

OKLAHOMA

DEPARTMENT OF HUMAN SERVICES



CHILD AND FAMILY SERVICES REVIEW

STATEWIDE ASSESSMENT

June 2007

Statewide Assessment Instrument

Section I – General Information

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|---|--|
| Name of State Agency | |
| Oklahoma Department of Human Services | |
| Period Under Review | |
| Onsite Review Sample Period: April 1, 2006 – September 30, 2006 Period of AFCARS Data: April 1, 2005 – March 31, 2006 Period of NCANDS Data (or other approved source; please specify if alternative data source is used): April 1, 2005 – March 31, 2006 | |
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Introduction

The State of Oklahoma will be participating in its second federal Child and Family Services Review (CFSR) in August 2007. As part of this process, Oklahoma has prepared a Statewide Assessment of its child welfare program. The introduction provides a brief overview of the child welfare organizational structure, describes the process used during this assessment, discusses issues identified during the self-assessment, describes promising practices, and introduces practice standards.

Organizational structure and mission

Oklahoma Department of Human Services (OKDHS) is the state agency designated to administer Title IV-B and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Independence Program. OKDHS was established by the state legislature in 1936 and is an umbrella agency, which currently includes the following state programs: Children and Family Services (Child Welfare), Family Support Services (TANF, Medicaid, food stamps), Developmental Disabilities Services, Child Care Licensing, Child Support Enforcement, and Aging Services. Services are provided statewide through offices serving all 77 counties. The mission of OKDHS is to help individuals and families in need help themselves lead safer, healthier, more independent and productive lives.

Child Welfare services are provided through two divisions of OKDHS, the Children and Family Services Division (CFSD) and the Field Operations Division (FOD). Both operate under the direction of the Department's Chief Operating Officer. The mission of the OKDHS Children and Family Services Division (CFSD) is to support and help the OKDHS child welfare staff and contractors improve the safety, permanence and well-being of children and families involved in the Child Welfare system. The Field Operations Division administers all county delivered programs of the OKDHS including the Child and Family Services Division.

Self-Assessment Process

The statewide assessment process provided an opportunity to involve an array of internal and external stakeholders which brought valuable experience and points of view to the table when assessing the program. Focus groups were held between June 2006 and March 2007 to gain insight into how effective current child welfare practices are in meeting the needs of the families and children served. The majority of these focus groups took place between December 2006 and March 2007. During the focus groups participants were provided an opportunity to complete a written survey. Survey data was utilized in compiling the statewide assessment data. Focus groups included;

- 10 State Judges responsible for deprived cases
- 14 assistant district attorneys responsible for deprived cases
- 3 Tribal Judges responsible for deprived cases
- 70 tribal child welfare staff
- 210 youth in out-of-home care
- 35 Court Appointed Special Advocates (CASA) volunteers and staff
- 46 members of county multidisciplinary teams
- 58 members of the recruitment and retention team including internal and external stakeholders
- 14 Therapeutic Foster Care agency representatives
- 356 foster parents
- 542 child welfare specialists
- 15 external stakeholders representing foster parents, adoptive parents, CASA, Post Adjudicatory Review Board (PARB), group home and Therapeutic Foster Care (TFC) agencies

Several other sources of information were compiled and reviewed for inclusion in the Statewide Assessment. Mail-in-surveys received between January 2004 and March 2007 included responses received from 339 youth/children, 379 parents, and 377 placement providers. Exit interviews completed in 2006 with youth exiting out-of-home care upon emancipation. These interviews include questions regarding the youth's perceptions of child welfare strengths and areas needing improvement. The 2006 Oklahoma Court Reassessment Project provides an overview of the progress made on the Oklahoma Court Program Improvement Plan. State CFSR data collected from 2003 through 2006, as well as, other external and internal reports regarding specific items which are referenced within the items.

The statewide assessment team met on April 4, 2007, to begin working on the individual items of the Statewide Assessment. The meeting included 22 external and 22 internal stakeholders and was opened with a teen panel reporting on their experiences regarding the strengths and needs of the child welfare program and its ability to meet safety, permanency and well-being for the children in care. The panel caught the attention of all involved and set a tone that carried the participants through the task of developing the assessment with a determination to be real and honest about the strengths and needs of the Oklahoma Child Welfare Program. All stakeholders were encouraged to provide feedback regarding the items during the meeting and then again during follow-up phone calls. The recommendations of the team were incorporated into the assessment. The team will meet again on June 5, 2007 to review the statewide assessment prior to its final submission. (please see Section 5 for a list of the statewide assessment team members)

Issues identified during the self-assessment

A common theme identified during the Statewide Assessment was internal and external stakeholders' perceptions that there are too few Child Welfare specialists, high turnover, and large workload sizes. Many stakeholders interviewed reported that they believe these factors negatively influence the outcomes of the Child Welfare program. Stakeholders initiated discussion and concern regarding these issues at almost every focus group and individual interview completed.

A review of Child Welfare data found that from April 1, 2006 through March 31, 2007 employee stability for Child Welfare workers was 61.6%. Stability of Child Welfare supervisors during this same period was 75.4%. On April 1, 2007 there were 100 vacant Child Welfare worker positions.

The state of Oklahoma has set a workload standard for Child Welfare workers of 136.6 points. Points are based on caseload size and duties. On April 1, 2007 the average workload points for Child Welfare workers was 163.4 points. This shows a need for 186.7 more Child Welfare workers in order to meet the workload standard of 136.6 points.

OKDHS data, from April 1, 2007, shows that Child Welfare workers, (excluding CPS) average 23.5 children per caseload. This exceeds the Child Welfare League of America's (CWLA) recommendation of 12-15 children per caseload. OKDHS data, from April 1 2007, shows that Child Protective Service (CPS) workers in the state average 13.4 cases, slightly higher than the CWLA's recommended 12 active cases per month.

A focus group was held with Garfield county Child Welfare staff on March 16, 2007. Of the ten worker's participating in the focus group, seven reported four-or-more years of Child Welfare experience. The group contributed their longevity in Child Welfare to OKDHS benefits, flexibility, meaningful work, support from supervisors and county directors, team work and the use of humor. Washington County Child Welfare workers have a stability rate of 94.1%. On February 22, 2006 a focus group was held with the Washington County multidisciplinary team. This team stated that compassion, passion, respect, professional relationships, dedication, and communication greatly contribute to worker stability.

In an effort to reduce turnover within the Child Welfare program, monetary incentives have been implemented. In October 2004 and 2005 all OKDHS employees were given \$1,000 stipends from federal bonus awards the agency received for high performance in several of its programs. Pay increases were provided to Child Welfare specialists and supervisors in November 2005 and December 2006. A performance based pay incentive was implemented per State legislation in 2006. Eligibility for the performance based pay is dependent the county's annual State CFSR results, time employed in the county office, annual employee evaluation, and completion of training hours.

Promising Approaches

Oklahoma has invested resources in several programs and projects that show promise in meeting the needs of the children and families served by child welfare. Many of these promising approaches are referenced in the discussions of each item. Brief descriptions of these approaches are provided here with more in-depth information provided through attachments when applicable.

Oklahoma has been working on the development and implementation of the Bridge Home Program (see Appendix A). 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 committed to raising/parenting the child if reunification fails. The Bridge resource family not only provides care for the child but also acts as a mentor to the child's birth family and commits to maintaining a permanent connection for the child. This approach views foster care as a service provided to the child's entire family. The resource families will meet both foster and adoptive program criteria, come from the same community as the child, and be willing to accept and agree to visitation and other types of contact with siblings and extended family. The Bridge Home concept is truly concurrent planning for our children. Concurrent planning provides for reunification services while simultaneously developing an alternative plan if reunification efforts fail or are no longer feasible. Efforts are made early in the case process to determine the most appropriate placement for the child(ren).

Anticipated benefits of the Bridge Home Program:

- Child(ren) are able to remain connected to their own community, attend the same school, etc.
- Visitation is truly "frequent"
- Siblings are able to be placed together
- Resources reflect child(ren's) culture/ethnicity
- Emotional burden placed on child(ren) is truly reduced
- Increased communication with families and child(ren) as a result of team approach – resource specialist, adoption specialist, child's worker & supervisor
- Reduce the number of moves child(ren) experience in the system
- Achieve permanency more quickly

Family group decision making has become a promising approach in Oklahoma. In 2006 a specific child welfare unit was developed to provide family group decision-making to families in Oklahoma County. The second largest metropolitan area, Tulsa, is currently developing a unit that provides these services. This approach is expected to decrease the amount of time to permanency for children in out-of-home care and increase family involvement in case planning. Outcome data is not yet available.

Promising approaches includes the foster care clinic, "Fostering Hope." The clinic was opened in 2006 in Oklahoma County (see Appendix B). The clinic is specifically designed to meet the medical needs of children in foster care and provides medical, behavioral, and developmental screening and treatment. The clinic has a pediatric psychologist on site. The clinic provides foster children with case management. Volunteers assist both in providing patient care and resources for foster parents. The Fostering Hope clinic was granted unprecedented read/write access to the OKDHS data system so that historical medical information could be reviewed by the physician, and the file could be updated as new evaluations or

recommendations occurred. Existing OKDHS and Medicaid databases are utilized to construct both a medical history and an ongoing medical record for foster children (see appendix C). Child Welfare specialists are made aware of health care encounters at the Fostering Hope clinic occurring during foster placement. Efforts are underway to expand this model of health care for foster children throughout the state.

Another promising approach in Oklahoma County is collaboration with the American Bar Association to improve the court system within that county. This partnership has led to an increase in the number of attorney's willing to represent parents in deprived cases with the belief that they will have a positive impact on the speed in which cases are moved through the system. Efforts are also being made to move toward setting deprived hearings at specific times moving away from the current cattle call dockets. The work being done is consistent with the goals outlined in the Oklahoma Court Program Improvement Plan.

A promising approach has emerged from a coalition of Oklahoma state agencies that helped to produce a Systems of Care Project/Wraparound in Oklahoma designed to "unite educational, health, and social service organizations in individual communities." Two years ago the project was designed with pilots in Canadian, Beckham, and Oklahoma counties and has succeeded in providing services to children and families with mental health needs. These programs have expanded to include programs in several counties throughout the state. A systems of care/wraparound project in Oklahoma County focuses specifically on services to children in out-of-home care (see Appendix D).

Oklahoma's foster care population has increased. In February 2005 the daily average of children in foster care was 6,522. In February 2007 the daily average was 7,757.5 children in foster care. With the increase of children in foster care, Oklahoma also experienced an increase of children entering emergency shelters in Oklahoma and Tulsa counties leading to overcrowding. In Oklahoma County a unit was developed in 2006 to reduce the time that a child spends in shelter care. This unit includes two shelter expeditors who assist in all tasks related to finding more permanent placements. The unit also includes three Diligent Searchers. The searchers receive the names of all children placed in the shelter the day they are placed to start searching for possible kinship placements. The unit includes a medical searcher who gathers the children's medical history and works closely with the Fostering Hope Clinic, a specialist who works with Therapeutic Foster Care (TFC) agencies to decrease TFC disruptions, and a specialist who serves as a liaison to all Oklahoma shelters to help expedite placements.

Safe Haven, another promising approach, is a national demonstration project sponsored by the National Center on Addiction and Substance Abuse at Columbia University. Pottawatomie County, Oklahoma is one of two pilot sites that are currently up and running. The other site is in the Bronx, NY, and there will be a site in Harlem as well. Safe Haven combines family conferencing, the multidisciplinary approach and a modified Family Drug Court model. In order to be eligible for the program, a family is referred to Child Welfare, and have substance abuse issues. A family might also be involved in TANF without child welfare involvement to be eligible for the program. It is a voluntary program that is very fast paced, and puts substance abuse issues as a priority. However, any issues a family may be facing, and definitely anything on a child welfare treatment plan is addressed by the team, and in family conferencing. There is a separate court docket for these cases, and court reviews are held monthly, as opposed to every six months for the regular deprived docket. The average stay in foster care for these families is greatly reduced. Permanency for children is expedited, whether that is to be with their natural parents, or with an adoptive placement, based on the parent's performance and compliance. Safe Haven is a program designed to help Pottawatomie county families become safe, healthy and sober.

Collaboration between Child Welfare and the Court is improving in Oklahoma and showing promise. The Oklahoma Administrative Office of the Courts has scheduled five regional judicial conferences between June and August 2007. The conferences will start with a panel of youth who have exited foster care in Oklahoma providing state judges with insight into the needs and experiences of children in foster care. The child welfare program has also been invited to present information regarding the state and

federal CFSR process and results at these conferences to enhance the partnership between the program and judges.

Key Legislation

The death of 2-year-old Kelsey Smith-Briggs prompted lawmakers to investigate how child abuse cases are handled by judges and state agencies. The Kelsey Briggs law went into effect Nov. 1 2006 and is designed to provide more accountability regarding judges' decisions to place a child in a certain situation, frees up money for special investigations of possible child abuse, and allows for 100 more caseworkers to be hired. This law also:

- Requires the Office of Juvenile System Oversight (OJSO) to establish a complaint mediation process for foster parents
- Requires training, approval and a background check for a person before the person is appointed by a court to serve as a Court Appointed Special Advocate (CASA)
- Requires that uniform orders (forms) to be used by the court in all deprived proceedings
- Provides OKDHS is given new authority (the District Attorney and the attorney for the child already had authority under the old law) to object to the decision at a hearing to release a child from state custody
- Directs OKDHS to establish a performance based incentive compensation program for employee exclusively working as child welfare specialists
- Requires that information released to the public subsequent to criminal charges being filed in the death or near death of a child include specific recommendations made by OKDHS in any progress reports, and recommendations made at a child custody or placement hearing
- Requires that a committee be developed to conduct a review of title 10 of the Oklahoma statutes and prepare a draft recommendation to re-classify, update, reform and re-codify the statutes. A draft recommendation to the Oklahoma legislature is due by November 1, 2007
- Gives authority for a judge in district court to request an investigation by the Oklahoma State Bureau of Investigation (OSBI) in cases in which it has been determined that criminally injurious abuse of a child has occurred
- Adds the Director of OKDHS, or his designee, and a district court judge to the list of persons who may request an investigation by OSBI

Practice Standards

In reviewing Child Welfare practice and outcomes for Oklahoma families and children, the Child Welfare program identified a need to develop basic practice principles to set a foundation for all social work practice within the program. With help from both internal and external stakeholders, Oklahoma developed a set of guiding principals (Practice Standards) to focus efforts on how the agency works with families. The Practice Standards were presented to Child Welfare staff through workshops held in January and February 2007. During these workshops, the Practice Standards were reviewed with detailed discussion regarding how they can be operationalized through daily interactions with children and families.

The Practice Standards became the basis for each county's 2007 Program Improvement Plan. As parent/child visitation is critical to the success of reunification, Practice Standard #6, *We Maintain A Childs' Permanent Connection to Kin, Culture and Community*, is part of every county Program Improvement Plan. Each county has included at least two other Practice Standards in their Program Improvement Plan based on a county self-assessment. The Program Improvement Plans were developed by each county with Child Welfare specialist input. The plans are individualized to meet the needs of the county and staff. Program Improvement Plans are based on the concept that practice changes one case at a time. Child Welfare staff were trained on Casey's "Plan, Do, Study, Act" model so that this model

could be built into the Program Improvement Plans. Response to the Practice Standards, from the Child Welfare staff, has been very positive and efforts are underway to embed the Practice Standards into every aspect of the Child Welfare system.

OKDHS Child Welfare Practice Standards

1. We Continually Examine our Use (Misuse) of Power, Use of Self and Personal Biases

- We must be aware of and recognize how we use the power of the position.
- Our use of team supports the process of examining personal biases and use of self.
- We believe in the importance of hearing all voices—whether we disagree or not.
- We continually assess our personal biases and styles, ensuring that they do not interfere with our ability to partner with families; at the same time we will regularly enter into discussions/mentoring with our supervisor (at all levels) about personal biases and the way they are impacting our work.
- We allow ourselves to imagine and feel the experiences of families as we work to assist them in accomplishing their goals.
- It is critical that families see and believe that we are genuine and that we care.

2. We Respect and Honor the Families We Serve

- We separate what parents have done from who they are.
 - Address the issues instead of judging.
 - Behave as if you are a visitor in the family's home - a visitor with a purpose.
 - Learn about their life demands and value their time.
 - Be humble, understanding that “any given day” it could be us.
- We hold a belief that people can change - with the right tools and resources.

3. We Listen to the Voice of Children

- We have frequent and meaningful conversations with children about what they need to feel safe, using language and making decisions that respects their love for their family and their need for connection to their culture.
- We ensure that children have accurate information and understand what is happening in their lives.
- We actively find ways for children to contribute and have an influence and a sense of control on the decisions made about their lives; being honest about their options and choices.
- We frequently engage children in conversations about how to improve our system.

4. We Continuously Seek to Learn Who Families Are and What They Need

- We do not make assumptions about families. They are the expert of their own lives and often have solutions to their own problems. We create an environment where families can teach us about who they are and what they need.
- We communicate with families in their primary language in order to understand their experiences, their culture and how they make parenting decisions.
- We are students of the culture, race and ethnicity of the families we serve—and we actively use this information as we join with families in planning and decision making.
- We have an attitude that we can make a difference—there are the informal supports and resources if we look hard enough and partner effectively with the family and community.

5. We Believe in the Value of “Nothing About Us Without Us”

- When we interact with family, we engage in a conversation that builds relationship, we ask strength-focused questions, we listen and the learning allows us to develop effective service plans.
- The family, the worker and community partners develop common goals—that acknowledges the families perspectives and the child’s need for safety, permanency and well being.
- We are transparent with one another to ensure clarity regarding what we are thinking, our concerns and why we are focusing on certain areas of safety and permanency.
- We actively find ways for families to contribute and have control over their own lives.
- We actively engage resource families (foster and kin) in the process of teaming, information sharing and decision making.

6. We Maintain a Childs’ Permanent Connection to Kin, Culture and Community

- Young adults need to be informed about their choices, they need to understand what happens to them, and they need to consistently maintain contact with their worker.
- Visitation between a child and their family is a child’s right.
- Families belong together and we maintain optimal connection between a child, their family and their culture.
- We seek to place siblings together; and if we cannot we create frequent opportunities for them to see one another.
- As we make decisions about placement, we consider all of the implications for the child...understanding that every time a child is removed, there is emotional harm.
- We maintain a sense of urgency, knowing that every day a child is in out of home care is harmful.

7. We Conduct Our Work with Integrity At All Levels Of the Agency

- There is a standard of excellence and cooperation that permeates the work of the agency.
- We are compassionate with one another and we have the difficult conversations about the pain and complexity of this work.
- We formally provide support, an opportunity for debriefing and stress relief for our workers and supervisors so that they can continue to do the work well.
- We communicate honestly and we do what we say we are going to do.
- We actively educate other systems about the needs of children and families and about best practices in child welfare.
- We hold one another accountable to being respectful and courteous, valuing and supporting each other—letting go of territorial issues and working together to accomplish our collective goals.

Section II – Safety and Permanency Data

| CHILD SAFETY PROFILE | Fiscal Year 2004ab | | | | | | Fiscal Year 2005ab | | | | | | 12-Month Period Ending 03/31/2006 | | | | | |
|--|--------------------|------|------------------------------|------|-----------------------------|-------|--------------------|------|------------------------------|------|-----------------------------|-------|-----------------------------------|------|------------------------------|------|-----------------------------|-------|
| | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % |
| I. Total CA/N Reports Disposed¹ | 36,070 | | 63,684 | | 53,239 | | 36,952 | | 65,716 | | 54,832 | | 36,912 | | 65,874 | | 55,132 | |
| II. Disposition of CA/N Reports³ | | | | | | | | | | | | | | | | | | |
| Substantiated & Indicated | 7,155 | 19.8 | 12,483 | 19.6 | 11,391 | 21.4 | 7,761 | 21 | 13,941 | 21.2 | 12,762 | 23.3 | 7,690 | 20.8 | 13,954 | 21.2 | 12,760 | 23.1 |
| Unsubstantiated | 19,096 | 52.9 | 33,842 | 53.1 | 27,961 | 52.5 | 19,418 | 52.5 | 34,767 | 52.9 | 28,399 | 51.8 | 19,546 | 53.0 | 35,082 | 53.3 | 27,805 | 50.4 |
| Other | 9,819 | 27.2 | 17,359 | 27.3 | 13,887 | 26.1 | 9,773 | 26.4 | 17,008 | 25.9 | 13,671 | 24.9 | 9,676 | 26.2 | 16,838 | 25.6 | 14,567 | 26.4 |
| III. Child Cases Opened for Services⁴ | | | 7,868 | 63 | 7,061 | 62 | | | 8,841 | 63.4 | 7,985 | 62.6 | | | 8,979 | 64.4 | 8,084 | 63.4 |
| IV. Children Entering Care Based on CA/N Report⁵ | | | 2,540 | 20.3 | 2,530 | 22.2 | | | A | | | | | | 2,937 | 21.0 | 2,917 | 22.9 |
| V. Child Fatalities⁶ | | | | | 39 | 0.3 | | | | | 41 | 0.3 | | | | | 35 | 0.3 |
| STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY | | | | | | | | | | | | | | | | | | |
| VI. Absence of Maltreatment Recurrence⁷ [Standard: 94.6% or more] | | | | | 5,330 of 5,808 | 91.8 | | | | | 5,719 of 6,258 | 91.4 | | | | | 6,438 of 7,004 | 91.9 |
| VII. Absence of Child Abuse and/or Neglect in Foster Care⁸ (12 months) [standard 99.68% or more] | | | | | 16,340 of 16,532 | 98.84 | | | | | 17,215 of 17,421 | 99.82 | | | | | 17,610 of 17,823 | 98.80 |

| Additional Safety Measures For Information Only (no standards are associated with these): | | | | | | | | | | | | | | | | | | | |
|--|---------------------------|---|------------------------------|---|-----------------------------|------|---------------------------|---|------------------------------|---|-----------------------------|------|--|------|------------------------------|---|-----------------------------|---------------|------|
| | Fiscal Year 2004ab | | | | | | Fiscal Year 2005ab | | | | | | 12-Month Period Ending 03/31/2006 | | | | | | |
| | Hours | | | | Unique Childn. ² | % | Hours | | | | Unique Childn. ² | % | Hours | | | | Unique Childn. ² | % | |
| VIII. Median Time to Investigation in Hours (Child File)⁹ | >72, but<94 | | | | | | >72, but<94 | | | | | | >48, but <72 | | | | | | |
| IX. Mean Time to Investigation in Hours (Child File)¹⁰ | 206 | | | | | | 162 | | | | | | 150 | | | | | | |
| X. Mean Time to Investigation in Hours (Agency File)¹¹ | 206 ^B | | | | | | 161 | | | | | | n/a | | | | | | |
| XI. Children Maltreated by Parents While in Foster Care.¹² | | | | | 338 of 16,532 | 2.04 | | | | | | | 378 of 17,421 | 2.17 | | | | 403 of 17,823 | 2.26 |
| CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance) | | | | | | | | | | | | | | | | | | | |
| | Fiscal Year 2004ab | | | | | | Fiscal Year 2005ab | | | | | | 12-Month Period Ending 03/31/2006 | | | | | | |
| | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | |
| XII. Recurrence of Maltreatment¹³ [Standard: 6.1% or less] | | | | | 478 of 5,808 | 8.2 | | | | | 539 of 6,258 | 8.6 | | | | | 566 of 7,004 | 8.1 | |
| XIII. Incidence of Child Abuse and/or Neglect in Foster Care¹⁴ (9 months) [standard 0.57% or less] | | | | | 135 of 15,421 | 0.88 | | | | | 162 of 15,983 | 1.01 | | | | | 122 of 16,379 | 0.74 | |

| NCANDS data completeness information for the CFSR | | | |
|---|---------------------------|---------------------------|--|
| Description of Data Tests | Fiscal Year 2004ab | Fiscal Year 2005ab | 12-Month Period Ending 03/31/2006 |
| Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence] | 8.18 | 8.04 | 8.16 |
| Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care] | 100 | 100 | 100 |
| Percent of perpetrators with relationship to victim reported [File must have at least 75%] | 98.46 | 98.33 | 98.35 |
| Percent of records with investigation start date reported [Needed to compute mean and median time to investigation] | 99.74 | 99.86 | 99.96 |
| Average time to investigation in the Agency file [PART measure] | Reported | Reported | n/a |
| Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID] | 100 | 100 | 100 |

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

| Disposition Category | Safety Profile Disposition | NCANDS Maltreatment Level Codes Included |
|-----------------------------|--|--|
| A | Substantiated or Indicated (Maltreatment Victim) | “Substantiated,” “Indicated,” and “Alternative Response Disposition Victim” |
| B | Unsubstantiated | “Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting” |
| C | Other | “Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing” |

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. *The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.*
2. *The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
3. *For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*
4. *The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.*

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with Safety Outcome #1.

The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided

Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.

Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.

The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

Foster care services are not reported in FFY2005 submission.

In FFY 2005 Agency File, OK provided the following comment: “OK prioritizes referrals based on immediate danger to the child. Priority I; policy is 24 hours; average response time is 11 hours. Priority II; policy is max of 15 days (360 hours); average response time is 210 hours. Priority III; policy is max of 30 days (720 hours); average response time is 485 hours. The number of Priority III referrals has decreased this year which makes the time frames shorter. As of 7/1/2006 there will no longer be Priority III referrals.”

In FFY 2004 Agency File, OK provided the following comment: “Priority I; policy is 24 hours; average response time is 11 hours. Priority II; policy is 15 days (360 hours); average response time is 248 hours. Priority III; policy is 30 days (720 hours); average response time is 572 hours.”

| POINT-IN-TIME PERMANENCY PROFILE | Federal FY 2004ab | | Federal FY 2005ab | | 12-Month Period Ending 03/31/2006 | |
|--|--------------------------|-------------------------|--------------------------|-------------------------|--|-------------------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| I. Foster Care Population Flow | | | | | | |
| Children in foster care on first day of year ¹ | 10,022 | | 10,289 | | 10,679 | |
| Admissions during year | 6,509 | | 7,132 | | 7,144 | |
| Discharges during year | 4,907 | | 5,715 | | 6,033 | |
| Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures) | 911 | 18.6% of the discharges | 1,059 | 18.5% of the discharges | 1,052 | 17.4% of the discharges |
| Children in care on last day of year | 11,625 | | 11,706 | | 11,790 | |
| Net change during year | 1,602 | | 1,417 | | 1,111 | |
| II. Placement Types for Children in Care | | | | | | |
| Pre-Adoptive Homes | 523 | 4.5 | 390 | 3.3 | 367 | 3.1 |
| Foster Family Homes (Relative) | 2,766 | 23.8 | 3,248 | 27.7 | 3,537 | 30.0 |
| Foster Family Homes (Non-Relative) | 4,518 | 38.9 | 5,067 | 43.3 | 5,295 | 44.9 |
| Group Homes | 1,269 | 10.9 | 515 | 4.4 | 485 | 4.1 |
| Institutions | 484 | 4.2 | 501 | 4.3 | 506 | 4.3 |
| Supervised Independent Living | 12 | 0.1 | 15 | 0.1 | 13 | 0.1 |
| Runaway | 117 | 1.0 | 135 | 1.2 | 135 | 1.1 |
| Trial Home Visit | 1,833 | 15.8 | 1,760 | 15.0 | 1,395 | 11.8 |
| Missing Placement Information | 103 | 0.9 | 75 | 0.6 | 57 | 0.5 |
| Not Applicable (Placement in subsequent year) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| III. Permanency Goals for Children in Care | | | | | | |
| Reunification | 4,955 | 42.6 | 6,446 | 55.1 | 6,327 | 53.7 |
| Live with Other Relatives | 421 | 3.6 | 423 | 3.6 | 359 | 3.0 |
| Adoption | 3,985 | 34.3 | 2,865 | 24.5 | 3,237 | 27.5 |
| Long Term Foster Care | 691 | 5.9 | 392 | 3.3 | 360 | 3.1 |
| Emancipation | 611 | 5.3 | 544 | 4.6 | 518 | 4.4 |
| Guardianship | 213 | 1.8 | 149 | 1.3 | 108 | 0.9 |
| Case Plan Goal Not Established | 140 | 1.2 | 585 | 5.0 | 623 | 5.3 |
| Missing Goal Information | 609 | 5.2 | 302 | 2.6 | 258 | 2.2 |

| POINT-IN-TIME PERMANENCY PROFILE | Federal FY 2004ab | | Federal FY 2005ab | | 12-Month Period Ending 03/31/2006 | |
|---|---------------------------------|-----------------------------------|---------------------------------|-----------------------------------|--|-----------------------------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| IV. Number of Placement Settings in Current Episode | | | | | | |
| One | 2,915 | 25.1 | 2,362 | 20.2 | 2,431 | 20.6 |
| Two | 3,042 | 26.2 | 3,209 | 27.4 | 3,136 | 26.6 |
| Three | 1,949 | 16.8 | 2,146 | 18.3 | 2,174 | 18.4 |
| Four | 1,079 | 9.3 | 1,238 | 10.6 | 1,237 | 10.5 |
| Five | 659 | 5.7 | 712 | 6.1 | 786 | 6.7 |
| Six or more | 1,875 | 16.1 | 1,955 | 16.7 | 1,962 | 16.6 |
| Missing placement settings | 106 | 0.9 | 84 | 0.7 | 64 | 0.5 |
| V. Number of Removal Episodes | | | | | | |
| One | 8,854 | 76.2 | 9,413 | 80.4 | 9,581 | 81.3 |
| Two | 2,072 | 17.8 | 1,726 | 14.7 | 1,678 | 14.2 |
| Three | 535 | 4.6 | 427 | 3.6 | 405 | 3.4 |
| Four | 137 | 1.2 | 114 | 1.0 | 103 | 0.9 |
| Five | 25 | 0.2 | 20 | 0.2 | 20 | 0.2 |
| Six or more | 2 | 0.0 | 6 | 0.1 | 3 | 0.0 |
| Missing removal episodes | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation) | 2,333 | 39.8 | 1,650 | 30.2 | 1,517 | 29.6 |
| VII. Median Length of Stay in Foster Care (of children in care on last day of FY) | 15.4 | | 13.4 | | 13.8 | |
| VIII. Length of Time to Achieve Perm. Goal | # of Children Discharged | Median Months to Discharge | # of Children Discharged | Median Months to Discharge | # of Children Discharged | Median Months to Discharge |
| Reunification | 2,614 | 1.9 | 3,732 | 9.2 | 4,002 | 9.5 |
| Adoption | 1,134 | 31.3 | 1,039 | 31.9 | 1,025 | 32.2 |
| Guardianship | 565 | 17.4 | 411 | 13.3 | 446 | 13.5 |
| Other | 582 | 26.6 | 528 | 29.9 | 557 | 29.8 |
| Missing Discharge Reason (footnote 3, page 16) | 10 | 3.6 | 1 | 13.8 | 0 | -- |
| Total discharges (excluding those w/ problematic dates) | 4,905 | 13.2 | 5,711 | 14.1 | 6,030 | 14.0 |
| Dates are problematic (footnote 4, page 16) | 2 | N/A | 4 | N/A | 3 | N/A |

| Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4 | | | |
|---|------------------------------|------------------------------|--|
| | Federal FY 2004ab | Federal FY 2005ab | 12-Month Period Ending 03/31/2006 |
| IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components | State Score = 109.5 | State Score = 119.5 | State Score = 119.8 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 17 of 47 | 29 of 47 | 30 of 47 |
| Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures. | | | |
| Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 th percentile = 75.2%] | 73.6% | 66.8% | 66.3% |
| Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 th Percentile = 5.4 months (lower score is preferable in this measure ^B)] | Median = 5.2 months | Median = 8.0 months | Median = 8.0 months |
| Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 th Percentile = 48.4%] | 28.8% | 28.1% | 32.2% |
| Component B: Permanency of Reunification The permanency component has one measure. | | | |
| Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 th Percentile = 9.9% (lower score is preferable in this measure)] | 18.6% | 9.3% | 9.3% |
| | | | |

| | Federal FY 2004ab | Federal FY 2005ab | 12-Month Period Ending 03/31/2006 |
|---|----------------------|----------------------|--------------------------------------|
| X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components. | State Score = 91.0 | State Score = 104.1 | State Score = 103.8 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 20 of 47 | 30 of 47 | 30 of 47 |
| Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below. | | | |
| Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75th Percentile = 36.6%] | 27.1% | 27.5% | 27.4% |
| Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)] | Median = 31.3 months | Median = 31.9 months | Median = 32.2 months |
| Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below. | | | |
| Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75th Percentile = 22.7%] | 18.5% | 20.5% | 20.7% |
| Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75th Percentile = 10.9%] | 10.2% | 13.1% | 15.8% |
| Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below. | | | |
| Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75th Percentile = 53.7%] | 42.4% | 51.3% | 47.1% |

| | Federal FY 2004ab | Federal FY 2005ab | 12-Month Period Ending 03/31/2006 |
|--|--------------------|---------------------|--------------------------------------|
| XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components | State Score = 94.5 | State Score = 112.4 | State Score = 116.0 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 7 of 51 | 19 of 51 | 26 of 51 |
| Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures. | | | |
| Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 th Percentile = 29.1%] | 21.6% | 29.8% | 30.5% |
| Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 th Percentile = 98.0%] | 87.7% | 89.2% | 88.5% |
| Component B: Growing up in foster care. This component has one measure. | | | |
| Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 th Percentile = 37.5% (lower score is preferable)] | 60.0% | 53.4% | 48.9% |
| | | | |

| | Federal FY 2004ab | Federal FY 2005ab | 12-Month Period Ending 03/31/2006 |
|--|--------------------|--------------------|-----------------------------------|
| XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled score for this composite incorporates no components but three individual measures (below) | State Score = 77.8 | State Score = 73.6 | State Score = 74.1 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 8 of 51 | 5 of 51 | 6 of 51 |
| Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%] | 69.1% | 67.9% | 68.8% |
| Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75th Percentile = 65.4%] | 47.7% | 48.5% | 47.6% |
| Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75th Percentile = 41.8%] | 36.3% | 25.8% | 26.4% |
| | | | |

Special Footnotes for Composite Measures:

These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.

