer service, streamline and shorten the approval process, and support families through the application and approval process, including providing services to families when necessary. Due to statewide emphasis on recruitment, OKDHS will experience an increase in inquiries and must be prepared to ensure families make it timely through the approval process. OKDHS will continue evaluating feedback from surveys and phone calls with families moving through the process and will use this critical information to improve the approval process.

Support to Families

OKDHS must also improve support for existing resource parents and ensure they feel prepared and appreciated in caring for Oklahoma's children. Once non-relative and kinship resource families accept a child for placement, OKDHS and private providers commit to providing the following services and supports to resource parents as soon as possible or within the timeframes specified below, whichever is sooner:

- emergency contact information for the child welfare specialist and supervisor along with a timely response;
- timely monthly reimbursement;
- responsive assigned child welfare specialist or private provider to assist with approval process, training, and quarterly home visits to offer ongoing support;
- resource parent handbook that includes information about resource parent bill of rights (in statute), grievances, mediation, fair hearings, and other useful information;
- funding for respite care;
- child care services;
- mileage reimbursement, per contract;
- liability insurance;
- initial and ongoing training;
- support group grant assistance;



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- support network funding and grant assistance;
- quarterly newsletter;
- access to the Bridge portal, www.okbridgefamilies.com, that contains similar information as the handbook, but also offers online training opportunities;
- Bridge Support Line;
- Child's Passport (on-line access to children's information);
- emergency clothing vouchers for children;
- training and startup stipends for kinship; and
- Fostering Hope Clinics in Tulsa and Oklahoma City.

Additionally, progress needs to be made in increasing reimbursement rates and expanding training and support groups for existing resource parents.

INITIATIVES FOR PINNACLE POINT 1:

Year One (SFY 2013)

Initiatives 1 through 11 emphasize improving the approval process and addressing the "pipeline issue." Year One will be a time of transition for OKDHS and private providers as roles are defined and recruitment is transitioned from the public to the private sector. This section contains a mix of initiatives necessary for the private and public sector to be successful in timely approving families.

1. OKDHS and its private providers will improve customer service and create a sense of urgency in responding to families interested in becoming resource families. Every day, a child in Oklahoma is waiting to be placed with a family; OKDHS needs to respond to interested families without delay.
2. OKDHS will implement several short-term solutions to improve the approval process, which will remain in effect approximately one year or less, until longer-term solutions are in place. These include:
 - a. specific targets will be established for resource staff regarding the number of resource family assessments to be completed monthly;
 - b. dedicated staff will be approved to work overtime to complete resource family assessments ([home studies](#));
 - c. temporary staff, including OKDHS retirees and former employees, will be hired to complete resource family assessments;
 - d. OKDHS will monitor timely completion of resource family assessments focusing on 30-day completion from the time of application. If delays beyond 60 days are identified, a referral to the division director or designee will be made and immediately addressed with OKDHS staff and/or private providers; and
 - e. Addressing any barriers to timely completion such as fingerprinting backlogs.
3. OKDHS will monitor all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family's progress and ensure the agency is doing everything possible to move the family forward. Reports



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garnered from “call backs” are provided monthly to leadership for monitoring and follow-up actions, as needed. This will ensure identification of customer service issues early in the process and will help reduce the number of families dropping out of the approval process.

4. OKDHS will increase availability of initial training sessions for new resource families across the state, beginning in regions 3 and 5. This will include options to complete the training during one weekend, weekdays, Saturdays, and/or evening hours.
5. OKDHS is partnering with the faith-based community to recruit families through the 111 Project and will designate resource staff to “shepherd” new families through the process, especially in regions 3 and 5. This partnership places OKDHS in a unique situation to recruit and retain resource families who also have the support of the faith community.
6. In region 3, OKDHS will expand its partnership with the Oklahoma Lawyers for Children (OLFC) volunteer program. OLFC volunteers will be trained to support families moving through the process by assisting them with gathering necessary documents for the resource family assessment. This addresses part of the “pipeline issue.” OKDHS will replicate this in region 5 and other regions of the state where possible.
7. Beginning July 1, 2012, OKDHS will send resource family assessments for both foster care and adoption to private providers for completion. This will enable agency staff to conduct other activities, such as conduct reassessments and improve support to families while speeding up the approval process. In the event a private provider is not able to accept resource family assessments for completion due to capacity limitations, OKDHS will work closely with the provider to recruit and train subcontractors.
8. By September 30, 2012, OKDHS will complete the bidding process to obtain an adequate number of private partnerships for the recruitment, support, and retention of non-relative resource parents and treatment foster homes. OKDHS will provide directly or through its private providers a seamless customer service experience for families by providing one point of contact for the entire onboarding process, including recruitment, resource family assessment, training, and ongoing support. The point of contact will support families as they interact with OKDHS throughout the approval process, during placement and care of children in their homes, and in understanding the child welfare system. The goal is to have one contact helping the family throughout the process.
9. If a private provider is not selected for a particular district, OKDHS will ensure the district is allocated adequate OKDHS staff and support for recruiting and retaining resource families. Program staff will ease the burden and support recruitment staff by:
 - a. providing data analysis to determine the number of homes needed to care for the specific population of children entering care in that district;
 - b. providing technical assistance in crafting recruitment and retention plans;
 - c. assisting new inquiries through the Bridge Support Line, including answering basic questions, explaining the application packet, completing 10-day and 30-day follow-up calls to check progress, and reporting to leadership the status of



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- the 10-day and 30-day follow-up calls;
 - d. ensuring providers are available for home studies;
 - e. providing recruitment tools such as resource parent handbooks, recruitment brochures and posters, public service announcements (PSAs), information booklets and updated information on the website, www.okbridgefamilies.com; and
 - f. assisting with community connections as outlined in Pinnacle Point 7.
10. By December 31, 2012, OKDHS will shorten the length of time expected to complete resource family assessments to 30 days from application and shorten the length of time from application to approval to no more than 60 days, unless the family chooses to extend the process. This will assist with the delay in providing kinship families financial support needed to care for children. It also ensures non-relative resource families make it timely through the process and addresses another “pipeline issue.”
 11. By June 30, 2013, OKDHS will develop an online application process for individuals interested in becoming resource parents.

Initiatives 12 through 14 improve the support provided to resource families. The responsibility of supporting and retaining resource families belongs to OKDHS and the private sector.

12. Over a five-year period, beginning in SFY 2013, OKDHS will incrementally increase reimbursement rates for resource parents to more closely align with the "[Hitting the MARC](#)" standards as published in 2007 and as set forth in the chart below. In addition, OKDHS will make legislative requests to increase reimbursement rates above the 2007 “Hitting the MARC” standards as resources permit, based on cost of living adjustments. Monthly reimbursement rates cover the cost of caring for a child, including food, clothing, shelter, daily supervision, school supplies, and personal incidentals. OKDHS realizes a rate increase alone is not likely to improve the recruitment or retention of families; however, it will demonstrate Oklahoma's commitment to its most vulnerable children and the families who care for them. It is the right thing to do.

OKDHS commits to the following as the minimum daily and monthly reimbursement rates.

Daily Reimbursement Rates						
Age	SFY 12	SFY 13	SFY 14	SFY 15	SFY 16	SFY 17
0-5	\$12.17	\$13.45	\$14.73	\$16.02	\$17.30	\$18.58
6-12	\$14.33	\$15.72	\$17.12	\$18.51	\$19.91	\$21.30
13+	\$16.61	\$17.96	\$19.30	\$20.65	\$21.99	\$23.34



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Monthly Reimbursement Rates						
Age	SFY 12	SFY 13	SFY 14	SFY 15	SFY 16	SFY 17
0-5	\$365.00	\$403.48	\$ 441.97	\$480.45	\$518.94	\$557.42
6-12	\$430.00	\$471.78	\$ 513.57	\$555.35	\$597.14	\$638.92
13+	\$498.33	\$538.73	\$ 579.13	\$619.53	\$659.93	\$700.33

13. By June 30, 2013, OKDHS will significantly increase the number of resource parents who access Child’s Passport, a web-based program allowing access to children’s records. This passport is critical to ensure resource families have medical and other child-specific information for the child in their care. Through Child’s Passport, resource families can access information for any child placed in their home 24 hours a day, seven days a week. Information contained in the passport includes Medicaid billing records, immunizations, and information documented within the KIDS system related to education, health, assessments, strengths, and needs. To increase the number of resource parents who access Child’s Passport, OKDHS will require resource staff, including OKDHS staff and private providers, to discuss the passport during home visits (bringing printed copies if needed), update the resource parent handbook and website to contain more detailed information about access, include information in the quarterly newsletter at least once per year, and remind resource parents via email notification.
14. By June 30, 2013, OKDHS will develop and implement a placement process that ensures resource parents receive adequate information at placement. Along with Child’s Passport access information, OKDHS staff will provide resource parents with a printed copy of the child’s Placement Provider Information Report. This report contains information documented within the KIDS system related to education, health, assessments, strengths, and needs. Although little information may be known at intake, the child welfare specialist will include, at a minimum, information related to any drug allergies, medication, school information, and recent illnesses or critical health information. The Placement Provider Information Report is dynamic and will change as information is added or modified within KIDS. Reprinting of the report for the provider is currently recommended every six months. OKDHS will modify policy from “recommended” to “required.”

Initiatives 15 through 18 set forth the OKDHS commitment to ensure all children are cared for in family-like settings, when appropriate, and that OKDHS stops its use of temporary placement in shelters for all children under 13 years of age.

15. OKDHS will make family placement the presumptive placement for all children in 2012 and in addition, meet the following timelines over the next two years: by December 31, 2012, all children under two years of age will be placed in family-like settings; by June 30, 2013, all children six years of age will be placed in family-like settings; by June 30, 2014, all children under 13 years of age will be placed in family-like settings. Acceptable family-like settings include non-relative foster care, tribal foster care, kinship foster care, and TFC. During SFY 13, the Co-Neutrals will evaluate all levels of group home



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and congregate care, including a review of permanency outcomes for children in these settings, and make a determination whether any will be deemed family-like settings for the purposes of this Plan. Exceptions to placement in a family-like setting may be granted only for the following: sibling groups of four or more children who cannot otherwise be placed together, children whose needs require inpatient psychiatric hospitalization, or young children who are placed with their minor parent in a group home.

