State of Oklahoma

Child and Family Services Review Statewide Assessment

March 2016

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Table of Contents

Introduction.

CW utilized both quantitative data from multiple sources and qualitative data from case reviews to determine outcomes in this assessment. In this report, CW examines connections between practice and outcomes in order to develop initial hypotheses used to assist in root cause analysis to determine what initiatives, practice approaches, and emerging system changes currently being undertaken can be leveraged for continuous quality improvement. CW will examine how to enhance components of the existing CW Practice Model and corresponding practice standards to improve effectiveness and outcomes for families as part of a sustained commitment to an ongoing systemic transformation of CW statewide practices.

Supports for this effort include:

- A data development and utilization agenda
- Professional staff development including focused work on quality supervision
- Integration of program efforts within the Oklahoma Practice Model
- A recommitment to CW Practice Standards to shift practice cultures in the field
- Pro-active CQI to strengthen good practice and support opportunities for improvement
- Careful use of "implementation science" to assure fidelity to practice change efforts
- Implementation a communication strategy to support culture change, to engage stakeholders, and to enlist partners in communities across the state

In order to provide a more comprehensive analysis of practice and systemic functioning as part of the SWA, CW needed additional data from both internal and external stakeholders. The agency accomplished this supplement using the following venues to gather data from anonymous surveys:

- Quarterly Regional Supervisors' Trainings in five locations statewide in November 2015, 351 respondents comprised of 255 CW supervisors (73 percent), 46 lead CW workers (13 percent), 27 district directors (8 percent), 12 program field representatives (3 percent), and 11 unknown positions (3 percent).

- Court Improvement Program Survey to 95 Juvenile Court Judges in December 2015, 35 respondents representing 19 of the 26 judicial districts in Oklahoma.

- Notification of Hearings and Reviews and Opportunity to be Heard at Court Hearings Phone surveys by 2 QA Program Field Representatives with 51 foster parents from January 29-Feburary 3, 2016 from a random sample provided by the KIDS team.

DHS believes in the work Oklahoma is embracing to improve CW practice and outcomes for children and families. The agency is committed to growing capacities in all systemic factors which will close the gap between outcomes, and the practices used to achieve them.

Section I: General Information

Name of State Agency:

Oklahoma Department of Human Services

CFSR Review Period

CFSR Sample Period: April 1, 2015 through September 30, 2015

Period of AFCARS Data: April 1, 2015 through September 30, 2015

Period of NCANDS Data: October 1, 2014 through September 30, 2015

Case Review Period Under Review (PUR): April 1, 2016 through September 30, 2016

State Agency Contact Person for the Statewide Assessment

Name: Marvin Smith

Title: Deputy Director Quality Assurance, Technology, and Staff Development

Address: Sequoyah Memorial Office Building PO Box 25352 Oklahoma City, OK 73125-0352

Phone: (405) 200-9203

E-mail: Marvin.Smith@okdhs.org

Statewide Assessment Participants

The statewide assessment process provided an opportunity to involve an array of internal and external stakeholders who provided valuable insight in assessing services. The following individuals/stakeholder groups participated in providing information for the statewide assessment.

- Sue Tate, Court Improvement Program Director-Administrative Office of the Courts-data collection/review

- Felice Hamilton, Court Improvement Program coordinator, Administrative Office of the Courts-data collection/review

- Tim Scott, Court Improvement Program-Juvenile Court Specialist-data collection/submission

- Juvenile Justice Oversight Advisory Committee-data oversight/submission

- National Resource Center for Youth Services, Oklahoma Successful Adulthood contractor

- DHS Office of Planning, Research and Statistics-data analysis

- 51 foster/adoptive parents, who had placement of at least one DHS custody child January 1, 2015-December 31, 2015, were included in a random sample anonymous survey regarding Systemic Factor Item 24

- 351 child welfare supervisors (CWSIV), child welfare lead workers (CWSIII), district directors, and program field representative respondents were included in an anonymous survey

- 33 Juvenile Judges, representing 18 of 26 judicial districts across the state, participated in an anonymous survey

- Marvin Smith, DHS Child Welfare Services-Statewide Steering Committee

- John Zalenski, DHS Child Welfare Services-Statewide Steering Committee

- Mary M. Smith, DHS Child Welfare Services-Statewide Steering Committee

- Mitch Tindell, DHS Child Welfare Services-Statewide Steering Committee; Project Management

- Esther Rider-Salem, DHS Child Welfare Services-Statewide Steering Committee

- Tricia Howell, DHS Child Welfare Services-Subject Matter Expert in item submission

- Mille Carpenter, DHS Child Welfare Services-Subject Matter Expert in item submission

- Deborah Goodman, DHS Child Welfare Services-Subject Matter Expert in item submission

- Jami Majors, DHS Child Welfare Services-Subject Matter Expert in item submission

- Sherry Skinner, DHS Child Welfare Services-Subject Matter Expert in item submission

- Guy Willis, DHS Child Welfare Services-Subject Matter Expert in item submission

- Jimmy Arias, DHS Child Welfare Services-Subject Matter Expert in item submission

- Amber Brookshire, DHS Child Welfare Services-Subject Matter Expert in item submission
- Charlotte Kendrick, DHS Child Welfare Services-Subject Matter Expert in item submission
- Allison Johnson, DHS Child Welfare Services-Subject Matter Expert in item submission
- Kim Sober, DHS Child Welfare Services-Subject Matter Expert in item submission
- Jennifer Benefiel, DHS Child Welfare Services-Subject Matter Expert in item submission
- Brandi Smith, DHS Child Welfare Services-Subject Matter Expert in item submission
- Deborah Shropshire, DHS Child Welfare Services-Subject Matter Expert in item submission
- Michelle Martin, DHS Child Welfare Services- Subject Matter Expert in item submission
- Ghezal Pitt, DHS Child Welfare Services- Subject Matter Expert in item submission
- Jennifer Boyer, DHS Child Welfare Services- Subject Matter Expert in item submission
- Heather Ratliff, DHS Child Welfare Services-Project Management
- Carl Evans, DHS Child Welfare Services-Project Manager for Statewide Assessment
- Jeremy Plumley, DHS Child Welfare Services-Project Lead in collection of item submissions
- Amanda Hoffman, DHS Child Welfare Services-Project Lead in collection of item submissions
- April Simmons, DHS Child Welfare Services-Project Lead in collection of item submissions
- Tyler Bridwell, OKDHS Child Welfare Services-Project Lead in collection of item submissions
- Keri Wilks, DHS Child Welfare Services-Project Lead-survey data for item/outcome submissions
- Jeff Sanders, DHS Child Welfare Services-Project Manager for item submissions
- Tamarreau Evans, DHS Child Welfare Services-Outcome submissions
- Kim McCaskill, DHS Child Welfare Services-Outcome submissions
- Melissa Tyler, DHS Child Welfare Services-Outcome submissions
- Senia Bell, DHS Child Welfare Services-Outcome submissions
- Maghan Ruark, DHS Child Welfare Services- Outcome submissions
- Nita Newport, DHS Child Welfare Services- CWS Survey distribution
- Mary Phillips, DHS Child Welfare Services- CWS Survey distribution
- Beth Pannell, DHS Child Welfare Services- CWS Survey distribution

Section II: Safety and Permanency Data

State Data Profile

Section II data profile deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Child Welfare (CW) assesses practice through CFSR case reviews in order to obtain quantitative and qualitative data that is used in conjunction with data from the state's management information system and other sources to accurately identify areas of practice strength and areas needing improvement. CW also uses the multiple reports available in the federal CFSR Online Monitoring System including results from the CFSR Practice Performance Report. This qualitative information is extremely valuable in directing intensive examination of underlying root causes in regards to overall practice improvement efforts.

In order to assess practice on a continual basis, Oklahoma DHS has developed a system to complete biannual comprehensive qualitative case reviews on a combination of 65 in-home and out-of-home cases utilizing the federal *Child and Family Services Review Onsite Review Instrument* (CFSR-OSRI).

Implementation of this new process began in 2014 and went into effect April 2015, resulting in approval to become a self-review state for Round 3 of the federal *Children and Family Services Review* (CFSR). To date, the Quality Assurance (QA) team has completed 33 cases through the revised QA process to inform current data. The periods under review include casework beginning April 1, 2014 for reviews conducted April through December 2015. Intensive work, conducted in collaboration with the Children's Bureau, has resulted in consistent high quality application of the CFSR-OSRI.

While the quality of the case review data is strong, the quantity at present is naturally limited as the agency builds a database of extensive case review data. The statewide relevance to certain items requires analysis when the sample size can drop to as few as 19 cases. In addition, the ratings for the reviews are reflective of practice over a period of almost two years rather than current practice. Due to these limitations of the current case review data, care needs to be taken in regards to making generalizations based upon this qualitative analysis.

As the agency continues to learn from the CFSR process and the promising initiatives currently undertaken in jurisdictions across the state, closing the gap between outcome measures and the CW practices they reflect is critical. CW continues to intentionally expand the use of both qualitative & quantitative data to enhance day-to-day practice and improve outcomes at all levels.

A. **Safety**

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- *For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).*

- *Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.*

State Response:

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect.

Investigation Timeliness

CW's commitment to timely initiation of investigations and assessments regarding child maltreatment is evidence of the agencies commitment to safety. CW defines initiation as the moment when the agency makes the first attempt to contact the victim(s) face-to-face. CW prioritizes reports of alleged child abuse or neglect based on the severity and immediacy of the alleged harm to the child and assigns a response time as either a Priority 1 (P1) or a Priority 2 (P2) report. A P1 report indicates a child is in present danger and at risk of serious harm or injury. Worker response to P1 allegations occur on the same day the agency receives a report. The agency assigns the P2 designation to all other reports, establishing response time based on vulnerability and risk of harm to the child. Initiation of P2 assessments or investigations occurs two to ten calendar days from the date the report is accepted for assessment or investigation.

Review of KIDS-CPS-Initiation Timeliness Reports indicates CW has initiated both assessments and investigations timely more than 97 percent of the time since SFY14, with a current timeliness rate of 98.2 percent as evidenced in the following chart.

CPS Assessment / Investigation Initiation Timeliness for March 2015 to February 2016

Data Source: KIDS Data CPS Assessment / Investigation Initiation Timeliness Report Run Date 3/7/16
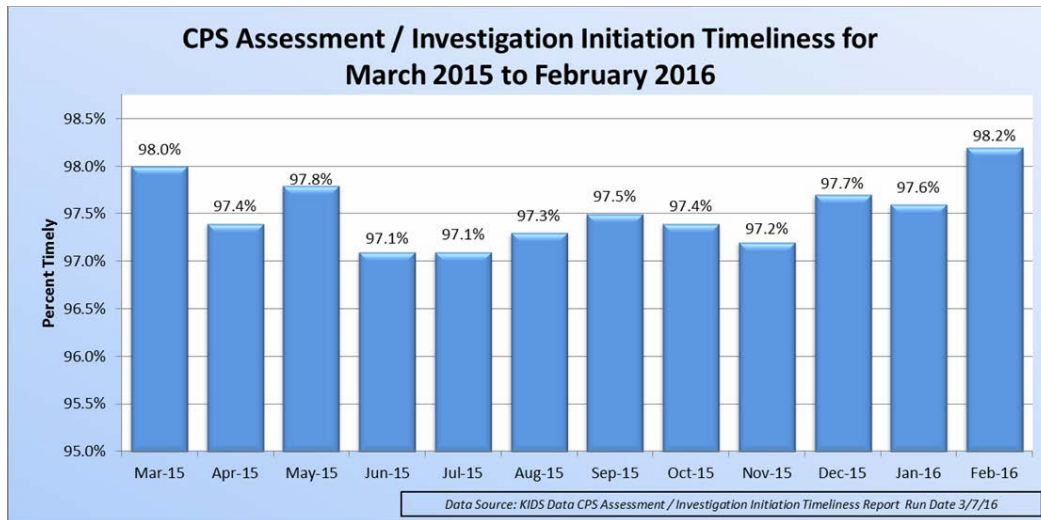
Case Review

Initiation has consistently been a strength for CW. The case review data as seen in the following table shows that initiation is a strength in 87 percent of applicable cases reviewed. Case review data is based on 16 cases; two were not initiated within policy timeframes. The difference between this qualitative review and KIDS quantitative information is that the case review is child and case specific and could involve multiple initiations over time. The measurement of a strength for timeliness in the case review data requires timely initiation of *all* reports.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	87.5% n=14						
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.				87.5% n=14	0% n=0	12.5% n=2	n=17

Response time to accepted reports of abuse/neglect in Oklahoma is a strength of CW. Oklahoma embraces a continuous quality improvement process. Ongoing work to increase the thoroughness of the information gathered in order to make appropriate safety decisions is an area in which Oklahoma continues to improve. Further details and strategies were included throughout the 2015 APSR and this SWA.