In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

| PERMANENCY PROFILE <i>FIRST-TIME ENTRY COHORT GROUP</i> | Federal FY 2004ab | | Federal FY 2005ab | | 12-Month Period Ending 03/31/2006 | |
|--|-------------------|---------------|-------------------|---------------|--------------------------------------|---------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months) | 2,665 | 82.3 | 2,942 | 86.6 | 3,204 | 86.8 |
| II. Most Recent Placement Types | | | | | | |
| Pre-Adoptive Homes | 15 | 0.6 | 18 | 0.6 | 8 | 0.2 |
| Foster Family Homes (Relative) | 689 | 25.9 | 793 | 27.0 | 905 | 28.2 |
| Foster Family Homes (Non-Relative) | 872 | 32.7 | 971 | 33.0 | 1,143 | 35.7 |
| Group Homes | 375 | 14.1 | 383 | 13.0 | 432 | 13.5 |
| Institutions | 71 | 2.7 | 119 | 4.0 | 91 | 2.8 |
| Supervised Independent Living | 1 | 0.0 | 0 | 0.0 | 1 | 0.0 |
| Runaway | 17 | 0.6 | 19 | 0.6 | 29 | 0.9 |
| Trial Home Visit | 587 | 22.0 | 599 | 20.4 | 550 | 17.2 |
| Missing Placement Information | 38 | 1.4 | 40 | 1.4 | 45 | 1.4 |
| Not Applicable (Placement in subsequent yr) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| III. Most Recent Permanency Goal | | | | | | |
| Reunification | 1,191 | 44.7 | 1,748 | 59.4 | 1,971 | 61.5 |
| Live with Other Relatives | 68 | 2.6 | 69 | 2.3 | 59 | 1.8 |
| Adoption | 566 | 21.2 | 256 | 8.7 | 288 | 9.0 |
| Long-Term Foster Care | 37 | 1.4 | 27 | 0.9 | 17 | 0.5 |
| Emancipation | 24 | 0.9 | 37 | 1.3 | 21 | 0.7 |
| Guardianship | 38 | 1.4 | 27 | 0.9 | 18 | 0.6 |
| Case Plan Goal Not Established | 624 | 23.4 | 655 | 22.3 | 726 | 22.7 |
| Missing Goal Information | 117 | 4.4 | 123 | 4.2 | 104 | 3.2 |
| IV. Number of Placement Settings in Current Episode | | | | | | |
| One | 1,038 | 38.9 | 1,044 | 35.5 | 1,227 | 38.3 |
| Two | 769 | 28.9 | 884 | 30.0 | 937 | 29.2 |
| Three | 441 | 16.5 | 485 | 16.5 | 548 | 17.1 |
| Four | 182 | 6.8 | 269 | 9.1 | 243 | 7.6 |
| Five | 92 | 3.5 | 114 | 3.9 | 97 | 3.0 |
| Six or more | 103 | 3.9 | 106 | 3.6 | 99 | 3.1 |
| Missing placement settings | 40 | 1.5 | 40 | 1.4 | 53 | 1.7 |

| PERMANENCY PROFILE <i>FIRST-TIME ENTRY COHORT GROUP (continued)</i> | Federal FY 2004ab | | Federal FY 2005ab | | 12-Month Period Ending 03/31/2006 | |
|--|-------------------|---------------|-------------------|---------------|--------------------------------------|---------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| V. Reason for Discharge | | | | | | |
| Reunification/Relative Placement | 823 | 88.4 | 839 | 87.2 | 952 | 87.4 |
| Adoption | 10 | 1.1 | 10 | 1.0 | 4 | 0.4 |
| Guardianship | 47 | 5.0 | 63 | 6.5 | 90 | 8.3 |
| Other | 47 | 5.0 | 50 | 5.2 | 43 | 3.9 |
| Unknown (missing discharge reason or N/A) | 4 | 0.4 | 0 | 0.0 | 0 | 0.0 |
| | | | | | | |
| | Number of Months | | Number of Months | | Number of Months | |
| VI. Median Length of Stay in Foster Care | 14.8 | | 12.2 | | not yet determinable | |

| ACFARS Data Completeness and Quality Information (2% or more is a warning sign): | | | | | | |
|---|-------------------|-------------------------------------|-------------------|----------------------------------|--------------------------------------|---|
| | Federal FY 2004ab | | Federal FY 2005ab | | 12-Month Period Ending 03/31/2006 | |
| | N | As a % of Exits Reported | N | As a % of Exits Reported | N | As a % of Exits Reported |
| File contains children who appear to have been in care less than 24 hours | 1 | 0.0 % | 2 | 0.0 % | 3 | 0.0 % |
| File contains children who appear to have exited before they entered | 0 | 0.0 % | 2 | 0.0 % | 0 | 0.0 % |
| Missing dates of latest removal | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |
| File contains "Dropped Cases" between report periods with no indication as to discharge | 5 | 0.1 % | 8 | 0.1 % | 4 | 0.1 % |
| Missing discharge reasons | 10 | 0.2 % | 1 | 0.0 % | 0 | 0.0 % |
| | N | As a % of adoption exits | N | As a % of adoption exits | N | As a % of adoption exits |
| File submitted lacks data on Termination of Parental Rights for finalized adoptions | 29 | 2.6 % | 34 | 3.3 % | 25 | 2.4 % |
| Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity). | 6 | 0.5% fewer in the foster care file. | 34 | 3.3% fewer in the adoption file. | N/A | There is no rolling year adoption file. |
| | N | Percent of cases in file | N | Percent of cases in file | N | Percent of cases in file |
| File submitted lacks count of number of placement settings in episode for each child | 106 | 0.9 % | 84 | 0.7 % | 64 | 0.5 % |

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

| | Federal FY 2004ab | | Federal FY 2005ab | | 12-Month Period Ending 03/31/2006 | |
|---|-------------------|-----------------------|-------------------|-----------------------|-----------------------------------|-----------------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more] | 1,929 | 73.8 | 2,200 | 58.9 | 2,312 | 57.8 |
| X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more] | 307 | 27.1 | 286 | 27.5 | 281 | 27.4 |
| XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more] | 5,091 | 72.3 | 5,578 | 71.2 | 5,678 | 72.0 |
| XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less] | 393 | 6.0 (83.5% new entry) | 387 | 5.4 (86.6% new entry) | 414 | 5.8 (86.5% new entry) |

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY 04, FY 05 , and 06 counts of children in care at the start of the year exclude 48 , 100 , and 107 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

Section III – Narrative Assessment of Child and Family Outcomes

A. Safety

Item 1: Timeliness of initiating investigations of reports of child maltreatment.

Policy

OKDHS has had a two track system for response to reports of child maltreatment since 1999. Accepted reports are assigned as either an investigation or an assessment. Assessments are conducted when the allegations in the referral do not indicate a serious and immediate threat to the child's health or safety. While guidelines for determining whether a report should be assigned as either an investigation or an assessment have remained the same, policy revisions have been to improve the procedures for conducting an assessment.

In June 2006, policy was revised to shorten timeframes for response to all reports of abuse and neglect. These revisions clarified that all reports of abuse and neglect must be reviewed the day of receipt and that a decision must be made as to whether the report falls within the scope of a response (investigation or assessment) or screened out. Prior to the revision, staff interpreted that policy allowed up to two days to decide whether to accept the report as an investigation or assessment or to screen out.

Another policy change was made regarding response timeframes for assigned investigations and assessments. Policy now requires a same day (day one) response on Priority I assignments and a specific designation between two and fifteen days on Priority II assignments. Priority III assignments, which allowed up to 30 calendar days for response, were eliminated July 1, 2006.

Practice/Issues

Improvement on screening and timely response has occurred with the elimination of Priority III's. Child Welfare staff now has the ability to focus on children who are at higher risk and to make more timely responses to assigned Priority I and II investigations and assessments. The majority of reports are reviewed and determinations are made the day of receipt as to whether they will be assigned or screened out. The changes to the guide for conducting assessments appear to provide a better forum for gathering information and encouraging parental involvement in seeking solutions to the presenting problem.

Delayed response times to accepted reports of abuse or neglect still occur occasionally. The most frequent causes for delayed response times, particularly in the metropolitan areas of the state, are staff turnover, vacancies and lack of experienced staff. Oklahoma County, the largest metropolitan county in Oklahoma, has a lower screen out rate (35%) than the overall state average (41%). The higher than average report acceptance rate results in higher caseloads which impacts the ability of staff to always respond timely. Both Oklahoma County and Tulsa County, the first and second largest metropolitan counties respectively, accept and assign approximately the same numbers of Priority I and Priority II time frames for response; however Tulsa County assigns more accepted reports as CPS Assessments than does Oklahoma County.

In response to high caseloads, 100 additional Child Welfare staff were hired in 2006. A significant number of the new staff were placed in Oklahoma County. Additional training sessions were added to the pre-service training program, CORE to accommodate the significant influx of new Child Welfare staff, however, the new Child Welfare staff still lack experience.

OKDHS has difficulty obtaining both bilingual staff as well as staff who are proficient in communicating with disabled children and adults (i.e. hearing impaired) so delays can occur in arranging the appropriate assistance to respond to investigations or assessments regarding non-English speaking families.

Child Welfare has historically been viewed in Oklahoma as the sole resource in responding to all types of child issues, such as poverty, poor school attendance and head lice. Often there is community pressure, particularly in smaller communities, for staff to accept these types of reports.

Oklahoma has a lower substantiation rate, as compared to the national substantiation rate, which is reflective of Oklahoma's higher than average reporting rate (65 reports per 1000 Oklahoma child population as compared to the national rate of 39.1 per 1000 child population). The high volume of accepted reports can create high workloads as compared to the national referral standards.

Strengths

Response timeframes to reports of abuse or neglect are monitored through management reports that track whether reports assigned for investigation or assessment are initiated timely. The management reports are reviewed by supervisors, County Directors and Area Directors, and a report is produced monthly for the OKDHS Commission for Human Services.

Oklahoma's SACWIS system provides an excellent mechanism for information documentation that is immediately available locally and statewide. This is a tremendous resource for conducting searches and initiating investigations and assessments across county lines.

The Child Protective Services (CPS) Section State Office Programs office conducts yearly policy revisions and follow-up training statewide to address variances in dispositions of reports, screening decisions and timely documentation of contacts with child victims. Specific CPS Programs trainings since 2002 have included screening referrals, conducting safety assessments and establishing safety plans to keep children in their homes. Program training related to assessments and appropriate identification of services for families have also occurred regularly. Regular program evaluation and improvement of the CPS and Assessment CORE pre-service training and the ongoing training for new and experienced staff occurs regularly.

Data

The timeliness for responding to Priority I reports is consistently very good. In April, 2007, only 4 out of 957 Priority I reports did not have same day response. When there are problems with timeliness, the issues are noted in response to Priority II reports. The mean average for initiating reports of abuse and neglect was 206 hours in 2004, 162 hours in 2005 and 150 hours in 2006. The reduction in the mean average reflects the elimination of the Priority III time frame. Discussions of eliminating Priority III

time frames began in 2005 during statewide screening trainings and were officially eliminated in 2006. Data quality appears accurate.

The 2002 Federal CFSR substantial conformity score was at 80% and rated as an area needing improvement. Improvement in timely initiation of reports occurred each year from 2003 through 2005, which indicated a pattern of improvement (82%, 85% and 86%). In 2006, the CFSR scores dropped to 84%. Many individual counties saw improvement during the initial stages of their PIP, but improvement can be impacted by staff turnover and inexperience. The metropolitan counties, in particular, must work to maintain sufficient staff to initiate investigations and assessments.

Stakeholder Input

The Oklahoma State and local Child Death Review Boards, Oklahoma child advocacy centers and multidisciplinary teams, Oklahoma Domestic Violence Fatality Review Board, Oklahoma Advisory Task Force of Child Abuse and Neglect, and Oklahoma State Health Department Child Abuse and Training Coordination Council are all key collaborators with the agency regarding this item.

The Statewide Assessment team listed barriers to hiring and retaining sufficient staff as low pay and the difficulty in hiring experienced staff or staff with specialized educational backgrounds.

Item 2: Repeat maltreatment.

Policy

Policy regarding both investigations and assessments, requires an evaluation of the overall family functioning as well as the safety of all children in the home, to determine the most appropriate services and to prevent future abuse and neglect. All children in the home and all caregivers, whether they live in the home or not, are interviewed. Collaterals familiar with the overall family functioning are also interviewed. This results in an overall evaluation of the parents' capacity to protect their child. Whether or not the reported allegations or allegations found during the course of the investigation are confirmed, services for the family can be recommended. In assessments no findings are made, but a conclusion is made regarding the service needs of the family.

When three or more previous investigations/assessments have been conducted on a family and a new report of maltreatment is received, policy requires the supervisor and worker to staff the new report review the history and evaluate whether a different intervention is needed during the new investigation.

In July, 2006, policy was revised so that multiple reports concerning the same incident and involving the same children and family are not assigned separately if the first assigned report has not been initiated. Prior to this policy change, the separate assignment of multiple reports about the same incident inflated numbers and likely impacted recurrence data.

Practice/Issues

Despite training and policy that promotes comprehensive safety assessment, Child Welfare staff continue to respond to reports of abuse and neglect as incident based. In instances in which there has been previous Child Welfare involvement, the history is not always thoroughly reviewed or considered in determining the current safety or functioning of the family.

Chronic neglect is the most pervasive type of repeated maltreatment. The circumstances of the neglect often do not meet the standard for removal by either law enforcement or by a court order. Without court involvement, services to families are completely voluntary, and the appropriate service may not be accepted by the family.

Child Welfare staff continue to need guidance in accurately assessing a family's strengths and needs so services provided to families may not always be appropriate. OKDHS has a range of services available through contracts for parent aide services and comprehensive home based services. Although not yet available statewide, there are also contracts for parenting education and child sexual abuse treatment. Often community services are not recommended or provided unless the circumstances are serious enough to refer for comprehensive home based services. Programs developed for lower risk abuse and neglect may not be fully utilized because staff are less apt to address the needs of families with minor to moderate parenting concerns. There also may be waiting lists for services in some areas of the state. The length of time between a referral for services and actual receipt of services varies from a few weeks to several months.

Strengths/Promising Practices

Training has begun, and plans have been implemented, to include the current safety assessment tool at various points in the life of ongoing cases. Examples of when safety is re-evaluated include child visitation and reunification. This approach will assist Child Welfare staff and families in determining whether there has been progress in reducing risk factors that impact ongoing safety.

Data

The 2002 Federal CFSR review resulted in conformity of 81.7 % for this item. There had been improvement in this item with State CFSR scores of 94% in 2003, 96% in 2004; however in 2005 the score dropped to 95% and in 2006 to 94%..

Stakeholder Input

The Statewide Assessment team identified multidisciplinary teams, found in many counties, as a strength. These teams are composed of law enforcement, district attorneys, and mental health providers. In some situations, multidisciplinary teams have access to Child Advocacy Centers, to aid in more serious investigations of abuse and neglect. These teams provide a resource for collaboration in determining the appropriate response to risk and safety concerns identified during the investigation.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.

Policy

OKDHS collaborates with other state and private agencies in the provision of preventive services. Primary and secondary child abuse prevention programs are provided through the Oklahoma State Department of Health (OSDH) through the Office of Child Abuse Prevention. OKDHS Child Welfare staff are responsible for addressing service needs for families reported for suspected child abuse or neglect. Upon completion of an assessment or investigation, Child Welfare staff discuss the safety and service needs of the child with the family. If the child(ren) can remain safely in the home with services, staff complete a Voluntary Family Service Agreement with the family.

Voluntary services options include community-based services, contracted services and contingency funds. Contracted services include: Oklahoma Children's Services (OCS) -- Parent Aide Services (PAS) or Comprehensive Home Based Services (CHBS), parent education programs and sexual abuse treatment services. Both components of the OCS contracts, PAS and CHBS are available statewide. However, parent education and sexual abuse treatment services are not available in every county. Child Welfare staff have access to these services through a referral process.

Comprehensive Home-Based Services (CHBS) is a program under the Oklahoma Children's Services contract that provides intensive in-home services to intact families to prevent removal and safely reunify children returning from out-of-home care.

CHBS is evaluated annually through a contract with an independent evaluation team from Oklahoma University's Center on Child Abuse and Neglect. The data supporting these findings as well as researcher conclusions are available to CFSR reviewers as source information. CHBS prevention cases during 2002 – 2006 were found to be more severe with respect to depression, employment, and financial issues and to have less sanitary home environments than CHBS reunification cases. They also had more prior referrals and a greater risk of recidivism.

One major change in the voluntary population beginning in 2002 was the delegation of responsibility for ongoing service provision to CHBS for those families determined at intake as having the highest levels of risk without court supervision. Policy was rewritten to require such families to be referred to CHBS. This population includes those families who were recommended by CW for court intervention for whom the district attorneys declined to file petitions.

Another service option for children with serious emotional disturbances is Oklahoma's Systems of Care, a comprehensive array of mental health and other support services provided to children and adolescents, ages 6-18 years, and their families. The program is provided through the Oklahoma Department of Mental Health and Substance Abuse Services. Systems of Care bring various service systems, such as Child Welfare and Juvenile Justice, together to develop joint plans and to build on the child's and family's strengths.

Practice/Issues

The Voluntary Family Service Agreement is a tool used to document the collaborative process between Child Welfare Staff and the family when services have been recommended by CW or requested by the family. It also provides information to help families access and locate the services. This tool was re-designed in 2006 and tested in the field with very favorable results. Ongoing training is provided to staff regarding service assessment and OCS liaisons assist workers in determining service needs of families.

High workload demands have sometimes prevented staff from taking the time needed to refer families for voluntary services. Feedback from staff indicates they do not have time to provide on-going preventive services due to excessive workloads.

Rural areas often lack necessary resources to provide services. Families residing in rural areas may be dependent on transportation to larger metropolitan areas for many services. OCS provides services in all areas of the state, but service providers often experience the same recruitment and retention challenges experienced by Child Welfare. There has been a tremendous growth in the Hispanic population, which has resulted in Oklahoma not being able to keep up with the demand for Spanish speaking services. Recidivism seems related to neglect than other types of maltreatment. Neglectful families often do not have financial resources. Families with limited resources are also more likely to be referred to CHBS, as the program offers resources and links to other resource agencies.

An OCS liaison is assigned to provide gate keeping and general contract monitoring of each OCS contract provider. Program staff conduct audits and provide direct oversight of all private contractors

Effectiveness of OCS services in maintaining children safely in their homes and in preventing re-entry into foster care is evaluated by an independent evaluator with the University of Oklahoma. The case review process and KIDS safety data provide other measures of effectiveness. Continuous Quality Improvement unit also conducts interviews with Child Welfare staff, foster parents, services providers and judges who rate the service system. For example, of the 432 child welfare staff surveyed during 2006-2007, 78% reported that Oklahoma Children's Services (OCS) meet the needs of the families referred to them.

Oklahoma's safety data profile shows that 8,084 children, or 63.4 % of children with substantiated reports of abuse or neglect had cases opened for services after investigation. Among this population, 2,917 entered care based on the reports of abuse or neglect.

The 2005 U.S. Census Bureau indicates that the Hispanic population constitutes approximately 6.6% of Oklahoma's total population. While overall teen pregnancy has dropped, the young teen birth rate (54.1 per 1,000) for Hispanic youth, is double that for white youth (26.8 per 1,000). Parent education and parent aide services in Spanish are now available in Oklahoma County, but rural areas do not have these services.

The voluntary families who received CHBS services during the past four years have been found to be at higher risk than families who required CHBS services in previous years. Voluntary families were more severe with respect to depression, employment and financial issues, and had less safe and sanitary home environments than court-involved families. Further, families receiving voluntary preventive services

were found to be at greater risk for recidivism (approximately 65% have a future child welfare report at 1200 days) than those who were court involved.

Item 4: Risk assessment and safety management.

Policy

Assessing safety is required on every investigation and assessment conducted. Safety assessment involves identifying the present danger and risk factors in the family's home to determine if there is need for a safety plan. Policy provides extensive guidance as to what elements must be in place for a child to remain safely in the home and when removal is the only remaining option. Investigations and assessments cannot be closed without completion of the Safety Assessment form by the Child Welfare worker and approval by the supervisor.

Policy provides additional guidance specific to children in out-of-home placements, requiring that allegations of abuse and neglect be responded to the same day and that a rapid determination of safety be conducted.

Practice

The risk assessment and safety planning process is effective when Child Welfare staff have continual and available access to experienced supervisors. Lack of knowledge and experience may impact the ability of Child Welfare staff to determine the most appropriate services and interventions to keep a child safe and to monitor a safety plan.

There may insufficient safety monitoring before families actually receive services. Child Welfare staff cite excessive workload as a reason when there has not been sufficient contact with a family while arranging referrals for service.

Neglect continues to be the most frequent cause of confirmed maltreatment and child fatalities, particularly those due to a lack of supervision resulting in drowning, smoke inhalation, and other environmental hazards. Educating parents in supervising their children in a hazard free environment is seen as a part of every investigation and assessment process, particularly in homes with children three years of age or younger. Child Welfare staff use contact guides (which contain a safety check list) when visiting homes of families with children in this age range.

Strengths

A process has been implemented that monitors safety throughout the life of the Child Welfare case. Child Welfare supervisors have been trained in the utilization of the safety assessment process. Specific tools have been developed to assist staff in reviewing risk factors over time and to note any immediate safety issues.

Since neglect is such a significant issue in Oklahoma, physical safety for children is emphasized by the Home Based Service providers. Included in the services provided to families with young children is a physical assessment of any hazards and training on ways to keep children physically safe. Families are

provided safety/medical kits and taught how to use things such as electrical outlet plug covers and thermometers, as well as how to administer basic first aid.

More focus and training regarding ongoing safety is occurring with Foster Care staff. Technical assistance provided by Consultant Lorrie Lutz, is being utilized to evaluate the effectiveness of current assessment tools in addressing safety in foster and adoptive homes. Ms. Lutz has reviewed the home assessment and provided best practice tips for each of the categories in the assessment. Incorporating these tips in the assessment along with ongoing training will enable Foster Care staff working with foster parents to identify and address issues as they arise. Potential safety concerns can then be addressed through written plans of compliance before child abuse and neglect occurs.

There is a strong system of child fatality review in Oklahoma. The Oklahoma Child Death Review Board, on which OKDHS has served since its inception, reviews all child deaths and near deaths in Oklahoma regardless of cause. There is a strong partnership between the Board and OKDHS, particularly in understanding and focusing on preventable child fatalities caused by lack of parental supervision, (i.e. drowning in ponds, pools & bathtubs and leaving children in hot cars).

During the CY 2006 legislative session, OKDHS was added as a member of the Oklahoma Domestic Violence Fatality Review Board effective November, 2006. Child abuse and neglect, including child fatalities, is frequently linked with domestic violence in the home. The partnership of OKDHS with this Board has already provided a forum for addressing how children present at domestic violence related fatalities can receive mental health services. Oklahoma has also statutorily established protocol for release of Child Welfare services information when a person responsible for a child has been charged in the child's death.

Data

The 2002 State CFSR reviews resulted in conformity of 82% for this item. State CFSR scores indicate results of 96% in 2003, 93% in 2005, and 93% in 2006. Supervisory case review scores indicate results of 96% in 2006. Specific to absence of child abuse and neglect in foster care, state CFSR scores indicate 98.84% in CY 2004, 99.82% in CY2005, and 98.80% in CY2006.

In SFY 2006, OKDHS accepted 30,529 reports of abuse and neglect. Of those, 13,827 children were confirmed to have been abused or neglected. Of those child victims, 1,219 were confirmed due to abuse, 10,588 were confirmed due to neglect and 2,020 were confirmed to have been abused and neglected.

Several factors are noted that affect the Child Welfare performance on safety Data Profile elements VII and XIII: 1) assignment and investigation of issues that are Foster Care policy violations rather than actual allegations child abuse and neglect; 2) investigations often are matters that, had they been addressed at an earlier stage through written plans of compliance, would not have developed into more significant safety concerns; 3) investigative staff are often pressured into confirming allegations so that Foster Care staff have credence to close the home; and 4) guidelines for confirmation of child maltreatment are overlooked on foster home investigations. In CY 2006, 42% of appealed foster home confirmations were reversed. Had all confirmed foster homes appealed their finding, it is likely the State's data would reflect a score more in keeping with the national standard. In light of this, a sample of the 213 foster care confirmations from the February 28, 2007, Oklahoma CFSR Data Profile was pulled and reviewed by the Child Protective Services Program Manager. The review indicated that at about 50%

reflected confirmation of policy violations rather than child abuse and neglect. Of the other 50% appropriately confirmed, the majority pertained to neglect issues such as lack of supervision and threat of harm.

B. Permanency

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries

Policy

In order to prevent multiple entries of children into foster care, policy provides guidance to Child Welfare staff in assessing when the family and child are ready for the child's return home and activities that should occur prior to reunification in order to more effectively ensure stability and success of this plan. Oklahoma statute and policy requires that in most instances, a six month period of supervision is required before recommending case closure upon the child's return home. In addition, new policy effective June 2007 requires that prior to closure of the case, Child Welfare staff will complete a safety assessment and determine how to ensure continued safety of the children after case closure.

Practice/Issues

Practice within the state reflects that supervision of the family often exceeds the six month time period due to a previous State statute that required 12 months of supervision after family reunification. This statutory requirement has been removed. However, according to Child Welfare staff feedback, many courts continue to require this length of supervision.

Performance for the 2002 assessment and the results of the last Federal CFSR indicated Oklahoma did not meet the national standard for the percentage of re-entries into foster care in FFY 2000. The results of the 2002 assessment and the Federal CFSR were both at about 15%. At that time, trial reunification was incorrectly documented in the SACWIS system as a finalized reunification. This process of documentation caused disruptions from trial reunification episodes to be reflected in the outcomes data as a new removal episode. This method of documentation was believed to have attributed to the performance in 2002. The change in documentation has resulted in improved performance on the re-entry rate and decreased performance on timeliness of reunification. County specific data indicates that those counties that perform better on timeliness of reunification, have poorer performance on re-entry into foster care which indicates a need for addressing the factors that may be impacting these indicators.

Data

The percentages where children have not reentered out of home care in the last 12 months as evaluated through the state CFSR process resulted in the following scores in the last four years: 78% in CY 2003, 88% in CY 2004, 85% in CY 2005, and 98% in CY 2006. Performance on WebFOCUS reports for Oklahoma indicate a significant increase in performance in FFY 2004 after the change in the way trial

reunification is documented. The performance improved as follows: 14.9% in FFY 2002, 14.1% in FFY 2003, 6.1% in FFY 2004, 5.4% in FFY2005, and 6% in FFY 2006.

Performance on this measure as evaluated by the state CFSR process improved in SFY 2003, 2004, and 2005. The performance in SFY06 remained fairly stable in comparison with the performance in SFY 2005 with only a .6 decrease in performance. The improvement can be linked to the change in practice that occurred in SFY 2004 in how trial reunification is documented in the SACWIS system. Prior to SFY 2004, the child's removal was end dated immediately when the child was returned home even if the child remained in OKDHS custody. If the child's trial reunification was not successful, a new removal had to be entered if the child returned to care. Oklahoma's SACWIS system now allows for the removal to remain open during the trial reunification and if the child returns to care, a new removal is not documented given the child remained in OKDHS custody.

Oklahoma's performance on the permanency Data Profile element IX is 9.3% which exceeds the national standards.

Stakeholder Input

A survey of judges and district attorneys indicates Child Welfare staff is making the court aware of safety plans at reunification; however, the amount of information varies among counties. Surveyed judges also indicate Child Welfare staff provide the court with adequate information during court hearings to make decisions regarding reunification and permanency.

Item 6: Stability of foster care placement.

Policy

OKDHS policy and State statute clearly support the stability of placement for children in out-of-home care. Specific policy is in place delineating worker roles, responsibilities, and decision making relative to placement of children and addresses provisions of the Multiethnic Placement Act of 1994, the Interethnic Adoption Provisions of 1996 and the Indian Child Welfare Act. Policies in place support the intent of OKDHS to promote stability and healthy growth of children by limiting the number of times a child is moved when in out-of-home placement. OKDHS additionally includes language specific to movement in contractual agreements with out-of-home care providers.

Policy has been modified since the last Federal CFSR to clarify placement priorities including search and decision making regarding non-custodial parents and placement preferences with kin. If a kinship placement is not identified every effort is made to place a child with a foster family who can best meet the child's needs and who resides in close proximity to the child's birth family to support ongoing connections. Policy supports the importance of considering the child's statements and preferences in placement decision making.

By policy, requests by placement providers for immediate removal of a child are examined and assessed regarding whether the situation can be resolved in order to prevent disruption of the placement. Child Welfare, per State law may not move a child from one placement to another without court approval if the child has already moved once since the last court hearing.

Strengths/Promising Practice

Staff at most levels of the agency identify the unavailability of placements as a major issue in stability of placements and in being able to adequately serve children in out-of-home care. Generally placements are made based on available space rather than on the individual needs of the child and/or the skills of the foster parents. Practice enhancements and pilots implemented to impact placement stabilization are diligent search, placement stabilization, shelter expeditors, foster home reimbursement rate increase, and collaboration with OKDHS Child Support Enforcement Division. Each of these efforts is explained as follows and is seen as a way to increase the stability of children in out-of-home care.

Diligent search is a process of identifying all relatives or kin of a child in out-of-home care. The search process involves asking both parents and the child as appropriate to identify known relatives and to review available records, both internal and external to OKDHS. Relatives and/or kin located may or may not serve as a placement resource but are seen as a support source for the child. Policy is in place regarding diligent search and on-going training is provided. Specific staff has been identified in each of the OKDHS management areas to support diligent search activities. Diligent search activities have positively impacted the number of kinship resources resulting in a significant increase in kinship care in Oklahoma.

Approximately 55% of the children placed in Foster Care are now in kinship care. Per the 2003-2005 State Program Improvement Plan each OKDHS area in the state has at least one staff assigned to diligently search for kin.

The 2003-2005 OKDHS Program Improvement Plan included a three-month placement stabilization pilot project to prevent disruptions. This project conducted in both rural and urban counties, provided a system of immediate response to crisis situations in foster and adoptive homes. Benefits included direct intervention with the child, problem solving and conflict resolution skill building for the families as well as referral and linkage to community resources. Kinship placements proved to be more stable during this three-month trial which confirms national data on increased placement stability with kin. Funding issues prevented implementing the stabilization project statewide.

The traditional foster home reimbursement rate increased \$1.50 per day from SFY 2004 to SFY 2006. This rate increase is the first one for state approved families since 1982. Budget requests are submitted to the Legislature each year to increase foster care and other out-of-home care resource reimbursements.

Oklahoma's three metropolitan counties (Oklahoma, Tulsa, and Comanche) continue to use shelter care as the initial receiving point for children entering out-of-home care. Oklahoma and Tulsa Counties, the largest counties in the state are mandated by court order to use shelter care as an initial reception for children leaving their birth family home. The goal of OKDHS is to place children under age six in emergency foster care within twenty-four hours of shelter admission. The twenty-four hour placement protocol returns the child to a family-like setting quicker, provides a safer and more family-like setting for younger children and removes them from the shelter's congregate care setting. Due to the large number of children entering emergency custody in the metropolitan counties, this goal is not always attainable.