16. Effective June 30, 2013, no child shall be placed in an unapproved, non-relative placement.
17. By June 30, 2014, children ages 13 years of age and older may be placed in a shelter, only if a family-like setting is unavailable to meet their needs. Children shall not be placed in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period. Exceptions must be rare and must be approved by the deputy director for the respective region, documented in the child's case file, reported to the division director no later than the following business day, and reported to the OKDHS Director and the Co-Neutrals monthly.
18. By June 30, 2013, OKDHS will develop and implement a system to match children's needs with the capacities of families to meet those needs. By no later than April 1, 2014, OKDHS will submit to the Co-Neutrals for their approval a process to be used by OKDHS that matches children 13 years of age and older to a level of care other than an acceptable family-like setting, which OKDHS will implement within 90 days of approval. OKDHS will incorporate a [trauma assessment](#) and other screening tools, such as the [Child Behavior Checklist](#), for youth entering higher levels of care.

Year Two (SFY 2014)

Initiatives 19 through 23 focus on improving the placement process, offering additional supports and services to resource families (both non-relative and kinship), and improving services through performance-based contracting and other enhancements.

19. By July 1, 2013, OKDHS will increase the number of [family team meetings \(FTMs\)](#) intended to prevent placement disruptions. The purpose of an FTM is to make decisions and engage families of children in OKDHS custody. FTMs include parents, caregivers, children, relatives, family friends, child welfare specialists, service providers, members of community groups, and other appropriate community partners.
20. By July 1, 2013, OKDHS will increase the percentage of Native American children whose Tribes are notified so they can be involved in placement and other case decisions. This will improve compliance with ICWA and placement stability by locating and supporting the most appropriate resource parent earlier in the case.
21. By September 30, 2013, OKDHS will improve preparation, training, and support of public and private resource parents with four additional strategies.
 - a. OKDHS resource staff and private providers will conduct quarterly home visits to the home of the resource parents for the purpose of offering ongoing support. Prior to implementation, a contact guide will be created to ensure the



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visits are purposeful. Input will be gathered from current resource parents and front-line staff.

- b. OKDHS will assist resource parents with completing specific training focused on trauma. This training is currently available online and will also be made available through other methods, such as in-person and on DVD, for resource parents without web access or who would prefer a classroom-type setting.
 - c. The National Resource Center for Youth Services (NRCYS) will implement a model of support groups (network groups) for resource parents in region 5 (Tulsa metro area) and district 23 in region 2 (Pottawatomie and Lincoln Counties). Although implementation will begin in Year One, it will take time for the groups to mature and provide the support needed by families. During Year Two, NRCYS plans to extend implementation to an additional district of the state and continue expanding at a rate of one to two new districts per year through SFY2017. District 7 (Oklahoma County) will be the next site.
 - d. The Center on Child Abuse and Neglect (CCAN) and OKDHS will implement a pilot project in regions 3 and 5 (Oklahoma and Tulsa Counties) to support resource parents and stabilize placements by providing a parenting curriculum and implementing a support model. This pilot project is modeled after an evidenced-based program and will be considered for expansion based on the results.
22. By December 31, 2013, OKDHS will significantly increase the number of cases where required **initial meetings** are held and documented with biological parents and resource parents to open and improve the lines of communication. Current data indicates a compliance rate of approximately 13 percent. Child welfare specialists will facilitate initial meetings. This serves multiple purposes, including supporting the resource parent in obtaining critical information about the child directly from the parent, supporting the biological family in alleviating concerns about their child's placement, reducing the child's anxiety and concerns of loyalty, and improving placement stability. This initiative will continue through the life of the Plan with approved baselines and targets.
23. By March 1, 2014, OKDHS will submit for the Co-Neutrals' approval a contract template for performance-based contracting with foster care agencies and performance metrics by which contracts will be measured. OKDHS will utilize performance-based contracts during the next contracting cycle, following approval. Performance metrics will focus on quality of care and success in recruiting the types of homes needed to care for children and youth in need of a particular level of care. OKDHS will consult with agency stakeholders in developing its performance-based contracting template (including its providers to the extent feasible under procurement rules).

Year Three (SFY 2015)

24. By December 31, 2014, OKDHS will increase the percentage of children who receive **trauma screenings** at entry into out-of-home care. If the screening is positive, the child



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will be referred for a trauma assessment, and if indicated by the assessment, the child will receive necessary and appropriate services. The assessment results will be provided to the child's resource parents and therapist.

Pinnacle Point 2

We must create a system with clear delineation of roles, effective lines of communication, and accountability throughout the system.

ORGANIZATIONAL STRUCTURE

The current [Human Services Center](#) structure has been the topic of recent discussions as it relates to the performance of child welfare. OKDHS recognizes weaknesses in the current organizational structure do not allow the agency to meet expectations. One of the drawbacks to the current structure is the separation of field staff from program staff, which creates barriers to effective communication, clearly aligned goals, and support to front-line staff. Another concern is the breadth of management responsibility; with the exception of some metro areas, management is responsible for family support, adult protective, and child welfare services.

Sources such as a multidisciplinary task force, legislative work groups, and experts in the field of child welfare recommended OKDHS establish a vertically integrated management system to allow more accountability and a clear line of authority between the field and programs divisions. House Bill 3134, mandating vertical integration, was approved by the Governor and requires full integration before January 1, 2013. OKDHS recognizes the change will provide the greatest opportunity to accomplish the goals of the Pinnacle Plan and fully empower child welfare specialists and supervisors to carry out the agency's mission. OKDHS is committed to creating a Child Welfare Division with clearly defined decision-making processes and roles, strong functionality, and accountability. The Child Welfare Division director will report directly to the OKDHS Director, who reports to the Commission or its successor entity, and the Governor and the Governor's Office. The Commission and any successor entity are responsible for monitoring OKDHS, including reviewing progress on monthly performance metrics and Pinnacle Plan commitments.



ROLE CLARITY AND DECISION MAKING

Role Clarity

Before addressing decision-making processes, the roles of those responsible for implementing the Pinnacle Plan must be clarified. It is critical to identify distinct roles within the agency for both developing and executing the Pinnacle Plan.

- The Child Welfare Division's executive team is ultimately responsible for child welfare strategic planning and monitoring. The executive team includes the OKDHS Director, Child Welfare Division director, and eight deputy directors. Five of the deputy directors will be assigned to regions and three to programs.
- The Child Welfare Division director is responsible for all parts of OKDHS child welfare services, including staff who work directly with families and staff who develop programs and policy. The Child Welfare Division Director facilitates strategic planning, manages implementation of the Pinnacle Plan, links strategic plans with other high-level planning efforts, and ensures better outcomes for children and families served by OKDHS child welfare services.
- Deputy directors work with the division director on all parts of OKDHS child welfare services. Deputies are responsible for child welfare leadership platforms, culture, structure, and models of practice that align with strategy, and improve outcomes for children and families.
- Middle management is responsible for key activities and processes that support implementing strategies for children and families. Middle management includes program managers and district directors.
- Front-line staff includes child welfare supervisors and child welfare specialists who are responsible for daily work with children and families in alignment with strategies.
- The executive team is responsible for communicating strategic planning to all participants and intended audiences. The OKDHS Office of Communications will assist the division, and the OKDHS Strategic Communication Plan will guide these efforts.
- Human resources, information technology, budget, finance, and other support functions also play critical roles; many of the remedies identified fall within these areas of responsibility and expertise. The OKDHS divisions responsible for these functions assisted with crafting the Pinnacle Plan and will assist with implementation.

Decision Making

Many case-specific decisions are currently made at higher levels of the agency. Some of these decisions need to be made by child welfare supervisors and specialists who work more closely with children and families. Front-line staff and their supervisors should be empowered to make decisions they believe are the right decisions for children and families without routinely seeking approval from higher authorities. Each program area will be expected to thoughtfully examine policies, procedures, and practice in order to identify decisions that should be made at the local level and craft a communications plan for implementing changes. The shifting of



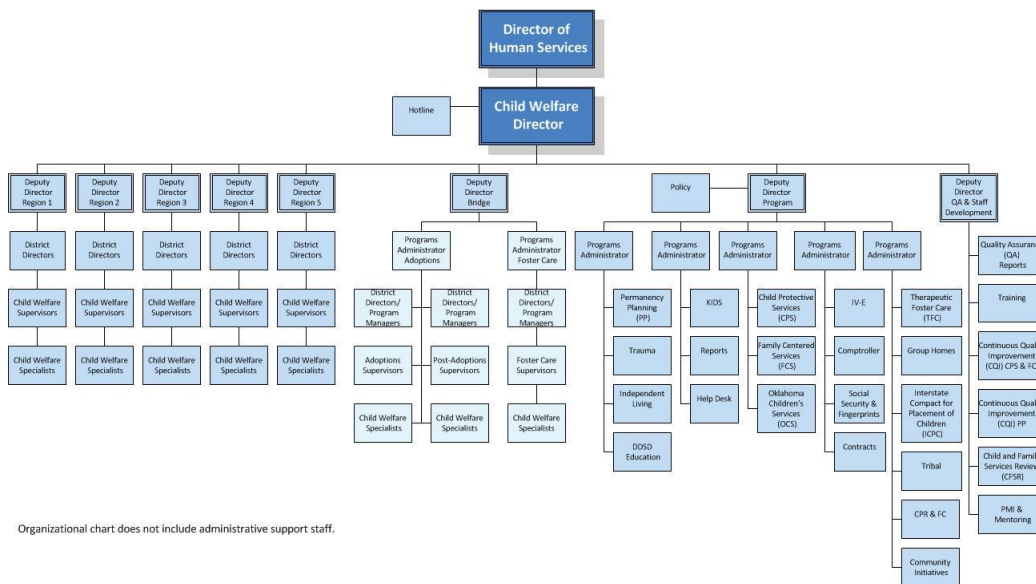
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decision making is not intended to put more work on front-line staff and supervisors, but rather to empower them to make decisions, access services for children and families, and take action without being bogged down in procedures and levels of approval. When decisions are made at higher levels, program staff are expected to document approval in the case file in a consistent way.

RESTRUCTURING CHILD WELFARE

OKDHS leadership realizes change is difficult, particularly when it is of this magnitude and significance. With the collective wisdom, integrity, professionalism, and commitment of its staff, OKDHS will successfully implement needed changes. The Child Welfare Division will be organized into five regions of the state, with each providing **Child Protective Services (CPS)**, **Family-Centered Services**, and **Permanency Planning Services**. Deputy directors will work together to ensure systems and structures are in place for the district directors who provide supervision and oversight to child welfare staff doing this work. To support the critical work in five regions, three teams, each led by a deputy director, will be responsible for Bridge, Program, and Quality Assurance and Staff Development.

The chart below illustrates the organizational structure of the Child Welfare Division. Note that because OKDHS has chosen to position the investigation and reporting of child maltreatment in out-of-home care within both the Child Welfare Division and the Office of Client Advocacy, the DHS Director will be responsible for creating and implementing an integrated child maltreatment in care system as described in this Plan.