Safety Outcome 2:

Children are safely maintained in their homes whenever possible and appropriate.

Safety Outcome 2 includes two populations: children who did not enter care and were safely maintained in their own homes and potential re-entry for children who were in care who achieved permanency. There are two items included in this outcome:
* Services to the family to protect children in the home and to prevent removal or reentry into foster care.
* Risk and Safety Assessment and Management.

Services to the family to protect children in the home and to prevent removal or reentry into foster care.

Prevent Removal

The primary intervention to prevent removal of children with identified safety threats which can be controlled or managed without removal is Family Centered Services (FCS). As the following chart, KIDS data shows, CW is consistently diverting entry into care at the rate of nearly 100 cases per month via the FCS system. Other interventions include the Title IV-E Demonstration Project, Systems of Care, CHBS, and other services detailed in the 2015 APSR and later in the SWA.

New FCS Cases Open at Least 7 Days by Month

Data Source: FCS Report New FCS Cases Open at Least 7 days Run
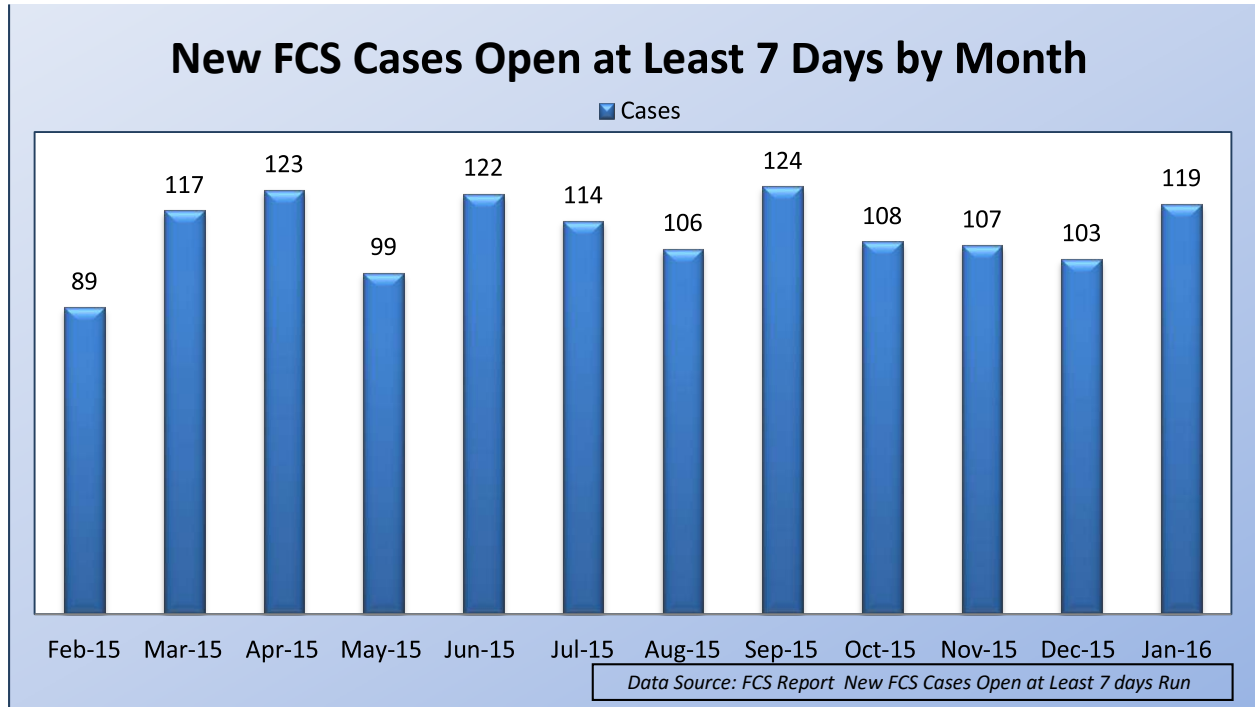
Oklahoma continues to expand preventative services. In order to continue to improve upon this outcome, CW needs to continue to analyze and enhance effective prevention initiatives.

Re-entry into Care

As seen in the following chart, KIDS data shows consistent performance for re-entry into care indicating that in that critical first year after children return home from out-of-home care, a consistently high percentage of them are able to remain safely in their own homes.

CHILDREN NOT RE-ENTERING OOHC WITHIN 12 MONTHS

95.7%	95.6%	96.3%	95.5%	95.4%
FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016

Data Source: WebFocus Dashboard, March 11, 2016
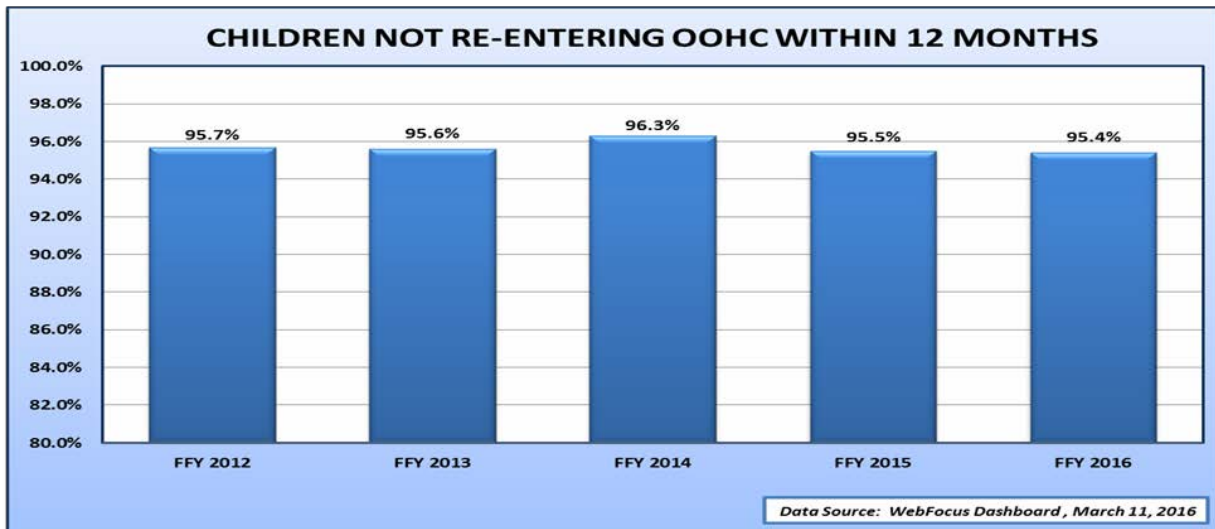
Oklahoma has met the federal standard for re-entry into care. In order to continue to improve upon this outcome, CW needs to examine the specific practice strengths to leverage or improve in order to increase related outcomes. Ongoing exploration of these practices will enhance the agency's ability to sustain and improve outcomes through better understanding practice in the context of the CW practice model.

Risk and Safety Assessment and Management

Safety in Out-of-Home Care

The federal data profile indicates Oklahoma CW does not meet the standard for maltreatment in care with 12.25 victimizations per 100,000 days in care as evidenced in the following table. Because CW does not currently designate a date of incident, some abuse or neglect incidents that occurred prior to a child entering care, may be reflected in federal data and not in current CW measures.

Data Source: Oklahoma CFSR 3 Data Profile

Federal Indicators	National Standard	Oklahoma CFSR Percentage	Performance Related to National Standard
Re-entry to care in 12 months	8.3%	5.7%	met
Recurrence of maltreatment	9.1%	10.2%	not met
Maltreatment in foster care	8.5 per 100,000 days in care	12.25 per 100,000 days in care	not met

As seen in the chart below, (based on CFSR Round 2 definitions) data indicates over 99 percent of children in care in 2015 did not experience abuse or neglect in a foster care placement. The distinction between this information and the federal CFSR Round 3 information detailed in the table above, is that this information is exclusive to maltreatment by placement provider while the child is in out of home care and excludes maltreatment by family or other caregiver prior to removal and during the child's out of home episode.

Safety in Out-of-Home Care for Calendar Year 2015

Data Source: KIDS Data Safety in OOHC Report; Data Collection Date 2/29/16
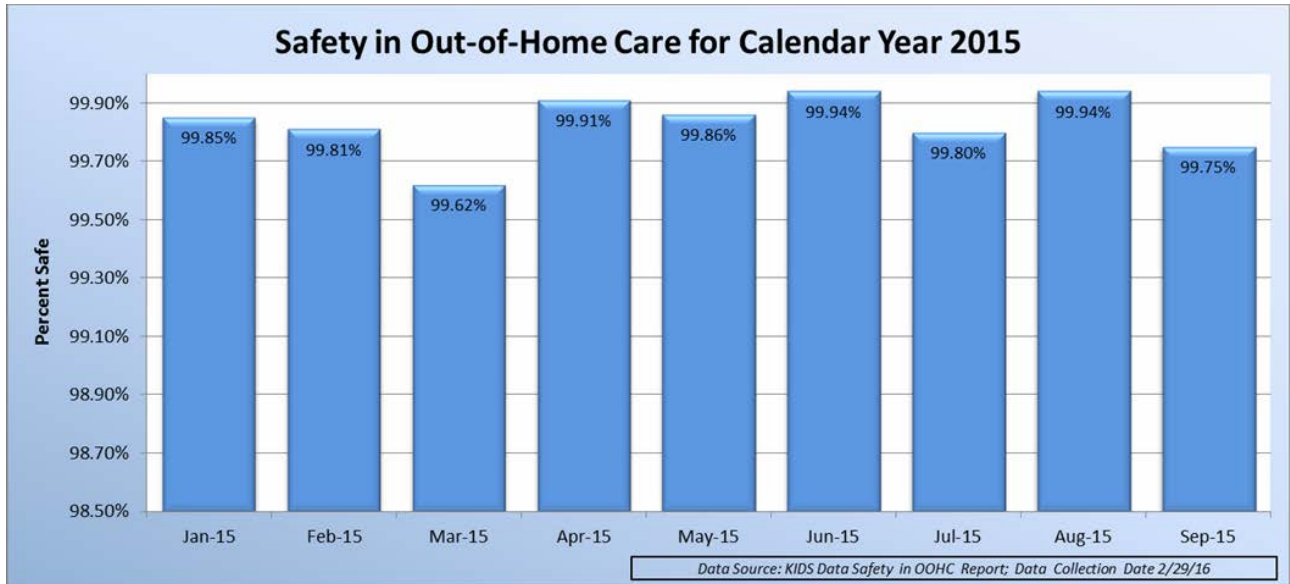
Non-Reoccurrence of Abuse and Neglect

Data indicates that most children in Oklahoma, who are victims of abuse or neglect, do not experience repeat maltreatment within the 6-month period following reunification. KIDS' data from the 6 months indicated in the table below shows improving performance from April through September 2015. Between 93.4 and 96.7 percent of children for whom there was a substantiated report of abuse or neglect between April 2015 and September 2015, there was no repeat episode of substantiated abuse and neglect in the reporting timeframe.