To assure that shelter placements are as short term as possible, Oklahoma and Tulsa Counties have designated staff called Shelter Expeditors to expedite placements for children in shelter care. The Shelter Expeditors work with the children's workers to facilitate the development of a placement plan. An

additional new practice to decrease shelter stays has identified staff in the OKDHS Child Support Enforcement Division who focus on searching for absent parents when a child enters the shelter.

Data

Data related to placement stability includes Child Welfare staff perception of placement availability, provider perception of services provided to prevent disruption, and foster parent perception of services provided to prevent placement disruption. This item was also included in Statewide Assessment team discussions. Data gathered via surveys conducted during fiscal years 2006 FY 2007 indicate 95.1% of Child Welfare staff reported there are not enough foster home placements, 44.9% of Child Welfare staff reported they are not able to find placements in close proximity, 69% of Child Welfare staff reported they are not able to match the child's characteristics with the foster home placement and 59% of Child Welfare staff reported they do not have services available to minimize placement disruptions. Therapeutic Foster Care (TFC) agency staff and the state recruitment team (which is comprised of both internal and external stakeholders) responded to several questions. These respondents reported that they believed that services are provided to resource parents to prevent placement disruptions in the following manner; 20% said placement disruption services are provided "never" to "very little" of the time, 35% believed these services are provided "some" of the time, 21% believed these services are provided "almost always" and 15% of those responding believed that placement disruption services are provided "all of the time."

Foster parents' perceptions of services provided to prevent placement disruptions is not consistent with the perceptions of child welfare staff or with the TFC representatives and recruitment team members as 72% of foster parents surveyed during focused group meetings state that they believe services are provided to prevent disruptions.

According to the 2002 statewide assessment, 75.9% of all children who had been in out-of-home care less than twelve months had no more than two placement settings. Currently 50% of all children in out-of-home care less than twelve months had no more than two placements. The Federal 2002 Child and Family Service Review rated placement stability as an area needing improvement as 60% of the cases achieved the item. State Child and Family Service Reviews rated this item at 74% in 2003, 66% in 2004, 72% in 2005, and 76% in 2006 indicating that the state continues to struggle with placement stability for our children.

Oklahoma's Data Profile (composite four) indicates that 68.8% of the children in care less than twelve months had two or fewer placement settings. The Data Profile indicates that 48.5% of the children in care for twelve to twenty-four months had two or fewer placement settings and 26.8 % of the children in care over 24 months had two or fewer placement settings. The data reflects that the longer children are in care the higher the likelihood of placement disruptions. This has been a major topic of conversation at statewide assessment stakeholder meetings and in dialogues with the National Resource Center about improving the numbers on this item. To date, the reason for this decline is unknown and OKDHS continues to look at data in an attempt to identify specific areas that impact placement stability.

OKDHS program staff has recently received and are currently reviewing a Guide for Analysis of Placement Stability. Consideration will be given to implementation of the guide as a method to gather more in-depth information. OKDHS anticipates a need to request technical assistance with this item. The Statewide Assessment team recommended more analysis of this issue including gathering data that would determine if kinship placements are in-fact more stable, data that would show the reasons for placement disruptions, and if changes in workers on a case effects placement stability.

To increase placement stability in group home settings, Systematic Training to Assist in the Recovery from Trauma (START) is being presented to training teams designated in each group home site. START training is a method of providing Trauma Informed Care. The goal is to assist staff in focusing on the trauma experienced by the child rather than reacting to behaviors that typically lead to placement disruptions.

Stakeholder Input

Perceptions during individual and group interviews with judges, assistant district attorneys, court appointed special advocates, multidisciplinary teams, child welfare staff, foster parents and the recruitment and retention team are that kinship placements are more stable than non-kinship placements. While national data tends to support this perception, OKDHS has not collected specific data to confirm.

OKDHS has developed Practice Standards to support the return of children to their biological family or other kin at the earliest possible time. Practice Standards were developed at the end of calendar year 2006. Implementation began early 2007. Appreciable gains have yet to be identified from this endeavor.

Item 7: Permanency goal for child

Policy

Policy requires that a Family/Child Strengths and Needs Assessment be conducted and a permanency plan determined for children no later than 60 days after removal from the home, and the permanency plan be updated a minimum of every six months. The Family/Child Strengths and Needs Assessment, the initial and most important step in the permanency planning process, is conducted in the family home with as many members of the household present as possible. The assessment is the foundation for the Individualized Service Plan (ISP). The ISP is a new document which has replaced the treatment plan as the family plan to address child and family needs, safety and provide a guide to correct conditions that led to removal. The Strengths and Needs Assessment also assists in the selection of an appropriate permanency plan.

Per OKDHS policy, the appropriate permanency plan preferences are to: reunify the child with his or her family, terminate parental rights and place the child for adoption, establish guardianship, or provide a planned alternative permanent placement. The policy standard is not to wait for termination of parental rights to begin the steps needed to finalize a permanency plan other than reunification when this has been determined to be the appropriate plan.

Adoption Preparation as a permanency plan was developed as a tool in the SACWIS to help target staff activity to remove barriers to Adoption. As soon as the barriers are eliminated, Adoption becomes the permanent plan. Adoption Preparation may be an appropriate permanency plan in certain instances when parental rights have been terminated and adoption is the preferred goal, but specialized child-specific needs preclude identification of adoptive placement until such need is addressed. Casework activities for Adoption Preparation are targeted at addressing barriers that prevent adoptive placement and facilitating progress toward a finalized adoption.

Participation or input from the parent(s), legal guardian, placement provider, child, if appropriate, child's attorney, Tribes, if applicable, guardian ad litem, if applicable, and service providers are utilized in the determination of the plan. This is consistent with the practice standard of listening to the voice of children and believing in the inclusive practice of nothing about us, without us.

Practice/Issues

The majority of children who are placed in out-of-home care have their permanency plans determined on a timely basis. However, at times court processes impact timely adjudication, and these delays affect the determination of an appropriate permanency plan within required time frames. Such delays include, but are not limited to: pending criminal matters, the inclusion of a request for termination within the petition for adjudication, and continuances to allow for attorney preparation. In addition, when adjudication is delayed, parents' attorneys often advise their clients not to cooperate with Child Welfare in the permanency planning process.

Due to the inclusion of the new permanency plans of Adoption Preparation and Planned Alternative Permanent Placement, some Child Welfare staff have struggled with the selection of the appropriate permanency plan. In addition, they may not appropriately identify some of their efforts as concurrent planning. However, given the percentage of children who are adopted by their current caregiver is 80%, concurrent planning appears to have been occurring. These results indicate efforts in training staff in diligent search and not selecting the first relative, but the best relative, have had some success.

The courts cannot mandate what OKDHS recommends as the permanency plan; however, they can mandate that Child Welfare staff continue to work on reunification despite the fact that OKDHS has recommended a permanency plan of adoption. In addition, many courts do not want the Child Welfare staff to change the permanency plan to adoption until rights have been terminated for all parents. If Child Welfare staff do not effectively integrate concurrent planning, children are more likely to linger longer in out of home placement.

Strengths

In an effort to increase the achievement of permanency goals, Permanency Field Liaisons were hired in fall of 2005 for each area of the state. The liaisons are responsible for reviewing the cases of children who have been in out-of-home care for 24 months or longer to ensure that the permanency plan is current, accurate, and that progressive casework is occurring toward the achievement of the plan.

Oklahoma is currently involved in the Bridge Project. The goal of this project is to encourage resource parents and biological parents to have a relationship and support a long term commitment to the child in hopes that the child will not have to experience the roller coaster of out-of-home placements. This project is expected to increase appropriate concurrent planning in Oklahoma.

Data

The result of the 2002 Federal CFSR was 80% and this item was rated as an area needing improvement. Performance on this measure has remained fairly stable, varying only three percentage points in the years between SFY03 and SFY06. The percentages where the determination of the appropriate permanency goal was achieved on a timely basis as evaluated through the state CFSR process varied in the last four years: 81% in CY 03, 83% in CY 04, 80% in CY 05, and 83% in CY 06.

Data Profile for element III indicates that for the 12 month period ending March 1, 2006, 2.2% of the children had missing data. Oklahoma's child specific data indicates that a large percentage of children who do not have permanency plans documented in the SACWIS system are those children who are in Tribal custody for which Title IV-E funds are being utilized. Therefore, the issue is believed to be related to documentation rather than practice. This issue is being addressed by Oklahoma with the Tribes and OKDHS Tribal liaisons to effectively ensure that both groups are aware of the information that is needed to document permanency plans.

Stakeholder Input

Court Appointed Special Advocates (CASA) were surveyed as to whether OKDHS was timely and effective in determination of appropriate permanency goals. The surveys show that 48% of respondents indicated this occurs "almost always," 30% indicated this occurs "some," and 22% indicated this occurs "very little." Of judges and district attorneys surveyed, 70% of judges and 57% of district attorney indicate reports to the court either "almost always" or "always" contain pertinent information, including the Child Welfare worker's recommendation as to the appropriate permanency plan.

Item 8: Reunification, guardianship, or permanent placement with relatives

Policy

In most situations, the initial permanency plan is to reunite the child with the family. Prior to reunification with a parent(s) who has contributed to the abuse, neglect, or both, of the child, a court order granting approval is required. In preparation for reunification and to provide to the court for consideration, the Child Welfare worker ensures the following occur: 1) visitation is increased in frequency and duration with reduced supervision; 2) the age appropriate child is made aware that the parent(s) has progressed in treatment to the point that reunification may occur, with the court's approval; 3) any issues involving the child's apprehensions, indecisiveness, or reluctance to return home are managed through family consultation, counseling, or both; 4) support services are utilized, including, but not limited to: temporary child care; community service providers; in-home services; and continued Temporary Assistance for Needy Families (TANF) eligibility; 5) the placement provider is informed of the possibility of reunification and is included in and provided with information regarding the child for permanency planning; 6) supporting information about the degree of safety in the family is provided to the Child Welfare worker by service providers, and 7) the case is staffed with the Child Welfare supervisor. If reunification cannot occur, placement preference per Oklahoma Statute is followed, such as: grandparent, person indicated by deceased parent; relative; and person in whose home the child has been living in a wholesome and stable environment, including, but not limited to, foster parent, or any other person deemed suitable by the court.

Practice/Issues

A primary factor affecting timely and safe reunification of children appears to be the prevalence of substance abuse as a contributing factor to abuse and/or neglect in a high number of cases. Child Welfare staff often report feeling hindered by a lack of effective services available statewide to address substance abuse within families and help facilitate the child's safe return home.

Child Welfare staff access an array of services from private providers in the state in order to facilitate reunification with family. These services include substance abuse assessment and intervention, family/domestic violence services, individual and family therapy, and parenting skills instruction. Contracted providers offer Comprehensive Home Based Services, an intensive, short-term service provided in the home, to assist families with the goal of reunification.

Strengths

Oklahoma County, the largest metropolitan county in the state, has created a unit that conducts Family Group Conferencing. This unit is currently concentrating on cases that are already involved in the court system but in the future intends to look at how to provide Family Group Conferencing at the investigative level to prevent children from entering the system. This practice is also being adopted in a large 16 county area of the state to prevent removals and expedite permanency.

Data

Oklahoma continues to make every effort to reunify the majority of children who enter care. Oklahoma has continued to improve on this outcome. The percentages of children who have exited care to reunification have increased as follows: 68.9% in FFY 2002, 63.6% in FFY 2003, 67% in FFY 2004 and 74.4% in FFY 2005.

Oklahoma's Statewide Assessment in 2002 reflected that 61.5% of the children had a permanency goal of reunification. However, if children for whom no case plan was established (often due to expedited reunification) were removed from this population, the percentage of children in the system less than 12 months with the permanency goal of reunification would increase to 80%. This data did not include the percentage of children who were placed in guardianship or permanent placement with relatives.

The percentages where helping children in out-of-home care return safely to families was achieved as evaluated through the state CFSR process maintained fairly high scores in the last four years: 94% in CY 2003, 91% in CY 2004, 94% in CY 2005, and 92% in CY 2006. These scores reflect reunification, guardianship and permanent placement with a relative.

Oklahoma's performance on permanency Data Profile element IX is 119.8. This is below the national standard. The component that has impacted this element is the timeliness of reunification. Due to the change in how trial reunification is documented and that courts continue to require 12 months of supervision rather than 6 months, our timeliness is no longer meeting the national standard. However, the reunification rate for Oklahoma is a strength, and performance is currently nearing the national standard.

Stakeholder Input

The Oklahoma Court Reassessment Project surveyed 30 judges, 158 Child Welfare workers, 42 private attorneys, 18 district attorneys, 9 tribal representatives, 41 court clerks, 67 post adjudication review board members, and 38 court-appointed special advocates regarding barriers to achieving permanency. The predominant barriers identified across the majority of the surveyed groups were: the appropriate placement of the child, failure to complete substance abuse treatment, and failure to eliminate domestic violence.

A survey of Child Welfare staff indicates that 30% (of those that answered either yes or no) do not believe that substance abuse services are effective. Surveys of Tribal Child Welfare staff show that 20% do not believe that substance abuse services are effective. Specific concerns noted during focus groups included a belief that substance abuse assessments conducted were not meeting the needs of the clients.

On a Client Satisfaction Survey for Comprehensive Home Based Services, primary caregivers rated the helpfulness of the services, their contract case manager, and the specific services provided. A total of 436 questionnaires were answered, and the responses were quite positive and indicated the families believed the services they received were helpful and their contracted case managers helped them and their families. Of a group of Child Welfare staff who were surveyed to assess their perceptions of the effectiveness of Comprehensive Home Based Services, 62% responded that the services met the needs of the families referred. Concerns reported by Child Welfare staff were that turnover in staff and waiting lists were disruptive to successful outcomes.

Item 9: Adoption.

Policy

Achieving timely adoption when it is appropriate for the child is the joint responsibility of the child's permanency planning worker and the adoption specialists assigned to the county. Policy and instructions to staff include procedures for finalizing adoption in a timely manner.

When a child cannot return safely to his or her own home, adoption is the preferred permanency plan in most cases and is usually possible regardless of the child's age or special needs. Consultation about adoptive placement for the child is initiated between the permanency planning worker and the adoption specialist when reunification appears no longer feasible. This is done regardless of whether termination of parental rights has been actually recommended to the court. Adoption staff utilizes an internal report, the 602, to identify children with the permanency goal of adoption. When a child comes onto the 602 report, the Adoption worker has 30 days to complete a consultation with the permanency planning worker and then 30 days to complete a criteria staffing. The criteria staffing provides directions and time frames for the action steps needed to finalize adoption for the child.

There is a monthly statewide staffing of children in need of adoptive placements. If no resources are identified as a result of the staffing, children are encouraged to attend adoption parties and to be featured on other recruitment venues. Certain populations such as large sibling groups and older children continue to need special emphasis.

Practice/Issues

Practice regarding how quickly a child's permanency goal is changed from reunification to adoption varies from county to county. Permanency Planning staff sometimes wait to change a child's permanency goal to adoption until all parental rights are terminated. Training regarding adoption planning is needed and provided on an ongoing basis due to staff turnover and inaccurate beliefs about when it is "okay" to proceed with adoption preparation.

Some areas of the State struggle with the length of time it takes to get termination of both parents' rights. There has been an increase in cases in which one parent's rights have been terminated and the other parent is incarcerated. This can prevent some courts from moving forward with termination until the incarcerated parent is given an opportunity to work a service plan. State statute allows parents to request a jury trial for termination and this can delay the process greatly. The filing of petitions to terminate parental rights may be delayed at the district attorney's (DA's) offices. Child Welfare staff report that turnover and large case load sizes in the DA's offices delays the filing of these petitions. Some Child Welfare staff report that DA's offices are sometimes unwilling to file petitions due to the DA's belief that there is not enough evidence to support the recommendation to terminate if the case were to go to trial. During CY 2006-2007 focus groups, 35% of Child Welfare staff surveyed reported that petitions to terminate parental rights are not filed nor is an exception documented when a child has been in out-of-home care for 15 out of the last 22 months. Foster parents reported that children remain in care too long due to the courts providing parents with too much time to complete services when the parents are making little to no effort towards the goal of reunification. A smaller number of Tribal staff (14%) surveyed reported that petitions are not filed nor an exception documented when a child has been in out-of-home care for 15 of the last 22 months.

Strengths

In 2005, six (6) new positions were created across the State to serve as Permanency Field Liaisons (PFL) in each of the areas. The main focus of these positions is to review cases of children in out-of-home care over 12 months to insure that all necessary work is being done in order to achieve permanency. The positions focus on both reunification and adoption. They identify areas where additional work is required and assist staff in developing action steps. They identify areas where training and technical assistance is required and they assist staff in understanding the adoption processes and time frames. As a direct result of these positions, the number of children with a goal of adoption increased from 1200 in October, 2005 to 2600 in April, 2007. Earlier identification of children with a goal of adoption results in earlier and more intense efforts toward timely achievement of the goal of adoption. In addition, PFLs review adoption reports with the Permanency Planning supervisors each month to insure that action steps are completed timely to reduce delays in achieving a finalized adoption.

Other strengths include the SACWIS system, as it allows staff to utilize reports to guide the workflow and the fact that in fiscal year 2007 there was a 10% increase in adoption workers due to the growing number of children with the goal of adoption.

OKDHS continues to enhance and expand the Statewide Recruitment and Retention Committee for foster and adoptive resources. There is a diverse group of team members representing the children waiting in the OKDHS system. These team members are from within OKDHS as well as external stakeholders. There are subcommittees to work on recruitment plans for those children who are more challenging to place. This joint effort allows Foster Care and Adoptions to join forces to recruit much needed resources.

The "Waiting Child" television segment has a 20 plus year history of providing a public service to promote children waiting for adoption. This year "Waiting Child" has added a website and video feed for individuals who are not located in the viewing area but who are interested in learning about children available for adoption. OKDHS also utilizes the "Heart Gallery" photo exhibit and the AdoptUSKids internet site to assist in identifying potential adoptive families.

The post adoptive placement period prior to finalization is normally six months for a child placed with a non-relative or a person with whom there is no existing relationship. This period is often shorter when the child is in adoptive placement with a foster parent or relative with whom there is an existing relationship. As more than 80% of adoptions are by foster parents or relatives, the length of time to finalization of adoption can be reduced for many children.

Data

In each of the six areas across the state the percentage of adoptions that occur within the 24 month timeframe is around 27%. There has been no change since the previous Statewide Assessment. Data Profile reports indicate that from FFY 2004 to March 31, 2006 OKDHS continues to be at 27% for children in care who exit to adoption in less than 24 months. State CFSR data has also remained consistent for this item with 85% of cases achieving the item in 2003, 86% achieving in 2004, 81% in 2005, and 85% in 2006.

Component A: As to Permanency Composite 2, Component A, Timeliness of Adoptions of Children Discharged from Foster Care, Measure C2-1, Exits to Adoption in less than 24 Months, OKDHS Data Profile Reports indicate a score of 27.4%, This is above the national median of 26.8 %, however is considerably lower than the 75th percentile of 36.6 %.

Component B: OKDHS has improved on both Children in Care 17 + Months, Adopted by the End of the Year (C2-3) and Children in Care 17 + Months, Achieving Freedom Within 6 Months (C2-4). The Data Profile report for FFY 2004 for measure C2-3 indicates 8.6%. The Data Profile report dated March 31, 2006 indicates 20.8%, which is somewhat short of the 75th percentile of 22.7%. During that same period on C2-4 there has been a significant increase. For FFY 2004 OKDHS was at 10.2% and on March 31, 2006 was at 15.9%. OKDHS surpassed the 75th percentile of 10.9% on this measure.

Component C: The State has seen fluctuation on this component. The March 31, 2006 Data Profile report indicates 47.1%, which is above the national median but below the 75th percentile. It is felt that this is directly related to the emotional issues of traumatized children. Staff as well as mental health providers lack the experience and knowledge to assist these children in addressing issues related to grief, loss and trauma. This inhibits the child from moving toward permanence. Another factor that contributes to the delay in permanency is the difficulty in recruiting adoptive families willing to accept children with these unresolved issues. OKDHS recognizes this as a obstacle to permanency and is attempting to address the issue by providing trauma informed care training for staff as well as contracted providers.

Stakeholder Input

The key collaborators on this item are:

- The Oklahoma State Department of Health which assists OKDHS staff in working with the adoptive families to understand the medical and social history of the children being considered for placement into their home.
- Therapeutic Foster Care agencies also meet with adoption staff and potential families to assist in understanding the needs of the children that are being considered for placement
- Tribal partners assist OKDHS in identifying Tribal homes for Tribal children waiting for adoption.
- Heritage Family Services is the contracted agency that processes all ICPC adoptive home requests outside of the State of Oklahoma.

- Oklahoma Health Care Authority is the State Medicaid agency and has partnered with OKDHS to provide a detailed list of medical and psychological services provided to the children while in custody, which greatly expedites the preparation of the medical and social histories which is required for full disclosure to potential adoptive families.

Promising Practices

A new process will be implemented July 2007 where a foster family who wishes to adopt will have a single home assessment completed with only an update required at time of adoption rather than being required to undergo two full home assessments. This should speed the process to finalize adoptions for children being adopted by foster or kinship families, which represents over 80% of the children being adopted.

The adoption process is filled with small steps that must be completed in sequence in order to achieve a finalized adoption. Both adoption and permanency planning staff share responsibility for this process and many of the staff is young and inexperienced. It is easy for one person to think the other person is attending to various steps, making it possible for things to fall through the cracks. Historically, adoption staff in the metropolitan counties has been housed in a central location while permanency planning staff is stationed in “breakout” offices across the county. To enhance the working relationships, adoption staff is being embedded with the permanency planning staff in the breakout offices. It is anticipated that this arrangement will allow for cross training, consultation, communication and technical assistance on a regular basis.

Item 10. Other planned permanent living arrangement.

Policy

OKDHS policy allows for planned alternative permanent placement to be considered for a child when staff document a compelling reason for the court to determine that return home, placement for adoption, or guardianship is not in the child's best interests and 1) all other permanency plans have been explored and are not feasible or in the child's best interests; or 2) the child chooses not to be adopted after adoption has been thoroughly explored, explained, and the opportunities demonstrated.

When looking at the options for youth in planned alternative living arrangements, Oklahoma's Independent Living (IL) Services become a vital part of the plan. Independent Living services are designed to be flexible and individualized and are available equally statewide to OKDHS and Tribal custody youth.

OKDHS policy requires that every child in custody and in out-of-home placement upon reaching the age of 16 years receive an assessment of basic life skills and an individualized IL case plan that documents the services and goals the Child Welfare worker and the youth have identified as necessary for the youth to transition to independence. Numerous services and resources are available through the IL program including intensive educational support, a tutoring initiation, life skills instructions, youth development funds for preparing and transitioning youth, and the Yes I Can Network that provides toll-free access to youth development funds and case management.

Oklahoma statute allows custody youth in out-of-home placement any nine months between ages 16 and 18 to receive the protection and support necessary through age 21 to become reliant and productive citizens by providing services that include housing, medical coverage and education.

Practice/Issues

When planned alternative placement is the selected permanency goal, it is the philosophy and practice that Child Welfare staff never stop looking for permanent connections, recognizing that this connection might not be a placement but could be a continuing support to the youth. Emphasis is placed on identifying five adults that will be a support to the transitioning youth.

The majority of youth complete a life skills assessment upon reaching age 16 and have an IL individualized service plan that identifies services and resources necessary for their transition to adulthood. Youth who are away without leave (AWOL), in detention or emergency shelters, or inpatient psychiatric facilities have a delay in their assessments until they are in a more stable placement.

Although services and resources are available equally and on a statewide and Tribal basis, the two metropolitan areas have larger numbers of older youth in care and have more challenges in service delivery. The two largest counties Oklahoma and Tulsa have a lower number of completed life skills assessments (both at 58%) while the rural areas averages 73-78% completion rates.

Youth placed in group homes have been given special support and attention during the past two years. These youth have lower graduation rates, are less prepared to enter the workforce, and have fewer permanent connections in the community they exit to. Practice strategies have been implemented to address these concerns. Two full time IL specialists were added to a contract already in place to provide community IL services. One IL specialist's purpose is to address the concerns of youth in group homes both on a systemic and individual youth basis. The IL specialist has been involved with the local school systems to improve the education services provided to the youth. This IL specialist also oversees transition planning that identifies needs and goals in the areas of education, employment, housing, health care and permanent support persons for the youth. The second IL specialist has focused on improving the secondary and post-secondary educational goals for youth.

Exiting youth are provided an opportunity to complete an interview that captures a point in time for such things as high school diploma or GED completion, parenthood and placement arrangement just prior to discharge. Youth can check all the services they have received, describe their goals for the next three years, and provide advice on how they would change the Child Welfare system that they are leaving. The youth's recommendation for system changes are distributed to the Program Managers monthly. An example of a frequently mentioned system change, keeping siblings together, resulted in the practice of an annual sibling event which allows siblings that are separated to maintain a connection. Sometimes the youth themselves are barriers. Over confidence or eagerness to disassociate from the system results in a decision to exit at age 18 whether the youth is prepared or not. Affordable housing and challenges in locating full time employment are additional barriers to a successful transition.

Additionally, information obtained from exiting youth contributed to the development of the new OKDHS Child Welfare Practice Standards. The statewide committee on recruitment and retention of foster and adoptive homes also used the information to develop tools for recruiting foster and adoptive parents. Exiting youth are also utilized on teen panels for foster and adoptive parent training sharing vital information with current and prospective resource parents. Child Welfare staff also attend training where

teen panels have been found to rejuvenate in workers the desire to attain permanence and lasting connections for children.

Data

The Data Profile for element XI is below the national standard of 116.0. Component A shows great improvement with Oklahoma moving from ranking of 7 out of 51 states in 2004 to 26 out of 51 states in 2006. Measure C3 shows the greatest improvement from 21.6% in FY2004 to 30.5% for the 12 month period ending March 31, 2006. Monthly case reviews by the OKDHS Director, Area Directors, and County Directors have likely impacted permanency exits.

Emphasis in training regarding permanency needs, the addition of Permanency Field Liaisons (PFL), supervisor case reviews, increased focus on teen adoption and more cooperation between Child Welfare programs are also believed to have contributed to the success of this measure. The data profile for Component B indicates that there was a significant drop in percentage between FY'05 (54.2%) and the twelve month period ending March 31, 2006 (49.2%) reflecting an improvement in performance. Although still not at the national median of 47.8%, strides are being made to shorten stays. There may be some confusion on the permanency goals of emancipation and planned alternation permanency goal and effort will be made to clarify these goals.

An internal Oklahoma SACWIS report reflects that on March 1, 2007 there were 1,055 youth 16 years of age or older eligible for IL services and 682 had completed life skills assessments for a total of 65% with assessments. This percentage may be deceptive because it under reports the percentage of assessments completed on youth residing in a stable placement.

Numbers of youth who are accessing youth development funds and the Yes I Can Network for aftercare services continue to increase. The number of youth attending college is also increasing, 418 youth have started college since 2003.

Strengths

The University of Oklahoma National Resource Center for Youth Services (OUNRCYS) is a key contractor and collaborator on the IL program. The contracted staff provide technical assistance to administrative and field staff who are working to prepare youth for a successful exit from care. They provide life skills assessments, case planning, exit interviews and life skills seminars. The staff also provide case management through the toll free number available to former youth and provide referrals to resources and services for those youth.

Oklahoma has implemented a Medicaid option to provide health care coverage for youth ages 18-21 years.

Stakeholder Input

An issue of concern in casework practice is that 42 of 149 youth who completed exit interviews reported that they would like more contact with their workers, reduced caseloads for workers so they can focus more on youth's needs and a reduction in the number of worker changes.

Stakeholders have consistently been complimentary of the IL services, the delivery, accessibility and availability throughout the state.

Promising Practices

A transition team was established with members from OKDHS, Department of Mental Health and Substance Abuse, and Oklahoma Health Care Authority to staff youth at age 17 who would be transitioning from inpatient facilities both in and out of state. Besides the goal of improving the youth's smooth transition, there was the intent of identifying barriers to that transition. This transition team has been successful in the implementation of a new transition pilot that will be discussed under collaborations.

There has been an increase in the number of collaborations due to relationships formed around the Shared Youth Vision. The Oklahoma team is in the process of applying for a Phase III grant that will fund a pilot focused on providing educational support, employment readiness classes and career searches for youth from three group homes in the second largest metropolitan area and transitioning them into a successful and integrated living situation by establishing a youth management system. Oklahoma has also received a Department of Labor grant that is a result of collaboration between the Departments of Economic Security (Workforce), Education, OKDHS, Regents for Higher Education, OUNRCYS and Advanced Manufacturing employers in the northeast section of the state. This grant will allow exiting youth to be trained on a college campus for six weeks in advanced manufacturing skills and basic life skills, be placed on a job as an intern, and promised a job after completion of the program. Collaboration has also resulted in a one year state funded grant to transition youth with a mental health diagnosis from inpatient settings to transitional living programs in seven locations throughout the state. OKDHS also collaborates with the five Runaway and Homeless Youth grantees and several non-profit organizations that provide transitional living experiences.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement.

Policy

Policies identified to support Stability of Foster Care placements, (identified in Item 6), also support this item. Specific policies and statute require placement decision making which addresses close proximity to the child's family, placement preference with relatives, and visitation support by all placement providers.

Strengths/Promising Practice

Child Welfare Practice Standards address close proximity and connections. Statewide staff training and presentation of the Practice Standards resulted in each OKDHS management area and all counties developing a plan to improve visitation between children in out-of-home care and their birth families.

Since the 2002 Children and Family Services Review, OKDHS has strengthened its commitment to locating appropriate kinship placements and supporting connections between a child and their family. Kinship placements afford the child(ren) the opportunity to remain in their community and within close proximity of their parents. Currently, of the 7,747 children placed in foster homes, 55% are placed in kinship foster homes.

Through Interstate Compact on Placement of Children (ICPC) children have been able to connect with relatives and receive appropriate treatment. The majority of these placements with kin are made after careful consideration of the case plan goal. Children placed in ICPC foster care outside the state are visited according to policy in the state of placement.

Children requiring specialized care and treatment not available in Oklahoma are placed in treatment facilities out of state. Children placed in such facilities are visited every six (6) months. Efforts are made to assure continued contact between the child, their family, and out of state treatment providers. In addition to twice yearly worker visits, monthly case staffings, which address quality of care and case plan goals occur; these staffing include state Medicaid agency representatives responsible for out of state care contracting and monitoring. Court hearings are held a minimum of every six months to address placement and case plan goals.

Efforts to recruit and develop foster care resources consistent with children's placement needs, discussion with Therapeutic Foster Care providers regarding children's need for close placement to their parents, and specific discussion and training of new Child Welfare workers during Out-of-Home Care Training are expected to positively impact the OKDHS effectiveness with close proximity placements.

Data

Locating appropriate placements for children in out of home care continues as a significant challenge throughout the state. Surveys completed by child welfare staff during fiscal years 2006 FY 2007 indicate that many staff see placement unavailability as problematic. 95.1% (n=476) of workers reported there are not a sufficient number of foster homes in their county to meet placement demands; 44.9% (n=437) of workers who responded reported they are unable to find placements for children in close proximity and 35.8% (n=53) of Tribal child welfare workers report they unable to find placement for Tribal children in close proximity.

Stakeholder Input

Child Welfare staff via surveys, the statewide assessment team, tribal partners, and contracting agencies, identifies the lack of resources within a given county as a cause for placements to occur outside the county of jurisdiction. OKDHS has accessed technical assistance through the National Resource Center for Permanency Planning and AdoptUsKids to assist in developing needed recruitment initiatives.

Item 12: Placement with Siblings

Policy

OKDHS policy requires that every reasonable attempt to place siblings together is made, unless there is documented evidence that such a placement is not in the children's best interest. If siblings are separated, contact and visitation is required. Ongoing efforts are made to locate a suitable resource that enables all siblings to be together.

In keeping with Child Welfare Practice Standards to maintain a child's permanent connection to kin, culture, and community, an optimal connection between a child, their family, and their culture is maintained. Every attempt is made to place siblings together, and if not, to create frequent opportunities for them to see one another.

Practice/Issues

Child Welfare staff indicate a commitment to keeping siblings placed together; however, lack of resources available for sibling groups impacts this practice. This frequently results in the separation of at least one sibling from the others. Particularly in large metropolitan counties that operate OKDHS shelters, when the shelter is over capacity, there is pressure on Child Welfare staff to find quick placement for children, even if this results in separation of siblings.