New Regions

The state of Oklahoma is grouped into five regions, each led by a deputy director.

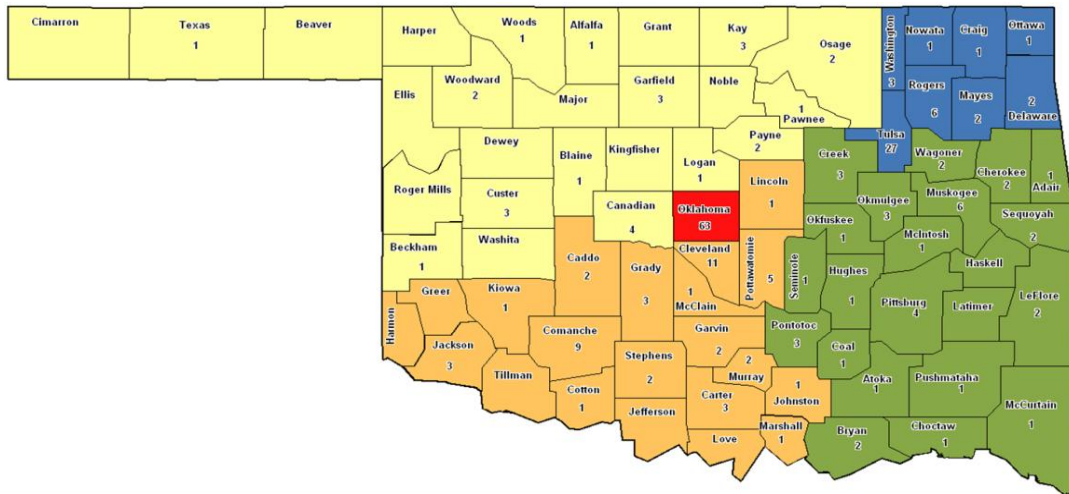
- Region One includes districts in the northwestern part of the state.



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- Region Two includes districts in the southwestern part of the state.
- Region Three is Oklahoma County.
- Region Four includes districts in the southeastern part of the state.
- Region Five includes Tulsa and a few surrounding districts northeast of Tulsa.

The map below illustrates the five new regions.



Deputy Directors for Regions

The deputy director's management team consists of the district directors, regional foster care manager, regional adoptions manager, regional Children and Family Services Review (CFSR) team member, regional mentoring and training manager, and regional quality assurance staff for CPS, Family-Centered Services, and Permanency Planning. Deputy directors are members of the Child Welfare Division's executive team and help ensure a common vision for all OKDHS child welfare services. Deputy directors are assigned a staff member to assist with personnel issues. The deputy director is responsible for organizing Child Welfare Summits with front-line staff and supervisors, including CPS, Family-Centered Services, Permanency Planning, adoption, and foster care staff, to assess Pinnacle Plan progress and obtain direct feedback from staff. Organizing and participating in Child Welfare Summits keeps the deputy director in touch with front-line staff. Though part of a different management structure, adoption and foster care supervisors will also attend regional Child Welfare Summits and regional meetings. Additionally, the deputy director is actively involved as the lead evaluator when a new contract is secured for the region. While not expected to complete the entire procurement process, the deputy director is involved in selecting the successful provider and in providing feedback about performance.

New Districts

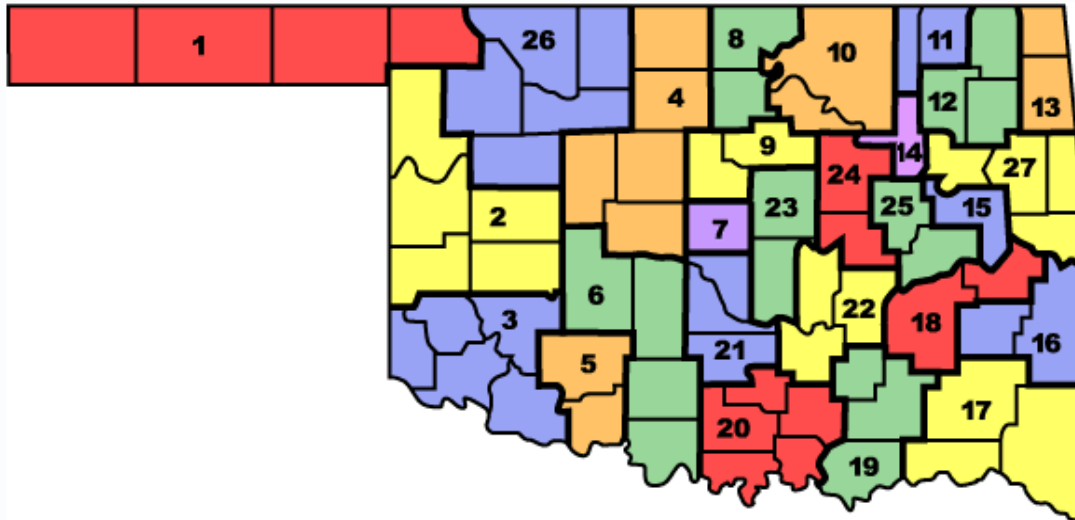
Oklahoma is currently divided into 27 districts according to district attorneys' responsibilities. The state is also divided into judicial districts; however, because district attorneys are



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responsible for reviewing CPS assessments and investigations, filing deprived and termination of parental rights petitions, and representing the State of Oklahoma in all court hearings, OKDHS will utilize the district attorney model. The relationship between child welfare staff and district attorneys is critical to achieve positive outcomes for children and families involved in the court process. Each district will be led by a district director, although more populated districts will require more than one director due to the number of staff and volume of work.

The map below illustrates the 27 new districts.



District Directors

Each district director's management team consists of an average of seven front-line supervisors assigned to CPS, Family-Centered Services, and Permanency Planning. District directors ensure their team is effective, outcomes are improving, problems are quickly resolved, barriers are addressed, and the child welfare vision is clearly communicated to the team. District directors ensure the district is performing well and improving outcomes. When outcomes do not show a positive trend, they seek help from deputy directors and support teams to bring about change. Additionally, the role of district directors focuses on ensuring positive relationships with district attorneys, judges, law enforcement, providers, resource parents, and Tribes. As such, district directors are responsible for addressing concerns from various sources. They collaborate with deputy directors to ensure front-line staff and supervisors have adequate resources and regularly travel to local offices where the front-line staff and supervisors are housed. District directors are each assigned a human resources staff member to assist the team in hiring front-line staff and supervisors.

Deputy Directors for Programs

Deputy directors for programs are responsible for leading teams that support all five regions in appropriately serving families and children. The teams help make change happen and ensure



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trends are moving in a positive direction. Team members are assigned to a specific region, when appropriate, and deputy directors bring them together regularly to ensure a consistent statewide vision. Deputy directors work closely with their counterparts, deputy directors for regions, to ensure swift resolution of problems and clear communication. They ensure best practices are incorporated into the work and proactively stay informed about evidenced-based practices, opportunities for demonstration grants, federal and state legislation, and outcomes. Additionally, their teams perform other functions to support front-line staff, including managing the vehicle fleet, processing new hires, managing the Title IV-E program, creating new reports, and writing and monitoring contracts. Deputy directors ensure their teams understand their purpose to support and guide front-line staff to improve practice.

Each of three deputy directors leads a team that supports staff in five regions:

- The **Bridge Team** is responsible for ensuring an adequate number of resource families is available for children. Within the Bridge Team, there are five teams for foster care and five teams for adoption, which naturally brings these two groups together to smoothly transition families from foster care to adoptions and vice versa, as there are many adoptive families converting to foster care in Oklahoma. The Bridge Team includes staff responsible for working directly with children and families (front-line staff) and staff responsible for developing programs and policy (program staff). Both front-line and program staff are assigned to serve a specific region, and front-line staff and supervisors are housed in local offices to provide more direct support. Statewide consistency is achieved by having one statewide leader: the deputy director. When private providers are selected for recruitment, retention and/or support of resource families, the Bridge Team collaborates to ensure OKDHS and private providers work closely together to provide appropriate placements.
- The **Program Team** is responsible for ensuring policy, contracts, KIDS (SACWIS), management reports, federal and state reports, social security benefits for children, fingerprints, data analysis, administrative services, community initiatives, TFC, and group homes guide the division in best practice strategies and support OKDHS child welfare services statewide. The Program Team is responsible for all child welfare policy except adoptions and foster care, which is assigned to the Bridge Team.
- The **Quality Assurance and Staff Development Team** is responsible for quality assurance, on-site CFSR's, child welfare training, staff development, mentoring, and managing implementation of the Pinnacle Plan, including reporting, organizing evidence of completion, and managing the various initiatives. Staff members are assigned to serve a specific region, and statewide consistency is ensured by the deputy director.

Supervision Ratios

- Child welfare specialists I, II, and III report directly to a child welfare supervisor. There is one child welfare specialist III in each supervisory unit who is assigned one half the



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caseload of levels I and II and serves as the field training staff for that unit (Pinnacle Point 3, Initiative 16).

- Child welfare supervisors manage a unit of five child welfare specialists, including one level III specialist. The child welfare specialist to child welfare supervisor ratio is 5:1.
- District directors supervise child welfare supervisors and replace the current county director role in child welfare. District directors cover more than one county in non-metro areas. The ratio of child welfare supervisors to district director is 7:1. This ratio is an average, and approval for smaller ratios will be considered in sparsely populated areas of the state to allow for travel time. District directors are expected to regularly travel among offices in their districts.
- Deputy directors (for regions) supervise district directors and replace the current area director role in child welfare. The state is divided into five regions with a deputy director assigned to each region. There is a ratio of district directors to deputy directors (for regions) of 8:1. This ratio is an average, and approval for smaller ratios will be considered in sparsely populated areas of the state to allow for travel time.
- Deputy directors (for programs) supervise program administrators and managers.
- The division director supervises eight deputy directors and the [Hotline](#) director.

INITIATIVES FOR PINNACLE POINT 2:

Year One (SFY 2013)

1. By January 1, 2013, integration of all child welfare staff into one division will be completed.
2. By January 1, 2013, OKDHS will clarify the roles of all child welfare staff, leadership, and administrative support with written job descriptions and revised performance evaluations.
3. By January 1, 2013, OKDHS will examine each program area to determine if decisions made at the centralized office level should be made at the local level for the purpose of empowering front-line staff. Throughout implementation of the Pinnacle Plan, OKDHS will meet at least annually with the Co-Neutrals to discuss the organizational structure's ability to support decentralization of decision making, streamlined processes, access to services, and improved outcomes for children.
4. By January 1, 2013, OKDHS will examine the function and documentation of case consultation at the centralized office level to ensure program staff is accountable for case-specific recommendations when provided.
5. By January 1, 2013 (or sooner, if practicable), OKDHS will finalize a schedule for regular team meetings for the Child Welfare Division. These meetings will serve to monitor progress on Pinnacle Plan implementation, support staff in carrying out responsibilities, break down barriers, provide opportunities to share critical information such as policy updates, and ensure staff is focused on Pinnacle Plan goals. Meetings may occur bi-monthly, monthly or quarterly, and technology such as teleconferencing may be utilized when appropriate to reduce travel.