Non-Recurrence of Child Abuse and Neglect within 6 Months by Report Date from April 2015 to March 2016

Data Source: KIDS Data Non-Recurrence of Child Abuse and Neglect Report; Data Collection Date 2/29/16
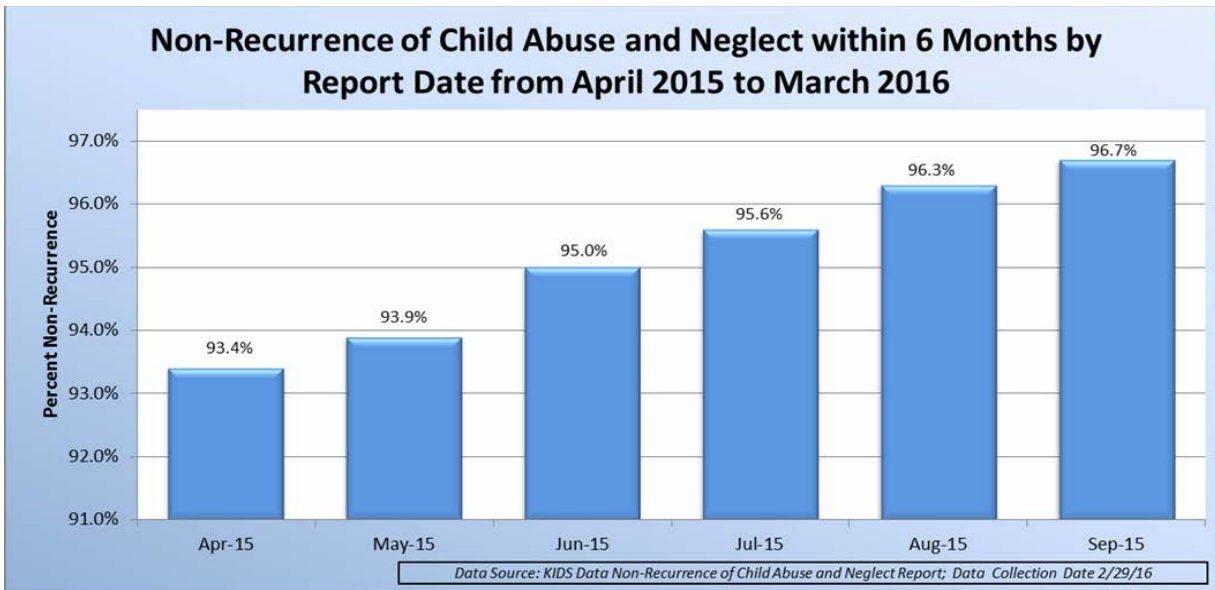
As evidenced in the federal profile table in the beginning of this section, the national standard for recurrence of maltreatment is 9.1 percent; Oklahoma's rate is 10.2 percent which indicates an improvement opportunity. This data aggregates many types of maltreatment, and patterns of removal, the agency continues to evaluate the type and nature of the substantiated allegations as well as the perpetrator in order to understand where to target improvement planning.

Case Review

The case review data as seen in the following table shows, of applicable cases, services to protect the child(ren) in the home and prevent removal or reentry into foster care is a strength 25 percent of the time and an area needing improvement 75 percent of the time. Case review data further indicates that Risk and Safety Assessment and Management is a strength 3 percent of the time, and an area needing improvement 97 percent of the time. Overall, case review data for safety outcome 2 indicates substantial achievement in 3 percent, partially achieved in 9 percent, and was not achieved in 88 percent of cases. CW continues to enhance prevention efforts and to improve the provision of appropriate services for children in foster care prior to reunification and supportive services at the time of reunification. The agency also continues to build capacity to accurately identify safety threats and identify and provide appropriate services to eliminate safety threats throughout the life of the case.

Performance Item Ratings

Item	Strength	ANI	CasesNA
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	25% n=3	75% n=9	n=17
Item 3: Risk and Safety Assessment and Management	3% n=1	97% n=32	n=0

Outcome Ratings

Outcome	Substantially Achieved	Partially Achieved	Not Achieved	CasesNA
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	3% n=1	9% n=3	88% n=29	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Practices condensed into the area of risk and safety management provide an overall picture of CW practice related to the assessment of safety and prevention of further harm. This assessment includes safety risks that may present during visitation with parents or other family members and in foster care placement. Case reviews indicate a common factor affecting this area is the lack of engaged and constructively critical conversations with all parties involved in a case, from parents and caretakers to collaterals and external stakeholders. The assessment of risk and management of safety threats are major factors that impact multiple other items in the OSRI. Case review data does not indicate that children are *not* safe in foster care, *but* indicates thorough assessment of safety is always an area of improvement, which impacts this rating.

Just as practices related to other outcomes may adversely affect the safety of a child, lack of comprehensive safety assessments and appropriate service provision can adversely affect other outcomes. CW understands that the accurate assessment of safety in conjunction with parent visitation, effective services, maintaining connections, and ensuring school stability, are key for rapid and safe reunification. CW is striving to increase the agency's ability to fully assess safety and increase positive outcomes for children and families.

B. **Permanency**

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- *For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.*

- *Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.*

State Response:

Permanency Outcome 1

Children have permanency and stability in their living situations.

CW is committed to providing children with permanency and stability. Outcomes in these areas are ensured through focused efforts on the three areas discussed in this section:

- Stability of Foster care Placement- Children achieve permanency and stability including stable placements while in out-of-home care.
- Permanency Goal of the Child- Appropriate and timely case plan goals are developed with the child and family
- Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement- Children achieve timely permanency.

Each of these areas plays an important role in the life of a child and their overall outcomes.

Stability of Foster Care Placement:

CW understands the importance of placement stability for children in out-of-home care. Multiple ongoing interventions support placement stability, recognizing that a change in a child's placement should only occur if the change will better meet the needs of the child. Each placement change that a child experiences can add to the stress and trauma a child endures while in foster care. Fewer placement moves contribute to positive outcomes for children and families. See the following table for Placement Stability rates.

Data Source: Oklahoma CFSR 3 Data Profile			
Federal Permanency Indicators	**National Standard**	**Oklahoma CFSR Percentage**	**Performance Related to National Standard**
Placement Stability	4.12 moves per 1,000 days in foster care	5.69 moves per 1,000 days in foster care	Not met

Oklahoma's CFSR 3 Data Profile indicates placement stability is an area in need of improvement with an observed performance rate of 5.69 moves per 1,000 days in care.

In FFY15, most children in care less than 12 months had less than three placements. Data indicates that the percentage of children with fewer than three placements increased from March 2015 to September 2015. The overall trend for placement stability is positive.

Placement Stability for Children in Care less than 12 Months FFY15

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	TOTAL
# in OOHC < 12 mos.	5008	4887	4840	4765	4697	4637	4631	4671	4646	4675	4788	4648	5906
# < 3 Placements	3372	3291	3231	3225	3219	3227	3234	3283	3275	3291	3385	3285	4320
# >= 3 Placements	1636	1596	1609	1540	1478	1410	1397	1388	1371	1384	1403	1363	1586

Data Source: Stability of Out of Home Placement Report 2/1/16

Stability in foster care placements as examined in case reviews includes not only the number of moves but the evaluation of the reason for the move. Thorough examination of all moves occurred to determine if the move was planned, purposeful, and meaningful with the intent to improve permanency outcomes for the child. Case review data indicates placement stability is a strength in 59 percent of cases with the current placement being stable in 89.66 percent of cases. 21.43 percent of the time purposeful moves were made with clear effort to achieve case plan goals or meet the needs of the child as detailed in CFSR Practice Performance Report.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 4: Stability of Foster Care Placement	59% n=17	41% n=12	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

CW continues to make efforts to increase placement stability as seen on page 17 of the APSR. Identifying appropriate and stable placements, especially in the beginning of a case, may contribute to successful outcomes over the life of the case. In addition, placement stability is vital in the provision of services for children. Just as the availability and individualization of services influences a child's success in maintaining placement, the receipt of constant services for identified needs, whether those are physical, mental, or behavioral, are critical, as seen in Well Being Outcomes 2 and 3.

Placement stability is a crucial component to positive outcomes. The role of the foster parent is critical for stable placements. In order for foster parents to fulfill this essential role, they need enhanced:

- Training
- Supportive services & resources
- Clear and meaningful communication
- Understanding of child's needs
- Clear and concise expectations of their roles in meeting the child's

needs Permanency Goal for Child:

CW understands the importance of the timely identification of an appropriate permanency goal for the child. Failure to identify timely and/or the appropriate permanency goal can affect safety and result in delays in achieving permanency and overall positive outcomes for the family and child.

As cited in item 20, 98 percent of the children who should have a documented case plan goal do have one. KIDS data indicates if a child has a goal documented and whether the initial goal was established per policy timeframes. See following table.

Year	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage
FFY2015	16,856	15,694	15,373	98%

Data Source: KIDS Removals Table

Case reviews assess case circumstances, the involvement of the child and parents, and the appropriateness and timely determination of all goals. This includes the assessment of timely and appropriate establishment of concurrent goals (if a concurrent goal is indicated) and the timeliness of complying with guidelines established in the Adoption and Safe Families Act. Although the majority of the children have a documented case plan goal, Case reviews indicate that it was not always appropriate for the case circumstances and/or established in a timely manner, see chart below.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 5: Permanency Goal for Child	21% n=6	79% n=23	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement:

CW is committed to achieving permanency in a timely manner for children in out-of-home care. The goal of CW is to safely reunify children with their families, when appropriate, within 12 months of entering care. If reunification is not in the child's best interest, CW strives to achieve permanency for the child through adoption, guardianship, or another permanent living situation. Oklahoma's CFSR 3 Data Profile (see following table) indicates permanency achievement is an area to improve.

Data Source: Oklahoma CFSR 3 Data Profile

Federal Permanency Indicators	National Standard	Oklahoma CFSR Percentage	Performance Related to National Standard
Permanency in 12 months (entries)	40.5%	29.9%	Not met
Permanency in 12 months (12-23 months)	43.6%	43.5%	Not met
Permanency in 12 months (24+ months)	30.3%	39.6%	No difference
Re-entry to foster care in 12 months	8.3%	5.7%	Met

KIDS data for FFY15 indicates the percentage of children who were reunified in less than 12 months ranged from 30.1 percent to 45.4 percent. The average length of stay for children who were reunified in FFY15 ranged from 13.2 to 17.8 months is referenced in the following two charts.

Percent of Children who Reunified in <12 Months FFY15

Oct-14: 44.0%, Nov-14: 36.8%, Dec-14: 37.8%, Jan-15: 37.4%, Feb-15: 35.2%, Mar-15: 45.4%, Apr-15: 35.6%, May-15: 43.9%, Jun-15: 30.1%, Jul-15: 31.4%, Aug-15: 39.4%, Sep-15: 39.9%