Tulsa County 72C has among the lowest percentage of siblings placed together in the state. Some of the other Tulsa Counties (D, G, & H) also have among the lowest percentage of siblings placed together. A contributing factor to this is the way children are placed from the Laura Dester Shelter. Emphasis is placed on removing children from the shelter, even if it leads to separation of siblings.

Oklahoma County has a larger population, and also has a shelter, but they consistently place more siblings together than does Tulsa County. This may be partially due to the way Oklahoma County uses their resources (e.g., Family Group Conferencing, Shelter Expeditors and Diligent Searchers who can help find relatives at times other than just when a child is at the shelter). Additionally, in an effort to find alternative placements for children, perhaps with relatives, rather than placing them in a shelter, Oklahoma County Child Welfare staff in our largest metropolitan county are working with law enforcement to see if law enforcement would be able to find relative placements for children they pick up, rather than placing them in the shelter.

There are a few counties where 100% of siblings are placed together. Most of these counties are small, rural communities, with less than 20 children in custody (e.g., Kingfisher, Noble, Greer, and Tillman counties). When looking at larger counties, McCurtain County consistently has a high percentage of siblings placed together. McCurtain County's success appears to be a result of staff, particularly supervisors, who believe in the importance of, and are dedicated to, placing siblings together.

Strengths

OKDHS has designated a person to track sibling placements, including the number and percentage of siblings who are all placed together. When sibling separation occurs, this person communicates with field

staff to remind them of the need to place siblings together and offer assistance. From 2004 to 2007, there has been an upward trend in the percentage of all siblings placed together. The percentage has increased from approximately 46% in May 2004 to 55% in February 2007. This appears to be reflected in the state CFSR review process as well, with about half of the studied cases having all siblings placed together.

As part of Oklahoma's program improvement plan, Diligent Search training has been developed and is available to help workers locate relatives, who may be able to provide a home for siblings. The training reiterates the importance of siblings being together, and outlines the benefits to the children, their family, and to the worker.

There is a Resource Recruitment and Retention committee that meets each month and works to develop ideas and tools to recruit more resource homes for sibling groups. The committee is currently developing a recruitment campaign that educates the public regarding the need for placements for large siblings group. This effort is planned to occur during the week of April 10th, recognized as National Siblings Day.

Data

The 2002 Statewide Assessment rated OKDHS performance at 94%. This was confirmed by the Federal CFSR where placement of siblings was rated as strength. In 95% of the cases, siblings were either placed together or there were justified reasons for separation.

Over the past four years, our CFSR process has determined that siblings were placed together, or there was a justified reason for separation as follows: 95% in 2003, 89% in 2004, 92% in 2005, and 91% in 2006. The 2003 data demonstrate an overall downward trend using these criteria for comparison. The increasing growth in shelter population over this time period is a likely factor of influence for this trend. The data from 2004 to 2007 indicates a slight upward trend.

Stakeholder Input

This item was further assessed through surveys completed with youth in OKDHS custody who were surveyed throughout 2006-2007. As part of the survey, participants were asked if they were able to visit with their siblings when they wanted to. The responses, from which they chose from, included "yes", "no", or "sometimes." Of the youth who participated in this particular question (n=127), 65% responded "yes", 20% responded "no", and 15% responded "sometimes." Also, Interviews with CASA members, judges, and district attorneys revealed that, in general, Child Welfare workers actively seek to keep siblings together in foster care.

Feedback from staff indicates courts are often making placement decisions, and ordering OKDHS to separate siblings, rather than allowing workers to place siblings together. The Statewide Assessment team is concerned that when children are deemed in need of therapeutic foster care (TFC) and placed in a TFC home there are times that the TFC family is not willing to accept placement of their siblings. The team believes this could be due to the fact that TFC foster parents would only receive the standard foster care reimbursement rate for the siblings rather than the increased rate that is available for TFC children. This issue is currently being specifically addressed and emphasized with contracted TFC providers in the state. The team believes that foster parent training could be expanded to include more information regarding the importance of sibling contact. The team also suggested that OKDHS could implement a

data profile which recorded sibling contacts (i.e., in person, phone, e-mail) so that the information could be easily reviewed.

Item 13: Visiting with parents and siblings in foster care

Policy

Family visitation begins no later than two weeks after the child's removal and is arranged a minimum of every four weeks thereafter until the child is returned or the permanency plan is no longer reunification. Policy specifies that frequent visitation should occur between children and their parents, and that visitation is a right. Exceptions are only made when the parent(s) fails to cooperate with visitation arrangements; court orders no visitation; whereabouts of the parent(s) are unknown; or visitation, even supervised, endangers or submits the child to highly damaging psychological stress. Child Welfare staff are trained that visitation is the single most predictive factor in whether a child is successfully reunified.

All efforts are made to place sibling groups together in both temporary and permanent placements; however, when this is not possible, face-to-face, phone, letter, or e-mail contact between all siblings is arranged a minimum of once every four weeks until the siblings are reunited in out-of-home placement or the permanency plan is achieved. The Child Welfare worker verifies this contact with the placement provider at each monthly contact. Sibling contacts approved by the Child Welfare worker may be arranged by placement providers.

Practice/Issues

Practice regarding visitation frequency varies among counties. There are counties where weekly visitation is the standard, while in other counties the standard is once per month. The intent of the policy is that visitation is based on the children and family's needs, but there is concern that the prescription of one time per month minimum is used as the standard, not the exception.

Placement of children in counties where their parents do not reside presents a barrier. The time needed to facilitate visitation is impacted by workload requirements. In addition, there is additional time spent in arranging the visitation with multiple parties and in transportation.

There is a practice in some counties where visitation between the child and parents is contingent on the parent providing a clean urinalysis. This is often directed by the court but is sometimes supported by Child Welfare staff. This is beginning to be addressed through training and information provided for judges and Child Welfare staff about utilizing the results of appropriate safety assessment rather than the outcome of drug testing when making decisions about visitation. Several areas of the state have recently organized judicial conferences to jointly provide training to judges, Child Welfare staff, district attorneys and other court participants. One such conference offered a training session on drug testing, specifically concerning the limits of drug testing as an evidentiary indicator of parental efforts toward recovery from addiction.

Incarcerated parents continue to present a challenge for good casework practice. Feedback from Child Welfare staff indicates courts and Child Welfare staff often have the opinion that children do not need visitation with incarcerated parents without fully exploring the possibilities and conditions. Surveys

conducted with judges and district attorneys revealed they had little knowledge of Child Welfare worker efforts to maintain contact between incarcerated parents and their children.

Strengths

The philosophy being promoted in each county's Practice Standard Improvement Plan is that visitation is a child's right and Child Welfare staff are being encouraged to provide creative solutions to increasing and improving visitation between children and their families. The Statewide Assessment team has recommended that Child Welfare case aides (support staff) be allowed to work flexible hours to provide parents and children more opportunities for visitation after normal business hours and on weekends.

There are counties in the state where Child Welfare workers are utilizing service providers to assist in increasing the amount and quality of visitation. These service providers not only allow for visitation but provide a therapeutic component. Specifically, therapists not only observe the visitation, but also provide guidance and therapeutic modeling for parent-child interaction during the visitation.

After the Federal CFSR, Oklahoma's Program Improvement Plan focused on the diligent search for and involvement of fathers. One tool created for Child Welfare staff was a query in an ACCESS database that reports whether or not both parents are identified in the case. A run of this query in March 2007, indicated that 95% of the children currently in out-of-home care have both parents identified.

Data

Performance on the Statewide Assessment in 2002 was 76%. The Statewide Assessment revealed many occasions in which family visitation had been limited to monthly supervised contacts as a result of work load constraints rather than family need. However, the Federal CFSR rated this item as a strength because in the cases reviewed the policy standard was met; visitation occurred on at least a monthly basis with parents and siblings. However, reviewers noted that in interviews with the parents and children, they frequently expressed a wish to be able to visit on a more frequent basis.

Oklahoma continues to struggle regarding this measure in regard to visitation with parents. The percentages where visitation was achieved as evaluated through the state CFSR process varied in the last four years: 72% in CY 2003, 77% in CY 2004, 68% in CY 2005, and 75% in CY 2006. Achievement is greater with mothers as compared to fathers; 91% vs. 64% in CY 2003, 91% vs. 75% in CY 2004, 88% vs. 61% in CY 2005, and 93% vs. 71% in CY 2006. The scores may reflect a higher standard being applied through greater experience in the review process.

Stakeholder Input

Surveys have also been used to track the effectiveness of parent/child visitation. A survey of 402 parents resulted in a response that 66% of the parents felt that they were able to talk or visit with their child at least once a month. However, Oklahoma has been successful in visitation between siblings. CFSR results are as follows: 91% in CY 2003, 88% in CY 2004, 89% in CY 2005, and 94% in CY 2006.

Of the 21 individuals included in the judge and district attorney surveys, 38% reported that the frequency and quality of parent/child visitation allows the parent and child to develop and/or maintain a close relationship. Likewise, 39.6% of the CASA and multidisciplinary team members reported similar results.

In a sample of 117 custody youth, 28% indicated they can talk or visit with their parents when they want to, while 44% indicated they could not. The remaining 28% reported that this happens “sometimes.”

Agency stakeholders also noted that although once a month visits meet policy requirements, in many cases this level of visitation is not sufficient to maintain the parent-child bond and support reunification efforts. On the other hand, these stakeholders also noted that the caseload sizes of the agency workers do not permit facilitation of more frequent visitation.

Item 14: Preserving Connections

Policy

Every effort is made to place the child within his or her own community, school district, or both, in order to minimize the disruption for the child and ensure consistency with education. When a child is in emergency or temporary OKDHS custody, the Child Welfare worker evaluates requests for visitation or contact from relatives or extended family members based on information from the child's parent(s) and the significance of the relationship to the child's well-being. The decision is discussed with the child's attorney when there is disagreement with the child's parent(s) regarding the contact or visitation with relatives. The Child Welfare worker determines who is appropriate to have visitation or contact with a child in out-of-home placement. When the child is in emergency or temporary OKDHS custody, the parent(s) has input into this decision. For a child in permanent OKDHS custody, the Child Welfare worker may approve contact, based upon the child's wishes and the permanency plan.

Practice/Issues

Due to large caseloads, workers frequently do not feel they have the ability to arrange for any type of visitation other than for the parent and child, and that visitation with other important people in the children's lives is not perceived as a priority. Also, misunderstanding of confidentiality may prevent workers from engaging family due to uncertainty about what information can be shared.

Family connections and permanency are influenced significantly by the actions of the juvenile judges. Some judges consider preserving connections for children as an integral component of reasonable efforts, while others do not inquire about casework activity in this area. Some judges encourage preservation of connections through orders for more frequent visitation for parents and other family members and requests for documentation of efforts to preserve connections with family, including inquiries in court regarding diligent search efforts to locate parents and extended family members.

Strengths

Oklahoma continues to make improvements on the number of children who are placed with kin. As of March 2007, 63% of the children who are currently placed in foster care are placed either in a kin or tribal placement. In addition, in 2006, 49% of the children who were adopted were adopted by relatives.

In an effort to assist in the notification and involvement of Tribes, Oklahoma has given access to the SACWIS system through a secured external interface to the tribes. Any time that a child is identified in the SACWIS system as a member of a specific Native American Tribe, this child's information is

accessible to the applicable Tribe through the external interface. In preparation for the Statewide Assessment, a focus group meeting was held with Tribal child welfare workers. Of the 66 participants, 21 reported to currently use the program and several indicated they would like to have access; however they cannot as they do not have a secure internet access through their agency. Positive comments from the staff that utilize the external interface included that it is a good way to access information when the Child Welfare worker is not available and it is helpful to have the ability to see what active efforts Child Welfare workers are making. The Tribal workers are also able to identify the families' current worker which is beneficial due to Child Welfare's high turnover. The Tribal workers recommended that they need the capability to add information into the system and further suggested that CPS information be available on the external interface.

Data

The performance on the 2002 Statewide Assessment was 93%. However, the result of the Federal CFSR was that this was an area needing improvement because in 17% of the cases, children were not connected to family, community, culture, faith and friends. The reviewers did note that for Native American children, OKDHS has been effective in preserving connections.

Oklahoma continues to have fairly strong and consistent performance regarding this measure. The percentages where preservation of connections was achieved as evaluated through the State CFSR process varied in the last four years: 90% in CY 2003, 91% in CY 2004, 91% in CY 2005, and 90% in CY 2006. The component that impacted the measure is whether the needs of Native American children were being addressed by notifying and coordinating with the Tribe as required by statute and giving preference to placement in the order prescribed by the tribe pursuant to a tribal/state agreement. However, improvement has been observed in this component as evidenced by the following percentages of achievement: 84% in CY 2003, 89% in CY 2004, 93% in CY 2005, and 94% in CY 2006. A comparison of state CFSR data and data from case reviews between May, 2005, and April, 2006, and January, 2006, and November, 2006, found essentially no difference in results.

Promising Practices

Oklahoma's largest metropolitan area has created a Family Group Conferencing Unit. This unit has been focusing on cases after the child has been removed, in order to incorporate family decision making into the permanency process. The unit plans to begin to look at how to begin family group conferencing earlier in the case. A large sixteen county area of the State has also implemented this approach with the goal of increased engagement and involvement of family members.

Statewide training was provided to Child Welfare supervisors in July, 2006 regarding the process of "family finding" for youth who are likely to age out in out-of-home placement. Family finding engages youth and families in a process of diligent search to locate important connections, and family conferencing to plan specifically for ongoing support of the youth. Social work practicum students have implemented the family finding process for several youth. As a result, many of these youth have been able to reconnect with family they had lost connections with many years earlier. Several counties have had success in this endeavor after receiving training. Another positive advancement involves the modifications of contracts with placement providers to include language that requires the provider to help maintain and preserve a child's connections.

Item 15: Relative Placement

Policy

OKDHS kinship policy considers kinship care as the first option in providing care for children who require out-of-home placement, provided the child's needs are met and safety is reasonably assured in the kinship placement. Kinship placement is assessed as a potential permanent placement for the child as a component of concurrent planning. Our kinship care policy does not require a blood relationship. Six types of kinship relationships are considered. They are: non-custodial parent, blood, related by marriage, related by adoption, maternal and paternal relatives, and/or related by emotional tie or bond. All kinship foster homes, paid or non-paid, must meet the same approval and training requirements as all other Child Welfare foster homes. While emphasis on kinship placement remains important, policy also guides staff in appropriate assessment of safety in placement.

In order to facilitate relative placement, information is gathered by the worker regarding important people in the child's life. This is conducted by obtaining from each parent a list of all relatives or kin, friends or neighbors, including their addresses and telephone numbers, which are known to the parent that may be appropriate for placement. The Child Welfare worker obtains from the child, if age appropriate, location information of any relative or kin known to them. Child Welfare staff continues to search for relatives or kin placements even when the parent is unable or unwilling to provide the information needed to locate relatives or kin.

Practice/Issues

One barrier OKDHS faces in successfully placing children with relatives or kin is the practice of some judges ordering specific placements that may not always include relatives or kin. Barriers also occur if CW staff decide, without thorough assessment, that negative impacts the ability of relatives to safely care for children. If the Child Welfare worker fails or neglects to document their efforts to locate relatives or kin, relatives who have made contact with the agency may be overlooked.

Many courts are supportive of relative placement and address this issue at each and every court hearing when a child is not in a relative placement. In many cases, CW staff partner with Tribes to locate family members whenever possible.

Strengths

Child Welfare staff have been provided training and staff support in the form of Diligent Searchers in each area to assist Child Welfare workers in locating relatives through Promoting Safe and Stable Families (PSSF) funds.

Interviews conducted with judges, district attorneys, CASA members and Multidisciplinary Team members revealed that kinship placements are a strength within the CW system. Overall, the interviews concluded that Child Welfare workers actively seek to locate kinship placements for children in OKDHS custody.

Data

Oklahoma's performance on 2002 statewide assessment was 90%. The result of the Federal CFSR was that this was an area needing improvement. The primary problem identified was that Child Welfare workers were not fully exploring paternal relatives as options for placement although they frequently sought relatives for this purpose.

The percentages where relative placement was achieved as evaluated through the state CFSR process varied in the last four years: 81% in CY 2003, 83% in CY 2004, 78% in CY 2005, and 81% in CY 2006. These results do not indicate a marked improvement in achievement this item; however, 63% of all children in foster care are currently in kinship (relative or non-relative) and Tribal placements. If non-relative and Tribal foster care placements are removed, the number of children in relative placements continues to be higher than the number of children in regular foster care: 3,442 versus 2,807.

Stakeholder Input

The Statewide Assessment team is concerned that, at times, the push for kinship placements could cause Child Welfare staff to make emergency kinship placements before assessing the relative's ability to provide a safe home.

Promising Practices

OKDHS has adopted Practice Standards that emphasize respecting and honoring the families we serve; listening to the voices of the children; actively seeking to learn who families are and what they need; and maintaining a child's permanent connect to kin, culture and community. These practices also include a paradigm shift for our foster care system through linkage of foster parents with biological parents in helping to bridge an alliance for the child(ren) in out of home care. This program, called Bridge, espouses the practice that resource families are willing to be whatever the child needs, whether it is through staying connected to the child following reunification, legal guardianship, and adoption to another family or serving as the legal guardian for the child. The goal is to maintain the child's connection to kin, culture or community. Operationalizing these practices begins with identifying relatives or kin during the initial referral stage.

One area in the state has trained one worker in each county on the process of "case mining," a comprehensive review of all paper and electronic documentation to locate relative information, as a part of diligent search efforts, and has dedicated a full time staff member to locate relatives or kin. One area has an entire unit dedicated to locating relatives when children are first removed from home. Another area has added more staff as Shelter Expeditors. These staff immediately search for relatives and kin as soon as children enter the shelter. This has helped identify, relative and kin placements early on as well help keep the shelter within required population standards.

Item 16: Relationship of child in care with parents

Policy

Contact with the child's parent(s), extended family, and friends through telephone calls and letters is encouraged. Mail, including e-mail, and telephone calls are not monitored or restricted unless it is

essential for the child's protection. Visitation is also used to reassure the parent(s) that Child Welfare staff is serious about maintaining family relationships and helping the parent(s) and to strengthen familial relationships. The Child Welfare worker, unless parental rights have been terminated, assists and encourages the child's parent(s) to participate in all areas of planning and services for the child.

When a child demonstrates anxiety surrounding family visits, the Child Welfare worker holds a discussion with the parent(s), placement provider, child, and appropriate professionals, such as a counselor or therapist, to determine whether changes will make the visits more satisfactory. A plan of action is developed with the parent(s)' participation to address the child's anxiety and assist the parent(s) in improving visitation.

Practice/Issues

Visitation is implemented in every case unless an exception applies. However, other methods of contact, including mail, telephone and e-mail, are utilized sporadically. If a child is in a kinship placement, the amount of contact and visitation increases and there is less structure to the requirements around contact when safety allows. Lack of efforts to provide visitation and other forms of contact with incarcerated and non-custodial parents continues to be an issue.

Data

Oklahoma's performance on 2002 assessment was 97%. This performance was confirmed by the Federal CFSR that determined this item to be a strength with 100% of the cases reviewers found evidence that diligent efforts were being made to support the bond between the child and both of his/her parents through visitation and provision of services that promote bonding.

The percentages where relationship of child in care with parents was achieved as evaluated through the State CFSR process decreased in CY 05 but began an upward trend again in CY 2006. State CFSR performance on this item was 85% in CY 2003, 86% in CY 2004, 78% in CY 2005, and 81% in CY 2006. A possible contributing factor for this trend is that the state's scoring of this item may have become more critical over time, as expectations for evidence of parent/child relationship increased.

Stakeholder Input

During the Statewide Assessment team meeting, it was suggested that OKDHS incorporate an amended version of a "parent's code of conduct" into the Individualized Service Plan, (ISP). Many courts in Oklahoma have adopted this approach in civil hearings. A "parent's code of conduct" stipulates appropriate behaviors for parents when conflicts or disagreements arise between them.

Promising Practices

The Bridge Project (described in Item 7) and Practice Standards are expected to positively influence this measure. When foster parents and biological parents interact with one another, the amount of contact between the children is expected to rise. In addition, other types of contact may be used more frequently than is currently happening.

C. Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, foster parents

Policy

At the conclusion of an investigation or assessment, the Child Welfare worker discusses service options with the family and identifies and documents service needs on the Voluntary Family Service Agreement. The Family/Child Strengths and Needs Assessment is the initial and most important step in the permanency planning process and builds upon the information obtained during the assessment or investigation of the report of abuse and neglect. Assessment is an ongoing process and as information is gathered it is added to the assessment document. The results of the assessment provide a list of all the child's needs. As custodian of the child, OKDHS is responsible for ensuring that all the child's needs are met, whether or not they are related to risk. The underlying causes and the needs of parents, when identified, facilitate their ability to meet the child's needs.

Each OKDHS foster home is re-assessed annually to evaluate their needs, accomplishments and identify areas that need improvement. Twelve hours of in-service training is required yearly to enhance their skills and to provide updated information.

Practice/Issues

Needs of children, foster parents, and biological parents are continually assessed through monthly contacts with the Child Welfare worker. Child Welfare staff complete the Family/Child Strengths and Needs Assessments. The Oklahoma SACWIS system does not allow the creation of an Individualized Service Plan until the assessment has been approved by the Child Welfare supervisor. However, quality of assessments continues to be a concern. Many Child Welfare staff complete an assessment with the custodial parent, however, the non-custodial parent's assessment is often not completed. There is no process in the SACWIS system currently that prevents staff from creating the service plan until all applicable parents and children have been assessed. State CFSR, audits by supervisor mentor and program staff, and case reviews indicate that Child Welfare staff may not be updating assessments as necessary when there are significant changes in the case. OKDHS has plans to make a change in the SACWIS that will require a new assessment prior to the completion of the individualized service plan if there has been a case closure after completion of the last assessment.

Oklahoma has begun training Child Welfare staff on using "The Art of Assessment" guidebook as a resource for questions to ask parents in order to conduct a more thorough assessment. This handbook provides specific questions for Child Welfare staff to use and is believed to be a helpful tool for new staff.

Oklahoma has a contract with the National Resource Center for Youth Services to conduct Ansell-Casey assessments for all youth at age 16. These assessments are provided to the Child Welfare staff in order to help in the creation of the youth's independent living plan.

Strengths

The portion of Oklahoma's Program Improvement Plan which addresses this item centered on the implementation of a new Individualized Service Plan (ISP) that would be easier for parents to understand and would promote joint treatment planning. The new ISP has been completed and is fully implemented.

New training is now being provided to new Child Welfare staff after completion of their CORE training. These staff are shadowed by experienced trainers who observe their interviewing techniques, including conducting assessments with families, and providing feedback for improvement. This training is anticipated to impact the quality of information that is obtained by the Child Welfare staff.

Data

Oklahoma's performance on the Statewide Assessment in 2002 was 63%. The result of the Federal CFSR confirmed that Oklahoma was not achieving substantial conformity on this item. A general finding of the Federal CFSR process was that OKDHS is not consistent in its efforts to ensure that families have enhanced capacity to provide for their children's needs. This finding reflected an inconsistency in practice rather than typifying the agency's casework practice. A primary concern identified was the lack of consistency among Child Welfare staff in providing non-custodial parents, primarily fathers, with adequate attention with respect to their service needs.

The percentages where families have enhanced capacity to provide for their children's needs as evaluated through the state CFSR process showed a decrease over the last four years: 86% in CY 2003, 84% in CY 2004, 74% in CY 2005, and 79% in CY 2006. One possible contributing factor for this downward trend is an overall increase for the state in expertise with the CFSR process over time, resulting in a more critical review of this item. The CFSR scores related to assessing and meeting foster parent needs indicate a strength with this question scoring 94% in CY 2003, 93% in CY 2004, 95% in CY 2005 and 96% in CY 2006.

Stakeholder Input

CFSR reviews indicate that Child Welfare staff continue to need assistance in engaging and involving families in the assessment and service planning process. The Statewide Assessment team recommended that Oklahoma add additional assessment tools to assist Child Welfare staff with ongoing assessment as a way to enhance this outcome.

Focus groups and surveys of foster parents held in 2006 and 2007 found that 82% of the foster parents surveyed reporting that Child Welfare staff respond to their concerns and 86% reporting they feel supported by Child Welfare staff.

Item 18: Child and family involvement in case planning

Policy

When voluntary services are recommended, the Voluntary Family Service Agreement is explained to the family and the family is offered the opportunity to enter into a voluntary agreement to accept services. The Child Welfare worker and family develop the initial ISP with participation or input from the

placement provider, child's attorney, Tribe, and guardian ad litem, if applicable. An age appropriate child, regardless of legal status, participates, if feasible.

The outcomes of safety, child and family well-being and permanency are shared objectives with Oklahoma Children's Services, the contractor for services for in-home cases. The OCS program has the following processes and procedures:

Contract Protocols and Tools that Promote Coordination and Feedback with Child Welfare

Referral Procedures – Supporting documentation for referrals for in-home services require a CW Safety Assessment, Voluntary Family Services Agreement or CW Strengths and Needs Assessment and Individualized Service Plan and statements concerning the risk conditions and goals of service.

Intake Staffing - Services commence with a joint meeting in the family's home of service provider, referring CW worker and family to communicate the needs and risk issues of the family and the goals of service.

EKIDS - A parallel database is provided for all contract case documentation, easily accessed by the CW worker through a portal within the SACWIS system. Contact notes, assessment findings, the Family Intervention Plan, and comprehensive reports are documented within five days by contract providers to keep CW up-to-date on progress.

OCS Contract Liaison – For voluntary cases closed to CW after the Intake Staffing, oversight and guidance of contract case activities is provided by an area liaison also serving as gatekeeper of referrals. Already familiar with the cases, this liaison reviews documentation; holds monthly case staffings; receives and manages risk alerts, including reports of abuse/neglect to county hotlines, when necessary, and approves closures and step-downs to maintenance levels as case goals are met. Another responsibility of the Contract Liaison is ongoing monitoring of service delivery, supervision, and documentation of contract cases via regular case audits.

Contract Requirements for Supervision and Service Delivery

Supervisory Case Staffings and Reviews – At least monthly, contract supervisors review all case documentation and meet with the Parent Aide or CHBS Case Manager to ensure that documentation is current and intervention remains on-track for goal attainment. Supervisory Case Reviews, with guidance related to service delivery, are posted in each case and can be reviewed by CW as a quick summary of case events and activities.

Contact Frequency and Home-Visitation Protocols - Face to face visits in the home are required at least weekly until a case progresses to maintenance status, after which families are seen monthly or bi-monthly. At each home visit, infants are observed unclothed, and preschoolers are seen and interacted with in age-appropriate conversations. The home and its environs are noted and follow-up discussions are held regarding the medical, educational, social, and behavioral needs of each family member. School aged children must be seen and conversed with at least monthly. Contract performance standards require each Progress Note to include documentation of the above.

OCS Safety Assessments – A modified version of the CW Safety Assessment is completed by the CHBS case manager and compared to the baseline assessment provided at referral when risk spikes or family composition changes and at case closure.

Critical Incident Alerts - Immediate reporting is required for incidents related to safety and well-being, including death, confinement, hospitalization or emergency treatment of any family member, three missed visits during any quarter of service, birth of a child or any change in household composition and change of residence.

Case Planning Process – A multi-level assessment, the Family Inventory of Needs Determination (FIND) is conducted including clinical assessments for depression, substance abuse and child well-being along

with social, educational, vocational, health, mental health and resource information gathering. These assessments along with requirements of the CW Individualized Service Plan are the building blocks of the CHBS Family Intervention Plan.

Service Brokering, Advocacy and Special Funding – CHBS and PAS also provide family maximums of \$600 and \$400 respectively to address emergency needs, goods, and services related to treatment plans or for safety and well-being. Along with direct services, the programs link families with community and state resources and service providers as needs beyond the scope of the contract are identified. Advocacy is also provided with government and private agencies such as schools, utility companies, and housing resources to stabilize and support service recipients.

Compliance with the contract performance standards is monitored through the ongoing reviews of contract liaisons and an annual audit conducted by CFSD.

Oklahoma has a process referred to as the Permanency Planning Review (PPR). This is a case specific multidisciplinary team and may include the child, if appropriate, and the child's: birth parent(s), Child Welfare worker and supervisor, Adoption specialist, foster or adoptive parent, guardian ad litem, attorney, service providers, court-appointed special advocate (CASA), post adjudication review board (PARB) member, Tribal representative, and district attorney. The team identifies barriers to permanent placement and proposes and implements solutions to those barriers.

Practice/Issues

Although PPRs are required by policy, these are often not done routinely in every county. Several counties in the state continue to hold these reviews as per policy. In 2006 and 2007 83.5% of the Child Welfare staff surveyed reported that PPR is occurring at least once every six months and that the results of the reviews are provided to the court at the next hearing.

Input into case planning is usually obtained from the parent; however, formalized involvement of the child, placement provider, child's attorney, Tribe, and guardian ad litem (if applicable) may not always occur. Informal involvement often occurs at different stages in the process. More effort is also needed to engage non-custodial parents in the case planning process.

The incarceration of parents is often a barrier to their involvement in case planning. Child Welfare staff have difficulty in determining how to involve incarcerated parents, both mothers and fathers. Interviews with judges and assistant district attorneys in 2007 indicate they are very unclear about incarcerated parents' level of involvement in case planning. Tribal judges interviewed report that there are efforts to include incarcerated parents in case planning and that these parents are brought to court if the parents wish to attend.

Strengths

As described in previous items, Oklahoma has provided training and added staff positions in the area of diligent search with an emphasis on absent parents. Coordination with Child Support Enforcement and better search technology has provided new tools to assist staff in this area.

Data

Performance on the Statewide Assessment in 2002 was 72%. The mother's involvement in case planning in the last 12 months was found in 88% of the cases reviewed, but the percentage dropped to 75% for the father. The result of the Federal CFSR was that this was rated as an Area Needing Improvement based on the finding that in 40% of the applicable case records, reviewers determined that OKDHS had not appropriately involved parents or children in the case planning process.

The percentages where family and child involvement in case planning was achieved as evaluated through the state CFSR process varied in the last four years: 73% in CY 2003, 75% in CY 2004, 67% in CY 2005, and 74% in CY 2006. Achievement continues to be greater with mothers as compared to fathers; 92% vs. 69% in CY 2003, 91% vs. 71% in CY 2004, 85% vs. 65% in CY 2005, and 92% vs. 74% in CY 2006.

Greater success was achieved in the involvement of children. The percentages of achievement were as follows: 94% in CY 2003, 93% in CY 2004, 95% in CY 2005, and 94% in CY 2006. A review of a case information database indicates that as of March 2007, 74% of the initial family assessments are completed timely. The 2006 State CFSR found that 74% of the cases reviewed had the most recent family assessment completed in a timely manner. When comparing State CFSR data and data from case reviews between May 2005, and April 2006, and January 2006, and November 2006, there was an 11% and 7% difference. In both time periods, the case review percentages were higher. This could be attributed to the difference between documentation and the interviews with the children and families. The case review shows documentation that involvement is occurring but the interviews for the state CFSR may indicate that the parents and children do not feel that they are provided adequate opportunity for active involvement.

Stakeholder Input

A survey of 394 parents indicated 58% of parents felt that they have helped plan for their children with an additional 14% of parents indicated they felt this occurred sometimes. A survey of 160 children and youth indicated 86% felt they knew what their parent had to do before they could go home.

The Statewide Assessment team suggested that OKDHS establish a set of age-appropriate questions that children answer prior to each court hearing, would then be attached to the court progress report, and the juvenile judge would address with the child. The team also suggested judges be provided with questions appropriate for asking children and youth in court.

Item 19: Caseworker visits with child

Policy

Child Welfare policy requires a Child Welfare worker to have no less than monthly contact with no more than thirty one days between each contact with children in care. There are contact exceptions for children who are returned home and are being provided Comprehensive Home Based Services through a contracted provider, in a Developmental Disabilities Services Division (DDSD) placement with a DDSD worker, and in an Office of Juvenile Affairs (OJA) placement with an OJA worker. The contact is reduced to quarterly. When children are placed outside the county of jurisdiction, either a secondary worker, or a combination of the primary worker and the secondary worker or facility liaison meets contact requirements. A child who is placed in an out of-state mental health facility is visited by a Child Welfare

worker from Oklahoma every six months. Children who are placed through the Interstate Compact on the Placement of Children are visited by the assigned Child Welfare worker in the state where the child is placed and the Oklahoma Child Welfare worker is provided with quarterly reports by the assigned Child Welfare worker in the placement state.