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6. By January 1, 2013, OKDHS will finalize and conduct an annual in-service training program for all levels of the division to ensure an understanding of the organizational structure, new roles and responsibilities of staff, and Pinnacle Plan implementation.

Pinnacle Point 3

We must increase the number of staff, reduce turnover, and continue to improve the experience level and practice competencies of staff responsible for day-to-day work on child welfare cases.

To achieve positive outcomes for children and families, it is critical to employ a competent, committed, trained, and resourced child welfare workforce that is supported by the community and held accountable by the agency. Child welfare specialist turnover, in particular, is of concern in Oklahoma. While turnover fluctuates across positions and geographic areas, it has ranged, according to OKDHS, from a low of 16.9 percent to a high of 20.8 percent for all child welfare specialists in calendar year 2011. Turnover and its attendant challenges have a significant fiscal impact, stresses workers that stay, and can hurt children and families. Implementing improvements in the child welfare workforce area will undoubtedly impact all 15 performance areas, particularly those that address caseload and workload size.

Selecting and On-boarding Competent and Committed Staff

The OKDHS Human Resources Management Division (HRMD) and the Child Welfare Division will collaborate to significantly shorten the period of time it takes to fill vacant positions and to increase focus on recruiting students in social services and/or behavioral sciences fields at Oklahoma colleges and universities. They will continue to use various recruitment resources to attract a pool of qualified applicants and will post social services job announcements on online College Career websites. HRMD will participate in college career fairs and inform students in social services fields about the Carl Albert Internship Programs, the Child Welfare Professional Enhancement Program, and OKDHS job vacancies. HRMD will also partner with district directors or their designees to arrange times to speak to students about OKDHS opportunities in the social services fields.

As part of a recent recruitment effort to expose more applicants to the child welfare vacancies, HRMD, with the assistance of the Office of Personnel Management (OPM), established a job posting on the OPM website. Applicants are now able to view basic details of the child welfare



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specialist level I position directly on the OPM website. Applicants are instructed to apply by clicking a link to the OKDHS website. The job posting and information garner more exposure when linked to the OPM website.

HRMD will partner with the Child Welfare Division to review and revise the current job family descriptors related to education and experience to ensure front-line staff and supervisors have the necessary skills to meet the needs of children and families.

The Child Welfare Division also partners with the Schools of Social Work through the Child Welfare Professional Enhancement Program (CWPEP). This partnership is mentioned in Pinnacle Point 7 and focuses on recruiting, supporting, and training social work students for a career in child welfare. This program also supports current OKDHS staff in completing a Master of Social Work degree and covers the cost of tuition and books.

Supporting a Competent and Committed Workforce

Turnover has been at a critical level for the past year; many individuals have described it as a crisis. Turnover and vacancy rates impact caseload size and workload. The amount of time required to post a vacant position, hire a qualified individual, and train a new child welfare specialist burdens remaining staff with higher caseloads and unreasonable work demands. Currently, there are approximately 1,100 child welfare specialists in the state. At the end of SFY 2012, the training unit will have trained over 500 new specialists, demonstrating a startling and concerning picture of the workforce and staff tenure. Child welfare specialists leaving the agency, who agreed to respond to a survey, described their supervisors as supportive and the work as rewarding, but described unreasonable work demands, low pay, low morale, and a negative image of the agency as reasons for leaving. Most report they would consider returning to OKDHS if these working conditions changed. OKDHS conducted a [workload study](#) in 1998, but with the changes brought about by revisions to federal and state statutes and the implementation of the practice model, there is not clear agreement on what constitutes a fair workload. The agency has also struggled with the concept of [primary and secondary assignments](#) and the role of each child welfare specialist within the case.

A major initiative underway is the effort to become a [trauma-informed](#) child welfare system. An important component is supporting child welfare staff in dealing with secondary trauma. Lab sites will continue to test different approaches in order to identify what types of supports are the most helpful in supporting staff as they conduct difficult and complex work.

OKDHS will focus efforts on more effective recruitment and selection process for new employees, monitoring caseload standards, and supporting professional development of existing child welfare staff. OKDHS is committed to improving on-boarding and training of new staff and more effectively coordinating all child welfare training so that it is consistent and streamlined statewide. Additionally, it is imperative to support staff at risk for secondary trauma associated with child welfare work. A sound practice model, research-informed



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assessment tools and interventions, well-written policy, and committed leadership are critical, but not sufficient. **Absolutely nothing will substitute for qualified, stable, and well-supported front-line staff — child welfare specialists and supervisors — with reasonable workloads.**

Training and Staff Development: Child Welfare Specialists

New child welfare specialists must complete the training academy, referred to as CORE. There are 14 CORE training academies scheduled for FY 2013, an average of one every three and a half weeks. Before attending CORE, child welfare specialists will experience an average of four weeks on the job participating in observations and pre-CORE assignments. In the absence of delays, new child welfare specialists will graduate from CORE within 10 weeks of their hire date. Upon successful completion of the comprehensive skills test, new specialists will be assigned a percentage of the caseload standard (Pinnacle Point 3, Initiative 1) as follows:

- 25 percent upon successful completion of CORE and the comprehensive skills test;
- 50 percent after six months of successful work; and
- 100 percent after nine months of successful work.

This graduated assignment of caseload is contingent upon Co-Neutral approval and will be consistent with the adopted workload analysis methodology.

OKDHS will evaluate CORE and its entire OKDHS pre-service and in-service training program in SFY 13 to ensure training is consistent with Pinnacle Plan commitments. An improved training program will be developed in SFY13 and, upon approval of the Co-Neutrals, implemented statewide.

Training and Staff Development: Child Welfare Supervisors

As part of the new training plan discussed above, OKDHS will review its supervisory training program and ensure its integration of Pinnacle Plan commitments. An improved training supervisory program will be developed in SFY 13 and, upon approval of the Co-Neutrals, implemented statewide.

INITIATIVES FOR PINNACLE POINT 3:

Year One (SFY 2013)

1. The following are the standards for caseloads assigned to public and private agency child welfare staff performing child welfare work, which OKDHS commits to achieve by the conclusion of SFY 14 and sustain for the life of the Plan. The benchmarks for implementation of these standards will be set by the Co-Neutrals following approval of the Pinnacle Plan.
 - a. CPS: no more than 12 open investigations and/or assessments per worker.
 - b. Office of Client Advocacy (OCA) (conducting investigations for children in out-of-home placements): no more than 12 open investigations per worker.



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- c. Family-Centered Services: no more than eight families per worker.
 - d. Permanency Planning: no more than 15 children per worker.
 - e. Resource: no more than 22 resource families per worker. If resource staff is responsible for completing resource family assessments, the workload standard will be decreased accordingly, subject to the review and approval of the Co-Neutrals.
 - f. Adoption: no more than eight families and eight children per worker.
2. As outlined in the [Oklahoma Trauma-Informed System Implementation Plan](#), OKDHS will enhance practice with trauma-informed initiatives. Although the plan will require five years for full implementation, Year One will include initiatives focusing on secondary trauma of child welfare staff. These supports are currently being tested at six lab sites to identify the most effective strategies before implementing statewide.
3. OKDHS will focus efforts on recruiting staff with social work and related degrees.
 - a. At the annual child welfare supervisors' conference, university staff will present the benefits of a Master of Social Work (MSW) degree in a public child welfare agency. MSW admission criteria, processes, and curriculum will be discussed and materials provided. Similar recruitment efforts will occur throughout the year.
 - b. OKDHS and CWPEP will hold a minimum of three statewide orientations per year for current and potential Bachelors in Social Work (BSW) and MSW students from all university social work programs across the state to describe the work of an OKDHS child welfare specialist and recruit participation in CWPEP.
 - c. In May and December, CWPEP will send information to upcoming graduates of all BSW and MSW programs who are not in CWPEP with information about the OKDHS hiring process for child welfare.
 - d. The OU School of Social Work is implementing in fall 2013 an Administration Certificate program for graduates who complete a direct practice concentration during their MSW program. CWPEP will fund OKDHS child welfare staff accepted into the certification program.
4. By September 1, 2012, OKDHS will develop a tracking system where all work assigned is counted, staff experience and turnover is considered, and the complexity of cases is evaluated. The tracking system is subject to review and approval of the Co-Neutrals.
5. Based on an internal workload analysis, OKDHS will request 100 additional child welfare specialist positions during Year One and may, as permitted by law, re-allocate staff positions and resources, and may request supplemental appropriations in Year One to achieve the workload standards set forth in this Plan.
 - a. Additional child welfare supervisors and district directors will be requested to supervise the additional child welfare specialists in line with the specialist to supervisor ratio.
 - b. During Year One, OKDHS will conduct a workload analysis to determine the number of additional child welfare specialist positions necessary to achieve



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- caseload standards. OKDHS will report to the Governor's Office, the Commission, the Office of State Finance, and the Legislature an analysis of positions needed to achieve the workload standards in this agreement and advocate to those entities appropriations requests, as necessary.
6. The Child Welfare Division director with HRMD will focus on recruitment and onboarding strategies for child welfare staff.
 - a. OKDHS will continue to refine the automated Applicant Management System (AMS) to streamline work flow and enable user-friendly tracking of activity. Child welfare staff will be trained on improvements and updates.
 - b. OKDHS will seek additional opportunities to host OKDHS Career Fairs. During the fair, applicants can submit a completed application and interview with a district director the same day. Applicants' references are checked, and a conditional employment offer is made pending the outcome of the drug test. This allows district directors to set a hire date within a few days.
 - c. OKDHS will continue utilizing the [Expedited Recruitment of Child Welfare Specialist I & II Model Project Plan](#). This plan provides the framework to reduce the average hiring time from 35 days to less than 10 days.
 - d. The Child Welfare Division will partner with the OKDHS Office of Communications to post local career fair involvement and child welfare job announcements on the agency's social media accounts. This is a new recruitment strategy.
 - e. OKDHS will, to the maximum extent possible, streamline its hiring processes which shall include a review of whether hiring should occur at the state, regional or district level rather than on a county-by-county basis.
 7. Effective September 1, 2012, training for new child welfare specialists will require successful completion of a performance competency evaluation prior to caseload assignment.
 8. By December 1, 2012, OKDHS will develop, submit for approval to OPM, and actively advocate for a new administrative support job for child welfare specialists. This position is focused on administrative responsibilities of child welfare specialists, such as filing, entering data, requesting information for court reports, and completing placement paperwork. This position would relieve some of the administrative burden and allow specialists more time with families and children. If the newly developed position is approved, OKDHS will assign one position for every two child welfare supervisory units.
 9. By January 1, 2013, OKDHS will stop the use of secondary assignments in contiguous counties and in other districts where adequate resources exist. Exceptions for secondary assignments must be very rare and can be granted on a case-by-case basis only if a strong relationship exists between the child welfare specialist and child and would be harmful if broken. Exceptions must be documented in the child's case file and approved by the district director.