Data Source: Length of Time to Reunification Exit 2/1/16

Average Length of Stay for Children who Reunified in FFY15
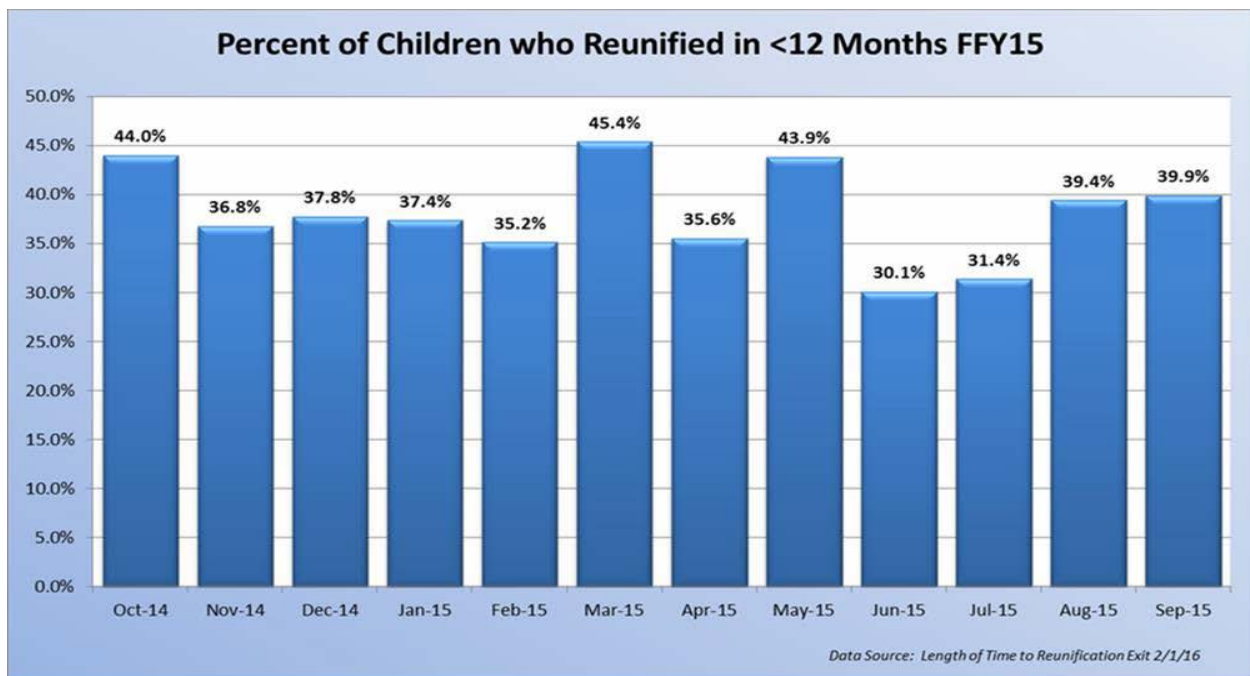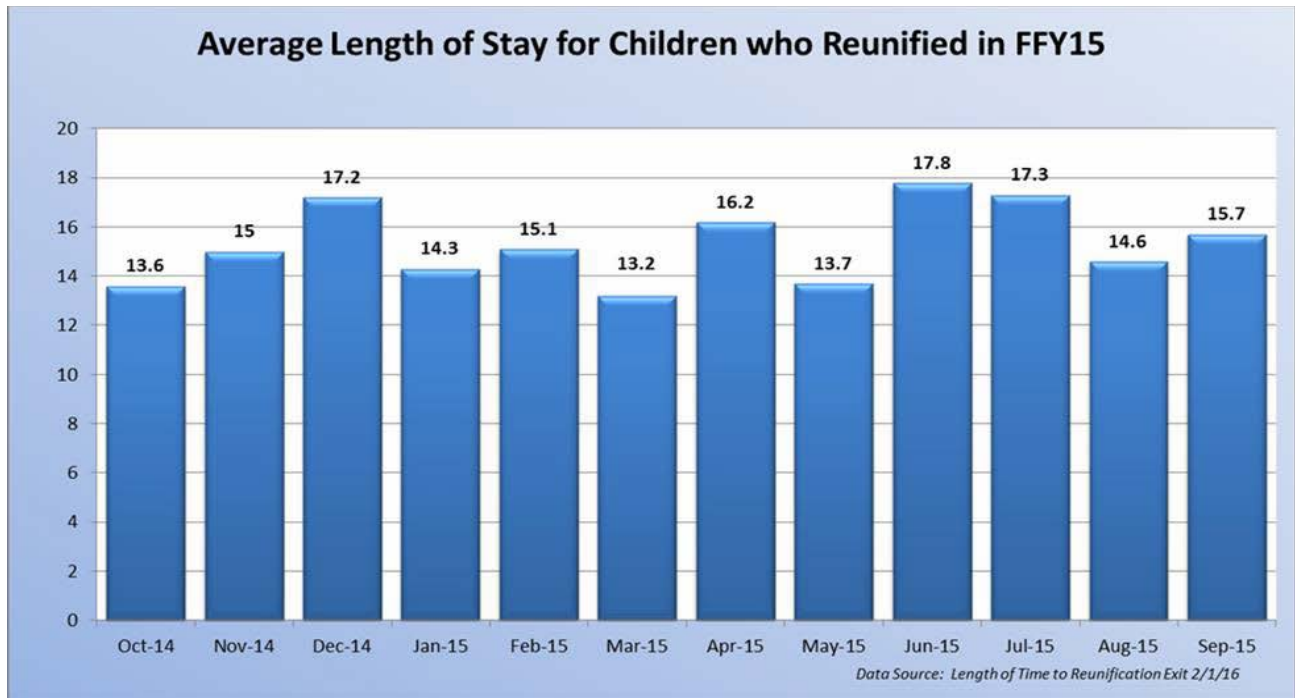
Of the 30 applicable cases included in case reviews, three had concerted efforts made toward permanency, and these were efforts made toward adoption. Case review data indicates permanency achievement is an area in need of improvement in 90 percent of cases as referenced in the table below.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	10% n=3	90% n=26	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Timely permanency achievement continues to be a primary CW goal as seen on page 16 of the 2015 APSR. Several systemic factors directly affect Oklahoma's permanency rate. Holding timely court reviews and permanency hearings, as well as addressing parental rights in accordance with required provisions, and worker stability are vital to timely permanency outcomes for children. The specific impacts of instability of caseworker assignments could be another area for further analysis.

CW has implemented several strategies that focus on improving outcomes for children and families in specific areas. Placement stability and achieving timely permanency for children are included in those identified areas needing improvement as well as better understanding of safety management in permanency planning.

Components of this outcome include stability of foster care placement which is a strength in 59 percent of cases reviewed, permanency goal for the child which was a strength in 21 percent of cases reviewed, and achieving reunification, guardianship, adoption, or other planned permanent living arrangements which is a strength in 10 percent of the cases. Overall, children having permanency and stability in their living situation is substantially achieved in 3 percent,

partial achieved in 62 percent, and not achieved in 34 percent of cases reviewed. The areas that are in need of the most improvement are the timely identification of appropriate goals as well as achievement of those permanency goals in a timely manner. Both qualitative data and quantitative data from multiple sources will be used to evaluate overall practice statewide and identification of areas of focus for improvement efforts.

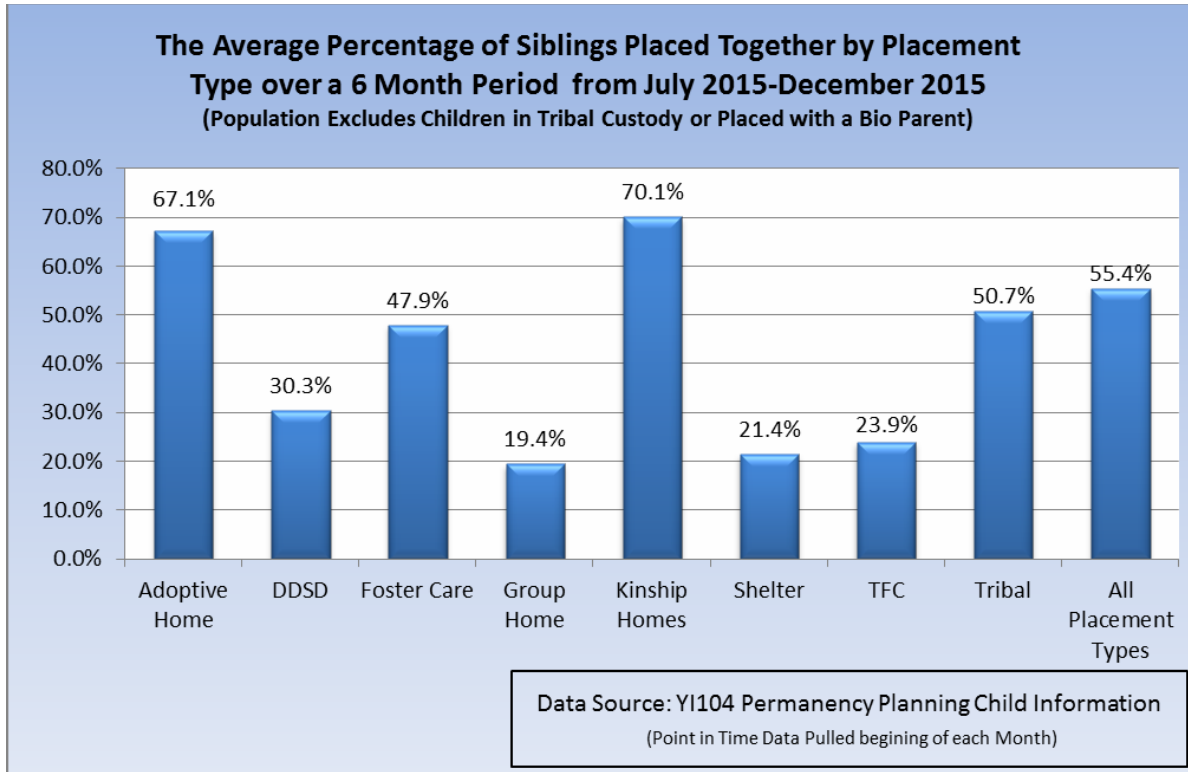| Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 4: Stability of Foster Care Placement	59% n=17	41% n=12	n=0				
Item 5: Permanency Goal for Child	21% n=6	79% n=23	n=0				
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	10% n=3	90% n=26	n=0				
Permanency Outcome 1: Children have permanency and stability in their living situations.				3% n=1	62% n=18	34% n-10	n=0

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children.

CW is committed to preserving the continuity of family relationships and connections for children. This commitment is accomplished through five different opportunities as discussed in this section:

- Placement with Siblings- Maintain continuity of important relationships via placement of siblings together when they require out-of-home care.
- Visiting with Parents and Siblings in Foster Care- Ensure visitation between the child and his or her parent or siblings when separated is of sufficient frequency and quality to promote the continuity of the child's relationships.
- Preserving Connections- Preserve important connections for the child, such as the connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.
- Relative Placement- Require that the child be placed with a relative, when appropriate, or CW has ongoing concerted efforts to place the child with a relative.
- Relationships of Child in Care with Parents- Promote, support, and/or maintain positive relationships between the child and the caregivers from whom the child was removed through efforts other than just arranging visitation.

Placement with Siblings:

CW understands the importance of sibling connections and placement of siblings together. Homes that can provide for the care and supervision necessary to ensure safety while meeting the sibling's permanency and well-being needs are essential, and initiatives have been implemented to address this need. 55.4 percent of children who are part of a sibling group in out-of-home care were placed together, as per KIDS data detailed in the chart below. This percentage is an improvement from data reported in the 2015 APSR, 2. Update on Assessment of Performance, Permanency Outcomes 1 & 2, page 18. Information reported at that time reflected that 48.5 percent of siblings were placed together.

The Average Percentage of Siblings Placed Together by Placement Type over a 6 Month Period from July 2015-December 2015
(Population Excludes Children in Tribal Custody or Placed with a Bio Parent)

Placement Type	Percentage
Adoptive Home	67.1%
DDSD	30.3%
Foster Care	47.9%
Group Home	19.4%
Kinship Homes	70.1%
Shelter	21.4%
TFC	23.9%
Tribal	50.7%
All Placement Types	55.4%

Data Source: YI104 Permanency Planning Child Information
(Point in Time Data Pulled begining of each Month)

Case review data reflects siblings were placed together in 67 percent of the applicable cases.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 7: Placement With Siblings	67% n=14	33% n=7	n=8				

CW has implemented initiatives to strengthen sibling placements via intentional review of siblings not placed together. Ongoing efforts are required throughout the life of the case to search for a resource home to accommodate sibling groups when siblings are not placed together. The direct link between children placed in kinship placements and siblings that are placed together is supported by the data.

Relative Placement:

CW understands the importance of relative placements and recognizes that placement with a relative may enhance the child's opportunities to remain connected to both siblings and other important connections the child had prior to entering care. This is discussed in the 2015 APSR section 2. Update on Assessment of Performance, Permanency Outcomes 1 and 2 on page 18. Early identification of appropriate and stable kinship placements for children can assist in improving outcomes surrounding preserving connections and continuity of family relationships.

Case review data reflects that placement with a relative occurred in 34 percent of cases. This is discussed in the 2015 APSR, section 2 update on Assessment of Performance, Permanency

Outcomes 1 & 2, page 18.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 10: Relative Placement	34% n=10	66% n=19	n=0				

KIDS data reflects a greater percentage of children placed in kinship homes. 38.99 percent of total bed days for the identified 12-month period were in kinship placement. This is placement type is pointedly higher than other types.

Placement Days by Resource Type - State For 12 Months Ending January 31, 2016 Run Date: Data Collected on February 12, 2016 at 10:36 am	Age 0-2	Age 3-5	Age 6-12	Age 13-17	Total	Pct.
⊞ FFC - REGULAR	445,402	289,659	352,405	98,537	1,186,003	33.07%
⊞ FFC - KINSHIP RELATIVE	402,824	344,036	507,186	144,289	1,398,335	38.99%
⊞ FFC - KINSHIP NON-RELATIVE	87,249	68,122	122,499	75,721	353,591	9.86%
⊞ TFC		24,282	132,315	43,795	200,392	5.59%
⊞ CONGREGATE CARE	8,920	8,706	92,239	196,475	306,339	8.54%
⊞ OTHER	2,714	5,743	26,085	13,463	48,005	1.34%
⊞ TRIBAL	25,869	15,929	14,878	3,375	60,052	1.67%
⊞ AWOL	68	259	574	32,389	33,290	.93%
TOTAL	973,046	756,736	1,248,180	608,044	3,586,007	100.00%

<u>Visiting with Parents and Siblings in Foster Care and Relationship of Child in Care with Parents:</u>

Case reviews show strength in providing visitation that is both of sufficient frequency and quality to promote the continuity of these relationships in 5 percent of the cases. More specific data from case reviews included in the CFSR Practice Performance Report was examined and reflects the greatest frequency of visitation occurs between children and siblings as frequency was determined as sufficient in 44.4 percent of the cases. Sufficient frequency of visits between the child and mother was found in 31.6 percent of cases and found in 13.3 percent of cases where the child and father had visits. When determining the quality of visitation that occurred, the focus is on a positive visitation experience for the child, and ensuring quality interactions with the mother or father and siblings.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 8: Visiting With Parents and Siblings in Foster Care	5% n=1	95% n=21	n=7				

As detailed in the CFSR Practice Performance Report, when determining quality of visits that did occur, the visitation events between siblings had the greatest percentage as this occurred in 37.5 percent of the cases. It was determined that quality visits occurred between the child and the mother in 35.3 percent of cases and between the child and father in 11.1 percent of cases. Case review data reflects efforts to support the relationship between the child and mother occurred in 20.7 percent of the cases, and efforts to support the relationship between the child

and father occurred in 8 percent of the applicable cases. An overall effort to support relationships between children in care with parents is a strength in16 percentage of reviews.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 11: Relationship of Child in Care With Parents	16% n=3	84% n=16	n=10				

Promoting, supporting, and/or maintaining positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child was removed, with activities other than just arranging for visitation, is an area of opportunity for improvement.