Practice/Issues

In general, children are having contact with Child Welfare staff on a monthly basis. Child Welfare worker contacts with children are monitored by OKDHS through several different reports. However, there appears to be a prevalent use of paraprofessionals providing the child contact rather than the Child Welfare worker responsible for the child. Due to caseload size, contact in excess of one time per month is not a standard practice, and children may not be receiving the needed amount of contact. In addition, when children are not placed in their home communities, the time the workers take traveling to their location takes away from time that could be spent with the children.

When children are placed outside their home communities, communication between the child's primary Child Welfare worker and secondary Child Welfare worker becomes critical. Due to a common lack of communication between primary and secondary Child Welfare workers, a work group has been developed to improve practice.

Strengths

As result of the Program Improvement Plan, contact guides were created to assist Child Welfare staff in increasing the quality of the contact. These guides provided less experienced Child Welfare staff with the items that should be discussed during each contact with the child. The implementation of the use of contacts guides was not required but offered as a tool; however, there are areas in the state that now mandate the use of these guides. Review of contact documentation within the SACWIS system shows an improvement in the amount of information that is obtained during the monthly contact.

A workgroup has been created to address how to integrate the contact guide into the contact screen in the SACWIS system to best reflect practice. Plans are for these changes to be implemented in the SACWIS system in 2008.

Data

Performance on the 2002 Statewide Assessment was that OKDHS had a 94% compliance with this item based on SACWIS reports and an 86% compliance based on state CFSR data. Concerns were noted about the quality of contact. The Federal CFSR assigned this item an overall rating of Area Needing Improvement because in 18 percent of the case records, reviewers determined that the quantity and quality of caseworker visits with children were not sufficient to adequately monitor the child's safety and well-being.

The percentages where worker visits with children were achieved as evaluated through the state CFSR process varied in the last four years: 89% in CY 2003, 84% in CY 2004, 89% in CY 2005, and 88% in CY 2006. Monthly reports from the SACWIS system based on data entry from staff are higher and range between a low of 87.5% and a high of 95.92% between February 2006 and January 2007.

Stakeholder Input

In 2006 and 2007 group interviews were conducted with a total of 210 children in out-of-home placements. During these interviews children reported the need for more contact and communication with their workers. It is interesting to note that when the groups were asked to identify the strengths of the Child Welfare program, worker contact, communication, and helpfulness were reported as strengths. This suggests that this item is simultaneously a strength and an area needing continued efforts towards improvement.

Surveys of foster parents show that 70% of those surveyed report that children are provided opportunities to participate in the development of the case plan. Child Welfare staff surveys show that 62% of the staff surveyed believe children are provided opportunities to participate in the development and on-going review of the case plan. Judges, court appointed special advocates, and assistant district attorneys surveyed most commonly answered that children are involved in their cases “some” of the time. Surveys with Tribal Child Welfare staff show that 90% believe that children are provided opportunities to participate in the development and on-going review of their case plans. All surveys were completed in 2006 and 2007.

The Statewide Assessment team recommends that OKDHS work toward reducing the number of children for whom each worker is responsible to allow workers more time with each child. They recommend that more time be allotted to new cases to ensure that children are fully involved in case planning.

Item 20: Worker visits with parents

Policy

The Child Welfare worker has face-to-face contact with the parent(s) of the child within the first two weeks of the child's removal and a minimum of once every calendar month thereafter, with no more than 31 days between contacts. The policy requirement is a minimum and should be intensified based on family need. There are different contact requirements when there is an open CHBS case for the purpose of reunification, the parent(s)' whereabouts are unknown; parental rights have been terminated; or other justified reasons exist that are documented in the case record. When there is an open CHBS case and children are in their own home, the Child Welfare worker's contact with the parent decreases to once per quarter. However, the Child Welfare worker is required to have monthly contact with the CHBS service provider to monitor the family's progress.

Practice/Issues

This is an area where the policy requirement is more frequently met with the custodial parent rather than the non-custodial parent. Contact is more likely to occur for a parent with whom the child is expected to be reunified.

Currently, OKDHS closely monitors contacts with children, but there is not a similar critical review of contacts with parents. This generally creates an expectation that workers will visit children monthly without this expectation for visits with parents. This can encourage Child Welfare staff to place higher

priority on contact with the child rather than the parent. Large caseloads are cited by Child Welfare staff as a barrier for regular contacts between the Child Welfare staff and parents.

In some instances, Child Welfare staff have good communication with parents; however, they fail to document the information in the SACWIS system as more importance is focused on child contacts. Some parents are difficult to locate and fail to contact the worker regarding their whereabouts. Feedback from Child Welfare staff indicates a prevalence of opinion that it is the parent who is responsible for initiating the contact rather than the Child Welfare worker. The result of this practice is the parent who receives consistent contact is the parent who remains in contact with the Child Welfare worker.

As identified in item 18, the incarceration of parents is also a barrier for this item. Despite the fact that there is policy regarding contact with incarcerated parents, Child Welfare staff are often unfamiliar with the policy and may not maintain contact as observed during State CFSRs. Interviews with judges and assistant district attorneys in 2007 indicate they are very unclear about incarcerated parents' level of contact with Child Welfare staff.

Strengths

As a result of the Program Improvement Plan, contact guides were created to assist Child Welfare staff in increasing the quality of all contacts, including those with parents. These guides provide less experienced Child Welfare staff with the items that should be discussed during each contact with the parent. Use of contacts guides is not required but the forms were developed as a tool.

Data

The OKDHS performance on the 2002 Statewide Assessment was 54%. Contact with the mother was 67% compared to 54% with the father. The result of the Federal CFSR was that this item was assigned an overall rating of Area Needing Improvement because in 22% of the applicable case records, reviewers determined that visits with parents were not sufficiently frequent or of sufficient quality to promote the safety and well-being of the child, or increase movement toward permanency for the child.

The percentages where worker visits with parents was achieved as evaluated through the state CFSR process varied in the last four years: 63% in CY 2003, 66% in CY 2004, 60% in CY 2005, and 62% in CY 2006. Achievement continues to be greater with mothers as compared to fathers; 83% vs. 67% in CY 2003, 81% vs. 75% in CY 2004, 80% vs. 68% in CY 2005, and 81% vs. 68% in CY 2006.

Stakeholder Input

Stakeholders felt that Child Welfare staff depend on service providers to provide updates on the parents' progress rather than having contact with the parent themselves. There is concern of a perspective that the parents' contact with the Child Welfare worker shows the parents' commitment; therefore, the Child Welfare worker does not initiate contact but rather awaits contact from the parent. The Statewide Assessment team recommends that OKDHS implement a monitoring system of contact with parents that are similar to the current monitoring of contact with children.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child

Policy

The Child Welfare worker and placement provider coordinate to ensure educational services are provided to meet the child's needs. Educational services for custody children include: locating previous school records and providing them to the current school; enrolling the child in the appropriate grade; ensuring the child attends school regularly; encouraging the child to participate in extracurricular activities; advocating for educational testing and placement, when indicated; and following up on the effectiveness of the services.

Practice/Issues

Despite policy requirements that the Child Welfare worker and placement provider are to coordinate educational services, the majority of the activities are completed by placement providers. Foster parents report that educational records are not provided when children are placed. Lack of resources in the child's home community and school district often prevent staff from maintaining the child in his or her own school. The child's education is impacted by placement disruption.

A primary and secondary Child Welfare worker responsibilities workgroup has been writing instructions for staff to provide more clarity in worker responsibilities. In the past, when children were placed outside their county of jurisdiction and their placements disrupted, they were returned to the county of jurisdiction without consideration of the specific circumstances. Procedure now requires that prior to moving a child; the Child Welfare workers involved consider the need to maintain the child's education in the same school district.

One identified concern is the educational needs of youth placed in group home settings. Many of the youth do not attend classes off campus and receive credits for required classes but not elective classes. Efforts are being made to address how to assist these youth in obtaining the required credits so they are able to graduate before leaving care.

Strengths

A common strength reported by youth in out-of home care was the fact that Child Welfare staff initiate enrollment for eligible youth in the Oklahoma Higher Learning Access Program (OHLAP). OHLAP is a program set up by the Oklahoma Legislature that will help pay for college education if the child's family's income is \$50,000 or less. Oklahoma also provides tuition waivers for eligible youth in OKDHS or Tribal custody for undergraduate resident tuition at institutions within the Oklahoma State System of Higher Education as well as resident tuition for enrollment in post secondary programs of area vocational-technical districts. These programs, along with the Lou Hartpence Scholarship and the Education and Training Voucher (ETV) program, are assisting youth with college attendance. Since 2003, 418 youth have started college.

The Independent Living section has hired a part time staff person to assist youth, age 16 and older, in locating tutors when there has been an identified need. Youth are identified when they are enrolled in OHLAP. The OHLAP application asks if the youth needs educational assistance.

Data

Performance on the 2002 Statewide Assessment was that 99% of children were participating in appropriate educational services. However, a need to decrease disruptions in education related to placement changes was identified. Data also indicated that educational assessments and performance information were not consistently included in OKDHS or provider records, as only 60% of cases included necessary documentation of services and there was only 76% conformance in providing the records to the caregivers consistently. The result of the Federal CFSR was that Oklahoma did not achieve substantial conformity with this item and was rated as an Area Needing Improvement, as reviewers determined that the educational needs of children were not effectively and appropriately addressed. This finding reflected inconsistencies in practice rather than representing typical cases. In 81% of the reviewed cases, children's educational needs were appropriately addressed through service provision and advocacy.

The percentages where children receive appropriate services to meet their educational needs was achieved as evaluated through the state CFSR process varied in the last four years: 91% in CY 2003, 91% in CY 2004, 95% in CY 2005, and 96% in CY 2006. However, the scores are now above 95%. The state program improvement plan focused on increasing CW staff awareness of educational needs and requirements through staff participation in state CFSR and case reviews.

Stakeholder Input

In group interviews, 205 youth in out-of-home care were asked to list strengths of the CW program. As noted, a common strength reported was enrollment of eligible youth in the OHLAP program. This program along with tuition waivers, scholarships and vouchers are critical for our youth, as 72% of the youth completing mail-in-surveys between 2004 and 2007 report they plan to obtain a college degree. The surveyed youth indicated that placement stability and success in school were closely related. An identified barrier to successful educational transition was the transfer of school records, which resulted in delays in enrollment.

Foster parents surveyed in 2006 and 2007 showed that 96% of the 355 foster parents that answered this question believe that the educational needs are met for children in foster care.

A recommendation made by a juvenile judge who participated as a Statewide Assessment team member is that further training is needed for the court regarding the impact on a child's education while in out-of-home placement. The judge felt that the court could take a larger role in exploring whether everything is being done to preserve the child's educational placement. In addition, the Statewide Assessment team recommends OKDHS and the Department of Education collaborate on the identification and resolution of factors negatively impacting children's educational process.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child.

Policy

The Child Welfare worker is responsible for ensuring, in coordination with the placement provider, that each child in out-of-home care receives all needed routine and specialized medical care in a timely manner. This includes all medical, dental, visual, and behavioral health needs. The Child Welfare worker and placement provider ensure that each child completes an Early Periodic, Screening, Diagnosis and Treatment (EPSDT) screening according to the schedule of frequency or at a minimum an annual physical exam. Children in out of home care are to receive an initial health screening within thirty days of removal. Yearly dental exams for children over three years of age are required. Children under the age of three years receive dental services as needed. The parents of children in OKDHS temporary custody and living in their own home have the primary responsibility to provide and arrange for the medical needs of their children.

Practice Issues

In a survey of primary care physicians conducted by the Oklahoma University, Department of Pediatrics during this fiscal year, the two greatest barriers to providing medical care for children in the foster care system were: (1) “lack of adequate medical records and health history”, and “lack of appropriate referral sources for specialty mental health services”. The first barrier is being addressed with the medical history project cited below. The lack of adequate mental health services for children is systemic issues being addressed by the State by regularly meeting with other child serving agencies to problem solve some of the most pressing issues. During OKDHS systemic group interviews with foster parents, it is frequently reported that it is difficult to find local medical and dental providers in rural areas of the state who will accept Medicaid. This requires that foster parents drive long distances to access medical services. If the child has specialty needs, it is impossible to access this type of care in the rural areas. Occasionally, there are reports that medication is not covered by the Medicaid formulary and foster parents bear the cost of the medication unless the doctors have sample medication available. There is a perception that specialized formulas for babies may not be available through the Women, Infant, and Children (WIC) programs offered through the state health departments and Native American Tribal Centers.

Strengths

The University of Oklahoma Health Sciences Center Department of Pediatrics partnered with OKDHS to develop the Fostering Hope Clinic, a pediatric clinic specifically for children in the custody of OKDHS. The clinic generally serves children in the Oklahoma County metropolitan area, but it is available to foster children statewide. Primary pediatric health care is delivered within a medical home model with an emphasis on continuity of care. The clinic began in January 2006 and is currently open Monday through Friday, four hours each day. The staff is also available by pager to the foster families regarding health related issues after hours. The pediatrician, psychologist and nurse practitioner each have access to the SACWIS system, so they can enter all medical information and examination results directly into the

child's permanent Child Welfare record. They are also on the OKDHS email system, so they can contact Child Welfare workers and foster parents by email if an appointment is missed or if there is follow-up required. The pediatrician and psychologist are both members of the Statewide Assessment Team, and the pediatrician will be participating during the Federal CFSR site visit. A pediatrician who wants to start a foster care clinic in Tulsa has been identified and she has begun attending the monthly Fostering Hope collaboration meetings. OKDHS and the Department of Pediatrics have plans to partner with other medical providers, including the Federally Qualified Health Clinics in Oklahoma, to improve access to primary care for foster children.

The pediatrician and psychologist are also under contract with OKDHS to serve as the agency's Child Welfare Medical Director and Child Welfare Psychological Consultant. They both meet regularly with CW staff on the state and local levels. They participate in foster parent education and write for the newsletter. They are available to consult with staff and foster parents on individual cases as well as on larger systemic issues.

The Medical History Project is a partnership between the Oklahoma Health Care Authority (the state Medicaid agency) and OKDHS and was a focus of the state Program Improvement Plan from the 2002 Federal CFSR. For all children entering OKDHS custody and for all custody children preparing for adoptive placement, the Health Care Authority staff provides medical claims history information to OKDHS within 24 hours of the request. Information includes immunization records, primary care physician assignment prior to coming into custody, if applicable, and past treatment providers, services and diagnoses. For children entering custody specified OKDHS staff reviews and enters pertinent information into the SACWIS system documenting the comprehensive medical history. The information prints out on the Placement Provider Information Form and is then available to foster parents or other placement providers at the time of placement. This enables the foster parent to quickly make the medical history available to any health care provider the child may see. For children preparing for adoptive placement, the information includes all medical services provided while the child was in OKDHS custody. The 24 hour response is much quicker and more accurate than the former method of obtaining the information. This has resulted in Adoption staff acquiring the details needed to complete the statutorily required full disclosure of information prior to adoptive placement more timely and, therefore, completing an adoptive placement faster. This project won a Commendation of Excellence award at the Quality Oklahoma Team Day for the service improvements provided through the collaboration between the Health Care Authority, the Health Sciences Center and OKDHS.

Data

Case Review data indicates that there has been an improvement in the physical health area. In CY 2003, children in care received an initial health screening within 30 days of custody 77% of the time. In CY 2006, children in care received the initial health screening within 30 days, 87% of the time, an increase of 10%. In CY 2003, 92% of the children in care received a health screening within the last 12 months, in CY 2006, 96% of children in care, a 4% increase. In CY 2003, 83% of children in care received a dental assessment. In CY 2006, 93%, a 10% increase. Treatment being pursued for children in care in CY 2003 was at 97% and remains at this high percentage. Immunizations records in CY 2003 were current for 98% of the children in care. In CY 2006 the percentage raised to 99% of all children in care. In CY 2003, records were given to substitute caregivers, 86% of the time. In CY 2006 the percentage increased to 94% of the time, an 8% increase. It is believed that staff involvement in state CFSRs and supervisor case reviews have contributed to these increases.

Stakeholder Input

Though state CFSR data indicates that children are receiving initial health screenings the Statewide Assessment Team is concerned that these screenings may not capture the entire scope of a child's health, mental health or dental needs. Annual health checks may be meeting the minimum requirements but may not include the recommended EPSDT screenings. The team also expressed concern regarding the prescription of psychiatric medication and recommends that Child Welfare evaluate this issue and advocate for children to be seen by child psychiatrists when these types of medications are needed.

The University Of Oklahoma Health Sciences Center Department Of Pediatrics plans to conduct focus groups with Child Welfare staff and foster parents to assess their perceived barriers to accessing health care for foster children. This data, combined with the data from the physician survey should give OKDHS an even better picture of the real and perceived barriers to accessing health care for children in custody.

Promising Practices

A youth who is in the custody of OKDHS at age 18 can now be eligible for Medicaid until age 21, even if the youth leaves care. Work is underway between OKDHS and the Health Care Authority to establish a user friendly method of insuring this ongoing coverage with little effort required on the part of the youth. Efforts are being made to educate the youth of their need for ongoing medical care and how to access it. OKDHS and the Health Care Authority are also developing a process by which children leaving the OKDHS system at age 18 or older will have available to them a summary of their medical history while in care. Emphasis will be to ensure that the summary is in a format that is both usable and understandable for the youth and will allow OKDHS to keep a readily accessible copy on file in case the one provided to the youth gets misplaced.

Item 23: Mental/Behavioral Health of the Child.

Policy

Policy states that children are to receive an initial mental health or developmental screening within 90 days of removal with outpatient or inpatient behavioral mental health treatment accessed as needed. The Child Welfare worker has primary responsibility for ensuring that children in out-of-home care receive needed mental and behavioral health treatment. Policy further requires that children in OKDHS custody, age three and under, be referred for developmental and mental health screening to Sooner Start.

Strengths/Promising Practice

Since the 2001 CFSR, several program enhancements have been implemented and expanded to improve the quality and consistency in which children's mental and behavioral health needs are met. In 2004 a Program Administrator position was added to the CFSD management team to lead in the development and coordination of behavioral health care for children in OKDHS custody. While the initial focus of the position was research, program identification, and coordination with other state agencies providing

children's behavioral health services via the statewide collaborative Partnership for Children's Behavioral Health, the duties later expanded to include program administration for group homes and placement services. The Group Home and Placement Services program areas impact the highest percentage of children who have mental and behavioral health needs.

Since the 2001 Statewide Assessment, the System of Care initiative, community collaborations of agencies agreeing to provide services to keep children in their homes, expanded from 11 to 36 sites and now cover half of Oklahoma's 77 counties. OKDHS staff refer some children and families to local system of care programs in an attempt to keep children in their homes and/or in an attempt to return children to their homes with wraparound services in place. In Oklahoma County an extensive pilot program was implemented to evaluate the impact of worker training on effectiveness of service delivery.

CFSD contracts with two University of Oklahoma Health Sciences Center (OUHSC) departments-- Pediatrics for a licensed Psychologist and Pharmacy for a Pharmacology PhD. These professionals provide consultation and training to OKDHS staff regarding behavioral and mental health services for custody youth. The Psychologist is available to review cases with field staff and works with contracted providers to assist in establishing case plan goals. In addition to training and consultation, the Pharmacology PhD reviews psychotropic medication regimes in comparison with behaviors being exhibited.

Psychologist referrals are made when children screen positive for mental health services in the Fostering Hope clinic (see Item 22) and by Group Home and Placement Services Program staff. Pharmacological reviews are requested primarily by Group Home and Therapeutic Foster Care providers and Program Staff.

CFSD's collaboration with the State Medicaid agency has influenced several program advancements. Assessment services, provided by outpatient providers, are now Medicaid compensable and children exiting inpatient care or Therapeutic Foster Care level of care are immediately authorized for outpatient mental health services. This 2007 change in care coordination and approval will likely have an impact on the current 52 day wait for starting outpatient services. Additionally State child serving agencies are working collaboratively to develop an assessment instrument and screening tools with a goal of early identification and intervention of children with mental health and developmental needs.

Since the 2001 CFSR, OKDHS staff and Department of Mental Health and Substance Abuse Services (DMHSAS) staff identified children leaving custody with mental health issues as an area of priority. DMHSAS funded six sites statewide to provide youth with mental health issues, aging out of custody or leaving home with a wraparound team to help with counseling, housing and employment services. The youth are engaged prior to leaving OKDHS custody and supported as they transition out of care.

Data

Overall the State has improved in securing developmental and mental health screenings for children in care. CFSR data indicates that from calendar year (CY) 2003 to CY 2006 there has been a 3% increase in children obtaining initial and ongoing care. Eighty percent (80%) of children in care received a mental health screening within 90 days of placement in CY 2003 and 87% in CY 2006. In CY 2003, 97% of children's needs were addressed and assessed with 95% for CY 2006. While a slight decrease in percentage is indicated, overall, the majority of children in care are receiving services to assess their mental health needs and address them on an ongoing basis.

Stakeholder Input

The OUHSC Department of Pediatrics conducted a survey with primary care physicians to determine barriers to custody youth receiving medical care. The two greatest barriers for foster care youth were; (1) lack of adequate medical history, and (2) lack of appropriate referral sources for specialty mental health. The Medical History project summarized in Item 22 addresses inadequate medical history. Lack of appropriate referral sources, a systemic issue, is being addressed by the statewide collaborative Partnership for Children's Behavioral Health. This group established ongoing workgroups to identify obstacles to an integrated system of mental health care for children, make recommendations for workforce development, identify training and provide consultation services to expand Evidenced Based Practices and Promising Practices. The group recognizes the complex and challenging needs of children in out-of-home care and the need for experienced providers to work with those children and their families. OKDHS is a leader in the Partnership efforts and is working with other child serving agencies to develop a care management unit, to monitor the care of children in the highest levels of care. A funding request for a FTE for each of the child serving agencies is before the Legislature for FY 2008

Section IV – Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System.

Oklahoma's statewide automated child welfare information system (SACWIS), known as KIDS, was implemented statewide June 5, 1995. KIDS can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. KIDS is recognized as the first SACWIS system implemented statewide and received several technology related awards. KIDS is currently working on a SACWIS Action Plan to maintain SACWIS compliance.

All facets of Child Welfare programs are incorporated into the KIDS application including Child Protective Services (CPS), Foster Care, Adoptions, Training, Interstate Compact for the Placement of Children (ICPC), Permanency Planning and Independent Living. Policy sites have instructions to staff regarding the entry of data into the SACWIS system with instructions being updated as policy changes. In addition, the SACWIS system is updated to reflect practice and policy changes. KIDS is considered the primary case record with supporting paper documents such as copies of birth certificates, social security cards, and court documents being stored in paper files. There is a File Cabinet function that allows users to store documents and photographs into the KIDS case record. The application also includes exhaustive ticklers, both automated and user generated, to assist workers, supervisors, and managers in case management. All requests for approvals, assignments, and searches are done utilizing KIDS. Interfaces exist for Child Support, Eligibility, Financial Management, and Juvenile Justice to pull information back onto the KIDS screen for a seamless operation.

At the time of the previous Federal CFSR On-Site Review, Oklahoma met the State plan requirements regarding the SACWIS system. Oklahoma has continued to add and enhance tools, such as State CFSR Case Review, Outcome Measures and a Safety Assessment to support improved practice in the field.

KIDS produces reports monthly, weekly, and daily CPS reports, as well as many more on an ad hoc basis. Oklahoma has several efforts under way to improve reporting and utilization of data. State Office Program Staff and Field Staff, have access to the reports, most of which are either Access databases and queries or WebFOCUS which is a web-based reporting tool that is easy to use and allows the user to customize what is viewed. One-on-one training has been provided to supervisors and managers in the use of data for Permanency and Safety Outcomes, Case Plan Goals, Children in Care and type of Placements.

Management Reports are designed to guide all workload management steps in the CPS, Foster Care, and adoption processes for workers, supervisors, and program management staff. The reports provide data at the summary and detail level. The reports identify a child's case plan goal, placement, trial reunification and termination of parental rights information through reunification or adoption. Additional management reports identify families who have inquired about the foster care and adoption process and KIDS tracks these families through the home assessment process and as approved resources waiting for placement.

The KIDS application is utilized by approximately 1,000 workers, 160 supervisors, 100 support staff, 90 state office program staff, 200 service providers, Tribes, judges, and numerous administrators. Except for routine maintenance, the application is available 24/7 statewide. Supervisors and administrators access the application remotely when on the road or at night and on weekends as needed. Information is available statewide with no geographical restrictions. Oklahoma completed a statewide roll out of Tablet Personal Computers to Child Welfare workers, supervisors, managers and state office program staff in April 2007. With this rollout staff have greater flexibility in recording information electronically. Currently staff may use the tablet connected to the network from the office, from their home or from any location with free Wi-Fi access. Oklahoma is in the process of developing a server farm which will in the future allow staff the ability to check out a wireless data card as needed for remote access when away from their office. Specialized training will be developed as part of this new way of accessing the network which will include anywhere access to the KIDS application by gaining internet access via the data card and then connecting to the network via VPN (Virtual Private Network) and Terminal Server. This provides a secure network connection and allows a user to utilize their tablet as though they were in the office.

Oklahoma has placed significant emphasis on getting data into the application and improving the quality of data. Examples include a focus on documenting visits with children in foster care, case plan goals, and length of stay in foster care. Data is presented electronically to staff in both chart and graph formats with goals established to achieve the desired results within specified time frames.

Oklahoma continues to address issues of the timeliness and completeness of data entry although both continue to improve. While information regarding placements is relatively accurate for foster care and adoption subsidy, both relative and non relative, above foster care level payments are not made based on KIDS data. KIDS does have an interface with Finance to bring back payment history for above foster care payments and anticipates that this information should help improve data on those above foster care placements. Oklahoma continues to work on improving timely data entry for these placement settings and is working on additional approaches to improve this documentation.

Field and Program staff have been involved in the design and testing of the KIDS application for significant modifications and enhancements. All users have direct access to the KIDS Help Desk regarding problems, questions, or suggestions as well as online access to send written problems or suggestions. The Continuous Quality Improvement unit (CQI) conducts a worker/supervisor group that

includes a Child Welfare Worker Systemic Survey that asks specific questions regarding the use of the system. These surveys are shared with KIDS Program staff for use in identifying needs by users in the field. Surveys of Child Welfare staff in 2006 and 2007 showed that of the 531 staff members answering the statement “KIDS provides tools that assist me in managing my workload” 95% responded “yes.” Of the 470 staff that answered the question “KIDS minimizes the duplication of data entry”, 76% answered “yes.” During interviews, Child Welfare staff described the KIDS Help Desk staff as “responsive” and “helpful.” KIDS Help Desk staff also conduct KIDS related CORE training and numerous specialty classes as needed. Interviews with Child Welfare staff conducted in 2006 and 2007 indicate that more time needs to be spent on KIDS training during CORE. The most frequently requested application enhancement is to allow a user to have more than one case open at the same time. This request has been considered and deemed not feasible in the current application but will be addressed in a new Enterprise Application projected to be operational in late 2011.

The capacity of the system to provide real time information to workers and managers across the state is an important tool in service delivery. KIDS has also proven to be a flexible and responsive source of management information. Efforts are underway with the assistance of field staff, to further enhance elements of the system, increasing ease of use to new staff and simplifying data entry.

Oklahoma is currently working to maintain SACWIS compliance and is on schedule to complete and closeout a SACWIS Action Plan by the end of CY2007. An AFCARS Review was conducted in August 2006 which resulted in an AFCARS Improvement Plan. Many of the findings have already been addressed and Oklahoma plans to complete the plan by March 31, 2008. Oklahoma plans to incorporate KIDS into a new Enterprise application with completion projected by 12/31/2011. This new application will include key programs such as Child Welfare, Temporary Assistance for Needy Families, Food Stamps, and Child Support Enforcement. This singular application will make cross-program sharing of information and the accessibility of information regarding services much easier than having programs in completely different systems.

B. Case Review System

Item 25: Written Case Plan

Policy

The Child Welfare worker and the family develop the initial Individualized Service Plans (ISP) after the Family/Child Strengths and Needs Assessment is completed and prior to the dispositional hearing. Participation or input from the parent(s); legal guardian; placement provider; child, if appropriate; child's attorney; Tribe and guardian ad litem, if applicable, are also utilized in the development of the plan. An age appropriate child, regardless of legal status, participates, if feasible. The plan is initiated prior to the dispositional hearing or no later than 60 days from the child's removal or the filing of the petition in order that services to correct conditions that created the risk to the child may begin. Regardless of the status of the case in court, the plan is completed within this time frame and filed with the court prior to the dispositional hearing, or no later than 30 days after adjudication if the dispositional hearing has not been held. The ISP addresses the conditions the parent(s), legal guardian, legal custodian, stepparent, or other adult person living in the home must change in order to alleviate the risks to the child and the conditions

of deprivation set out in the petition, and is individualized and specific to each child and parent with specified time frames for compliance.

Practice/Issues

Input into case planning is usually obtained from the parent; however, Child Welfare staff do not always include the child, placement provider, child's attorney, Tribe, and guardian ad litem in formalized case planning. Informal involvement occurs at different stages in the process. This continues to be another area where Child Welfare staff may not address the non-custodial parent as well as the custodial parent. Adoption of Practice Standards in 2007 which includes the standard "Nothing about us without us" is expected to increase awareness about parent and child participation in case planning. Family group conferencing is beginning to spread to more counties and should also impact this item.

One portion of the overall case plan that is underutilized is the child's Placement Plan. This plan is designed to provide a description of the safety and appropriateness of the placement to meet the child's special needs. The plan should include efforts to place with relatives or kin, and the services provided to the child and the placement provider to ensure safe and proper care of the child. As placement stability has been an ongoing issue for Oklahoma, there will be increased emphasis on the utilization of the child's Placement Plan.

As a part of the Program Improvement Plan, a new version of the treatment plan was created as the ISP. The goal of the new format was to create a plan that was simpler and easier to understand. This new plan was released in the SACWIS system in November of 2003. To date, the reception has been mixed and Child Welfare staff continue to require ongoing assistance in the effective use of this form. Judges and assistant district attorneys surveyed in 2007 indicate that the documentation of parents' progress on the ISP is often unclear, not updated accurately, and at times confusing.

Data

The 2002 Statewide Assessment identified that in 84% of the plans reviewed there was a clear correlation between the needs identified in the assessment and the services. However, the format of the treatment plan was confusing and judges had requested a new, more simplified version be created. Improvement in the timeliness of case planning activities was identified as a need. The result of the Federal CFSR was that this item was rated as an Area Needing Improvement. Despite the fact that case plans were routinely developed for children, the involvement of parents (particularly fathers) in this process was inconsistent.

OKDHS has developed queries within a database that includes case information for children currently in OKDHS custody. These reports identify for Child Welfare staff those children who currently need an Individualized Service Plan. The database is updated weekly. Staff with administrative responsibility for the state SACWIS system provide assistance to new supervisors in the use of this database to effectively guide Child Welfare workers regarding completion and timeliness for this item. According to a March, 2007, query, 76% of the required service plans are completed timely for children who have been in care less than 90 days. The required six month updates were completed timely 77% of the time. A review of this query indicated that 30 of the 77 Oklahoma counties had 100% timeliness and 12 counties had 0% timeliness. The largest number of children in one county needing a case plan was 13. The 2006 State CFSR found that 80% of the cases reviewed had timely case plans.

Stakeholder Input

Surveys of Child Welfare staff in 2006 and 2007 reveal that 90% of the staff surveyed believes they are including parents, 62% believe they are including the child, and 68% believe they are including foster parents in case planning. Mail-in surveys received during 2004 through 2007 indicate that 58% of parents report they have “helped plan” for their child, with an additional 14% reporting they helped plan for their child “sometimes.” Surveys of Child Welfare staff in 2006 and 2007 demonstrate that 59% of the staff reported that Placement Plans are consistently completed for children in out of home care.

Item 26: Periodic Reviews

Policy

Oklahoma statute requires that the court review every case regarding a child who is alleged to be or is adjudicated deprived no later than six months after the date of the child's out-of-home placement and at least once every six months thereafter until the child is returned to the custody of the parent(s), legal guardian, or legal custodian. Such review continues until the conditions that caused the child to be adjudicated deprived have been corrected, permanent care and custody has been awarded to a suitable custodian or kinship guardian, or the parent(s)' rights have been terminated and final adoption decreed. OKDHS policy requires that Child Welfare staff provide the court with the necessary documentation for each of these hearings.