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10. By June 30, 2013, OKDHS will provide updated technology such as tablets and/or smart phones for all child welfare specialists. Because child welfare specialists spend a significant amount of time in the field conducting home visits, immediate access to email and other applications will greatly support their work.
11. Over a five-year period, beginning in Year One, OKDHS will incrementally increase pay for child welfare staff so that salaries are more competitive with other states. A salary increase alone is not likely to bring about the changes needed in the Oklahoma child welfare system; however, OKDHS is in a workforce crisis. For the past year, it has been very difficult to attract an adequate pool of eligible candidates and retain high-performing staff in a complex and challenging field when salaries are not competitive. The chart below illustrates monthly salaries for child welfare staff with projected increases.

Job Title	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017
CWS II	\$2,624.33	\$2,821.15	\$2,990.42	\$3,124.99	\$3,218.74	\$3,307.26
CWS III	\$2,894.18	\$3,111.24	\$3,336.81	\$3,570.39	\$3,802.46	\$4,040.11
CWS IV	\$3,466.10	\$3,726.06	\$3,986.88	\$4,226.09	\$4,437.40	\$4,603.80

Year Two (SFY 2014)

12. By July 1, 2013, OKDHS will improve processes for selecting child welfare specialists and supervisors by incorporating realistic job previews and selection factors supported by workforce research, including a systematic assessment for selecting child welfare specialists.
13. By January 1, 2014, OKDHS will eliminate the use of secondary assignments statewide except in rare and unusual circumstances, such as children placed out of state. Prior to January 1, 2014, elimination of a secondary assignment may be considered in cases determined appropriate and where resources exist.
14. By July 1, 2013 as discussed above, OKDHS will create an intensive training program for child welfare supervisors, including a structured mentoring model for new supervisors. OKDHS will work closely with current supervisors, district directors, and deputy directors to ensure the design of the training and mentoring program is structured in a way that supports implementation of the Pinnacle Plan and improves staff confidence, competency, and management skills.
15. By July 1, 2013, OKDHS will hire or contract with eight licensed clinicians to provide training, consultation, and ongoing support necessary to embed trauma-focused practice into agency culture and support staff in making difficult decisions about specific cases. The Oklahoma Trauma-Informed System Implementation Plan provides a clinician for each of six lab sites and an additional clinician for Oklahoma and Tulsa Counties. Initially, clinicians will be responsible for training regarding screening tools and supporting staff as each site rolls out the trauma-informed plan. Their roles will evolve through the planning process and will be reevaluated as needed. The eight



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clinicians will have support from other clinicians on each of the community planning teams as described in the Oklahoma Trauma-Informed System Implementation Plan.

16. By July 1, 2013 as discussed above, OKDHS will implement a field training program for all new child welfare specialists with intense supervision by tenured staff and the requirement to demonstrate competencies before working independently, similar to the intensity and requirements of training offered to new law enforcement officers.
17. By September 1, 2013, OKDHS will develop and implement a certification program for child welfare specialists I-IV, which will require staff to demonstrate necessary skills and knowledge to obtain and maintain certification. Certification will be required prior to moving to the next level. This program compliments competency exams required of new child welfare specialists, ensures all staff achieve certain competencies before advancing to the next level, and provides ongoing training to ensure all staff maintain the necessary skills and knowledge to meet the needs of children and families.

Year Three (SFY 2015)

18. By September 2014, OKDHS will double the number of slots available for child welfare staff, from 24 to 48, to attend the Interdisciplinary Training Program in Child Abuse and Neglect. This program is a graduate-level course offered through the OU Health Sciences Center. Students' tuition is covered as part of this program.
19. OKDHS will pilot the concept of partnering child welfare specialists in teams to improve safety, decision making, supports to families, case information provided to the supervisor, and stress associated with making very tough decisions. Although this is called teaming in some jurisdictions, OKDHS will develop a format and structure of its own.

Pinnacle Point 4

We must use the practice model to achieve timely and appropriate permanency outcomes for all children in out-of-home care.

Oklahoma's practice model is built on safety, family engagement, and critical thinking. An effective practice model defines how child welfare staff engages families, youth, and the community to meet unique needs of those served by the agency and achieve safety, permanency, and well-being. Focusing on the best interest of the child and family (biological, extended, informal support, and non-relative placements) will result in improved safety, permanency, and well-being. Staff will find the most appropriate permanency option for a child by engaging everyone close to the child.

While other Pinnacle Points also have a direct impact on achieving timely permanency, this



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Pinnacle Point targets children who experience permanency challenges. This includes youth who are legally free and may age out without permanency, children who are legally free but do not have an identified adoptive placement, children and youth placed in congregate care, and children who have not experienced timely reunification. The lessons learned as challenges are addressed will be used to directly impact children who enter out-of-home care in the future.

A thorough review of permanency challenges was conducted in region 3 (Oklahoma County) by Casey Family Programs. This report gathered input from key stakeholders, including judges, district attorneys, child welfare staff, child advocates, and OKDHS leadership and identified areas that need focus moving forward. Implementation of region-specific strategies will begin in Year One.

OKDHS commits that children, their parents, and foster parents shall be involved in the planning and delivery of services. Children shall be treated as partners in the planning and delivery of services if the child is age 10 or older and, if the child is under the age of 10, when possible. Children's families shall be treated as partners in the planning and delivery of services if the child is living at home or if the goal is for the child to return home. Resource parents, both kinship and non-relative, shall be treated as partners in the planning and delivery of services whether or not the goal for the child is to return home. When necessary, services shall be provided to children and parents to enable them to participate as partners. Such services shall include transportation assistance, advance discussions, and assistance with understanding written materials. The child welfare system in Oklahoma, including resource families, shall promote children's visitation with their parents and family. When the goal is for the child to return home or live with a family member, visitation will be actively encouraged; assistance with transportation will also be provided.

INITIATIVES FOR PINNACLE POINT 4:

Year One (SFY 2013)

These initiatives target services directly linked to children with identified permanency challenges.

1. Upon consultation with the Co-Neutrals, OKDHS may support implementation of the Casey Strategic Plan created by region 3 (Oklahoma County) leadership including judges, attorneys, advocates, child welfare staff, and providers. The focus is on improving relationships and communication between all parties involved in the child welfare system. Strategies from the Casey Strategic Plan include, but are not limited to development of a resource notebook for all members of the court system team, development of ongoing training sessions, development and implementation of pre-trial dockets, and utilization of court system meetings as a forum for routine discussions and resolution of significant issues. Child welfare supervisors will monitor intentional visitation with staff by accompanying child welfare specialists once per month and reviewing random contacts for sufficiency. Engagement will be clearly defined for all staff and included, as appropriate, in the resource notebook.



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Additionally, training programs for parents will include development of a calendar at the beginning of involvement with the system. The calendar will include timing, expectations, resources, and contact information for those assigned to the family's case. The region 3 plan reduces barriers to timely permanency and has the necessary buy-in at multiple levels to bring about changes in the system.

2. As outlined in the Oklahoma Trauma-Informed System Implementation Plan, OKDHS will enhance practice with trauma-informed initiatives, additional screening tools, and a [Systems of Care](#) focus. Work will begin in SFY13 but will require five years for full implementation. This effort provides screenings, assessments, and supportive services to help children achieve permanency. During SFY13, strategies will be tested at lab sites; those found to be most successful will be subsequently implemented statewide.
3. By September 30, 2012, OKDHS will identify children who are legally free but without an identified placement and share the information with the Co-Neutrals. OKDHS commits to making substantial progress in moving these children who have no identified placement toward permanency, with specific targets to be set by the Co-Neutrals.
4. When a child is identified as legally free without an identified placement, the child will remain assigned to Permanency Planning and will also have an assignment to an Adoption Transition Specialist; the two staff members will team together to achieve permanency for the child. By maintaining the Permanency Planning assignment, the child will experience continuity of the staff member making visits. The child will also benefit from the specialized support of an Adoption Transition Specialist to move the case forward to permanency. The Adoption Transition Specialist's function is to focus solely on the actions needed to move forward with the permanency plan. The Permanency Planning staff member will fulfill the responsibilities for the day-to-day work as well as coordinate activities with the Adoption Transition Specialist.
5. OKDHS will complete a Request for Proposal (RFP) to search for a provider who will assist with intensive case management services for older youth with permanency challenges. The private provider will assist older youth who are placed in a congregate setting by reunification with biological parents or identification of the least restrictive appropriate placement setting possible. This service will target youth in higher levels of care with the greatest risk of not achieving permanency. As caseloads stabilize and staff become more skilled, the ability to integrate the intensive case management services back into child welfare specialist duties will be evaluated.
6. By December 31, 2012, OKDHS will identify youth, 16 years of age and older, legally free, at risk of aging out without permanency, and who will not be served by the RFP identified in initiative 5. Beginning in January 2013, identified youth will be scheduled for a [Permanency Roundtable \(PRT\)](#) meeting. PRTs are designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players convene to create individual permanency plans, which are implemented and monitored until the youth achieves permanency. Oklahoma has successfully conducted several rounds of PRTs focused on different populations of



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children, including children with the longest lengths of stay with the goal of adoption and children with the goal of reunification longer than 36 months.

7. By June 30, 2013, OKDHS will conduct and document an FTM for all new permanency planning cases. The purpose of an FTM is to make decisions with families and involve and engage families of children in OKDHS custody. FTMs include parents, caregivers, children, relatives, family friends, child welfare specialists, service providers, members of community groups, and other appropriate community partners. This initiative will continue in Year Two with adjusted baselines and targets. The focus is achieving timely reunification.
8. By June 30, 2013, OKDHS will increase family visitation between biological parents and children when the case plan goal is reunification. Frequent, purposeful visitation contributes to successful placement and reduces the time to reunification. Visitation is the single most predictive factor in whether a child is successfully reunified. In keeping with Bridge, the resource parent may monitor some of the visitation, and the child welfare specialist will ensure documentation of the visits. This initiative will continue in Year Two with adjusted baselines and targets. The focus is achieving timely and successful reunification.
9. On a regular basis, OKDHS will explore the appropriateness of reinstatement of parental rights for youth who remain in runaway status and have been located with biological parents whose rights have been terminated. Efforts will be documented in the youth's case file and discussed with the youth. The focus is older youth with permanency challenges.