Preserving Connections:

CW recognizes the importance of identifying and maintaining the child's permanent connections. Data from case reviews indicates a need to improve practice regarding identifying and maintaining important connections for children as this occurred in 17 percent of the applicable cases reviewed as evidenced in the following table.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 9: Preserving Connections	17% n=5	83% n=24	n=0				

Preserving Connections: Tribes

CW understands that connection to the tribe is the right of the child and that compliance with ICWA must be adhered to. CW has already implemented efforts to assist with meeting ICWA compliance by:

- Recognition that partnership with tribal partners is necessary.
- Enhanced regional partnerships with tribes by facilitating and supporting regional tribal and state workgroups to promote cooperation, communication, consistency, and educational awareness of ICWA via case consultation, identification of resources, and sharing of information to keep Native American children connected to their cultures.
- Designation of staff in each of the five regions as tribal liaisons.
- Appointment of a statewide tribal liaison.

In order for children under the care and supervision of CW to achieve positive outcomes in Permanency Outcome 2, CW will improve practice by:

- Identifying and maintaining connections that are important for the child.
- Creating a clear understanding of the importance of engaging the child, parents, and caregivers in conversations to gain connection information.
- Understanding that it is the responsibility of CW to maintain identified important relationships.

By enhancing the practice of involving the child and parents and/or caregivers and siblings, CW should be able to not only offer visitation that meets the individualized developmental needs of

the child and family, but also include opportunities to promote, support, and maintain the child's positive relationship with the parents, culture, community, and/or caregiver.

Components of this outcome include placement with siblings in 67percent of cases reviewed, visiting with parents and siblings in foster care was a strength in 5 percent of cases reviewed, preserving connections which was a strength in 17 percent of cases reviewed, relative placement was a strength in 34 percent of cases reviewed, and relationships of child in care with parents was a strength in 16 percent of cases reviewed. Overall, the continuity of family relationships and connections being preserved is substantially achieved for 10 percent, partial achieved in 69 percent, and not achieved in 21 percent of cases reviewed.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases **N=33**	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Item 7: Placement With Siblings	67% n=14	33% n=7	n=8				
Item 8: Visiting With Parents and Siblings in Foster Care	5% n=1	95% n=21	n=7				
Item 9: Preserving Connections	17% n=5	83% n=24	n=0				
Item 10: Relative Placement	34% n=10	66% n=19	n=0				
Item 11: Relationship of Child in Care With Parents	16% n=3	84% n=16	n=10				
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				10% n=3	69% n=20	21% n=6	n=0

C. **Well-Being**

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- *For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).*

- *Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.*

State Response:

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

CW holds the value of "Nothing about us without us" as part of the CW Practice Standards and is engaged in renewed efforts to have this value inform the practice culture. The family, the worker, and community partners develop common goals acknowledging the family's perspectives, and the child's need for safety, permanency, and well-being. For Well-Being Outcome 1, this CW Practice Standard is a critical component to successfully enhancing the capacity to help children and families achieve positive outcomes.

In order for families to have enhanced capacity to provide for their children's needs, CW must accurately assess and provide services of the individual needs of the children, parents, and foster parents. Assessment of children, parents, and foster parents on an ongoing basis by CW to identify services necessary to achieve case plan goals, adequately address the issues relevant to the agency's involvement with the family, and to ensure that appropriate services are provided are critical to positive outcomes.

Needs Assessment and Services to Child, Parents, and Foster Parents:

The assessment of the child in relation to this outcome focuses on needs other than those related to the child's education, physical health, and mental/behavioral health. Needs being assessed for the child are related to social and emotional development, which may include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, coping skills. Assessment and provision of services for Successful Adulthood for youth age 14 and older should also occur.

Case review data reflects needs and services of children for foster care and in-home cases reviewed as an area needing improvement in 91 percent of cases. CFSR Practice Performance Report indicates that a comprehensive assessment of children's needs was found to be completed in 9 percent of applicable cases and 4.2 percent were provided appropriate services to meet the child's individual needs. Current practice reflects a need for enhancement of interviewing skills, engagement skills, and the ability to have meaningful conversations with

children, which includes using language they understand in order to learn who they are, what they need to feel safe, and their need for connection to their relatives, culture, and community. Detailed improvements to initial and ongoing trainings are currently in process are described in the respective sections of the SWA.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 12A: Needs Assessment and Services to Children	9% n=3	91% n=30	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Needs Assessment and Services to Parents

The assessment of the parent's needs, whether the assessment occurred formally or informally, focuses on an in-depth understanding of the needs of the mother and father. The assessment of these needs refers to a determination of what the mother and father need in order to provide appropriate care and supervision to ensure the safety and well-being of their children.

Upon examination of the case review data, completed assessments focused on surface needs of parents, with the root causes of issues that created CW involvement often not identified. CW must identify the causes of the behaviors related to the safety threats in order to provide effective services and create opportunities for behavior change. In addition, CW has identified that the agency struggles with identifying and locating fathers or absent parents for children within the system in order to assess their needs or protective capacities.

Case review data documented in the table below, reflects needs and services of parents as an area needing improvement. Building trusting relationships with parents is a critical component to learning who families are and what they need to enhance their ability to safely parent their children. Spending adequate time with parents is necessary to gain an in-depth understanding of their needs, as well as to monitor service participation, accessibility, and any barriers to participation. Case reviews indicate that a thorough assessment of parent needs and identification of appropriate services is not occurring in current practices.

Performance Item Ratings

Item	Strength	ANI	CasesNA
Item 12B: Needs Assessment and Services to Parents	0% n=0	100% n=25	n=8

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Empowering families involves engagement at all avenues throughout the life of a case. Focusing on improving assessments with parents will improve parental engagement, improve safety, and enhance parental protective capacities reducing repeat maltreatment and improving timely permanency. Staff training continues to remain focused on enhancing engagement and rapport building to positively impact this outcome.

Needs Assessment and Services to Foster Parents

Thorough assessment of the needs of foster parents' focuses on identifying what the foster parents' need to enhance their capacity to provide appropriate care and supervision to the children in their home. Adequate assessments of these needs are crucial in maintaining a child safely in a stable placement, and achieving case plan goals.

Case review data reflects needs of, and services to, foster parents as areas needing improvement. CW recognizes the need to improve assessments of foster parents' needs and to address the lack of services provided to this population. The current practice identified in case reviews indicates foster parent needs are not fully explored and services, such as respite care, assistance with transportation, or therapeutic measures to address the child's behavior problems, are not consistently provided to ensure children's stability in foster homes. See table below.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 12C: Needs Assessment and Services to Foster Parents	10% n=3	90% n=26	n=4

Data source: Case Review Data 12/15 **Foster Care Cases and In Home Cases N=33**

Provision of Notice of Hearings and Reviews to Caregivers affects this outcome. CW used three separate anonymous surveys to determine if foster parents, pre-adoptive parents, and relative caregivers of children in foster care were notified of, and informed they have a right to be heard in, any review or hearing held with respect to the child.

The results of a survey of 51 foster parents conducted in January and February 2016, indicate 86 percent of respondents were notified of court hearings, while 14 percent of respondents reported not receiving notice. Additional data from this survey reveals 69 percent of respondents report being provided an opportunity to be heard in court hearings.

Data from a survey of 35 Juvenile Court Judge respondents in December 2015 reflects that 40 percent 'Always or almost always verify notice of the hearing was provided to the foster parent' while 31.4 percent 'Sometimes verify and 25.6 percent hardly ever or never verify notice occurred'. Data from the same survey reflects 88.6 percent of respondents report foster parents are 'Always or almost always provided an opportunity to be heard at each hearing', while 8.6 percent report this sometimes occurs and 2.9 percent report foster parents 'Are hardly every provided this opportunity at each hearing'. No respondents reported foster parents are never provided this opportunity. Notice of hearings and reviews to caregivers are described in detail later in this SWA.

Case review data reveals assessment of needs and service provision as an area needing improvement for children, parents, and foster parents. While the case review data for assessment of needs and service provision are combined in the above table, these two sections have been separated here for further explanation for the SWA.

The case review data suggests that needs are not thoroughly and accurately assessed, therefore the appropriate services are not always provided to meet needs. Case review data reveals a need for improvement in the provision of appropriate services matching the needs of the child, parents, and foster parents. Delays in service delivery, waiting lists, service availability, and service provision for families with language barriers are a few of the areas discovered as lacking.

The results of a survey of CW staff conducted in November 2015 suggest that service availability is a strength across the state of Oklahoma for most services, excluding sexual abuse treatment. However, results from that same survey suggest that while services are available for Systems of Care, domestic violence, substance abuse, Trauma Focused Cognitive Behavioral

Therapy, behavior and mental health treatment and sexual abuse treatment, those services are not viewed as being individualized to meet clients' needs. More detailed information can be found related to service array and the agency's work toward improving this area, in 2015 APSR, Service Array beginning on page 43.

Child and Family Involvement in Case Planning:

In home services and Permanency Planning policies require the development of all plans in collaboration with the family and further require active effort to locate both parents and involve them in case planning. In addition to the parents, Permanency Planning procedures require the worker to encourage the participation and involvement of family members and substitute care providers in the development of the Individualized Service Plan (ISP).
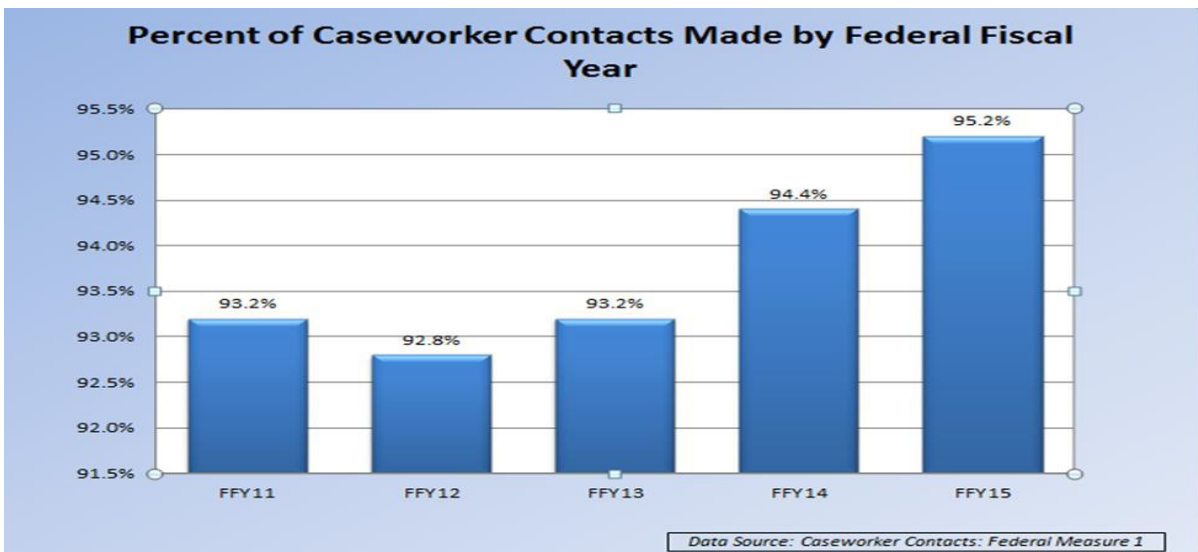
Case review data reflects 97 percent of cases reviewed as an area needing improvement regarding involving the child and the family in case planning. In FY15, 98 percent of children due a case plan goal had one documented in the state information system as indicated earlier in this document.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 13: Child and Family Involvement in Case Planning	3% n=1	97% n=29	n=3				

Case Worker Visits with Child:

In-home services policies and procedures require weekly visits with children during the initial provision of in-home services and, based on case circumstances, visits can be lessened to twice monthly. Permanency Planning policy requires CW to visit each child in custody at least monthly with no more than 31 days between visits.