Practice/Issues

Both internal and external stakeholders described Oklahoma’s performance on the 2002 Statewide Assessment as adequate. The identified issue regarding these reviews is that some cases are not adjudicated timely. In addition, it appears that judicial hearings are held in the mandated time frame but are not always appropriately documented as a court review.

Results of the state CFSRs indicate that parents are notified and encouraged to attend and participate in court hearings. When a parent named in the deprived action fails to appear for a court hearing, the parent may be served with a notice to appear or a bench warrant is issued to compel his or her attendance. Notification of absent and/or non-custodial parents is believed to be less diligent. There have been improvements in efforts to increase the notification of the absent and/or non-custodial parents through coordination with Child Support Enforcement Division (CSED) offices and the development of Diligent Search staff in each area of the state. Children’s participation in court hearings is reported to vary from county to county.

Strengths

Practice in Oklahoma appears to be consistent with statutory requirements. Each deprived case is reviewed at least once every six months with very few exceptions. In fact, many courts review cases more often than required. The result of the Federal CFSR was that this item was rated a strength because the State has established a number of procedures to ensure a review of the status of each child in foster care every six months.

Data

Reports based on data entered into the SACWIS system show that 87% of children currently in out-of-home care had their most recent court hearing within six months of the last court hearing. However, data integrity may not reflect an accurate account as worker documentation of court hearings is not always completed. An enhancement of the SACWIS system has been released that will not allow a worker to create a new report for the court until the court hearing for the previously created report has been documented in the court hearing screen. This is anticipated to improve the accuracy of data reports. In addition, there are queries available in the database that provide a list of children who have not had a court review documented.

Stakeholder Input

The Court Program Improvement Plan progress report (August 2006) indicates that moderate progress has been made towards the following recommendations: courts take more time in review hearings to conduct an in-depth review of case progress; courts schedule all hearings in a “time-certain” fashion and limit the stacking of multiple hearings in the same grouping, and that OKDHS, the court, service providers and other appropriate parties conduct a careful review of case progress report formats and establish baseline requirements that all progress reports should meet.

Item 27: Permanency Hearings

Policy

Oklahoma statute and OKDHS policy requires a permanency hearing to be held no later than six months from the date the child was placed in out-of-home care and no less frequently than every six months thereafter. Statute allows the permanency hearing to be held concurrently with the required review hearing.

Practice/Issues

In an effort to ensure that the statutorily required discussion and documentation occur in permanency hearings, sample court orders were created for the judiciary in 2001. These samples were provided to the judiciary but were not required to be used. However, a new statute went into effect November 2006 that states uniform orders are to be used by the court in all deprived proceedings. The forms are in the process of being created and published by the Administrative Office of the Courts. The Supreme Court Juvenile Justice Oversight and Advisory Committee, the District Attorneys Council, and the OKDHS are currently working on the development of these orders. Oklahoma statutes require that, in addition to the findings and determinations required to be made by the court, the forms include a section which will require the court to memorialize the recommendations concerning custody or placement of the child(ren) made by the parties and participants at the hearing.

In the state’s second largest metropolitan county, the judges are now considering setting full evidentiary hearings every six months, rather than continuing the current practice of setting hearings every three

months,. The goal of this change is to create a procedure to ensure all relevant items are discussed during each hearing.

Data

The result of the 2002 Statewide Assessment based on data obtained from the SACWIS system indicated that less than 1% of the children in out-of-home placement had a permanency hearing as per statute; 27% of the children had a permanency hearing but not within the time frames required by statute and 73% of these children have no information entered into the SACWIS system regarding a permanency hearing. However, data from CY 2001 assessments indicate that reviews were completed for 76% of children assessed. This data indicated that many reviews were not documented in the SACWIS system. The result of the Federal CFSR was that this item was assigned a rating of Area Needing Improvement because of the inconsistency across the State with regard to courts holding permanency hearings every 12 months. However, some stakeholders suggested that permanency hearings were being held, but because the hearings were not formal, and no court minutes are provided, the court may not be appropriately documenting the hearings.

Current practice indicates that there has been a significant improvement on the documentation of the permanency hearing in the SACWIS system. Based upon a review of the current query in the database that contains case information on children in OKDHS custody, 96% of the children currently in out-of-home care in March 2007, have had a permanency hearing within the last year.

Stakeholder Input

Interviews with judges and assistant district attorneys conducted in 2007 found that hearings are often documented as permanency hearings but there are inconsistencies and some confusion regarding the content required to be covered during these hearings. Surveys in 2006 and 2007 found that 91.5% of the Child Welfare staff believe that permanency hearings are occurring within 6 months of a child's entry into out-of-home care and at least every six months thereafter.

Results included in the Court Improvement Program progress report dated August 2006 indicate that significant progress has been made with the courts conducting a permanency hearing. Progress was also noted with courts requiring that a permanent plan for the child be developed and approved at the hearing. Judges surveyed to assess the progress of the Court Program Improvement plan reported that 29% of the judges "always" conduct a permanency hearing within six months after the child entered out-of-home care, 35% percent indicated that they "usually" do, 14% reported they "often" do, while 11% indicated that this only occurs "occasionally".

Item 28: Termination of Parental Rights

Policy

Oklahoma statute requires that a petition for termination of parental rights be filed, or an exception determined, for all children in out-of-home care based upon the 15 of 22 months provision outlined in the Adoption and Safe Families Act (ASFA). Policy mandates that Child Welfare staff request termination of parental rights, when appropriate, or document the determination of an exception. The Child Welfare

worker documents the request for termination or the type of exception that has been determined in the SACWIS system in the Court/Par Rights/Recommend screen within five working days.

Practice/Issues

Several efforts are in place to bring attention to Child Welfare staff, judges and district attorneys regarding the length of time children in OKDHS custody have been in out-of-home care and the need to address permanency. Such efforts include a revision of reports prepared for court hearings that will contain a field to indicate the number of months that a child has been in out-of-home care, and the development of queries and reports within a database that contains case information about the children. There is specifically a query that identifies for Child Welfare staff the children who meet the ASFA criteria. Another report was created that lists all of the children who are currently in out-of-home care in each county of jurisdiction. It is provided to judges and assistant district attorneys on a quarterly basis. This report shows the number of months the child has been in out-of-home care during the current removal and the number of the last 22 months the child has been in out-of-home care.

Issues identified that impact the filing of a petition for termination of parental rights is that Child Welfare staff are not making the requests timely and if the district attorney or judge does not support termination, children are often left to wait in the system without permanency.

Data

Oklahoma's Statewide Assessment in 2002 indicated that state statute and OKDHS rules complied with the ASFA requirement of filing termination of parental rights petitions within 15 of 22 months, absent one of the three exceptions. Two issues were identified in this assessment: 1) that the statute is not clear on how to handle the exceptions, and 2) that Child Welfare staff and the courts are aware of the requirement, but it is not being implemented uniformly statewide.

The results of the Federal CFSR was that this item was assigned a rating of Strength because Oklahoma State statute and OKDHS rules comply with the ASFA requirement for filing Termination of Parental Rights petitions within 15 of 22 months, unless one of the three exceptions is requested.

Data from the State CFSR indicate the percentages where children who have been in out-of-home care for at least 15 of 22 months or meet other ASFA criteria, have a petition filed, or an exception documented varied in the last four years: 75% in CY 2003, 84% in CY 2004, 77% in CY 2005, and 80% in CY 2006 with the best performance in CY 2004.

Despite the requirement for documentation in the SACWIS system, the AFCARS Data Completeness and Quality Information report indicated that in FY 2004ab, 2.6% of the finalized adoptions lacked data regarding termination of parental rights and in FY 2005ab, 3.3% lacked this data. A percentage of higher than 2% is a warning sign that there may be issues of data integrity. Oklahoma has identified this as an issue and is concerned that the results on our performance may be skewed due to a lack of required documentation in the system.

Stakeholder Input

Interviews with Child Welfare staff, foster parents, judges, district attorneys, other attorneys, and court appointed special advocates indicate that this is an area where Oklahoma needs improvement. The total of all opinions indicate that 65% of the 150 interviewed felt that either a petition for termination of parental rights or an exception has been documented in cases where children had been in out-of-home care 15 of the last 22 months. There was a large discrepancy between the judiciary and the Child Welfare staff. Only 34% of the Child Welfare staff felt this occurred in comparison with 85% of the judiciary.

Item 29: Notice of Hearings and Reviews to Caregivers

Policy

OKDHS policy requires written notice of review and permanency hearings be provided to the pre-adoptive parent(s), relative placement provider(s), and current foster parent(s). The notice is to be delivered to the applicable parties no later than 15 days after the hearing is set. If the child moves after the notification has been provided, notification is provided to the current caregiver no later than seven days prior to the court hearing. The Child Welfare worker documents in the SACWIS Contacts screen when and how the notification was delivered. If the Child Welfare worker updates the next hearing date field in the SACWIS system in the Court Hearing screen, the hearing notification form will automatically build for the Child Welfare worker and will be able to be completed and printed for appropriate dissemination.

Practice/Issues

As noted, the hearing notification is system-generated if the court hearing information is entered into the SACWIS system. In practice, however, many Child Welfare workers provide verbal notification rather than the required written notification. Changes to requirements in the SACWIS system have been made to require that the court hearing information be entered for every report prepared. This new requirement is anticipated to result in improved documentation of court hearings and increased utilization of the system-generated written notification.

Data

The result of the 2002 Statewide Assessment was that 94% of the external stakeholders believe the notification to be adequate, while 12 sites indicated that this notification and opportunity to be heard is not occurring or is inconsistent. When evaluated during the Federal CFSR, this item was assigned a rating of Area Needing Improvement because notification was not found to be occurring on a consistent basis. In addition, inconsistency was observed with regard to the opportunity for these caregivers to be heard in court. Also, foster parents noted that receiving notification just one week prior to the hearing did not give them sufficient time to arrange their and the children's schedules. Additionally, Tribal representatives indicated that provision of notice to Indian families by both OKDHS and the courts is inconsistent.

Stakeholder Interviews

Interviews held with Child Welfare staff, foster parents, judiciary, district attorneys, other attorneys, court appointed special advocates and supervisors indicated a variance in how well they believe that Child

Welfare staff is effective in providing notification. Of the 133 interviewed, 21 were foster parents and 86% agreed that they were provided notification; however, 100% of the 25 judges interviewed felt that foster parents, relatives and pre adoptive parents were notified of review and permanency hearings.

Of the 149 stakeholders interviewed, 91% agreed that foster parents, pre adoptive parents, and relative caregivers are provided the opportunity to be heard in court. This percentage matched the opinion of the 22 caregivers interviewed; however, Child Welfare staff and legal stakeholder interviews indicate a perspective that this occurred less often. Of the 25 Child Welfare staff, 88% agreed and 86% of the 21 legal staff agreed. In comparison, of the 28 members of the judiciary, 96% agreed. Three Tribal judges interviewed in 2007 report that foster parents are provided opportunities to be heard during review hearings. Tribal Child Welfare staff were surveyed in 2007 with 89% agreeing that foster parents are provided opportunities to participate in court hearings. In surveys of 10 state judges responsible for deprived cases, five reported that resource (including foster, pre-adoptive and relative) parents are “almost always” provided opportunities to be heard in review hearings and five reported they are “always” provided this opportunity. Thirteen assistant district attorneys assigned to deprived cases were surveyed in 2007, with four reporting that resource families are provided opportunities to be heard in court “some” of the time, six reporting they are provided opportunities “almost always” and three reporting this occurs “always.” Of the foster parents that were surveyed during focus groups in 2006 and 2007, 83% reported they are advised of court hearings and 71% reported they are provided opportunities to be heard during the hearings.

A Statewide Assessment team member reports that the workgroup designate development of uniform court orders and is recommending an order be given to parties and caregivers at each hearing telling them of the next hearing.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services.

Policy

Policy requires face-to-face visitation with each child in their out-of-home placement at least monthly. Foster parents are to allow private conversations between worker and child. Workers are required to document visitation location and results of the visit. Worker visitation is measured by the SACWIS system and administration at all levels focus on this report. The State CFSR looks closely at the contacts between workers and children and evaluates if the visit offers an opportunity for the child to discuss treatment planning and any their current status in the home.

Practice/ Issues

During the Federal CFSR in 2002, visitation of children in out of home care was an area needing improvement. The review confirmed that children were not provided quality services that protect the safety and health of the children.

Strengths

The State Program Improvement Plan included the development of contact guides to assist Child Welfare staff with assessing the child's needs during worker visits. The contact guides have been implemented and are required by many administrators across the state. These guides offer a basis for discussion with the child and caregiver and an opportunity to review the child's permanency plan and service needs. Turnover continues to be a barrier for the State with regard to quality service. Contact guides and improved documentation offers a better approach to achieving permanency and decreases regression and duplication in casework that may occur when a new worker takes over a case.

The Contract Performance Review (CPR) unit was implemented in January 2003. The CPR unit completes annual reviews with each agency that contracts beds with OKDHS for custody children. The agencies include therapeutic foster care, specialized community homes, group home, residential treatment facilities and acute treatment facilities to ensure safety, permanency and well being by measuring outcomes. The reviews are based on the Federal CFSR model and look at outcomes for children as well as contract compliance. The reviews are done in collaboration with the agencies and are offered as a guide to improve services and outcomes for children. The CPR review process ensures that children in out-of-home care are provided quality services that protect the safety and health of the children in above traditional foster care level of care.

Data

Over the past four years (CY 2003 through CY 2006) the State CFSR indicates that the State as a whole is functioning at about 90% on visitation by county of jurisdiction, placement, and contract staff. Over that same period the State CFSR indicates substantive discussion occurs with the child and with the care provider in more than 90% of the cases.

Item 31: Quality Assurance System.

Policy

The State began developing a Continuous Quality Improvement Unit (CQI) in 2000 and began the State Child and Family Services Reviews (CFSR) for each county in January of 2001. The state CFSR is based on the Federal model but has been automated from the beginning. The State requires that staff from the field participate along with the CQI unit in performing reviews of cases across the state. As a result, some supervisors use the review instrument in everyday practice to assist in improving outcomes.

The State CFSRs have been conducted for the past six years with the data informing the Program Improvement Plan and the counties to assist them in focusing on specific outcomes. Participation is at all levels from line staff to the Area Director, with inclusion of external stakeholders on the review teams. Tribal staff, courts, educators, medical personnel and other stakeholders have participated as reviewers. Feedback from external stakeholders has been positive regarding the process and their participation in it. Many Child Welfare staff who has participated in the CFSR recommends that all Child Welfare staff participate, as they find the process beneficial to their job performance. Child Welfare staff surveyed in 2006 and 2007 was asked if "the CFSR provides applicable information related to safety, permanency, and well-being." Of the 424 Child Welfare staff responding to this question 89% responded "yes."

Practice/Issues

Initiatives to locate absent parents resulted from data indicating that the State was not doing a good job locating them. Diligent search procedures and staff are now employed in each Area. The State has improved in locating absent parents but the data indicates we are still struggling involving those parents in case planning activities. Systemic interviews, especially with foster parents, have allowed the participants opportunities to discuss issues and share information with each other, especially service availability such as dental and medical services.

Data from the Supervisory Case Reviews and State CFSRs indicate a flattening of scores for the past several years. The data indicates that focusing on an item will yield positive results. One of the State's barriers is getting quality improvement at the line level. A large investment of staff hours and financial resources was made to improve practice at the line level. A group of OKDHS staff and external stakeholders met for four days in September and October 2006 to develop the OKDHS Practice Standards. These Practice Standards are the basis for the 2007 Program Improvement Plans (PIP). The Practice Standards focus on the way the staff interacts with children, families, service providers and each other. The barrier to overcome is the view of some staff that this is extra work rather than the way the work should be done.

A concern presented by the Statewide Assessment team is whether or not Child Welfare supervisors have the time and ability to mentor staff, hold them accountable, and meet with them regularly. This issue was brought up during the development of the State Practice Standards in 2006 and 2007 and a workgroup has been developed to explore the issue further.

Strengths

The State created a Contract Performance Review (CPR) Unit that reviews contracted placement agencies with children in placement above traditional foster family care. The reviews are based on the CFSR model and looks at outcomes for children, as well as contract compliance. The reviews are done annually in collaboration with the agencies and are offered as a guide to improve services and outcomes for children.

Data

On average, over 700 cases a year are reviewed in the State CFSR process with approximately 350 of the cases having interviews with the child, family, care providers and other involved parties. The remaining cases are reviewed on the SACWIS system. The Continuous Quality Improvement (CQI) unit does specialized reviews on specific issues and locations when the need arises. The CQI unit offers training to individual counties and assists with the development of Program Improvement Plans. Systemic interviews have been conducted with external stakeholders including Tribes, judges, district attorneys, private attorneys, service providers, foster parent groups and youth groups. Information from the State CFSR and input from line staff during systemic group interviews has been used to make improvement on the SACWIS system over the past six years. The treatment plan or individualized service plan changed as a direct result of interviews with staff and our judicial partners.

The Supervisory Case Review system is a continuation of the State CFSR process. This process informs the PIP and is intended to assist the supervision and mentoring of workers. Some supervisory case reviews are comprehensive and others are focused to provide data that informs a county how they are doing on their PIP. As many as 4000 focused case reviews and several hundred comprehensive case

reviews have been completed. Child Welfare staff were surveyed in 2006 and 2007 and asked if “case review is beneficial in guiding practice.” Of the 439 Child Welfare staff who responded to this question 91.5% answered “yes.” Reviews are also completed by county directors and Permanency Field Liaisons that focus on children that have been in the system for more than 24 months, in an effort to move these cases to permanency.

D. Staff and Provider Training

Item 32: Initial Staff Training.

Child Welfare worker training (CORE) is a competency based training program that presently consists of 124 hours of training presented in five weeks with nine modules. There are four weeks of classroom training and one week of on-the-job training. During the on-the-job training, specific activities are assigned to the new workers to complete during their week in the county office.

Policy requires all new Child Welfare workers to complete the Child Welfare Worker Development Plan. The plan includes: five weeks of CORE Training; mandatory specialized workshops; on-the-job training; structured mentoring; and intensive supervision.

Each new Child Welfare worker is enrolled in CORE and is expected to start within six weeks of their hire date. During the time in the office, new Child Welfare workers are required to complete pre-CORE activities. These activities consist of shadowing an experienced Child Welfare worker while the new Child Welfare worker completes referrals and accompanying the experienced Child Welfare worker to court regarding Child Protective Services and Permanency Planning cases. Also included in the activities are selected reading materials to help prepare the new Child Welfare worker for training. An assessment is given to the new Child Welfare workers on the first day of CORE. They must make a score of 65 to pass. If they do not pass they are given an opportunity to study and take the assessment again. If the new Child Welfare worker does not pass the test on the second try, this information is given to the county office.

During the classroom training the following modules are presented:

Risk Assessment and Safety Planning (focuses on the investigation, assessment and safety planning;
SACWIS/KIDS Training (Computer);
Children in the System (focuses on the needs of children who are in the Child Welfare System);
Placement Orientation (Resource Family Training);

Permanency Planning;
Worker Safety;
IMS (Computer);
Legal; and
Interpersonal Skills and Practice (teaches basic interviewing techniques).

At the end of each CORE module, participants complete an evaluation. After completion of CORE training, participants complete an evaluation on their overall satisfaction with the training. Each report is reviewed and followed up on if there are concerns.

Within three weeks of the end of CORE training, a report is sent to each participant’s county with information on the participants’ performance during CORE, including pre and post-test scores.

An evaluation of the CORE training is done on an annual basis by the Child Welfare Enhancement Program of the University of Oklahoma, School of Social Work. Child Welfare workers are surveyed approximately six months after they complete CORE training. The timing of the distribution of the questionnaire gives Child Welfare workers an opportunity to practice in the field for a period of time. The idea is that during this period of time the Child Welfare worker will be able to assess more knowledgeable the usefulness of their CORE training experience.

The questionnaire asks Child Welfare workers if they think CORE training provided them increased knowledge of items related to safety, permanence and well-being. A more general section asks Child Welfare workers to evaluate the success of CORE in emphasizing certain aspects of practice in child welfare and asks them to rate the level of knowledge and skill they acquire in CORE. The questionnaire for Child Welfare supervisors follows the same format as the questionnaire for Child Welfare workers and asks similar questions of the Child Welfare supervisor regarding the Child Welfare worker's level of improvement in knowledge and skills as related to safety, permanence and well being. In addition, both Child Welfare workers and supervisors are asked some questions about the work environment upon the workers' return to work after CORE training. All Child Welfare training is tracked through the SACWIS Computer system.

Systemic Surveys through the State CFSR process are reviewed and used to make changes in the Child Welfare Training. In a random review of the Systemic Survey, the majority of those surveyed agreed training provides Child Welfare staff with the skills and knowledge needed to carry out their duties.

In SFY 2006, 342 participants attended CORE. Currently 238 are still employed.

Item 33: Ongoing Staff Training.

After the completion of CORE training, Child Welfare workers are assigned a track specific to their work assignment. All Child Welfare staff must complete Level I training within 12 months of the participant's completion of CORE training. All Level II training must be completed within 48 months after the completion of CORE. Level III is open to all workers who completed CORE, Level I and Level II training. In SFY 2006, 54 Level I workshops were offered with 1496 attending. Forty-Six Level II workshops were offered with 1088 attending. Fourteen Level III workshops were offered with 317 individuals participating.

All workers are enrolled in the Level I training by Child Welfare Training staff. Training schedules for the next year are set when they complete CORE training. The following are required workshops for Level I:

Child Protective Services Policy;
Permanency Planning Policy;
Cultural Diversity;
Child and Family Services Review;
Legal;
Assessment;
Substance Abuse Level I;
Introduction to Child Sexual Abuse; and

Out of Home (discusses the placement options available to children who are in out of home care).

After completion of Level I training, the workers enroll in the Level II training. The training is divided into tracks specific to the Child Welfare worker's job responsibilities. The training includes advanced policy workshops and workshops identified by each CFSD program manager as needed by Child Welfare staff.

Level III training is for experienced workers. Training topics are different each year based on requests from the field. Workers are required to complete 40 hours of training per evaluation year. All Child Welfare training is tracked through the SACWIS system. The system provides enrollment lists individual training records with completed, enrolled and withdrawn workshops listed.

In an attempt to measure the effectiveness of Child Welfare training throughout the State, the Continuous Quality Improvement unit has completed surveys with Child Welfare staff which address issues surrounding training. Of 499 Child Welfare staff surveyed throughout CY 2006 and 2007, 76.5% reported that the training provides them with the skills and knowledge needed to carry out their duties. Similarly, 75% of those surveyed reported that the training is consistent with practice and instruction received in the field.

All new Child Welfare Supervisors complete an Academy along with supervisors from Family Support, Adult Protective Services, and Child Support Enforcement. New Child Welfare Supervisors are enrolled in a weeklong program training giving them an overall picture of each program area. It gives new supervisors an opportunity to meet the programs managers of each area and to ask specific questions.

All Child Welfare supervisors are required to attend three out of four Clinical Consultation sessions quarterly. The format of the meetings include two hours of training and two hours of case consultation for the case management of difficult cases. There are currently 14 groups.

The University of Oklahoma, School of Social Work conducts a survey each year of Child Welfare supervisors. The survey in CY 2006, supports the contention that respondents, overall, are very positive about the value of Clinical Consultation and about the expertise of the Clinical Specialist assigned to their group. The Clinical Consultation Program is in its eleventh year.

The majority of Child Welfare supervisors responding to the survey report they continue to find the program useful. Over half of the supervisors (53) responding to the survey report the "opportunity to share about common practice issues with peers" is one thing they find most helpful about Clinical Consultation. The overwhelming majority of respondents gave the Clinical Specialist for their group very high marks for effective group leadership and expertise.

A new initiative for lead workers implemented in SFY 2007 offers several workshops on management techniques to develop staff for future supervisory responsibilities. The first two workshops were very well received. In SFY 2008, more workshops are planned for the lead workers.

Item 34: Foster and Adoptive Parent Training.

Policy

OKDHS requires 27 hours of pre-service training for all foster and adoptive parent applicants prior to OKDHS reimbursement for foster care or adoptive placements. The in-service training requirement is 12 hours each calendar year. Both pre-service and in-service training records are documented in the family's resource case and maintained in the SACWIS system.

OKDHS requires contracted Therapeutic Foster Care (TFC) agencies to provide forty-one hours of pre-service training to applicants prior to applicant approval and eighteen hours of in-service training during each reassessment year. Contracted TFC agencies provide a core pre-service training curriculum and additional training components specific to the behavioral and emotional needs of children in TFC placement settings.

Contracted Group home providers and contracted TFC agencies train their staff consistent with OKDHS Division of Child Care, OKDHS Children and Family Services Division, Oklahoma Health Care Authority policies, and OKDHS Children and Family Services contract requirements.

Practice/Issues

OKPRIDE, modified from PRIDE (Parent's Resource for Information Development Education) became the new foster and adoptive parent pre-service training curriculum July 2007 replacing OKPATH (Oklahoma Parents As Tender Healers). OKPRIDE has a knowledge and skill building focus and includes a behavior crises management piece. The OKPRIDE curriculum is seen as an improvement to the more orientation based focus of the OKPATH curriculum.

Resource family training is provided in traditional and less traditional formats and is available via didactic sessions, the web, and teleconference presentations. Training is also available through support groups for foster and adoptive parents.

Strengths/Promising Practices

OKPRIDE Training for Trainers is being provided to Tribal partners and contracted foster care agency staff, both therapeutic and emergency, thus allowing an increasingly statewide approach to resource family pre-service training and development. Resource families in all programs are being trained to work with birth families and support sibling and other connections for children in care.

Group home providers are actively involved in the implementation of Trauma Informed Care by participating and completing START (Systematic Training to Assist in the Recovery from Trauma) training. Administrators from contracted group homes have committed to have current group home staff START trained and to assure that new group home staff receive START training as a part of their hiring and development. OKDHS provided training for TFC staff on Resource Family Assessment, Working with Children and Youth with Developmental Disabilities, and Trauma Informed Care. Training on Pharmacology Use, Impact, and Effects was also provided to group home and TFC contract agency staff.

The involvement and oversight of Adoption and Foster Care Program staff in the development and ongoing evaluation of resource family training allows for modification of training as needed.

Data

OKDHS foster parents completed surveys between 2006 and 2007. 93 % of the foster parents who responded to training questions reported that that “training provides me with the skills and knowledge need to meet the individual needs of the children placed in my home.

Stakeholder Input

National Resource Center for Youth Services and the University of Oklahoma are training collaborators for resource families, contracted group homes, and TFC agencies. Evaluations completed at training sessions are reviewed for planning and development of future training. Contracted group home and TFC can, and do, submit requests and ideas for training on specific topics and practice issues. Resource families were involved in the development, review, and modification of the OKPRIDE curriculum.

E. Service Array and Resource Development

Item 35: Array of Services.

Policy

Policy directs services through safety assessments and service agreements for intact families and strength and needs identification and treatment plans that enable children to return home safely from out of home care; or ensure the well-being of children who cannot return home while identifying other caregivers who can provide permanency. Policy prescribes those direct services required of child welfare staff as well as resources available through the agency, such as protective child care, contingency funds and entitlement programs. Referral procedures are described in policy for statewide contracted services and mandatory state services for custody children such as EPSDT and SoonerStart, the State's early intervention program.

Practice/Issues

All primary prevention services in Oklahoma, as well as secondary prevention home visitation programs like Healthy Families and the evidenced-based nurse visitation program, Children's First, are administered by the State Department of Health. Families assessed or investigated through CPS who require ongoing services without court involvement may receive assistance from community agencies or Oklahoma Children's Services, (OCS), a system of statewide contracts including Parent Aide Services (PAS) and Comprehensive Home-Based Services (CHBS). Child Welfare releases voluntary families once the prescribed services are engaged.

Many services to court-involved families are provided directly by OKDHS staff, such as casework services, family support, emergency shelter and foster care. These are monitored through case review, annual re-evaluations by county foster care workers, Child Care Licensing and the State Health Department. Other purchased placement services such as emergency and therapeutic foster care, in-patient, residential treatment and specialized independent living homes are monitored by the Oklahoma Health Care Authority, HCA, (Medicaid-related), Child Care Licensing, CQI and CFSD contract monitors.

Parent education and sexual abuse treatment services are contracted services available in a limited number of counties and are monitored through CFSD program staff. Parent education and parent aide services for

Spanish speaking families are also available in Oklahoma County. Oklahoma Children's Services programs, with coverage statewide, are monitored through agency liaisons and CFSD program staff.

Staff access contracted services through gatekeepers. Contracts prescribe all deliverables and are audited annually. Compliance issues are addressed through secondary reviews. Feedback is provided to staff through the case review process and other monitoring systems with training implemented as needed.

Demand for services exceeds resources and results in waiting lists for services, insufficient placement resources, and workforce concerns such as low pay, high caseloads and staff turnover. The lack of qualified providers impacts timeliness and competency in resource provision. Dental and medical services are difficult to access in rural communities for children and parents relying on Medicaid.

Lack of funding for services is the primary barrier due to tremendous growth in demand. Families continue to present with more complex needs, including substance abuse, depression, domestic violence and mental illness requiring expert therapeutic intervention that is difficult to obtain statewide.

Oklahoma has been less successful in increasing Spanish-speaking service providers, rural health services, and residential substance abuse programs for families with children as well as programs that are effective in treating methamphetamine abuse, domestic violence and autism.

Oklahoma, like many southern states, is experiencing a rapid influx of Hispanics with the attendant language barriers in schools, social service agencies and health care providers. Certain communities have been inundated and are slow to respond to the demand.

The Oklahoma Therapeutic Foster Care Association advises CFSD program staff on the needs of children in TFC and other concerns pertinent to this population. Custody youth and adults serve on the Independent Living Advisory Boards who provide innovative ideas for programming. Post-Adoption services were developed with input from adoptive families.

Strengths

Resources, services, activities and youth development funds are available on a statewide basis to eligible youth in OKDHS custody and tribal custody. A toll free number has been established as the connection for aftercare services for youth.

Every county has implemented diligent search procedures as a part of the PIP to locate fathers and other appropriate caregivers, resulting in better connections with fathers. Family Group Conferencing, a limited practice with promising outcomes for children, is being used in more counties. Permanency Planning reviews, multi-team reviews held 30 days prior to court hearings, are increasing in number and are better attended.

CFSD has identified many gaps that could be addressed without additional OKDHS funding. For example, with many young children in care experiencing developmental delays, every child under three in State custody is now referred for assessment to SoonerStart, Oklahoma's early intervention program. EPSDT was also promoted as a tool to detect and address health concerns of voluntary and custody children. TANF funds were used to provide quicker access to substance abuse treatment for parents whose children are in custody and for a pilot to obtain these services for voluntary families served through OCS. Efforts have been made to

increase retention of foster and adoptive families, and an advertising campaign was implemented to recruit more homes.

A High Risk Prevention pilot project for Oklahoma County that began in 2002 provides services to families who struggle with depression, poverty, domestic violence, substance abuse or other severe stressors, and who have young children. Oklahoma University Health Sciences Center's Department of Pediatrics is providing the research for this project. As of August '06, over 300 families had been successfully recruited for this program. Initial results suggest the parents' level of abuse potential; depression, alcohol use and social support were improved and were significantly less depressed. A rural project began in the fall of '06.

CFSD utilizes a Continuous Quality Improvement process to engage staff, contractors, and organizations in giving feedback and ideas to improve services. Field advisory workgroups are very helpful in program and policy development. The Oklahoma Institute for Child Advocacy has adopted five state agency appropriations requests to better serve the State's children within its 2007 Legislative Agenda.

Data

Data indicates that Oklahoma is failing in all of these measures: (1) placing and maintaining children in safe environments, (2) enabling children to remain home safely when reasonable, (3) helping children in foster care and adoptive homes achieve timely permanency, (4) supporting adoptive families after placement and finalization, and (5) helping youth to prepare for independent living.

Program Improvement Plans are tracked by county and area through KIDS. Case reviews and Systemic reviews also provide subjective measures related to this item.

Program managers invite representatives from across the State who works directly with clients to assess the needs of families and identify gaps in service. Continuous Quality Improvement staff interview Child Welfare workers, service providers, client families, foster parents and judges regarding the service array and assist in the case review process which also identifies needed services and effectiveness. For example, approximately 83% of child welfare staff surveyed in 2006-2007 believed services were accessible to address domestic violence, substance abuse, parenting skills, mental health (for parents and children), and family counseling within their communities. However, a smaller percentage of these child welfare staff, 57%, indicated the services to be effective. The most common needs surrounding services, as indicated by child welfare staff, included the cost of services, transportation, and lack of flexible hours for parents who work. Client satisfaction surveys are used in several programs, as well. Youth panels of custody or former custody youth speak to groups of staff and organizations about their needs and service experiences. OCS is evaluated annually by Oklahoma University's Center on Child Abuse and Neglect.