Year Two (SFY 2014)

10. OKDHS will request the Oklahoma House of Representatives conduct an interim study exploring the agency representation model (OKDHS attorneys) and the prosecutorial model (district attorneys) currently in place in Oklahoma. OKDHS will make a specific recommendation for addressing the needs of children whose permanency is delayed by district attorneys who do not timely file for termination of parental rights (TPR). The Co-Neutrals will also evaluate the compatibility of the existing representation model with positive permanency outcomes for children.
11. OKDHS will conduct an analysis of cases involving children where a request for TPR has been made but a petition has not been filed in the deprived court. Based on the analysis, OKDHS will make specific recommendations for addressing the needs of children whose permanency is delayed by district attorneys who have not timely filed and prosecuted the TPR. Recommendations may include requesting the [State Court Improvement Program \(CIP\)](#) to hold a summit between OKDHS, judges, district attorneys, and child attorneys to develop an action plan to address this issue.

Initiatives 12 through 16 focus on decreasing the length of time to adoption finalization, supporting families to prevent adoption disruptions and dissolutions, evaluating staff's ability to engage and collaborate with families, and addressing barriers to permanency.

12. OKDHS will implement a new process to prevent disruption of [trial adoptive](#)



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placements and when disruption cannot be prevented, provide more information to the child's next adoptive placement. This process will require an FTM including the trial adoptive resource parents, the assigned permanency planning and adoption child welfare specialist, and supervisors in order to assess the needs of the child and the trial adoptive resource parents.

13. By July 1, 2013, OKDHS will conduct a data analysis of region 3 (Oklahoma County) and region 5 (Tulsa County only) adoption cases in order to understand trends and issues related to timeliness of adoption after TPR. Within 90 days, OKDHS will create and implement strategies to shorten the length of time to adoption finalization.
14. The Center on Child Abuse and Neglect (CCAN) and OKDHS will conduct a pilot project for a parenting curriculum and support model for adoptive families for both trial and finalized adoptions. The pilot project will be modeled after an evidenced-based program and will address adoption dissolutions. This is also described in Pinnacle Point 1 – Initiative 21.d, but it is specific to resource parents in that section.
15. By December 31, 2013, OKDHS will incorporate the use of research-based tools to evaluate the engagement and collaboration of families by child welfare specialists. As staff improve their engagement and collaboration skills, their effectiveness in moving children to permanency will also improve. For example, staff will be able to more quickly engage parents in treatment planning and assist them in changing behaviors that caused children to be unsafe in order to enable more timely reunification. These skills are also translated to kinship families, extended family members, and youth.
 - a. Research-based tools are completed by a random sample of families and provide feedback to the individual child welfare specialist, supervisor, district director, deputy director, and program staff as part of ongoing quality assurance.
 - b. The information will be used by program staff as part of an overall evaluation of practice, training, and policy implementation.
 - c. The information will be used as part of an overall evaluation and training plan for individuals, units, counties, districts, and/or regions.
16. OKDHS will expand the use of court-approved mediation in region 3 (Oklahoma County) so it occurs earlier in the process of court involvement. Careful consideration will be given to other locations for expansion and will focus on those districts with permanency challenges related to reunification.

Year Three (SFY 2015)

17. By July 1, 2014, OKDHS will conduct data analysis to determine whether issues exist related to racial disparity. If racial disparity is identified, OKDHS will request additional technical assistance from an outside entity. Within 90 days, OKDHS will identify strategies for addressing racial disparity, if present in the system.



Pinnacle Point 5

We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.

Quality assurance systems are designed with the intention of improving practice. The quality assurance process improves outcomes and is embraced by staff as mission critical when it:

- clarifies roles and holds everyone accountable for their role in ensuring quality;
- directly supports the practice model;
- strikes an effective balance between control and support through continuous improvement and education;
- is administered by quality assurance staff well-versed in current practice and committed to the values in the practice model;
- includes numerous methods for educating staff at all levels about outcomes and methods for receiving input from front-line staff, families, and children;
- is a continuous process rather than a series of occasional point-in-time data measures and/or annual reviews; and
- involves external stakeholders by encouraging involvement, feedback opportunities, and transparency of results and outcomes.

Comprehensive Quality Assurance

While OKDHS has many management reports available, it needs to utilize verifiable and comprehensive quantitative and qualitative data analysis to fully develop and integrate processes supporting improved outcomes. OKDHS will develop a system of distribution and incorporate regular use of reports at all levels, from child welfare specialists to agency leadership, to generate thoughtful questions, guide further analysis through disaggregation of data, and test change. OKDHS must ensure verifiable and comprehensive data is used to assess performance, and correction must be required when outcomes do not improve. The current quality assurance process must expand beyond the current CFSR onsite review process to one that involves staff at every level of the division; all staff members have a responsibility to ensure quality and use the available information to guide decision making and direction in implementing improvement. OKDHS must move beyond an annual review of each district to a system that incorporates many types of feedback into improvement initiatives. In particular, feedback from youth, biological families, and resource parents must be incorporated. Information from existing systems and processes, such as the [Critical Incident Review Committee](#) and the Oklahoma Commission for Children and Youth (OCCY) Office of Juvenile Oversight, must be used.



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OKDHS will become an agency that relies heavily on both qualitative and quantitative data to improve outcomes for Oklahoma children and families involved in the child welfare system. It is not just about numbers; rather, the numbers represent children and families relying on the system to help ensure positive outcomes. An improved quality assurance system will effectively measure the quality of work, inform leadership and staff of what is and is not working in the system, and improve all 15 performance areas.

INITIATIVES FOR PINNACLE POINT 5:

Year One (SFY 2013)

1. By September 1, 2013, OKDHS will create a Performance Quality Assurance (PQA) team led by a deputy director. PQA will include the use of standardized review processes for measuring casework and outcomes associated with individual children. This team will also develop and provide leadership for a statewide continuous quality improvement plan involving all staff across the agency as well as external stakeholders, providers, community partners, service recipients, and resource parents. The plan will provide ongoing assessment of key processes and metrics, include commitments to evaluate child protection and maltreatment in care, and integrate lessons learned from abuse and neglect in care into ongoing quality assurance and practice improvement. The continuous quality improvement plan will be submitted to the Co-Neutrals by July 1, 2013. The plan is subject to the approval of the Co-Neutrals and upon approval, will be incorporated into the Pinnacle Plan.

Pinnacle Point 6

We must ensure the safety of children, including children in out-of-home care. We must also ensure children receive regular visitation by the assigned child welfare specialist to ensure safety, permanency, and well-being outcomes.

To better ensure the safety of children, OKDHS centralized all child abuse and neglect referrals statewide to a centralized Hotline. OKDHS commits that calls to the Hotline will be answered and screened appropriately and promptly, and maltreatment reports will be accurately and expeditiously assigned to appropriate staff.

For children in out-of-home placement who are the subject of abuse and neglect referrals, it is critical to provide accurate and detailed information to the child's placement so they are able to appropriately plan for the child's care. Pinnacle Point 1 contains several initiatives that address this.



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When there is an allegation of abuse or neglect of a child in out-of-home care, OKDHS must respond swiftly to ensure the child is safe and proceed with a thorough investigation. Regardless of placement type, OKDHS has a responsibility to investigate timely and thoroughly. Currently, OKDHS utilizes two different processes or systems to investigate reports of abuse and neglect of children in out-of-home care. OCA investigates such reports when children are in higher levels of care, such as group homes, inpatient facilities, and OKDHS and privately-operated shelters. CPS staff investigates reports when children are placed in foster care, which includes non-relative care, kinship care, emergency foster care, and TFC. OCA and CPS currently utilize different [screening](#) processes, investigative processes, timelines for initiation and completion of the investigation, and evidentiary standards or burden of proof to determine the appropriate findings.

OCA findings are not currently captured in the KIDS system, which has led to an underreporting of abuse and neglect in out-of-home care. Oklahoma, like 14 other states, has not reported abuse and neglect in these higher levels of care to the federal government because it was not incorporated into the KIDS system. OKDHS has consistently reported to the federal government that this information was not included in annual reporting.

OKDHS must align the OCA and CPS systems, which will change the way some child abuse and neglect in out-of-home care is investigated, measured, and reported. **The alignment will be controversial because there will appear to be a spike in abuse and neglect in out-of-home care in Oklahoma beginning in the Federal Fiscal Year (FFY) 2013 federal reporting.** The reporting occurs through the annual Child Maltreatment Report that reflects the National Child Abuse and Neglect Data System (NCANDS) information comparing states across the nation. There will be at least two reasons Oklahoma may see a spike in its reported data that do not necessarily relate to increased abuse or neglect of Oklahoma children in out-of-home care.

- Beginning in SFY 2013, OKDHS will include in its federal reporting abuse and neglect in higher levels of care not previously included.
- OKDHS will change the burden of proof required to [substantiate](#) allegations in higher levels of care to align with the lower burden of proof used for CPS investigations. In order to substantiate an allegation and make a finding there will need to be some credible evidence. Because this is the lowest burden of proof, there may be more abuse and neglect substantiated.

Another method for ensuring the safety of children is to visit them regularly and ensure an open line of communication is established. Although OKDHS has a strong history of visiting children in their placements, improvements can be made in the quality of visits and continuity of the same child welfare specialist visiting the child.

Some Native American children found to be abused or neglected are served by tribal child welfare programs. To ensure safe tribal placements, Tribes requested access to OKDHS child welfare history when considering prospective tribal placement resources. During the 2012



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legislative session, OKDHS proposed legislation that would allow OKDHS the authority to release child welfare history to any federally recognized Tribe regarding any individual who has applied for tribal foster care, adoptive, or guardianship placement. House Bill 3135 contained the authorizing language and was approved by the Governor with a November 1, 2012 effective date.

INITIATIVES FOR PINNACLE POINT 6:

Year One (SFY 2013)

The first initiative focuses on ensuring consistency in the OKDHS response to allegations of abuse or neglect when a child is in out-of-home care.