Upon examination of KIDS data, CW demonstrates some strength regarding caseworker visits with children in foster care. For FFY15, Case Worker Contacts Federal Measure 1 shows that 95.2 percent of children were visited by CW. Oklahoma has continuously met the national standard for case worker visits since the establishment of the new measure.

Percent of Caseworker Contacts Made by Federal Fiscal Year

Data Source: Caseworker Contacts: Federal Measure 1

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Although the KIDS data reflects strength in the frequency of worker visits, qualitative data from case reviews reflects caseworker visits with children as an area needing improvement in 97 percent of cases reviewed. When examining the case review data. the frequency of worker visits with the children was less than twice a month, but at least once a month in 69.7 percent of cases reviewed, which was sufficient in 42.4 percent of those cases. This data comes from the CFSR Practice Performance Report.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Item 14: Caseworker Visits With Child	3% n-1	97% n=32	n=0				

4. Case Worker Visits with Parents:

Case review data indicates caseworker visits with parents as an area needing improvement. Further evaluation, from the CFSR Practice Performance Report, indicates the frequency of worker visits with mothers was less than once a month, in 66.7 percent of cases reviewed, and in 12.5 percent of applicable cases, the caseworker never had a visit with the mother. Case reviews found sufficient patterns of visitation between the caseworker and mother in 8.3 percent of those cases. Case review data regarding the frequency of worker visits with fathers was less than once a month in 42.1 percent of cases reviewed. In 31.6 percent of applicable cases, the caseworker never had a visit with the father. Case reviews found sufficient patterns of visitation between the caseworker and father in 10.5 percent of those cases.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 15: Caseworker Visits With Parents	0% n=0	100% n=24	n=9

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Based on the data described in detail within this section, CW has some established strengths. CW has increased the frequency of worker visits with children over the past five years. The strength identified shows workers are meeting the standard of completing worker visits with children. However, current practice, as presented through case review data, does not reflect that workers are increasing visits with children based on the case circumstances and individual needs of the child or family. When staff conduct worker visits with children, case review data indicates critical in-depth conversations surrounding safety, permanency, well-being, and case planning are often not occurring. Current practice, revealed through case reviews in regards to worker visits with parents, shows CW is not meeting minimum policy requirements for monthly contact with parents; therefore, is unable to effectively assess parents' protective capacities, manage or identify safety threats, and evaluate parents for behavior changes necessary to enhance their capacity to safely provide for their children.

The multiple components of this outcome demonstrate the connections of CW practice throughout the life of the case in order to achieve a successful permanency outcome for the child. The quality of CW staff's involvement with the family in assessing, planning, and identification of appropriate services is critical in shaping the ultimate outcome of each case. Specific items are detailed in the following table.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 12: Needs and Services of Child, Parents, and Foster Parents3	3% n=1	97% n=32	n=0
Item 12A: Needs Assessment and Services to Children	9% n=3	91% n=30	n=0
Item 12B: Needs Assessment and Services to Parents	0% n=0	100% n=25	n=8
Item 12C: Needs Assessment and Services to Foster Parents	10% n=3	90% n=26	n=4
Item 13: Child and Family Involvement in Case Planning	3% n=1	97% n=29	n=3
Item 14: Caseworker Visits With Child	3% n-1	97% n=32	n=0
Item 15: Caseworker Visits With Parents	0% n=0	100% n=24	n=9

Outcome Ratings

Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	3% n=1	0% n=0	97% n=32	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

CW recognizes the importance of thoroughly and accurately assessing the educational needs of children and providing appropriate services to meet those needs. Both of these components are examined in case reviews. The ability to assess accurately the educational needs of children is important to ensure each child receives appropriate services to address identified needs, ensure safety, maintain placement stability, and strengthen their overall educational experience.

Providing Appropriate Successful Adulthood Services

Examination of data provide to CW by the primary contractor for Successful Adulthood (SA) services, the National Resource Center for Youth Services (NRCYS) in their FFY15 Year-End Report, shows 1,985 young people ages 16-21 were eligible for the Successful Adulthood program. Of that number, 1,631(745 16-17 year olds, 886 18-21 year olds) received an SA service (82percent). 71 percent of eligible young people had a completed life skills assessment and 55 percent had an updated youth specific SA plan. Not reflected in this number are youth ages 14 & 15 who as per HB 1078, passed on November 1, 2015, are now eligible for SA services. Ongoing work continues to expand the SA service array to young people ages 14 & 15.

National Youth in Transition Database (NYTD) findings from the latest, FFY 2013, NYTD report indicates strong performance of young people participating in Oklahoma's SA program. Oklahoma young people indicate positive rates compared to national rates in the areas of: Adjudicated Delinquent (7 percent OKSA, 19 percent national), Current Employment (53 percent OKSA, 35 percent national), Completed High School/GED (69 percent OKSA, 54 percent national), Incarcerated (7 percent OKSA, 26 percent national), & Had Children (8 percent OKSA, 12 percent national). Young adults from Oklahoma indicated negative rates compared to the national average only in the Have Been Homeless category (30 percent OKSA, 24 percent national). Other categories are not listed here as they are interrelated to other categories (i.e. Enrolled in/Attending School rate may be low if the Graduated High School/GED

rate is high) and a positive or negative comparison is not a strong indicator of outcomes. CW continues to support and enhance through building on the successes of this program.

Assessing Educational Needs of the Child:

Case review data indicates CW accurately and thoroughly assessed the educational needs of children 50 percent of the time. CW has identified that critical conversations with children, parents, foster parents, or service providers regarding the children's educational needs are not routinely occurring limiting the ability to accurately assess and provide appropriate services.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 16: Educational needs of the child	50% n=14	50% n=14	n=5

Outcome Ratings

Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well -Being Outcome 2: Children receive appropriate services to meet their educational needs.	50% n=14	4% n=1	46% n=13	n=5

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

CW continues to utilize the Child's Passport to ensure resource parents have access to educational records on an ongoing basis. In order to increase the use of the Passport, CW continues to improve the tool to make it more user-friendly. Detailed information regarding the Child's Passport is found beginning on page 21 of the 2015-2019 Child and Family Services Plan (CFSP).

As CW enhances training regarding staff's ability to have more in-depth conversations with children, parents, placement providers, and service providers, as well as continued enhancements to the Child's Passport and other KIDS system educational enhancements including direct linkage to Depart of Education information, there should be an increase in CW ability to accurately assess and provide for children's educational needs, resulting in improved placement stability and consistent mental/behavioral and physical health services for children.

As current data from the Successful Adulthood program indicates strong performance, CW continues to support and improve the existing program to develop stronger outcomes.

Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs:

CW recognizes the importance of accurately assessing children's physical and mental/behavioral health needs and providing adequate services to meet those identified needs. Being able to accurately assess the physical and mental/behavioral health needs of children is important to ensure each child receives appropriate services to address the identified needs, ensure safety, maintain placement stability, and increase timely exits to permanency. This outcome includes both the assessment and provision of appropriate services to address the child's physical and mental/behavioral health needs, and the appropriate oversight of the child's medications.

Case review data indicates CW accurately identified and provided adequate services in 30 percent of the cases reviewed which is consistent with CW previously identifying this as an area of focus for improvement.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 17: Physical health of the child	47% n=14	53% n=16	n=3
Item 18: Mental/Behavioral health of the child	11% n=2	89% n=17	n=14

Outcome Ratings

Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well -Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	30% n=10	12% n=4	55% n=19	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

<u>Physical Health of the Child:</u>

Assessing the Physical Health Needs of the Child:

In order to accurately identify services needed it is important to assess the children's physical health needs throughout the life of the case.

Case review data indicates this is an area of strength in 47 percent of applicable cases reviewed. Further evaluation of case reviews found in the CFSR Practice Performance Report, indicates CW accurately assessed the children's physical health care needs in 70 percent of applicable cases.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 17: Physical health of the child	47% n=14	53% n=16	n=3				

Providing Appropriate Services to Meet Identified Physical Health Needs/ Assessing Dental Health Needs/ Providing Appropriate Services to Meet Identified Dental Health Needs:

Case review data reflects providing appropriate services to children to address all identified physical health needs is a strength in 36.8 percent of applicable cases as per the CFSR Practice Performance Report. CW provided oversight of prescription medication for physical health needs in 30 percent of applicable cases reviewed. Case reviews indicate CW accurately assessed dental health care needs in 72 percent of applicable cases, and that ongoing conversations with children and placement providers are routinely occurring, in order to accurately assess children's dental health needs. Most of the applicable cases reviewed indicated a delay in receipt of the first dental exam for children under age three years. Case review data reflects this area is a strength in 50 percent of applicable cases.

<u>Mental/Behavioral Health of the Child:</u>

Case reviews indicate CW provision of appropriate mental/behavioral health care of children is a strength in 11 percent of applicable cases reviewed. This area includes the assessment of needs, the provision of appropriate services to meet those identified needs, and the appropriate oversight of medication to address needs. CW struggles to assess children's mental/behavioral

health needs, both initially and on an ongoing basis in order to accurately identify needs and services.

Data source: Case Review Data 12/15	Performance Item Ratings			Outcome Ratings			
Foster Care Cases and In Home Cases N=33	Strength	ANI	Cases NA	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Item 18: Menthal/Behavioral health of the child	11% n=2	89% n=17	n=14				

Assessing the Mental/Behavioral Health of the Child/ Providing Appropriate Services to Meet the Mental/Behavioral Health Needs of the Child:

Further examination of case review data from the CFSR Practice Performance Report reflects assessing mental/behavioral health of children is a strength in15.8 percent of applicable cases. Case review data reflects CW provided appropriate mental/behavioral health services in 11.1 percent of applicable cases.

According to data from surveys of CW staff statewide in November 2015:

- 80 percent report Systems of Care is readily available; however, only 66 percent report the services are individualized.
- 60 percent report Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is readily available while only 54 percent report the services are individualized.
- 50 percent report sexual abuse treatment is readily available, however only 41 percent report the services are individualized.
- 79 percent report behavioral & mental health services are readily available, while 60 percent report those services are individualized.

This data indicates a need for further analysis of the lower percentage of availability of services for TF-CBT and sexual abuse treatment. CW has been working diligently to ensure Systems of Care is available statewide and from the survey data it appears to be a success.

Oversight of Mental/Behavioral Prescription Medication:

Oversight of mental/behavioral prescription medication is an area to improve, as indicated by case review data, which reflects a strength in 60 percent of applicable cases in the CFSR Practice Performance Report. Generally, staff are asking surface level questions, such as if the child is on medication; however, in-depth conversations regarding how the medication is working, dosage, possible adverse effects, and how the medication is administered are not routinely occurring.

Monitoring of prescription medication is also an area for improvement. Due to children having unidentified needs and services not being provided to meet those needs, children often experience placement disruptions, educational issues, social and relationship problems, and numerous other negative impacts to multiple areas of their lives.

More information can be found in State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR of the SWA regarding current projects toward improving outcomes for children's mental/behavioral health, as well as in the 2015 APSR, section 2, Well-Being Outcomes 1, 2, and 3, regarding collaborative efforts throughout the state to improve outcomes for the children and families served by CW.

Components of this outcome include physical health of the child as a strength in 47 percent of cases and Mental/Behavioral health of the child as a strength in 11 percent of cases. Overall outcomes for children receiving adequate services to meet their physical and mental health needs shows strength in 30 percent, partial achieved in 12 percent, and not achieved in 55 percent of cases reviewed.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 17: Physical health of the child	47% n=14	53% n=16	n=3
Item 18: Mental/Behavioral health of the child	11% n=2	89% n=17	n=14

Outcome Ratings

Outcome	Substantially Achieved	Partially Achieved	Not Achieved	Cases NA
Well -Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	30% n=10	12% n=4	55% n=19	n=0

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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?

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Oklahoma's Statewide Automated Child Welfare Information System (SACWIS), known as KIDS, is a comprehensive case management tool utilized by child welfare staff for documentation. The KIDS application functions as a case management system that serves as the electronic case file for children and families served by the state. The KIDS application was the nation's first SACWIS and has been operational statewide since June 1995 and has received several technology related awards. April 15, 2010 Oklahoma completed its Improvement Plan under the Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review.