New information was compiled this year for Oklahoma's Kids Count Project reflecting the ranking of Oklahoma counties related to adverse childhood experiences, 2002 – 2005 (based on Vincent Felitti's ACE conceptualization framework of child maltreatment and family dysfunction). Counties were ranked related to the likelihood a child residing there would experience adversity (and consequent outcomes of poor health and social functioning). The county rankings show a large part of southeastern Oklahoma having the worst anticipated outcomes. Many of the same counties also rank highest in teen births and poorest in economic factors of child poverty, unemployment and personal income (from 2002 – 2004).

Item 36: Service Accessibility.

Policy

OKDHS provides contracted home-based services through Oklahoma Children's Services (OCS) contracts with various service agencies across the State. The services include Comprehensive Home Based Services (CHUBS) and Parent Aid Services (PAS). PAS is a voluntary in-home, non-therapeutic service provided by a paraprofessional designed to encourage parenting skill development for families affected by or at risk for child abuse and neglect due to lack of knowledge and experience in parenting and home management skills. CHBS services are a service that offers resources, options, and guidance to families to better care for their children and strengthen and preserve the family unit. CHBS offers an intensive, short term educational approach. These services are available to assist with children and families with reunification, maintaining a child in their home, and placement preservation.

Key collaborators on this item include the State Department of Health, Oklahoma Institute for Child Advocacy and Oklahoma Children's Services providers.

Practice/Issues

All services are not available statewide. Rural areas continue to experience scarcity of services, as well as few specialized or quality services. Rural areas often lack the resources necessary to provide services. Oklahoma is largely rural which presents problems in recruiting qualified service providers. Also, the service system has not kept pace with the rapid growth of the Latino and Asian populations, and there are insufficient numbers of providers who speak these languages.

Families lack personal transportation or the funds to purchase gasoline at today's prices. Oklahoma has poor public transportation systems. Many families live in remote areas and services may not be available in their county of residence. Cost to families is generally not a concern as most Child Welfare services are provided free of charge. Specialized services such as sexual abuse treatment and evidenced-based therapies are only available in metropolitan counties. As mentioned previously, southeastern Oklahoma, among the poorest areas of the state, is most likely to have access problems. However, the far northwest area of the state, though wealthier, is sparsely populated, and residents in that area must travel great distances to access services.

Barriers include the lack of public transportation, the lack of accessibility to rural health care services and the lack of placement resources.

Strengths

OKDHS has provided Spanish translation for all public documents. In addition, one of the major contract providers of contracted services has implemented Spanish classes for providers.

Strengths that the State has demonstrated include that community agencies in many counties have identified the need for transportation and provide vans and other means of scheduled transportation services in rural communities. A cost consideration for any developing program is how to ensure accessibility. More home-based service projects are being developed. Center-based service programs, such as Public Strategies' Family Expectations project for first-time parents, provide taxi fare to participants.

Item 37: Individualizing Services.

Policy

The Child Welfare worker and family develop the initial treatment and service plan with participation or input from the parent(s), legal guardian, placement provider, child, if appropriate, child's attorney, and guardian ad litem, if applicable, are also utilized in the development of the plan. An age appropriate child, regardless of legal status, participates, if feasible. Plans are to be reviewed with the child and family on a regular basis and update occur every six months, at a minimum.

Practice/Issues

Although policy directs the child welfare worker to include the family and pertinent individuals into the treatment planning process, the reality is that workers often fail to engage families in this process. If the family chooses not to participate, Child Welfare workers are still responsible for creating individualized service plans and do so without the participation of the family.

The current Child Welfare treatment plan, the Individualized Service Plan, was implemented after the Federal CFSR to provide a more family-friendly planning tool, however, this item is an area needing improvement because workers do not always engage families in the process and service availability appears to drive treatment planning. For voluntary families, service planning consists of a Voluntary Family Service Agreement based on the CPS Safety Assessment. These processes and tools have been revamped to elicit more participation from families.

Local judges, district attorneys and private contractors through systemic reviews conducted by CQI staff and individual case discussions are pointing to the need for better, more specialized services. The Court Program Improvement Plan Progress Report (August 2006) indicates “moderate progress” on the following recommendation; “DHS and the court should continue to strive toward more individualized treatment plans. Individualized plan formats do not have to be too complex or lengthy. They must be understandable for parents, older children, judges, and other parties involved in the case. They should clearly delineate behavioral and other applicable goals, be stated in terms that permit observation and measurement, and contain specific target dates where applicable.”

Strengths

Training for Child Welfare staff now incorporates Level I training for new workers in the delivery of preventive service planning. Desultory results from various State CFSRs have addressed, through county Program Improvement Plan (PIP), the involvement and participation of parents in the treatment planning process. The new practice standards hold promise for a change in the culture related to involving families more in decision-making and case planning.

Data

In preparation for the Statewide Assessment, the agency interviewed 10 judges and 14 District Attorneys throughout the State. As part of the survey, these officials were asked to rate how well child welfare staff

identify services in case plans that are based on individualized needs, not just on services generally available. Of those that responded (n=24), 74.9% indicated that services are individualized in case plans “always” or “almost always.” The same survey question was provided to CASA and Multidisciplinary Team members. Of those that responded (n=64), 60.9% indicated that services are individualized in case plans “always” or “almost always.” Of the child welfare staff that responded to the survey question (n=449), 87.7% reported that services are based on the families’ individualized needs. Finally, 82.5% of the Tribal child welfare workers surveyed (n=45) all indicated that services in case plans are individualized.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation with Stakeholders.

Policy

Policy requires that Tribes are notified when OKDHS is involved with a Tribal family. There are 37 recognized Tribes in Oklahoma. OKDHS has signed Tribal/State agreements with 35 Tribes in Oklahoma addressing foster care, adoption and therapeutic foster care.

OKDHS has nine Tribal liaisons through out the state and a Tribal liaison dealing exclusively with Tribal issues in the State Office. The Tribal Liaison, in cooperation with the Tribes, conducts Child and Family Services Reviews (CFSR) and develops Program Improvement Plans based on the outcomes from the Tribal CFSR. Many Tribal staff have participated as reviewers at various individual sites for the State CFSR. The Tribes are included in the planning and participation for the Chafee Foster Care Independence Program and have been included in the Statewide Assessment team.

Practice/Issues

The Statewide Assessment team recommended that OKDHS have more State Office representation for the Tribal Child Welfare programs.

In all State CFSRs conducted, an external stakeholder is utilized for at least one site. This has proven to be a positive venue for education and collaboration. Including external stakeholders in program improvement planning efforts has also provided opportunities for external input. While many counties have active Multidisciplinary teams (MDT) there continue to be barriers in rural communities to establishing such teams due to limited disciplinary resources in these communities. Multi-disciplinary teams are utilized for both case specific consultation as well as collaboration for the overall service system.

Strengths

Judicial conferences will be held across the state this spring. Judges, district attorneys, attorneys involved in juvenile court, foster and adoptive parents, youth, and OKDHS workers are invited. The conferences are an effort to develop a shared vision between the courts, OKDHS and community partners to focus on the children we serve.

OKDHS is collaborating with the Oklahoma University Health Science Center on the Foster Hope Clinic. A Clinic developed specifically for foster children. The doctors at the clinic also provide consultation for workers and supervisors across the State when medical questions arise.

During the fall of 2006 OKDHS brought together a group of internal and external stakeholders to discuss how OKDHS can improve Child Welfare practices. The result is the OKDHS Child Welfare Practice Standards (see attached). Seven meetings were held with 651 workers and supervisors in all six Areas of the State in attendance to discuss the OKDHS Child Welfare Practice Standards. Each county is developing a Practice Standards Improvement Plan with the focus on improving our practice at the line level and therefore improving outcomes for families and children. Practice Standards are being shared with all external groups and have given rise to much conversation about how we do our job and how we can improve the process. The process is allowing for the sharing of data and honest discussion on what we can do to improve outcomes with the help and collaboration of stakeholders involved in the child welfare system.

The strength and improvement since the last Statewide Assessment in regards to external stakeholder involvement has been with foster parents. Administration has made it the responsibility of a county director to have at least two focused groups with foster parents each calendar year. One of the focus groups is facilitated by the State Continuous Quality Improvement (CQI) unit with the county director in attendance. Attendance in rural counties has remained constant. Attendance in Oklahoma County (largest Metropolitan County) has increased each year with 69 foster parents attending the last focus group March 8, 2007. The Area Director and six county directors were in attendance and answered questions from the group. Maintaining a child's permanent connections and mutual respect were the focus of that meeting. Early in the CFSR process this group would have 10 to 12 foster parents, maximum, in attendance.

The CQI unit has been doing Contract Performance Reviews (CPR) on group homes, specialized community homes, Therapeutic Foster Care agencies, residential treatment centers, and acute treatment centers that care for OKDHS custody children. These reviews are based on outcomes and use a CFSR instrument which reviews safety, permanency and wellbeing. These reviews do look at specific contract compliance but are done with a collaborative approach. We attempt to use the time during the CPR to discuss options and how we can improve the outcomes for children. OKDHS has collaborated with Oklahoma Commission on Children and Youth, National Resource Center for Training, Office of Juvenile Affairs, and OKDHS Day Care Licensing to present several training sessions across the state in an attempt to reduce restraints and seclusions. Training was provided the end of March 2007 with the focus on professionalizing direct care staff.

Data

Surveys of Child Welfare staff were conducted in 2006 and 2007. Of the 482 Child Welfare staff that responded to the statement "OKDHS collaborates with other service providers in the community in planning related to the overall service system" 86% of the staff responded "yes." Child Welfare staff reported being involved in many community boards and committees within their county such as MDT and community planning committees. Child Welfare staff also reported being active in providing educational training to schools and Court Appointed Special Advocates (CASA).

Stakeholder Input

OKDHS conducts ongoing systemic interviews with foster parents, Judges, District Attorneys, Court Appointed Special Advocates (CASA), Post Adjudication Review Board (PARB), youth and service providers. In preparation for the Statewide Assessment the OKDHS CQI unit has conducted interviews with 355 foster parents, 10 judges, 14 district attorneys, 35 CASA members, and 46 MDT members. The CQI unit also surveyed 210 youth. The Independent Living (IL) Program surveys youth involved in that program and 357 of these surveys were used to inform the Statewide Assessment. Youth, service providers, parents, placement providers and workers are surveyed via mail and at the time of the State CFSR. Results of the mail-in surveys have been included in various items throughout the Statewide Assessment. The results from the surveys and interviews indicate that youth want to be more informed about their cases and “told the truth”. The Statewide Assessment team members felt that OKDHS could do a better job in their communications with older youth. The team further suggested that Child Welfare’s relations with other key programs or agencies can be directly linked to a child’s best interests.

Item 39: Agency Annual Reports Pursuant to the CFSP.

Since the last Statewide Assessment, OKDHS made a decision to have the Child and Family Services Plan (CFSP) and the yearly Annual Progress and Services Report (APSR) to correspond with the Program Improvement Plan (PIP). The PIP has been made the basis of measurement for the CFSP and APSR. We are able to use the State CFSR scores, Supervisory Case Reviews and SASWIS reports to inform the APSR; therefore allowing us to measure the progress or lack of progress on specific items or programs that are being monitored.

The OKDHS Children & Family Services Division (CFSD) participates as a member of the State Citizen’s Review Panel (CRP), which meets monthly. This frequent and close involvement facilitates educating the members of the CRP regarding the function and responsibilities of the OKDHS Child Welfare system. There are also four fully functioning regional CRPs (Southeastern, Southwestern, Eastern, and Tulsa) with the same participatory design that facilitates education and immediate responsiveness to questions and issues. The specific 33 recommendations of the 2006 report comprise four recommendations regarding collaboration between state agencies, six recommendations regarding legislative changes, one recommendation regarding research, nine recommendations regarding continuation of current activities, and 12 recommendations regarding OKDHS internal policies and procedures. The majority of the 12 OKDHS recommendations regarding OKDHS internal policies and procedures are already a part of the Oklahoma CFSP.

OKDHS is a fully involved and participatory member of the CRP, and likewise, the CRP is a part of the ongoing development of Oklahoma’s Child Welfare system; thus negating the need for an overall written response. Responses as to the individual concerns regarding specific identified children are made in writing back to the CRP within 30 days following each inquiry.

The State Adult Independent Living (IL) Advisory Board has a mission to lend support to implementation of IL services in Oklahoma. The Board meets quarterly, with task force groups meeting on an as needed basis. Three of the four committees developed in FY ‘05 to focus on critical needs identified by the State IL plan have been disbanded due to the goals being accomplished. They include the sibling connections committee, the transportation committee, and life skill curriculums committee. The Board has met three times in FY ‘06 with an average of 25 participants at each quarterly meeting. Although the number of board participants has grown, they largely represent individuals from the Child Welfare system and

transitional living grantees with an occasional representative from group home providers and the private sector. Over the next two years, efforts will be made to identify and recruit board participants from the judicial, mental health, education, employment, housing and rehabilitative systems as well as from the private sector.

The State Youth Advisory Board is a group of youth and adults working together to educate the community, empower youth for success, improve the Child Welfare system through problem solving, promote independent living through training and resources, and bridge the gap between youth and adults. The fifteen youth selected to attend the annual Destination Future Leadership Conference each August serve as the Youth Advisory Board for a period of one year.

A former foster youth employed by OKDHS attended the leadership conference with the youth and has been facilitating the Youth Advisory Board. Shortly after returning from the conference, the advisory board youth received a questionnaire from OKDHS asking for input on topics of interest for the board. The overwhelming response was in the areas of recruiting foster and adoptive homes for teens and community awareness regarding teens in the Child Welfare system.

The selection process for the 2007 State Youth Advisory Board will begin in June 2006. Along with activities that the new board identifies as important, the advisory board will be utilized to suggest ways that youth can be incorporated in the next Federal CFSR. The Chafee Foster Care Independence Program (CFCIP) five-year plan also includes a plan to have a youth annual retreat in conjunction with the adult annual retreat.

The Youth Service Boards (CFCIP purposes 1-6) were created to be a voice for the youth to the State Youth Advisory Board. The goal is to promote positive youth development by providing activities and experiences that help youth successfully transition to adulthood, and by providing an opportunity for youth to participate in community services where the youth reside.

Service boards are meeting in counties around the state. During the current fiscal year there have been 96 youth involved in service boards that are meeting in counties around the state. Some examples of the board's activities include fundraising for the Salvation Army Angel Tree, cooking and serving meals for the local Salvation Army programs, and fundraising as well as assisting with a Christmas party for the younger foster youth.

In an effort to maintain and expand youth involvement in these local boards, efforts will focus on a combination of activities relative to their local interests as well as activities that allow the boards to contribute to the overall statewide IL program. Youth from local boards will also be encouraged to share their experiences with other youth at IL conferences and IL events during the course of the upcoming year.

Sixteen external stakeholders who have been involved in the Statewide Assessment team have agreed to participate as reviewers during the Federal CFSR beginning August 20th, 2007. Those on the team have agreed to participate during the complete process of Assessment, CFSR and PIP development. The team consists of judges, Tribal members, youth, private and public agencies, and OKDHS staff. We are enlisting their assistance in an effective way to integrate and disseminate the information in the Statewide Assessment and APSR.

Item 40: Coordination of CFSP Services with Other Federal Programs.

OKDHS and the Oklahoma Health Care Authority (OHCA), as the agency that administers the Medicaid program for the State, collaborate in a pilot project focusing on ways to provide medical history for children entering care. In Oklahoma 59% of children are eligible for Medicaid. Results of our project revealed that 92% of new foster children had at least some Medicaid history, and 82% were on Medicaid at the time of entry into foster care. A barrier to providing quality and thorough health care delivery to foster children is the difficulty in identifying medical history and communicating previous medical services or needs to all those responsible for the child. There were two objectives for the current project: 1) utilize the state Medicaid database to generate past medical history for children entering foster care; 2) utilize the OKDHS data system to successfully communicate health care information between OKDHS caseworkers and a medical home clinic for foster children. The first part of the project utilized Medicaid billing information as a surrogate for past medical history. The second part of the project focused on sharing information about current medical visits and recommendations between a medical home clinic for foster children and OKDHS case workers. This project demonstrated that improved communication is achievable through partnerships between State agencies and the use of existing information/technology. Medicaid and OKDHS found this improvement to be so valuable; they have expanded the project to encompass the entire State's population of foster children. In addition, case workers have become much more aware of, and able to identify the medical issues facing foster children. However, there are difficulties to overcome. A barrier to providing quality and completeness in health care delivery to foster children has been the difficulty in identifying medical history and communicating medical encounters/needs to all those responsible for the child.

The Medicaid agency provides “transitional” Medicaid for custody youth until age 21. OKDHS is working with the Medicaid agency to auto-enroll custody youth when they age out of OKDHS custody at age 18, to eliminate custody youth from being dropped because they fail to apply for services as an adult. OKDHS and the Medicaid agency are also developing a process by which children leaving the OKDHS system at age 18, will have available to them a summary of their medical history while they were in care.

The State Medicaid agency added assessment services as a compensable service during this past fiscal year, in an attempt to increase the availability of providers statewide to provide services to youth. The State is also working collaboratively with other child serving agencies to develop an assessment instrument and screening tools that are available to practitioners to increase the likelihood of early identification and intervention for children with mental health and developmental needs. The Medicaid agency also has expanded the array of services reimbursed for substance abuse treatment for children and their families who meet the 185% of poverty guidelines.

The Court Improvement Project is planning five regional workshops to be held in the summer of 2007. These workshops will include judges, district attorneys, other attorneys, and Child Welfare workers. The focus will be on improving relationships and understanding the court process.

OKDHS Child Welfare has a multidirectional data interface with Child Support Enforcement (CSE) through the SACWIS. The interface provides data on custodial and non-custodial parents of children in OKDHS custody. The data can include information from the Federal Parent Locator Service (FPLS). Matching is based upon the Departmental Client Number (DCN). The interface is able to update existing client information, or generate new clients in the SACWIS, if the client does not already exist.

Child Welfare caseworkers can also request specific information from their counterparts in CSE, who are able to utilize all of their resources including the FPLS to locate non-custodial parents (NCP). Both divisions (CSE & CFSD) have encouraged their staff to develop good working relationships with each other. CSE DM 06-02 & numbered memo CWS 06-16 encourage this cooperation and explain some of the benefits of a good relationship. CFSD is exploring joint training with CSE to help put names with faces in various counties across the state.

CFSD & CSE collaborated to make online training available for all Child Welfare staff. The training was available in late 2005, and includes an overview of CSE for Child Welfare staff, paternity establishment, & Child Support guidelines.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions.

Policy

Modifications were made to CFSD resource family policy and forms to incorporate OKDHS Division of Child Care foster home licensing standards. These modifications provided additional guidance to staff for assessing resource home safety, particularly surrounding infants. Changes also enabled the clarification and reorganization of policy for better practice. Area staff annually reassess foster homes.

CFSD program staff in Continuous Quality Improvement (CQI) and Resource Units evaluate and monitor contract performance for emergency foster home providers, therapeutic foster care providers, and group home providers via annual contract performance review surveys. Area staff visit contract facilities and provide onsite monitoring visits at (TFC agencies and group homes) at least monthly. Ongoing monitoring is provided by area staff. Response to contract non compliance includes additional training, focused resurveys, and contractor written plans of compliance. Contract sanctions and cancellations are also possible.

Strengths/Promising Practice

Children and Family Service Division (CFSD) Foster Care program staff initiated focused monitoring and a standardized CQI process for foster home cases statewide. This foster home CQI process included on-site county visits with case reviews conducted by CFSD Foster Care program staff.

Area Foster care units have been explored as a practice method in all six management Areas of the state. This practice approach has been fully implemented in four management Areas and partially implemented in the other two. These units specialize in recruitment, retention, and monitoring of foster homes. Child Welfare specialists (workers and supervisors) assigned to these units are developing specific expertise in working with foster care development activities. The focused time and energy of these specialized staff units enable and allow supervisors to better support workers and workers to develop skill and thought processes in one identified area. Supervisors currently meet at least quarterly with program staff. These quarterly meetings provide training, mentoring, collaboration and work in a specialized group.

CFSD contracts with private agencies for the majority of traditional foster home assessments and all adoptive home assessments. Contracting studies allows for more rapid completion and facilitates increased availability of Child Welfare staff to focus on recruitment and retention of resource families. Area Child Welfare staff review and approve home assessments completed by contract agencies.

The completion of a comprehensive resource family assessment tool allows for both foster and adoptive home assessments to occur in such a manner that additional home assessments, when foster families adopt, will no longer be needed. This improved practice will shorten the length of time to permanency, increase resource family satisfaction, sense of value, and reduce staff time.

Data

Because of the newness of the specialized units, the identification and development of data indicators is still in the planning stages. A goal is to better utilize available data to support and enhance the work of the specialized units.

Stakeholder input

Collaborators in both the development and implementation of resource family home standards include the OKDHS Division of Child Care, resource family assessment contractors and subcontractors, group home providers, Therapeutic Foster Care providers and Emergency Foster Care providers. CFSD program staff facilitate quarterly meetings with provider groups and conduct annual policy and assessment training to subcontractors. The Statewide Assessment team recommended both scheduled and unscheduled visits to resource family homes be considered to provide more opportunity to assess child safety and quality of care.

Item 42: Standards Applied Equally.

Policy

All resource family homes, Foster Care, Adoption, Emergency Foster Care, and Therapeutic Foster Care (TFC) homes are approved based on OKDHS Children and Family Services Division (CFSD) and OKDHS Office of Child Care policies; title IV-E or IV-B funds are only expended for homes which meet these standards. Pre-service training is required of all families receiving reimbursement from title IV-E or IV-B funds.

Criminal background checks of foster family applicants are completed via fingerprints. Resource home approval, pending applicant fingerprints, occurs when applicants have resided in Oklahoma a minimum of five years.

Resource families, in some cases are jointly approved by other licensed child placing agencies, other OKDHS divisions, or Tribal partners. In the instance of joint approved homes, families meet certification requirements of each approving entity.

Strengths/Promising Practice

A child can be placed in a kinship family setting prior to completion of the resource family assessment and pre-service training. Kinship placement is dependent on completion of an initial kinship placement agreement, a criminal background check, a child welfare records search, a physical house assessment, and contact with three personal references. These placements, although not eligible for title IV-E or IV-B reimbursement, allow children entering out of home care to maintain connections and increase placement stability.

Effective November 2003, as follow up to the 2003 Oklahoma Federal title IV-E review, Foster Care program staff initiated a statewide resource family case review process. These county based resource family case reviews resulted in the identification of common practice concerns related to home certification, allowed for technical assistance to staff who complete home assessments, and facilitated the development of county based management processes to improve compliance to standards thus the successful passing of Oklahoma's 2006 Federal IV-E audit. Currently, CFSD Foster Care program staff randomly monitor the foster home assessment and approval processes for title IV-E compliance. The monitoring occurs on site in county offices and consists of case reviews, staff interviews, management reporting and training.

Effective January 2007 as follow up to the 2006 Oklahoma Federal title IV-E review plans of compliance were initiated with some contracted providers. These plans are monitored by CFSD program staff, Division of Child Care Licensing, the Oklahoma Health Care Authority and the Oklahoma Department of Health. An additional Oklahoma Health Care Authority requirement for TFC agencies is accreditation by a national accreditation body.

CFSD program staff provide training to field staff and contracted agency staff on resource family policies, requirements, approval standards and title IV-E compliance. Training is both didactic and experiential.

As result of the implementation of the 2006 Child Welfare Practice Standards and the implementation of the Bridge concept, Foster Care and Adoption program staff are working collaboratively to finalize a streamlined process whereby once approved resource family homes can provide foster or adoptive care. Ongoing collaboration with TFC agencies should eventually lead to inclusion of these families in the streamlined approval process.

Data

The monitoring process implemented by CFSD program staff has resulted in improvements in the completion of kinship home studies and background checks (aforementioned onsite reviews has by effect caused staff to be more aware of the established standards). Efforts including staff training and supervisory review of SACWIS reports have led to improved timelines in completion of reassessments. As of April 2007, roughly 90% of reassessments were current an increase from 50 %.

Stakeholder input

CFSD program staff identify several barriers which may impact the equality in which resource family approval standards are applied. Similar barriers were identified by Statewide Assessment team members during assessment team discussions. Barriers to consistently applying standards include the personal

belief systems and biases of staff completing home assessments, misinterpretation of established policies, and hesitancy and or failure by family assessors to identify and address issues of concern. CFSD program staff and the Statewide Assessment team also identify inadequate internal (between foster care, permanency planning, adoptions, and child protective services staff) and external (between OKDHS, tribal partners, and providers) communication as an additional problematic factor in approving and retaining resource families.

Both implementation of practice standards and the roll out of Bridge appears to have already positively impacted the communication issues. The common language in both these initiatives and the planned implementation has allowed for focused discussion with stakeholders clearer input from all and a better understanding of what standards and expectations are in this and other areas.

Item 43: Requirements for Criminal Backgrounds Checks

Policy

Oklahoma has required national criminal background checks since September 1998 and has been in full compliance with federal requirements for over eight years. Criminal background checks are currently being provided via a national search of applicant fingerprint data bases conducted by both the Oklahoma State Bureau Investigation (OSBI) and the Federal Bureau of Investigation (FBI). Background checks completed include a search of Oklahoma Department of Public Safety records and the Oklahoma Sex Offenders Registry. Searches are completed of the Juvenile Justice Information System for all resource home residents age 13 through 18 and an OKDHS Child Welfare records search is completed for all adults living in the home. Court involvement and public information data bases are reviewed for all adults residing in the applicant home. Children can be placed in kinship home settings upon completion of the OSBI criminal and name search and the Child Welfare record check.

State law allows for adoptive home applicants who have resided in Oklahoma ten consecutive years or more to forego fingerprinting. Foster homes can be approved pending fingerprints when the family has resided in Oklahoma five or more consecutive years. As Oklahoma background check requirements have been statutory since 1998 the OKDHS Legal Division has been instrumental in analyzing, reviewing, and supporting policy development and practice as the agency assures compliance with state and federal laws and title IV-E requirements. Oklahoma was an "opt out" state however we are in the process of changing statute to reflect current changes in the Adam Walsh Act. All foster and adoptive applicants will be fingerprinted regardless of length of residency prior to application.

All contracted care providers, Emergency foster care, Therapeutic Foster care, and group home providers meet the same policy guidelines for criminal background checks as do OKDHS resource families. OKDHS Office of Child Care monitors the completion of criminal background checks of staff in institution.

Strengths/Promising Practice

Since the 2002 CFSR improvement has occurred in field staff use and analysis of information gathered during the background check process. Training provided by the OKDHS Legal Division and Children and Family Services program (CFSD) staff equipped field staff to use the background check information as part of the initial and ongoing family assessment. Also instituted were formalized review procedures of

the background information to allow for more complete assessment of resource family applicants. Improvement noted during the 2006 IV-E federal review process and in random monitoring of resource family cases by CFSD program staff confirm improvement in field staff understanding and use of criminal background check information.

Any criminal history found during the background check process is to be analyzed with information reviewed based on the aforementioned review procedures and process. Negative results on an OSBI check are assessed on a case-by-case basis. Certain criminal history, by State law, is an automatic bar from becoming an Oklahoma foster or adoptive family. Any other negative information found on the background check is to be carefully assessed with a determination made as to viability of use of resource home applicant. When a family has been approved based on an OSBI name search and fingerprinting reveals a criminal history, results are reviewed and assessed, with involvement of CFSD program staff. A decision is made based on the joint review as to whether the family will continue as a resource home or if the child will be placed in another resource home and the resource home closed.

Oklahoma was an “opt out” State but we implemented more stringent requirements than were initially required. OSBI criminal history results can be obtained within a matter of minutes by faxing an application with the results being faxed back.

Data

Criminal background information is entered into the SACWIS system. Consistent entering of this information allows for greater access to background findings by all staff who might need the information, increasing the ability to make appropriate and safe placements.

Stakeholder Input

The key collaborators with the agency are OSBI, FBI, and DPS. The barrier to completing this requirement on all foster and adoptive homes is the high rejection rate and the timeliness of the response from the FBI.

Item 44: Diligent Recruitment of Foster and Adoptive Homes.

Policy

OKDHS policies and contract language are consistent with Federal laws and guidelines regarding resource development and placement in a culturally competent manner. Specific policies regarding diligent recruitment which reflects the ethnic and racial diversity of children in care are also in place.

Strength/Promising Practice

Children and Family Services Division (CFSD) program staff initiated a monthly recruitment meeting attended by Foster Care and Adoptive specialist statewide to address the need for specific and targeted recruitment of families who reflect the state’s placement needs. These meetings began with approximately 15 attendees. Average attendance now exceeds 50. Current representation and participation includes Resource Family specialists from throughout the state, Emergency Foster Care Agency staff, Therapeutic Foster Care agency staff, Tribal partners, and Resource parents providing both foster and adoptive care,

permanency planning program staff, and Continuous Quality Improvement CFSD Program staff. At these meetings, strategies and tools are shared and developed for increased recruitment and enhanced support of Resource families. The statewide representation at these meetings allows for identification of specific needs in OKDHS management areas and within statewide programs. The incorporation of reports from the SACWIS system is being expanded during the meetings to facilitate development of specific and targeted recruitment strategies.

OKDHS has continually contracted with the One Church One Child program since November, 1988 for the recruitment and support of African American families for foster care and adoption. This contract continues to be a valuable piece of the identifying and developing culturally competent families.

Specified recruiters are in state management areas. One metro-county has an entire supervisory group, consisting of five Child Welfare specialists whose job is to recruit resource homes. Currently adoption and foster care in many parts of the State jointly recruit homes; these efforts and joint work will increase as Bridge is implemented statewide.

As part of the Performance Improvement Plan (PIP) developed following the last Federal CFSR, recruitment was included in each county plan. Each county identified the children they had in care, and developed recruitment strategies according to the data available.

The identification and utilization of consultants from the National Resource Centers and AdoptUsKids has proven to be an integral part of statewide recruitment efforts. These contacts have allowed for Oklahoma to be exposed to best practice from across the United States and implement those pieces of best practice which most meet the State's needs.

Data

Reports are utilized from the SACWIS system to identify the types of homes needed and the characteristics of the children needing homes. Reports are available to track the number of homes recruited and the number of homes maintained. Efforts are currently underway to refine and make consistent reporting so information gathered regarding adoption and foster can be compared and utilized to enhance recruiting efforts. The planned consistency in reporting will facilitate better measurement of success of our recruitment efforts.

Stakeholder Input

One Church One Child, ADOPTUsKids, Adoption Exchange, Child Shelter Homes: A Rescue Effort (Child S.H.A.R.E.) Tribes and the National Resource Center for Youth Services are all key collaborators in resource family recruitment. The use of consultants by OKDHS for program development and training at statewide recruitment meetings has given staff both in the field and in State office exposure to emerging practice and allowed for piloting and field testing a variety of practice approaches.

There are varied levels of understanding among many staff of the need to implement diligent targeted recruitment to reflect the children in our system rather than just recruiting families. This lack of understanding is also evident with other entities that provide out of home care. Additional training in this area is a need as collaboration with external stakeholders is crucial in accomplishing targeted recruitment goals. OKDHS must partner with Tribes in recruiting Native American homes to meet the needs of the Native American children in our system. OKDHS has recognized the need to collaborate with external stakeholders but has fallen short of accomplishing this.

Our strength in this area is utilizing consultants and recognizing the need to collaborate with external stakeholders in order to recruit more homes that reflect the ethnic and racial diversity of children in care.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.

Policy

By policy, a child in OKDHS custody is referred for statewide adoption staffing when the child's permanency plan is adoption, unless a prospective caregiver has been identified for the child. The statewide staffing allows for recommendation and consideration of families from the entire state for each child staffed.

Policy directs staff on the Interstate Compact on Placement of Children (ICPC) process. OKDHS contracts with Heritage Family Services to monitor the ICPC process for outgoing and incoming adoptive placements. Heritage attends most statewide adoption staffings to allow workers the opportunity to discuss the status of ICPC adoption cases and any issues surrounding those. The contract with Heritage provides adoption staff with a knowledgeable resource of the ICPC adoption regulations to assure compliance with the ICPC guidelines. Heritage identifies and addresses issues to prevent delays early in the process.

OKDHS contracts for the completion of adoptive home assessments. Contract modifications have been completed to ensure that the State processes ICPC requests for home assessments requested from other states within the new timeliness requirements. Contractors are now required to complete and have the home assessments back to OKDHS within 45 days in order for the State to meet the 60 day timeframe.