1. OKDHS will implement changes in the investigative process to ensure the safety of children in out-of-home care and will ensure consistency in screening, prioritizing, investigating, and reporting findings to the federal government regardless of the level of care.
 - a. OKDHS will centralize the screening process at the Hotline to ensure all calls are answered and screened promptly and thoroughly, and will ensure maltreatment reports are expeditiously assigned to field investigators. OKDHS further commits to track, monitor, and improve its screening processes, improve call wait times, ensure timely field assignment, and ensure consistent screening decisions are made. OKDHS further commits to ensure efforts are made to identify children of Native American heritage during the screening process and utilize screening practices consistent with the ICWA requirements. In light of the Hotline's expanded duties, OKDHS commits to staff the Hotline adequately to meet its commitments.
 - b. OKDHS will commence and conduct all alleged victims' interviews in accordance with CPS policy, regardless of the level of care. Alleged victims' interviews are attempted the same day as the report.
 - c. The child's assigned child welfare specialist will be notified immediately of the allegation and investigation and will monitor the child's safety in all levels of care. The CPS or OCA investigator will ensure the child's specialist receives information timely about the investigation status and final report or finding. Guidance will be added to Instructions to Staff (ITS).
 - d. In accordance with legislation and rule-making procedures, OKDHS will make changes to OCA policy to conform to CPS substantiation protocols for children in OKDHS custody. The burden of proof is some credible evidence.
 - e. In accordance with legislation and rule-making procedures, OKDHS will initiate and complete all child maltreatment investigations, whether conducted by CPS or OCA, in accordance with the CPS policy timeframe, which is as follows: all investigations are initiated the same day for a **Priority One** report and within two to five days for a **Priority Two** report; all interviews are completed within 30 days.
 - f. Until such time data is entered into the KIDS system, OKDHS will manually track



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- and report abuse and neglect in out-of-home care.
- g. OKDHS will ensure that a private agency that is the subject of an investigation is informed of the outcome of the investigation.

Year Two (SFY 2014)

Initiatives 2-3 focus on visitation and continuity of the same child welfare specialist visiting the child. Completing regular visitation is something Oklahoma's child welfare system does well; these initiatives seek to improve not the number of contacts but rather the quality and continuity. When the child is in out-of-home care, visits occur in the child's placement.

2. By July 1, 2013, OKDHS will require each child in out-of-home care to be visited at least two times in the placement by the child welfare specialist during the child's first month and at least one time per month thereafter.
3. By December 1, 2013, OKDHS will require each child in out-of-home care to be visited at least two times by the child welfare specialist during the child's first two months in placement and at least one time per month thereafter.

Year Three (SFY 2015)

Initiatives 4 and 5 focus on improving federal reporting and services available at group homes.

4. By January 31, 2015, OKDHS will incorporate data from OCA child maltreatment investigations into NCANDS reporting. Until changes can be made into the KIDS system, the data will be manually tracked.
5. By July 1, 2015, OKDHS will require congregate care providers to train and support trauma-informed approaches to caring for youth. By increasing awareness of the impact of trauma and how it relates to children's behaviors, direct care staff will improve the quality of care and thereby improve safety.

Pinnacle Point 7

We must engage community partners, other state agencies, the private sector, and Tribes in supporting children and families involved with the child welfare system. OKDHS cannot do it alone.

Effective partnerships between OKDHS and others in the child welfare system are necessary for OKDHS to successfully fulfill its responsibilities related to child safety. OKDHS child welfare services are only one part of the system that ensures children are safe and families are



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served well. Critical relationships and trust must be established between OKDHS and many others such as resource parents, law enforcement, district attorneys, public and private attorneys, court appointed special advocates (CASA), post adjudication review boards (PARB), judges, Tribes, faith-based organizations, private providers, community providers, school systems, and the business community. In the recruitment and support of resource families, the private sector can often engage a constituency less accessible to the public sector. Tribes also offer an array of services to support eligible families and children. When all facets of the system work together in a focused and coordinated way, children and families benefit. In this spirit, OKDHS will support a positive and responsive collaboration with Oklahoma resource families including the Oklahoma Foster Care and Adoptive Association.

Many challenges, as described in the Pinnacle Plan, have directed attention to internal operational factors in OKDHS. There is now a clear need for aggressive, structured efforts to purposefully engage community partners across the state in building the supportive base necessary to accomplish objectives of the Pinnacle Plan and more effectively support children and families.

INITIATIVES FOR PINNACLE POINT 7:

Year One (SFY 2013)

1. As outlined in the Oklahoma Trauma-Informed System Implementation Plan, OKDHS will enhance practice with trauma-informed initiatives, additional screening tools, and a Systems of Care focus. Work will begin in Year One but will require five years for full implementation. This effort will enhance all aspects of the child welfare system so that it is trauma-informed and will provide screenings, assessments, and supportive services to help children achieve permanency.
2. In collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), OKDHS will increase the number of children involved in child welfare services who are also served through Systems of Care. This effort will focus on maintaining children safely in their own homes, timely reunifying children, and improving placement stability by supporting biological, adoptive, and resource parents in caring for children with behavioral health needs. Systems of Care is nearly available statewide, and this expansion will focus on children in the child welfare system. Although work will begin in Year One, full implementation will require at least five years.
3. In collaboration with the OKDHS office supporting faith-based and community initiatives and other external partners, the Child Welfare Division will finalize a two-year strategic plan focused on recruitment and support of resource families. An existing group including OKDHS staff and faith-based leaders has continued to grow and gain momentum in supporting children in care and the families who care for them.
4. OKDHS will create and annually distribute an online survey to child welfare staff at all levels in order to assess possible service and quality gaps for particular districts and



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regions. This will ensure information is collected in a systematic way. From the collected information, service and quality gaps will be analyzed and prioritized, and strategies will be developed as appropriate. Strategies to address service and quality gaps may include improving existing partnerships, creating new partnerships, requesting additional funding, and/or adjusting current budget expenditures. District directors, deputy directors, and program staff have critical roles in helping evaluate and craft solutions to address service and quality gaps.

5. OKDHS will collaborate with youth services agencies and other private foster care, residential and therapeutic agencies in creating a statewide plan to identify more effective, quality services for families involved in child welfare. Where appropriate, OKDHS will work with these agencies to determine whether and how their business models might shift or supplement shelter and residential care with more comprehensive, community-based services. Youth services and other private agencies are important stakeholders in the child welfare system providing not only for shelter, residential and therapeutic services, but for many other services in the community. They know the communities and are dedicated to serving children and families.
6. Annually, OKDHS will assess the need to expand [Comprehensive Home-Based Services \(CHBS\)](#). These services are currently available statewide; however, as more families are referred to prevent removal of children, stabilize families for reunification, and support resource parents in caring for children, an assessment of the need to expand services should be completed. This assessment must occur with input from deputy directors, district directors, and front-line staff; their input is critical to effectively monitoring provider compliance and positive outcomes.
7. OKDHS will partner with the Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board for Improving Services, a statewide advisory board focused on building local community partnerships to improve outcomes and services available for children and families involved in the child welfare system. During Year One, two communities of focus will conduct a study to determine existing service and quality gaps. District directors have a critical role in supporting this effort, and OKDHS has dedicated a full-time staff person to support the state advisory board efforts. Sites will be selected at the discretion of the statewide advisory board and dependent upon the interest of the local community. OKDHS will recommend districts with the greatest service needs.
8. By June 30, 2013, OKDHS will review and update the [joint response protocols](#) with law enforcement to ensure continued emphasis on working together as a team for the purpose of ensuring children's safety. This effort will be especially critical after child welfare restructuring.

Year Two (SFY 2014)

9. OKDHS, in collaboration with the Oklahoma Indian Child Welfare Association (OICWA) and the existing Tribal/State Workgroup, will finalize an annual strategic plan for improving outcomes for Native American children. OKDHS will recommend:



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- a. expanding the focus on case reviews for Native American children, including the use of a new instrument to ensure ICWA-compliant placements and positive outcomes for children protected by ICWA;
 - b. designating a tribal coordinator for each region; and
 - c. increasing the number of OKDHS staff who participate in tribal trainings.
10. OKDHS will finalize agency protocols to engage and coordinate services for victims of domestic violence and share these protocols with partner agencies including law enforcement, domestic violence service providers, and mental health agencies as appropriate.
11. OKDHS will explore the possibility of responding to screened-out Hotline referrals by offering community services to those families. OKDHS may partner with another state agency, such as the Oklahoma State Department of Health, private agencies, and/or OKDHS staff to provide services in order to prevent an additional Hotline referral from becoming necessary. Services would be voluntary on the part of the family.
12. OKDHS will collaborate with Oklahoma Schools of Social Work to increase the number of social work students enrolled in the CWPEP.



GLOSSARY

The purpose of the glossary is to define terms commonly used by OKDHS child welfare services which may require further explanation in the context of the Pinnacle Plan. To identify each defined term, its first use in the Pinnacle Plan is highlighted in blue.

Adoption Transition Specialist: A child welfare specialist who teams with the child’s assigned child welfare specialist with the sole responsibility to prepare the child for transition into a permanent placement and successful transition out of OKDHS foster care system. The Adoption Transition Specialist is responsible for the identification of the children needing this specialized adoption preparation work. Their responsibilities include work toward the preparation of each child’s demographic profile and child specific recruitment. The Adoption Transition Specialist will also assist in the transition of these children into adoptive homes.

Aging out of the system: Refers to youth who turn 18 years of age while in OKDHS custody or supervision without achieving permanency through reunification, adoption, or guardianship. At 18 years of age, a youth is no longer considered a child under deprived court jurisdiction.

Bridge: A program that acts as a catalyst for helping children achieve permanency more quickly while enabling them to maintain connections in their lives. This program is designed to provide a placement resource that is committed to working with the child’s birth family towards the goal of reunification; and, if reunification fails, Bridge is committed to raising/parenting the child. This approach views foster care as a service provided to the child’s entire family. Resource families will meet both foster and adoptive program criteria, come from the same community as the child, and agree to visitation and other types of contact with siblings, extended family, and other important people in the child’s life.

Caseload: The count of actual cases, including families and/or children as detailed in this Plan, for which a child welfare specialist is responsible.

Child Behavior Checklist: A parent-reported questionnaire in which the child is rated on various behavioral and emotional problems. It was first developed by Thomas M. Achenbach and has been one of the most widely-used standardized measures in child psychology for evaluating maladaptive behavioral and emotional problems in children aged two to 18 years.

Child Protective Services: As defined in OAC 340:75-3-1, a child welfare service that focuses on preventing, identifying, and treating child abuse and neglect and ensuring reasonable efforts are made to maintain and protect children in their own homes when safety threats can be managed and controlled. The primary purposes of CPS intervention are: (1) protection and control of the safety of children who are at risk of abuse and neglect; and (2) provision of services to alter the conditions and behaviors that cause a risk of abuse, or neglect, or safety threats.