All of Oklahoma's Child Welfare (CW) programs are incorporated into the KIDS application. This includes: Child Protective Services (CPS), Family Centered Services (FCS), Foster Care, Adoptions, Training, Office of Client Advocacy (OCA), Interstate Compact for the Placement of Children (ICPC), Permanency Planning, and Oklahoma's Successful Adulthood Program (formerly known as Independent Living). Policy has 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 adjusted to reflect practice and policy changes. KIDS is considered the child's official case record with supporting paper documents. There is a File Cabinet function that allows users to store documents and photographs into the KIDS case record. Interfaces exist for Child Support, Eligibility, Financial Management, Human Resources, Oklahoma Healthcare Authority, Oklahoma Department of Education, and Juvenile Justice Services to pull information back onto the KIDS screen for a seamless operation.

Application Strengths and Challenges:

A major challenge with the KIDS application is that it is 20 years old and was designed and built using the older client server framework. This framework has many inherent disadvantages over the newer N-tiered web based systems. Client server applications are more difficult to maintain and more cumbersome to adjust. Currently when an adaptive change is made to the KIDS system, a new version of KIDS must be pushed out to every server in the state.

However, one of the main strengths of KIDS is that it has a mature maintenance phase of the Software Development Life Cycle (SDLC). The Technology and Governance Unit, also referred to as KIDS staff, has dedicated IT staff assigned only to the KIDS project and they have years of

experience working on the KIDS application. The IT staff is actively involved in the monitoring and validation of all data within the KIDS system, as well as any data coming into the system from external sources, such as, the Healthcare Authority (OHCA) and Department of Education (DOE). The IT staff also monitors data exported from the system into all of the various regular reports. The Technology and Governance Unit has dedicated program staff co-located with the IT staff. Program and IT staff have unrestricted access to each other and work together as a team to solve issues and answer questions that come up in regards to the application process and data issues.

Data Quality:

One of the greatest strengths to Oklahoma's SACWIS system is the ability to generate accurate quality data from KIDS. Oklahoma has CW analysts directly assigned to work with developers and business users to accurately define data and work through complex data structures and equally complex family and practice dynamics to best define the data requirements. These analysts are also tasked with identifying and addressing data quality issues with field and programs staff.

Oklahoma has specific analysts dedicated to the various reporting responsibilities, including federal reporting. The analyst assigned to federal reporting monitors the various federally required reports, such as AFCARS, NCANDS, and NYTD, using software that identifies reporting errors on a regular basis. When errors are identified, staff makes contact with field staff in order to educate and assist with corrections.

Data elements for all Child Welfare Federal Reporting Systems are integrated in KIDS and extracted to meet federal submission requirements. Data compliance, data quality, and the frequencies utilities are run on a weekly basis for both adoption and foster care AFCARS. An automated AFCARS error notification is distributed by email to CW supervisors and district directors weekly. This notification includes an attached spreadsheet and contains errors for elements 5 (Periodic Review); 23 (Date of Placement Entry); and 43 (Case Plan Goal). Guidance to understanding the error is included with the error notification, along with instructions to assist supervisors with enabling the content and distributing to staff. The weekly error notifications are reinforced by emails to CW workers/supervisors by the federal reports staff. The email content will identify the particular AFCARS error, provide guidance for data entry and provides contact information if assistance is needed. In addition, the KIDS system includes an AFCARS screen within the child's case at the child client level. The AFCARS screen has several nodes which display data fields related to child information, child disability, removal, termination of parental rights, placement, foster family information, court hearing information, permanency plan information, tribal custody information and finance information. The screen allows for some direct data entry and will also display data entered from other screens. The Federal Reports Unit is responsible for running the AFCARS utilities weekly, monitoring the data compliance and data quality. The unit developed a macro for its "AFCARS Spreadsheet" that combines the compliance and data quality utilities information into a user-friendly tool for efficient monitoring and follow-up by the reports staff.

The following is an example of the Data Compliance Summary Report:

```
|                        AFCARS Foster Care
                     Data Compliance Summary Report

            Report Period: September, 2015

                      Format Errors

  Error Description                                          Error
  ---------------------------------------       ----------------
  ---------------------------------------------------------------


                        Data Errors

  Data     Missing  Out-of-  Internal     Total    Subject   Percent  Exceeded
  Element  Data     Range    Consistency  Errors   Records   Failing  Standard
  -------  -------  -------  -----------  -------  --------  -------  --------
     1        0        0          0          0      14197     0.00
     2        0        0          0          0      14197     0.00
     3        0        0          0          0      14197     0.00
     4        0        0          0          0      14197     0.00
     5        0        0        262        262      13586     1.93
     6        0        0          0          0      14197     0.00
     7        0        0          0          0      14197     0.00
     8        0        0          0          0      14197     0.00
     9        3        0          0          3      14197     0.02
    10       30        0          0         30      13586     0.22
    11       92        0          0         92      13586     0.68
    12       92        0          0         92      13586     0.68
    13       92        0          0         92      13586     0.68
    14       92        0          0         92      13586     0.68
    15       92        0          0         92      13586     0.68
    16       24        0          4         28      13586     0.21
    17        0        0          4          4      13586     0.03
    18        0        0          0          0      13586     0.00
    19        0        0          0          0      13586     0.00
    20        0        0         12         12      13586     0.09
```

```
         Timeliness Errors

  Data                   Total    Subject   Percent  Exceeded
  Element                Errors   Records   Failing  Standard
  --------               -------  --------  -------  --------
     22                     30     14197     0.21
     57                     49      3030     1.62

                  *  *  *  *  *  *

      As reflected in this report, data submitted by the State
      does meet the AFCARS standards specified in 45 CFR 1355.40 (e).

                  *  *  *  *  *  *
```

The Federal Reports Unit ensures, to the extent possible, that at the time of submission of the data, all elements are consistently under the two percent error threshold. Oklahoma has repeatedly been commended on their "continued commitment to ensuring high data quality."

The Federal Reports Unit utilizes the NYTD Data Review Utility (NDRU) for monitoring the National Youth in Transition Database (NYTD) reporting system. NDRU may be run up to three times weekly. Weekly error notifications are generated for NYTD elements 17 (Adjudicated

Delinquent); 18 (Education Level); and 19 (Special Education). The unit has developed additional reports to assist with monitoring NYTD data. These reports are distributed to State Office program personnel within Permanency/Independent Living and to designated contract staff for the follow-up 19 and follow-up 21 report periods.

The Federal Reports Unit utilizes the Enhanced Validation Analysis Application (EVAA) for monitoring NCANDS (National Child Abuse and Neglect Data System). The unit runs EVAA every other Monday and may run EVAA more frequently as the NCANDS submission deadline approaches. The unit works closely with State Office program staff in Child Protective Services to resolve data errors identified through EVAA.

For all three reporting systems, AFCARS, NYTD, and NCANDS, combining the use of the federal utilities with state developed reports and exception reports, has improved the state's ability to monitor both compliance and data quality. Effective strategies for improving data quality are an ongoing challenge; however, data validation that involves direct contact with CW staff provides the opportunity to educate and encourage proper, thorough documentation. In addition, ongoing data validation keeps the unit in touch with the functioning of both the KIDS application and the Federal Reporting extracts.

The state has two reports in WebFOCUS to monitor the federally mandated CW visitation: Caseworker Contact–Federal Measure 1 and Caseworker Contact–Federal Measure 2. These WebFOCUS reports update daily and are available to CW staff internally from a reports dashboard. The reports summarize compliance with the mandated standard and provide staff detail of children with missed visits. There is a "How To" document available to assist staff with understanding the two reports.

The Federal Reports Unit is available for consultation and guidance to staff and management regarding understanding errors and related data fields and assisting staff with corrections of data entered incorrectly or by mistake when needed (meaning the worker is unable to self-correct the data entry).

The federal reporting data quality process was adopted by the other reporting units as well. Specifically, Oklahoma's Pinnacle Plan Reporting Unit was created to meet the data demands that resulted from the class action lawsuit settlement agreement. Most of the measures outlined in the Pinnacle Plan are taken directly from federal CFSR Round 2 composite component measures, the federal worker visitation measure, federal data profile elements, and other sources. All detail data including Oklahoma's NCANDS and AFCARS submission files are submitted (monthly or semi-annually) to the monitoring organization's data team for independent verification. In October 2014, the Pinnacle Plan monitors (co-neutrals) granted a finding of "Data Sufficiency" in assessing the progress on the agreed upon Pinnacle Plan Metrics.

The Foster and Adoptive Parent Online Child Passport Access Portal was created to provide access of the most accurate and up-to-date health and educational information to placement providers. This interface to KIDS from the DOE and OHCA databases allows easier access by the field and placement providers to a child's past and present health and educational history. The interface with OHCA and the DOE includes an agreed upon specific set of predetermined data regarding all custody children. The data provided through the interface goes through a

validation process to ensure the exactitude of the data and the confirmation that all data elements were transmitted.

KIDS staff offers statewide assistance for data clean up that specifically targets AFCARS and NYTD data elements as well as providing field staff with guidance on any other data entry questions they may have. Within the KIDS system, there are highlighted mandatory fields for federal data elements that will not allow a worker to bypass the field without entering the data element. The KIDS system also has programmed edits that prompt workers to attend to missing federal data elements; these data elements are also found in the specialized screens that list all of the AFCARS data elements that contain missing data and a summary of all AFCARS data elements that pertain to the child(ren) in the case.

Every worker receives training in Oklahoma's Child Welfare Core Academy that includes the use of the KIDS system as well as the importance of federal data elements and instruction on the accurate documentation of those data elements. Supplemental trainings that CW staff attend incorporate the importance and accuracy of the federal data elements into the KIDS system. Additional training in the accurate documentation of the child's case record is available upon request or when identified as needed by program or management staff; these trainings are facilitated by KIDS staff.

State Office program staff and field staff have access to numerous reports via WebFOCUS, which is a web-based reporting tool that is easy-to-use and allows the user the ability to customize what is viewed. Training is provided to supervisors and managers in the use of data contained in the reports as well as the use of management screens within the KIDS system. Additional one-on-one or group reports training is available upon request.

Statewide Systemic Data Elements:

Regarding the four Statewide System Data Elements required to be tracked in the SACWIS system: the child's status, demographic characteristics, location, and goals for placement of every child; there are several items in place to ensure that the information is documented into the KIDS system. For example, a child's removal begin date has to be entered in the KIDS system in order to identify the child as being in out-of-home care and subsequently entered into a placement.

The KIDS system has information about a child's status that can be reported out at any time. Currently within the KIDS system, the status for children concerning the 16A AFCARS population (October 1, 2015 - Current; ends on March 31, 2015) there are 12,443 children in the population and 12,386 (99.5 percent) of those have an open row of legal status. There are currently 1,613 (13 percent) of children in that population with a TPR to one parent only and 3.018 (24.3 percent) with a TPR of two parents.

The child demographic information has many barriers in place, as previously discussed, in order to ensure that all AFCARS and NCANDS required information is complete for a child or identified when the information is missing.

The location of a child in care or "placement" is required to be documented by policy within two business days of placement. The placement of a child must be documented in the KIDS system

in order for the placement provider to be reimbursed for services rendered. A report was developed to identify all children in out-of-home care that have not had a documented placement in more than 48 hours; the Pinnacle Reporting Unit uses this report to contact staff in regards to the missing placements. The Pinnacle Reporting Unit pulls the report weekly, or as time permits, and contacts staff about missing placements. The report is updated daily so if the placement has not been updated by the next pull of the report, field staff and their superiors are contacted again. The Federal Reporting Unit field staff has full access to this report and can use this as a management tool to identify cases where placements need to be updated. For each placement that is documented within a child's case, the specific placement provider's resource information is in the child's case within the KIDS system. The placement provider's resource information contains more detailed information regarding the resources demographics; such as address, telephone number, household member, etc. If a resource is contracted through an agency and not through DHS that contracted agency along with the home that is contracted is also identified in the KIDS system. This way, a child's exact location can be identified within the KIDS system. If a child changes placements, the CW specialist is required by policy to document the placement change into the KIDS placement screens no later than two business days after placement.