Practice Issues

OKDHS is divided into six geographical areas, each consisting of multiple counties. Placement of children, however, is addressed on a statewide basis. There can be difficulties in cases involving children living in one area of the State and the resource family residing in another area of the State. Specific "Area to Area" placement protocols have been established to avoid delays.

One of the most significant issues is collaboration between the metropolitan counties and those rural counties that are contiguous to them. Due to the number of children with the goal of adoption in the metropolitan counties, the surrounding counties receive a large number of Area to Area requests for home assessments, making close coordination essential.

Strengths

This past year OKDHS identified resources within the military community through AdoptUSKids. Staff members have participated in two symposiums and military support groups in Germany which resulted in the placement of 12 children out of the country to date.

One Church One Child recruits families for minority children and attends the monthly statewide staffing so their families can be recommended and considered for children waiting for permanent homes.

Approximately 20 Tribes have participated in statewide staffings to recommend families for Tribal children. Once each quarter the emphasis of the statewide staffing is on Tribal children.

The "Waiting Child" television segment, the Heart Gallery Photo Exhibit and AdoptUS Kids recruitment venues are utilized extensively to identify resources from across the country, as described in Item 9. The amount that can be paid through Purchase of Service agreements to other agencies for trial adoption supervision has been increased. This enhances the ability to work with families from other states by encouraging more out of state agencies to contract with OKDHS to provide these services.

The key collaborators with OKDHS are Heritage Family Services, Tribal partners, AdoptUSKids, One Church One Child and private agencies with purchase of services agreements.

Data

Data Profile documents that from October 1, 2003 to March 31, 2006 there were 2732 children placed for adoption. Of the total number of children placed, 916 or 33.5% were placed outside of their area of jurisdiction. This number includes children placed in another of the six areas from which they reside and also includes out of state placement.

The average for SFY 2004-2006 is that about 80% of adoption placements are relative/kinship placements and 20% are non-related placements. During this same period, 9% of children placed were the result of Internet inquiries, 6% from adoption parties, 4% were children residing in a Therapeutic Foster Home setting where the family decided to adopt, 3% Tribal families, and 12% from statewide staffing meetings.

Promising Practices

Due to the increasing numbers of out of state inquiries that Oklahoma receives an adoption specialist position was created. This position's primary responsibility is working with out of state inquires and recruitment of resources for waiting children. This position is the liaison with AdoptUSKids and the Adoption Exchange for child specific recruitment for OKDHS. When home assessments are received from these sources, the liaison forwards the studies to the child's worker for consideration. The liaison also receives all out of state home assessments and recommends out-of-state families to be considered along with families from within Oklahoma.

Section V – State Assessment of Strengths and Needs

Based on an examination of the data in section II and the narrative responses in sections III and IV, the Statewide Assessment team should respond to the following questions in completing this section:

1. Strengths

Information from the Data Composites indicates that the State has been improving on Data Composites 1, 2, and 3. While the State may not have achieved the specified national standard, improvement has occurred in each of the Data Composites. The State CFSR's conducted in each county on an annual basis indicates stability in S1 and S2 and improvement in WB2 and WB3. Interviews with external and internal stakeholders indicate strength in the area of Information System, Case Review (with the exception of TPR), Quality Review System, and Agency Responsiveness to the Community. Collaboration with the courts has improved. Two judges have committed to participate in the Federal CFSR process from Statewide Assessment through Program Improvement Plan. OKDHS and the local courts have sponsored one round of Judicial Conferences throughout the State and the Court Improvement Project has five Judicial Conferences scheduled for this summer.

- Data Composite element IX Component B indicated a strength in foster care re-entries, Item 5, as it exceeds the national standard at 9.3%.
- State CFSR scores indicate that Item 21, meeting educational needs, is a strength with scores improving to 96% in 2006.

The Oklahoma University Health Sciences Center (OUHSC) and OKDHS have collaborated on several projects including the Fostering Hope clinic and several conducting surveys to gather data regarding the status of health care for custody youth. The OUHSC surveyed physicians in Oklahoma to evaluate the barriers to health care delivery to custody youth in Oklahoma. The survey will be followed in the summer of 2007 with focus groups of Child Welfare workers and foster parents. This information will be used to develop an ongoing survey that will inform the upcoming Program Improvement Plan.

2. Areas Needing Improvement

The Data Composites and State CFSR scores indicate the major issue facing the State is Composite 4: Placement Stability. The State CFSR scores indicate no gain or regression on both Permanency Outcomes and Well Being 1. The Practice Standards are a direct result of the need to improve on these Outcomes. Training, Service Array, Resource Development, and Foster and Adoptive Home Recruitment received mixed outcomes during the systemic interviews conducted and should be an area of exploration during the on-site review.

- Item 6, placement stability is a struggle for Oklahoma as evidenced by Composite 4 of the data profile with a state ranking of six of 51.
- Item 20, worker visits with parents is an area that needs improvement as evidenced by state CFSR scores ranging from 60% to 66% over the past four years.

3. Site Selection

Seven counties with an adequate number of cases were submitted to the Federal Review Team for their consideration. During a conference call on April 20, 2007, the team selected Comanche and Muskogee counties bases on the following information provided by the State:

Comanche County

Comanche County is the fourth largest county in Oklahoma with the 2005 census estimating a population of 112,429. The County is located in south central Oklahoma and the County seat, Lawton, is 1½ hours from Oklahoma City. Comanche County is the home to Fort Sill, headquarters for the U.S. Army Field Artillery Center and School, and is home to Cameron University and the Great Plains Technology Center.

Comanche County struggles with placement stability (see Permanency Composite C4 scores). Absence of maltreatment in foster care is 99.19%. The raw data from the AFCARS 2006B indicates that 67.35% had three or more placements. The State CFSR four year average indicates that the County struggles with the Permanency Outcomes (P1 – 60% P2 – 75%) and Safety (S1 – 77%).

AFCARS 6B data indicates that the Native American population is 19.3% and the Hispanic population is 12.32%. The county is a Bridge* full implementation county and county management has been attempting to focus on improving practice at the line level.

Muskogee County

Muskogee County is in eastern Oklahoma about three hours from Oklahoma City and 45 minutes from Tulsa. The 2005 census estimated the County population to be 70,607. The city of Muskogee is the county seat and the location of the OKDHS offices. The County is located between counties that house the Cherokee Nation headquarters and Creek Nation headquarters. The Choctaw Nation is located to the south of Muskogee County. Muskogee was the proposed capital of the State of Sequoyah (Indian Territory) that attempted to become a state in 1905. The Native American culture in Muskogee remains strong. The AFCARS Data Summary indicates the Native American population of 34.31%. The census reports American Indian as 15.9% of the population. Muskogee County also has the largest prison population in the State, with both a male and a female correctional institution located in the county.

The Data Composites indicate that Muskogee County ranked mid-range in almost all of the Composites. Absence of maltreatment in foster care is 97.86%. The State CFSR 4 year average indicates that Muskogee struggles with Outcome P1 (Children have permanency and stability in their living situation). The County has good collaboration with the community. The District Judge is actively involved in the Child Welfare system and has provided information to the CQI unit on numerous occasions over the past several years. The Judge is also a member of the Judicial Oversight Committee.

Oklahoma County

Oklahoma Co. the largest metropolitan site in the state will be a site at the CFSR. The 2005 census estimated the county population to be 684,543.

State CFSR Data

| | Comanche | Muskogee | Oklahoma |
|----------------|--|--|--|
| Outcome | 4 Year AVG % Substantially Achieved | 4 Year AVG % Substantially Achieved | 4 Year AVG % Substantially Achieved |
| S1 | 77% | 86% | 84% |
| S2 | 100% | 95% | 90% |
| P1 | 60% | 65% | 77% |
| P2 | 75% | 85% | 70% |
| WB1 | 80% | 80% | 62% |
| WB2 | 94% | 100% | 90% |
| WB3 | 70% | 85% | 72% |

- Information is based on annual State led Child and Family Services Reviews, conducted by the Continuous Quality Improvement staff, from CY2003 through CY2006.

Data Indicators

| Permanency Composite C1 Scores | | | | | | | | | | |
|--------------------------------|----------|--|-------------------------------|--|-------------------------------|--|-------------------------------|--|-------------------------------|-------------------------------------|
| Fips Code | CNTY_NM | 1.1 Percent Of Children Who Reunify In Less Than 12 Months | State RankC1_1 58 Counties | 1.2 Median Time To Reunification Of Those Children Who Reunify | State RankC1_2 58 Counties | 1.3 Children Of an N Cohort - Percent Who Reunify In Less Than 12 Mo | State RankC1_3 58 Counties | 1.4 Children Of X Cohort - Percent Who Reenter Care In Less Than 12 Mo | State RankC1_4 58 Counties | AVGRankC1 Range: 10.5 to 52.0 |
| 40031 | COMANCHE | 75.00% | 19 | 3.88 | 9 | 50.00% | 12 | 9.21% | 35 | 18.75 |
| 40101 | MUSKOGEE | 78.13% | 16 | 2.46 | 5 | 34.62% | 28 | 7.58% | 26 | 18.75 |
| 40109 | OKLAHOMA | 62.77% | 33 | 9.07 | 37 | 25.61% | 41 | 9.14% | 34 | 36.25 |

| Permanency Composite C2 Scores | | | | | | | | | | | | |
|--------------------------------|----------|---|-------------------------------|-----------------------------------|-------------------------------|---|-------------------------------|--|-------------------------------|--|-------------------------------|------------------------------------|
| Fips Code | CNTY_NM | 2.1 Of Children Exiting To Adoption - Percent Who Exit In Less Than 12 months | State RankC2_1 54 Counties | 2.2 Median Time For All Adoptions | State RankC2_2 54 Counties | 2.3 Children In Care 17 Or More Months Adopted by the end of the year | State RankC2_3 58 Counties | 2.4 Children In Care 17 Or More Months Who Become Legally Free Within Six Months | State RankC2_4 57 Counties | 2.5 Legally Free Children Adopted in Less than 12 Months | State RankC2_5 56 Counties | AVGRankC2 Range: 3.8 to 45.6 |
| 40031 | COMANCHE | 13.64% | 32 | 33.51 | 29 | 17.78% | 34 | 13.50% | 23 | 35.71% | 41 | 31.80 |
| 40101 | MUSKOGEE | 38.46% | 15 | 29.83 | 17 | 16.53% | 36 | 12.00% | 26 | 45.00% | 33 | 25.40 |
| 40109 | OKLAHOMA | 26.67% | 23 | 31.28 | 23 | 21.93% | 27 | 17.41% | 16 | 41.88% | 35 | 24.80 |

| Permanency Composite C3Scores | | | | | | | | |
|--------------------------------------|----------------|---|---------------------------------------|--|---------------------------------------|---|---------------------------------------|---|
| Fips Code | CNTY_NM | 3.1 Exits to permanency prior to 18th birthday for children in care for 24 + months. | State RankC3_1 58 Counties | 3.2 Exits to permanency for children with TPR | State RankC3_2 55 Counties | 3.3 Children Emancipated Who Were in Foster Care for 3 Years or More | State RankC3_3 53 Counties | AvgRankC3 Range: 4.7 to 52.7 |
| 40031 | COMANCHE | 28.14% | 38 | 87.76% | 34 | 61.90% | 33 | 35.00 |
| 40101 | MUSKOGEE | 15.63% | 50 | 78.79% | 44 | 73.33% | 41 | 45.00 |
| 40109 | OKLAHOMA | 32.71% | 29 | 91.77% | 26 | 37.25% | 18 | 24.33 |

| Permanency Composite C4Scores | | | | | | | | |
|--------------------------------------|----------------|---|---------------------------------------|--|---------------------------------------|---|---------------------------------------|---|
| Fips Code | CNTY_NM | 4.1 Two or Fewer Placements for Children In Care Less Than 12 Months | State RankC4_1 58 Counties | 4.2 Two or Fewer Placements for Children In Care For 12 But Less Than 24 Months | State RankC4_2 58 Counties | 4.3 Two or Fewer Placements for Children In Care 24 Or More Months | State RankC4_3 58 Counties | AvgRankC4 Range: 5.0 to 55.7 |
| 40031 | COMANCHE | 56.91% | 56 | 42.25% | 50 | 16.79% | 53 | 53.00 |
| 40101 | MUSKOGEE | 90.32% | 4 | 64.15% | 16 | 26.81% | 36 | 18.67 |
| 40109 | OKLAHOMA | 56.44% | 57 | 39.19% | 54 | 24.24% | 41 | 50.67 |

* Data indicator information is based on the Federal Data Indicators received in February 2007.

** The county State rankings are based on the 58 county groupings contained in the Federal data profile. This includes the counties that were rolled up together. Counties with Null values in a composite were not factored into the rankings for that composite. The number of counties that were used are listed in the heading. (Lower numbers in ranking are better).

*** The average ranking for each composite is the Average rank that each county scored in each composite. The range of each composite is listed. (Lower numbers in ranking are better)

4. Statewide Assessment Instrument and Process

The Statewide Assessment process provided an opportunity to involve an array of external stakeholders who brings valuable experience and points of view when assessing the program success. The Statewide Assessment team meeting held on April 4th, 2007 brought 22 external stakeholders and 22 internal stakeholders together. This meeting started with a teen panel reporting on their experiences regarding the strengths and needs of the Child Welfare program and its ability to meet safety, permanency and well-being needs. This panel had a significant impact on all involved. The panel set the tone that carried the participants through the task of developing the items of the Statewide Assessment, with a resolve to be real and honest about the strengths and areas needing improvement. Participations were reluctant to stop working at the designated time and many took homework assignments with them.

The design of the Statewide Assessment requires the State to repeat information listed in previous items. An example is the involvement of parents, which is covered in item 17, 18, 20, and 25. Though these items deal with different aspects of the Child Welfare system or process they all intertwine, requiring reporting of the same barriers and strengths repeatedly.

Oklahoma Statewide Assessment Team

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Melissa Chapman
Former custody youth/college student

The Honorable Doris Fransein
Tulsa County District Judge

Lana Freeman
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Oklahoma County Juvenile Court

Sue Tate, State Director
Court Improvement Project
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The Honorable Mike Warren
Harmon County Associate District Judge

Aneta Wilkerson, Member
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The Honorable Danita Williams
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*All internal stakeholders are staff members of the Oklahoma Department of Human Services

Stakeholder interviews were completed with the following:

- 10 State Judges responsible for deprived cases.
- 14 Assistant district attorneys responsible for deprived cases.
- 3 Tribal Judges responsible for deprived cases
- 70 Tribal Child Welfare staff
- 210 Youth in out-of-home care
- 35 CASA volunteer and staff
- 46 Members of county multidisciplinary teams
- 58 Members of the recruitment and retention team including internal and external stakeholders.
- 14 TFC agency representatives
- 356 Foster parents
- 542 Child Welfare staff

Mail-in-surveys were utilized included surveys from:

- 339 Youth/Children
- 379 Parents
- 377 Placement Providers

Exit interviews were completed by 357 Youth

Appendix

(Appendix A)



A **Bridge Resource Family** is a family willing to be whatever the child needs:

- Provide temporary care, love and nurturance to the child and serve as a mentor actively helping the parent improve their ability to safely care for their children.
- Stay connected and assist in the transition to reunification, legal guardianship or adoption to another family, **and/or**
- Serve as the legal guardian for the child while maintaining a child's connection to kin, culture and community **and/or**
- Adopt the child while maintaining a child's connection to kin, culture and community.

**Operationalizing the Practice Standards in BRIDGE:
Birth Family-Bridge Family Relationships**

- Through the Assessment and the Training families are exposed to the expectation to work with birth families to maintain a child's connection:
- Does this mean that they have to meet the birth family? **YES**
- Does this mean they HAVE to have the birth family in their home? **NO (but they can if they want)**
- Does this mean that they have to go to the birth family's home? **NO (but they can if they want)**
- Does this mean that they have to find ways to make sure that the children and their families see one another? **YES**
- Does this mean that they have to help the child maintain connections to people who matter to them? **YES**
- Does this mean that they have to help the birth families with their parenting during visits and interactions? **YES**
- Does this mean that they have to be willing to talk to the birth family about how the child is doing in their home? **YES**
- Does this mean that when reunification is the plan they have to actively work to help the family get their children home? **YES**

(Appendix B)

Fostering Hope Project

The Fostering Hope Clinic was initiated in January of 2006 to provide a medical home for children leaving the Pauline Mayer Shelter whose resource parents did not have a physician to see the child. Fostering Hope is housed at Children's Hospital, University of Oklahoma Health Sciences Center (OUHSC), in Oklahoma City and is staffed by pediatrician Dr. Deborah Shropshire, a nurse practitioner, psychologist Dr. Stephen Gillaspay, a care coordinator and other medical providers. The clinic follows the American Academy of Pediatrics guidelines on providing health care to children in foster care.

When Fostering Hope started, staff from the state's Medicaid agency, OHCA (Oklahoma Health Care Authority), from OKDHS (both state level and county level), and from OUHSC, met regularly to discuss the project. After several months, staff from the Oklahoma Department of Mental Health and Substance Abuse began attending too. The group meets the second Friday of each month.

Lack of medical history was identified as an issue early on and the group came up with a pilot project. When a child comes into custody in Oklahoma county, their names and birthdates are sent to the Oklahoma Health Care Authority (OHCA). Their lifetime Medicaid billing history and one-year pharmacy billing history are sent back to Child Welfare within 24 hours. Oklahoma county Child Welfare hired a part time worker with medical experience to review the Medicaid history and enter the relevant medical information into the child welfare record. If this worker sees an immediate medical need, such as a recently filled prescription for asthma medication, she contacts the child's placement to confirm that the child has the medication. If not, this worker contacts the physician or child's placement to follow up with the child. About 85% of the kids have some kind of Medicaid history. OHCA pays for their staff person who pulls up the information. This project has been so successful in getting medical history for children, that it has been expanded statewide. Each of the six OKDHS areas has hired at least one staff person to enter the medical history of children coming into Child Welfare system. The OHCA continues to provide a staff person to pull the medical information from their system. This pilot project has provided a wealth of information for child welfare on a child's medical history and their last physician. When the information is entered into KIDS, it is included in the child's placement information. The child's foster parent can take the child to their previous physician or can provide the new physician with the child's medical history. At this time, the OHCA is providing information only on new children coming into child welfare. This will be expanded to include children already in the system.

Children and Family Services Division identified the need for medical expertise and contracted with OUHSC for a percentage of Dr. Shropshire's time. As the CFSD Medical Director, Dr. Shropshire consults with workers and foster parents about individual children, provides training, reviews policy and procedure, attends administrative staff meetings and other meetings as necessary, writes a regular article for the foster/adoptive parent newsletter and is available as needed to OKDHS staff. Dr. Gillaspay also contracts with CFSD for part of his time and provides similar services.

Fostering Hope Clinic received an American Academy of Pediatrics CATCH grant to implement a research project to survey physicians, child welfare staff, and foster and kinship parents about the health needs of children in foster care, including barriers to service. For this project, health needs includes medical, behavioral health, dental and vision. Physicians have already been surveyed. Physicians said that not having a foster child's medical history was the number one reason to not see them.

Reimbursement rate was number four. Child Welfare staff and resource parents will be surveyed this fall after focus groups are held to help identify the survey questions. This project is being done through OUHSC, as a research project, and under the Institutional Review Board. The data will be valid and useful and will be published. This statewide initiative to get information in a systematic valid way has not been done by any other state in so far as can be gleaned at this time.

The Fostering Hope group has been addressing the health needs of children aging out of the Child Welfare system. We are looking at ways to get them their health and educational history and giving it to them in a usable format. We have discussed loading it on a flash drive key chain, along with health advice on STD's, regular exams, dental care, pregnancy, etc. and giving it to the child as they leave care. OKDHS would retain a hard copy as well. Dr. Shropshire and Dr. Gillaspay regularly attend the Independent Living conferences to present on health care for the youth.

Staff has met with Dr. Paulette Bennett, a pediatrician at OUHSC in Tulsa, who is interested in starting a Fostering Hope clinic through her office. Dr. Bennett has been a foster parent too. She has begun meeting with the Fostering Hope group and is including her pediatric residents. Dr Shropshire and Cyd Roberts, OU Child Study Center, have met with Steve Scott, Area Director, and he is supportive of a Fostering Hope Clinic in Tulsa.

It should be emphasized that other states have clinics serving kids in foster care but there is nothing going on like this, with state level staff from four state agencies meeting regularly to address the needs of kids in care. And actually addressing those needs!

(Appendix C)

Title: FILLING IN THE BLANKS: USING EXISTING INFORMATION TECHNOLOGY TO ENHANCE INTERAGENCY COLLABORATION AND MEDICAL MANAGEMENT OF FOSTER CHILDREN

Program/Project Objectives: There were two objectives for the current project: 1) utilize the state Medicaid database to generate past medical history for children entering foster care; 2) utilize the DHS data system to successfully communicate health care information between DHS caseworkers and a medical home clinic for foster children

Target Populations: Approximately 12,000 children enter foster care in a given year in the state of Oklahoma. On average 3,500 children are placed in custody in Oklahoma County each year. The target population for the current project included foster children in Oklahoma County.

Program/Project Description: A barrier to providing quality and completeness in health care delivery to foster children is the difficulty in identifying medical history and communicating medical encounters/needs to all those responsible for the child. The first part of the project utilized Medicaid billing information as a surrogate for past medical history. The second part of the project focused on sharing information about current medical visits and recommendations between a medical home for foster children and DHS case workers.

Methods/Strategies: Part one of the project focused on identifying data on children previously enrolled in Medicaid who are entering foster care, for use as past medical history. A standardized format was used to extract the most useful information, and enter it into the DHS data system. In part two of the project, the Fostering Hope clinic, a medical home for foster children, was granted unprecedented read/write access to the DHS data system so that historical medical information could be reviewed by the physician, and the file could be updated as new evaluations or recommendations occurred.

Results/Impacts: In Oklahoma 59% of children are eligible for Medicaid. Results of our project revealed that 92% of new foster children had at least some Medicaid history, and 82% were on Medicaid at the time of entry to foster care. By utilizing an existing database, case workers are now provided with vital information about the child's previous health care. In addition, case workers were made aware of health care encounters at the Fostering Hope clinic occurring during foster placement. In effect, existing DHS and Medicaid databases were utilized to construct both a medical history and an ongoing medical record for foster children.

Conclusions/Key Lesson(s) Learned: This project demonstrated that improved communication is achievable through partnerships between state agencies and the use of existing information technology. Medicaid and DHS found this improvement to be so valuable, they have expanded the project to encompass the entire state's population of foster children. In addition, case workers have become much more interested in and aware of the medical issues facing foster children.

However, there are difficulties to overcome. There is currently no electronic link between the DHS data system and Medicaid information systems, so transferring Medicaid billing information to the DHS file must be entered manually. Entering visit information at the point of contact requires access to the DHS system by multiple providers and can be time consuming. Convincing other physicians to utilize this system will likely require incentives or additional support. Still, Oklahoma is successfully utilizing data that was previously untouched, and is beginning to fill in the blanks.

(Appendix D)

Oklahoma Systems of Care Wraparound in Oklahoma: Preliminary Results of a Randomized Study

The development of wraparound in Oklahoma has largely focused on services for children in their biological homes. Many of the youth who are Severely Emotionally Disturbed (SED) in the Oklahoma Child Welfare system are placed in therapeutic foster care, secure group homes, residential treatment centers and inpatient mental health facilities. While these placements provide greater safety for these youth and society, research has demonstrated that these placements have long term negative impact on permanency and well being. In addition, these placements use a disproportionate share of available funding thus depriving other children and youth of services and failing to meet the Oklahoma Department of Human Services (OKDHS) goal of cost effectiveness.

High Fidelity Wraparound (HFW) has been utilized by child welfare and other systems to support children and youths who are living temporarily or permanently without the benefit of a biological or adoptive parent caregiver. For these children and youths, the focus of wraparound is not only to keep them at home, in school, and out of trouble but also to identify and strengthen a natural support system that can prepare them for transition to adulthood and provide them a social support network for life. Despite its increased application in child welfare systems, there has been only two prior published controlled research studies of a wraparound-like intervention implemented within a child welfare setting. The current study aims to build on prior research on HFW as applied to children and youth involved in the child welfare system. This paper presents data comparing two groups of youth enrolled in “high fidelity” wraparound to a randomly assigned group of youth receiving traditional child welfare and mental health services.

Permanency

Permanency is one of the primary goals for youth in the child welfare system. Many youth who meet the criteria for eligibility in this study (in child welfare custody and a long history of using extensive amounts of behavioral health services) do not achieve permanency in community homes. In addition, permanency goals for many of these youth do not focus on reunification and finalization of other permanency options may take years even when the youth are in the potential permanent situation (foster adopt placement). For this reason permanency was defined for this evaluation as being placed in the potential permanent setting even if the court actions were not finalized. For a potential adoption home this was not considered to meet the permanency criteria as long as the level of service was therapeutic foster care. The results of this study indicate that both wraparound groups achieved significantly higher rates of permanency than did the control group and the OKDHS wrap group (children being provided services by a single child welfare worker with a reduced caseload, who also provided both case management and wrap around services) achieved significantly higher levels of permanency than did the North Care wrap group. The North Care group is comprised of a child welfare worker and a social worker from a private agency (North Care) with whom OKDHS contracts to provide wraparound services to children.

Stability Residential

A second primary goal for youth is stability. This study looked at residential and school placement stability. Stability was defined as remaining in the same residence or school. The results of this study indicate that the Control group (those receiving traditional child welfare services) had an increasing number of placements across the entire thirty month period of the evaluation. The North Care wrap group

had a stable pattern of moves and the OKDHS group had fewer moves in later periods. The improvement was significant for both wrap groups and for the OKDHS group versus the North Care group. The OKDHS group had significantly more positive moves after enrollment in wraparound.

Stability of School Placement

The second measure of stability is within school placements. The study indicates the Control youth were having less school stability than during baseline and indications are that this was getting worse over time. The two wraparound groups had improved school stability and the differences were significant. The North Care group did better on this measure than the OKDHS group although the differences were not significant.

Restrictiveness of Placement

One of the primary goals of the project was to move youth to less restrictive levels of residential placement. Results indicate that during the baseline the OKDHS wrap group averaged a half level more restrictive placement than the other two groups. Over the three six month periods after assignment the youth in the Control group maintained about the same level of restrictiveness while the two wraparound groups moved to lower levels of care. The reduction for the OKDHS wrap group was significant compared to the other two groups.

Wellbeing Family and Caregiver Stress

One of the primary areas of well being for youth is the support they receive from primary caretakers. The amount of stress these caretakers feel for themselves and for their family overall is a primary contributor to how well they do this role. The study suggests that stress measures decrease for the caretakers in the OKDHS group compared to increasing caretaker stress for the other two groups. The differences are significant.

Medical Spending Breakdown

A closer look at the changes in medical costs finds that the increase for youth in the OKDHS wrap group is largely explained with an increase in pharmacy costs. Increases for these youth (9 of 36 youth in the study) ranged from \$1469 to \$9192 per 180 day period. Follow-up is looking at the type of drugs and situations for each of these nine youth. In the OKDHS group 19 youth were spending more for pharmacy in the last 360 days than they did in the 360 days of baseline. The median amount was \$994. Eleven of the 36 youth had no pharmacy costs in the last six months of the evaluation

Wellbeing Youth Problem Severity

The caretaker interview included the scale for severity of problem behaviors from the Ohio Scales. The scores are the total severity score at baseline, six and twelve months. The results of the study indicate that youth in the OKDHS wrap group showed steady decreases in problem severity over the first twelve months of enrollment compared to increases in severity for the other two groups. The differences are significant.

Wellbeing Youth Functioning

The caretaker interview also included the scale of positive youth functioning from the Ohio Scales. The scores are the total functioning score at baseline, six and twelve months. The study appears to indicate that youth in the OKDHS wrap group showed significant improvement in functioning at twelve months after enrollment compared to no increase in functioning for the North Care wrap group and decreases in functioning for the Control group. The differences are significant.

Wellbeing Mental Health Functioning

Also evaluated was the impact of mental health problems on functioning as measured by the Child and Adolescent Functional Assessment Scale (CAFAS). The scores obtained are the amount of improvement at six months and twelve months. The results indicate that at six months all groups were improved and the OKDHS wrap group showed significantly better improvement than the other two groups. At twelve months the OKDHS wrap group had maintained the improvement while the other two groups had shown continued improvement. At this interval the OKDHS group continued to show significant improvement over the other two groups.

Wellbeing State Spending

One of the primary goals of the project was to move youth to less restrictive levels of care and as a side benefit to reduce overall behavioral health spending by reducing the amount of state funding for more restrictive levels of services. The study indicates that the amount spent on both of the wraparound groups was significantly less than the amount spent on the Control group over the 480 days of the study. The amount spent on the OKDHS group was significantly less than the amount spent on the North Care group during that time.

Types of Behavioral Health Services

Also addressed in the study was what the Medicaid behavioral health money was spent for during the five 180 day intervals for the OKDHS wrap group. The study reviewed the percentage of money spent for inpatient level of care (acute psychiatric and residential treatment centers), the percentage of money spent on group homes, and therapeutic foster care and the percentage of money spent on community based outpatient, rehabilitation, medication management and crisis services. The study appears to indicate that over the course of the program the percentage of funding spent on restrictive residential settings was decreased and replaced with community based behavioral health services.

Summary

The study indicates that OKDHS workers with smaller caseloads providing case management and wrap around services is more effective than either traditional child welfare services or a model where there is a regular child welfare worker and a private contractor from a community mental health center providing wrap around services.

Glossary of Terms

| | |
|--------|--|
| ADA | Assistant District Attorney |
| AFCARS | Adoption and Foster Care Analysis and Reporting System |
| APSR | Annual Progress and Services Report |
| ASFA | Adoption and Safe Families Act |
| Bridge | Bridge Resource Families |
| CFSP | Child and Family Services Plan |
| CASA | Court Appointed Special Advocate |
| CFCIP | Chafee Foster Care Independence Program |
| CFSD | Child and Family Services Division |
| CFSR | Child and Family Services Review |
| CHBS | Comprehensive Home Based Services |
| CORE | Child Welfare Training |
| CPR | Contract Performance Review |
| CPS | Child Protective Services |
| CRP | Citizen's Review Panel |
| CSED | Child Support Enforcement Division |
| CQI | Continuous Quality Improvement |
| CY | Calendar Year |
| CW | Child Welfare |
| CWFL | Child Welfare Field Liaison |

| | |
|---------|--|
| DA | District Attorney |
| DCN | Departmental Client Number |
| DPS | Department of Public Safety |
| EFC | Emergency Foster Care |
| E-KIDS | Electronic - Statewide Automated Child Welfare Information System (SACWIS) |
| EPSDT | Early Periodic, Screening, Diagnosis and Treatment |
| ETV | Education and Training Voucher |
| FFY | Federal Fiscal Year |
| FPLS | Federal Parent Locator Service |
| FTE | Full-time Employee |
| ICPC | Interstate Compact on Placement of Children |
| IL | Independent Living |
| IMS | Information Management System |
| ISP | Individualize Service Plan |
| KIDS | Statewide Automated Child Welfare Information System (SACWIS) |
| MDT | Multidisciplinary Team |
| NCP | Non-custodial Parent |
| OCCY | Oklahoma Commission on Children and Youth |
| OCS | Oklahoma Children's Service |
| ODMHSAS | Oklahoma Department of Mental Health and Substance Abuse Services |

| | |
|-----------------|--|
| OHCA | Oklahoma Health Care Authority |
| OHLAP | Oklahoma Higher Access Learning Program |
| OJA | Office of Juvenile Affairs |
| OKDHS | Oklahoma Department of Human Services |
| OKPATH | Oklahoma Parents As Tender Healers |
| OKPRIDE | Oklahoma Parent's Resource for Information Development Education |
| OSBI | Oklahoma State Bureau of Investigation |
| OUNRCYS | Oklahoma University National Resource Center on Youth Services |
| PARB | Post Adjudication Review Board |
| PAS | Parent Aid Services |
| PFL | Permanency Field Liaison |
| PIP | Program Improvement Plan |
| PPR | Permanency Planning Review |
| QA | Quality Assurance |
| SACWIS | Statewide Automated Child Welfare Information System |
| Child S.H.A.R.E | Child Shelter Homes: A Rescue Effort |
| START | Systematic Training to Assist in the Recovery from Trauma |
| TANF | Temporary Assistance for Needy Families |
| TFC | Therapeutic Foster Care |
| TPR | Termination of Parental Rights |