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Comprehensive Home-Based Services (CHBS): In-home and community services provided to families on a voluntary basis or as part of a court-ordered treatment plan. Families receive assistance covering a number of domains including child-rearing and ways to improve parenting, housekeeping, and budgeting skills.

Co-Neutrals: Eileen Crummy, Kathleen G. Noonan, and Kevin M. Ryan, or their successors as delineated in the parties' Compromise and Settlement Agreement; the three outside child welfare experts who will review the Pinnacle Plan, evaluate and report on its ongoing implementation, and act as arbiters of any dispute between the plaintiffs and OKDHS.

Congregate care: Placement settings such as shelters, group homes, and residential treatment centers.

Critical Incident Review Committee: An internal, multi-disciplinary review of child deaths, near-deaths, and/or critical incidents alleging child abuse and/or neglect. Cases routinely scheduled are those resulting from suspected abuse or neglect in which:

- (A) there is an ongoing permanency planning or voluntary Family-Centered Services case with siblings;
- (B) there are siblings named in a substantiated child death or near-death investigation and there is no related ongoing permanency planning or voluntary Family-Centered Services case;
- (C) a report of suspected child abuse or neglect has been received within the previous two years;
- (D) there have been more than one child death or near-death in the family; and
- (E) there is an identified concern about the investigative process or ongoing permanency planning or voluntary Family-Centered Services case.

Expedited Recruitment of Child Welfare Specialist I & II Model Project Plan: An agreement between the OPM of the Office of State Finance and OKDHS which gives OKDHS authorization to announce and fill child welfare specialist level I and II positions without using the OPM testing process. The model project enabled expedited recruiting by reducing the time it takes to certify applicants' eligibility, schedule interviews, and make hiring decisions.

Applicants apply directly to OKDHS and must submit an OKDHS application with a valid transcript or official letter from the university registrar for approval by the OKDHS Human Resources Management Division (HRMD) Employment Services unit. Once approval is obtained from HRMD's Employment Services unit, the Selecting Authority may make a conditional job offer, contingent on required background checks, and alcohol and drug screening.



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Family-Centered Services: As defined in OAC: 340-75-4-9, family-centered services include appropriate referrals and services for families after the completion of an assessment or investigation of child abuse or neglect allegations. The purpose of FCS is to: (1) focus on the child's safety; and (2) preserve and strengthen protective capacities of the parent or person responsible for the child to keep the child safely in the child's own home.

Family team meeting (FTM): As defined in OAC 340:75-6-31.1, the purpose of the family team meeting (FTM) is to plan and make decisions for and involve and engage families of children in Oklahoma Department of Human Services custody. The court may require facilitation of a meeting no later than 30 days prior to a permanency hearing when a child has been in out-of-home care for 12 months or longer, per Section 1-4-810 of Title 10A of the Oklahoma Statutes and an FTM is used for this purpose. FTMs may include parents, caregivers, children, relatives, family friends, Child Welfare specialists, service providers, members of community groups, and other appropriate community partners.

Finalized adoptions: Adoptions that have been legally finalized.

"Hitting the MARC" standards: The Foster Care MARC, published in 2007, sets a basic foster care rate. It was calculated by analyzing consumer expenditure data reflecting the costs of caring for a child in 2007 and applying a geographic cost-of-living adjustment in order to develop specific rates for each of the 50 states and the District of Columbia. The Foster Care MARC identified a level of funding necessary in 2007 to meet a child's basic physical needs and cover the costs of normalizing childhood activities, such as after-school sports and arts programs, which are particularly important for children who have been traumatized or isolated by their experiences of abuse and neglect and placement in foster care. In the Pinnacle Plan, the standard was indexed for inflation, as the study is several years old.

Home studies/assessments: An assessment of a family interested in becoming a resource family that is completed by OKDHS staff or by a provider of OKDHS. The assessment consists of an evaluation of the family's ability to foster and adopt.

Hotline: The OKDHS Abuse and Neglect Hotline. To facilitate 24-hour response to reports of abuse and neglect and to address other emergency situations that occur after working hours, OKDHS utilizes a statewide centralized Hotline per Section 1-2-101 of Title 10A of the Oklahoma Statutes for receipt of reports concerning child abuse and neglect. The Hotline is contacted toll-free, 365 days a year, 24 hours a day, at 1-800-522-3511. Any allegation of abuse or neglect reported in any manner to an OKDHS county office is immediately referred to the Hotline.

Human Services Center (HSC): An office designated by location to provide core OKDHS services, specifically family support and child welfare services.



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Initial meetings: Meetings between resource and birth parents, occurring within seven days of placement, for the purpose of holding a facilitated discussion regarding the needs of the child and beginning the process of creating a professional relationship between resource and birth parents.

Joint response protocols: An agreement between law enforcement and child welfare that states when an officer determines a child is in need of immediate protection, a designated child welfare specialist will respond and conduct a thorough safety evaluation to determine the most appropriate placement option for the child(ren).

KIDS system: The Child Abuse and Neglect Information System, also known as KIDS, is a permanent, computerized record-keeping system maintained by OKDHS child welfare, pursuant to Section 1-2-108 of Title 10A of the Oklahoma Statutes that requires the maintenance of all reports of child abuse, sexual abuse, and neglect made pursuant to the provisions of the Oklahoma Children's Code.

Kinship placements/kinship foster care: Continuous care provided for a child requiring out-of-home placement by a relative, stepparent, or other responsible adult who has a bond or tie with the child or a family relationship role with the child's parent(s) or the child prior to the child's entry into out-of-home care.

Least restrictive: The placement of a child in OKDHS custody in the most family-like, closest to home setting that meets the child's needs per OAC 340:75-6-85.

Oklahoma Trauma-Informed System Implementation Plan: A five-year plan developed based on the recommendations from the Chadwick Trauma-Informed Systems Project's Trauma-Informed Community Assessment of Oklahoma's Child Welfare System and the ongoing work of the National Child Traumatic Stress Network (NCTSN) Breakthrough Series Collaborative to Utilize Trauma-Informed Practices to Improve Foster Care Placement Stability-Tulsa site. See definition of trauma-informed.

Out-of-home care: The placement and services provided to children and families when children must be removed from their homes because of safety concerns.

Permanency Planning: As defined in OAC: 340-75-6-1, permanency planning services are provided to assist in changing behaviors and correcting the conditions that led to the child's removal and court involvement. Are initiated immediately following the child's removal from the home and continue until the child is safely returned to the home or other safe, permanent placement is finalized.



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Permanency roundtable (PRT): An intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players convene to create individual permanency plans for youth in OKDHS custody

Practice model: Defines how the child welfare staff engages families, youth and the community in developing and delivering a continuously evolving array of services that meets the unique needs of those served by the agency and leads to desired outcomes.

Primary and secondary assignments: Primary assignment is the assigned child welfare specialist in the district of court jurisdiction; secondary caseworker is defined as an assigned child welfare specialist in the district of service and is being eliminated as described in this plan.

Priority One: An investigation that indicates the child is in imminent danger of serious physical injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day of receipt of the report.

Priority Two: An investigation that indicates there is no imminent danger of severe injury, but without intervention and safety measures it is likely the child will not be safe. Priority Two assessments or investigations are initiated within no less than two to five calendar days from the date the report is accepted for assessment or investigation.

Resource parent/family: A relative or non-relative caregiver that provides 24-hour a day substitute temporary care and supportive services in a home environment for any child, birth to 18 years of age, residing in Oklahoma and OKDHS custody. This includes foster care and adoption.

Screening: The determination of whether allegations meet the definition of child abuse and neglect and are within the scope of CPS assessment or investigation, per Title 10A of the Oklahoma Statutes.

Shelter care: OKDHS-operated and privately-owned facilities where children temporarily wait for placements in foster care and other placement types. The facilities' staff provides 24-hour supervision and care for children of all ages. Children are admitted to shelters by OKDHS child welfare staff, law enforcement, and privately-owned facilities. The facilities are certified child care facilities.

State Court Improvement Program (CIP): Created as part of the Omnibus Budget Reconciliation Act of 1993. Grants were created for state court systems to conduct assessments of their foster care and adoption laws and judicial processes and develop and implement a plan for system improvements. The goals of the CIP are: (1) to help child welfare systems address the CFSR outcomes of Safety, Permanency and Well-being; (2) to produce better outcomes for children and families that are tangible, measureable and time specific; and



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(3) to allow courts to address fundamental problems by improving legal and judicial training and developing and improving court data systems.

Substantiate: A finding of substantiated means a report in which CPS, after an investigation, and based upon some credible evidence, constitutes child abuse or neglect.

Systems of Care: A comprehensive spectrum of mental health and other support services that are organized into coordinated networks to meet the multiple and changing needs of children, adolescents, and their families with a serious emotional disturbance.

Therapeutic Foster Care (TFC): A therapeutic family setting designed to serve children from three to 18 years of age with special psychological, social, behavioral, and emotional needs who can accept and respond to the close relationships within a family setting, but whose special needs require more intensive or therapeutic services than are found in foster care.

TFC agencies: Agencies that recruit, certify, monitor and support therapeutic foster homes.

Trauma assessment: An assessment completed by a mental health provider that drives treatment planning for a child. Included in the assessment is a clinical interview, objective measures, behavioral observations of the child, and collateral contacts with family, child welfare specialist, etc.

Trauma screenings: A brief set of questions aimed at measuring a child's exposure to trauma and his/her symptoms. It is utilized by front-line staff to help determine if a child needs trauma-focused mental health assessment or treatment.

Trauma-informed/trauma-focused practice: A trauma-Informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies and practices. They act in collaboration, using the best available science to facilitate and support resiliency and recovery.

As defined by the National Child Traumatic Stress Network, a trauma-informed child welfare system is comprised of nine essential elements which are most effective when supported by all parts of the child welfare system, including child welfare staff, the court, placement providers, service providers, the school, and every system component which touches the child and family's life. The essential elements are: (1) maximize children's sense of safety; (2) assist children in reducing overwhelming emotion; (3) help children make new meaning of their trauma history and current experiences; (4) address the impact of trauma and subsequent changes in children's behavior, development, and relationships; (5) coordinate services with other agencies; (6) utilize comprehensive assessments of children's experiences and their



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impact on children’s development and behavior to guide services; (7) support and promote positive and stable relationships for children; (8) provide support and guidance to family and caregivers; and (9) manage personal and professional stress.

Trial adoptive: An adoptive placement that has not been legally finalized.

Workload study: A study that analyzes how work is being done and how time is spent in order to achieve an estimation of the number of child welfare specialist needed to achieve manageable and equitable workloads.

Workload: The mathematical representation of caseload based on time or task.