The following example from the weekly Frequency Report ran on 12/14/15 contains element #41-current placement setting:

```
Foster Care Element #41: Current Placement Setting

        Value                                   Frequency  Percentage
Cumulative Pct

        1 Pre-Adoptive Home                         807      6.67
6.67
        2 Foster Family Home (Relative)            3703     30.59
37.26
        3 Foster Family Home (Non-Relative)        5022     41.49
78.74
        4 Group Home                                382      3.16
81.90
        5 Institution                               342      2.83
84.73
        6 Supervised Independent Living               0      0.00
84.73
        7 Runaway                                   104      0.86
85.58
        8 Trial Home Visit                         1503     12.42
98.00

        Not Reported                                242      2.00
        Reported                                  11863     98.00

Total:                                            12105
```

The above example contains both children with a new removal as well as children who are missing a current placement setting documented in the KIDS system. Of the 242 (2 percent) children without a current placement setting, none of those children had been in care less than 48 hours.

A child's case plan goal (element #43), has to be identified and documented within 60 days of removal. The following is an example from the Frequency Report ran on 12/14/15:

```
Foster Care Element #43: Most Recent Case Plan Goal

        Value                                                 Frequency
Percentage   Cumulative Pct

        1 Reunify with Parent(s) or Principal Caretaker(s)        6205
51.26            51.26
        2 Live With Other Relative(s)                              101
0.83             52.09
        3 Adoption                                                4578
37.82            89.91
        4 Long Term Foster Care                                     30
0.25             90.16
        5 Emancipation                                             234
1.93             92.09
        6 Guardianship                                              77
0.64             92.73
        7 Case Plan Goal Not Yet Established                       612
5.06             97.79


        Not Reported                                               268
2.21
        Reported                                                 11837
97.79

Total:                                                          12105
```

A weekly error notification for element 43 is generated when there is no approved case plan goal for a child who has been in care for 60 days or longer. The approved case plan goal must be within the current removal episode and after the date of the current removal. For the above report, the 268 children listed as not reported indicates a missing case plan goal and is an error. The 612 children who are listed as not yet established indicates that the child has been in care less than 60 days, and the remaining 89 children had exited care.

The following is another example from the Frequency Report ran on 12/14/15 showing two elements included in the child's demographics (#6-child's date of birth and #7-child's sex):

```
Foster Care Element #06: Child's Date of Birth

        Value              Frequency  Percentage  Cumulative Pct

        1997                      90     0.75              0.75
        1998                     362     3.01              3.76
        1999                     378     3.15              6.91
        2000                     402     3.34             10.25
        2001                     407     3.39             13.64
        2002                     423     3.52             17.16
        2003                     450     3.74             20.90
        2004                     495     4.12             25.02
        2005                     578     4.81             29.83
        2006                     608     5.06             34.89
        2007                     668     5.56             40.45
        2008                     691     5.75             46.20
        2009                     799     6.65             52.85
        2010                     818     6.81             59.65
        2011                     849     7.06             66.72
        2012                     917     7.63             74.35
        2013                    1084     9.02             83.37
        2014                    1167     9.71             93.08
        2015                     832     6.92            100.00

        Not Reported               0     0.00
        Reported               12018   100.00
Total:                         12018


Foster Care Element #07: Child's Sex

        Value              Frequency  Percentage  Cumulative Pct

        1 Male                  6162    51.27             51.27
        2 Female                5856    48.73            100.00

        Not Reported               0     0.00
        Reported               12018   100.00

Total:                         12018
```

The following examples from the Frequency Report ran on 12/14/15 show elements #21 (identifying the child's most recent removal date) and #56 (identifying the child's current status/discharge from foster care):

```
Foster Care Element #21: Date of Latest Removal from Home

        Value              Frequency   Percentage   Cumulative Pct

        1998                       1      0.01            0.01
        1999                       4      0.03            0.04
        2001                       3      0.02            0.07
        2002                       6      0.05            0.12
        2003                      18      0.15            0.27
        2004                      29      0.24            0.51
        2005                      29      0.24            0.75
        2006                      41      0.34            1.09
        2007                      45      0.37            1.46
        2008                      39      0.32            1.79
        2009                      83      0.69            2.48
        2010                     190      1.58            4.06
        2011                     405      3.37            7.43
        2012                     843      7.01           14.44
        2013                    2087     17.37           31.81
        2014                    3753     31.23           63.04
        2015                    4442     36.96          100.00

        Not Reported               0      0.00
        Reported               12018    100.00
Total:                         12018
```

```
Foster Care Element #56: Date of Discharge from Foster Care

        Value              Frequency   Percentage   Cumulative Pct

        2014                       1      0.01            0.01
        2015                    1044      8.69            8.70

        Not Reported           10891     90.62
```

There are several reports available to staff that help a caseworker/supervisor identify a child on their workload quickly to see what, if any, information for that child might be missing, as well as the ongoing validation efforts of the Technology and Governance Reporting Units. The Technology and Governance Unit also has the ability to have programmers do special data pulls that can include compliance data based off transaction dates. This can include such data pulls as the percent of children where case plans goals were not established in 60 days or a data pull of the percent of placement changes that were not entered into the KIDS placement screens within two business days, as per policy.

B. Case Review System

Item 20: Case Review System

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Year	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage
FFY2015	16,856	15,694	15,373	98%

Year	Children in Care	Number of Periodic Hearings Due	Number of Periodic Hearings Made	Percent of Periodic Hearings Made	Number of Periodic Hearings Made Timely	Percent of Periodic Hearings Made Timely
FFY2015	16,856	25,848	25,232	97.6%	24,740	95.7%

Year	Children in Care	Number of Permanency Hearings Due	Number of Permanency Hearings Made	Percent of Permanency Hearings Made Timely	Number of Permanency Hearings Made	Percent of Permanency Hearings Made Timely
FFY2015	16,856	10,685	9,138	85.5%	8,491	79.5%

Data Source: KIDS Removals Table

The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parents and includes the required provisions.

Information covered in the written case plan includes:
- the child's history
- identification of the specific services to be provided to the child and family to assist in correcting the conditions that led to removal

- a schedule of the frequency of services and means of service delivery
- the name of the assigned CW specialist
- a projected time of plan completion
- plan performance and progress measurement criteria
- the name and business address of the attorney representing the child
- services provided to the child and child's foster parent needed to facilitate the child's return home if placed out of the home
- if placed out of home a description of the child's placement and explanation of whether the placement is the least restrictive, closest proximity to the child's parent or legal guardian, most family like setting, description of how the placement is in the child's best interest
- if the child is 14 years of age or older a description of the independent living plan
- when the child is in placement solely or in part due to the child's behavioral health inclusion of diagnostic and assessment information, specific services needed to meet the child's behavioral health and medical needs and desired treatment outcomes
- a plan and schedule for regular and frequent visitation for the child, parent of legal guardian and siblings
- a plan to ensure the child's educational stability while placed out-of-home
- the permanency plan case plan goal for the child

The written case plan is developed with the parent(s) or legal guardian of the child and is documented by the child's assigned CW specialist in the state information system. In FY15, 98.5 percent of children due a case plan goal had one documented in the state information system. The data quality methodologies in place with the SACWIS system (KIDS) are covered in detail in Item 19.

Data from case review items sheds light on practices influencing and determining the case planning process.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 13: Child and Family Involvement in Case Planning	3% n=1	97% n=29	n=3

Data source: Case Review Data 12/15   **Foster Care Cases and In Home Cases N=33**

The case review data shows us areas in which CW needs to close the gap between practice and outcomes in the case planning processes in order to grow the systemic backbone of the casework process necessary to achieve and measure good outcomes for families.

One method CW uses to ensure that parents are involved in the plan development is to complete the case plan during a family team meeting (FTM). There are currently 13 FTM documentation options in the state information system. One option is FTM case plan development. In FY15, there were 252 FTMs held with the purpose of case plan development

selected. It is difficult to ascertain the number of FTMs held that involved case planning due to the large number of selection options.

The FTM signals a great opportunity for systemic improvement in the case planning area. It is built into the practice model and the case management tools workers use to document their practice. It embraces critical areas of highest quality CW practice: parent and child involvement, kin and family connections, social supports for strengthened protective factors for safety across the life of the case, amongst others. Our opportunities in this area exist in our commitment to returning to the FTM to assess the quality of sustained implementation over time, for example, staff and supervisors' commitment to the values of the FTM and their use of effective strategies to grow family involvement. Their understanding of the connection between FTMs across critical decision points over the life of the case, and their potentially determining effect in achieving permanency. Further, our integrative systemic analysis will disclose opportunities to link efforts such as the Child Safety Meetings (CSMs) to FTMs as a part of the continuous process involving closely related practices–like identifying and including relatives and informal family supports–into a more seamless, systemic whole.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

The case review system is functioning statewide and is ensuring that a periodic review for each child occurs no less frequently than once every six months.

When a periodic review is held for a child it is documented by the assigned CW staff in the state information system and the data is readily available for review. In FY15, 93.7 percent of children due a periodic review had one completed. In a survey given to judges in December 2015, judges reported that periodic review hearings for each child on their docket occurs 97 percent of the time. The reported percentages are only for the children who have met the requirements for periodic review and permanency review hearings. The data quality methodologies in place with the SACWIS system (KIDS) are covered in detail in Item 19.

Case review data suggests there is an opportunity to work on a timely permanency goal with children. It was rated as a strength just 21 percent of the time, and in need of improvement 79 percent of the time.

Performance Item Ratings

Item	Strength	ANI	Cases NA
Item 5: Permanency Goal for Child	21%	79%	
	n=6	n=23	n=0

Data source: Case Review Data 12/15　　　　**Foster Care Cases and In Home Cases N=33**

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

The case review system is functioning statewide at a marginal level and is ensuring that, for each child, a permanency hearing in a qualified court occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Permanency review hearings are documented in the state information system and a copy of the court minute is saved in the case file. In FY15, 77.9 percent of children due a permanency hearing had one documented in the state information system. The data quality methodologies in place with the SACWIS system (KIDS) are covered in detail in Item 19.

The timeliness piece was written into the original request for data so the reported percentages are only the children who have met the requirements for periodic review and permanency review hearings. Clarification was also requested regarding the reason as to why the rate of occurrence was so low. The permanency hearing dates are entered in the state information system by the CW worker. The low rate is likely due to errors in data entry.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

> Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

The case review system is functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occur in accordance with required provisions.

State law 10A O.S. §1-4-902 and DHS policy 340: 75-6-40.9 mandates the filing of a petition to terminate parental rights in accordance with ASFS timeframes and lists the exceptions to mandatory filing of the petition to terminate parental rights. The state information system tracks months out of home in the client summary screen. See screen shot below. This timeframe also automatically populates in the court reports that are created by the assigned CW specialist in the SACWIS system (KIDS).

In a survey given to judges in December 2015, respondents reported that each child in out-of-home placement 15 out of the last 22 months has a petition filed for the termination of parental rights (TPR) or an exception to filing the petition determined by the report 17.1 percent of the time. There was no follow-up to this question to ascertain the reason for the reported low rate of occurrence.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

The case review system is functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

Oklahoma's state information system automatically generates a notice of hearing to caregivers when hearing information is documented in SACWIS by the CW worker. See screen shot below. The CW specialist assigned to the child prints and mails a copy of the notice to the caregiver. Currently there is no data tracking this process.

One means of ensuring caregivers are aware of this right is the inclusion of this right in the Placement Agreement for Out-of-Home Care that is provided to and signed by the caregiver at the time of placement of a child in their home. The rights of caregivers, including the right to attend and be heard at all proceedings related to the child in their care, are also covered in the Guiding Principles Training required for foster parent certification. In a survey given to judges in December 2015, 9 respondents (25.7 percent) reported that the court verifies that foster parents were given notice prior to each hearing and 27 judges (77 percent) responded that foster parents were given the opportunity to be heard at each hearing. This indicates that when foster parents are present their input is obtained and utilized. It is important to note that this data was reported by the judges themselves, not the foster parents or CW staff, in a survey and was not verified.

A survey was given to a random sample, provided by KIDS, of 51 foster /adoptive parents who had placement of at least one DHS custody child from January 1, 2015 through December 31, 2015. Telephone surveys were completed by two Quality Assurance program field representatives. Results of the survey indicated that 86 percent of foster parents surveyed were notified of court hearings, 69 percent were provided the opportunity to be heard at hearings and 68 percent were notified of hearings in person or by phone. Full survey results listed below:

1. Foster parents are notified of court hearings:
   - 44 Agree (14) or Strongly Agree (30)   86 percent
   - 7   Disagree (3) or Strongly Disagree (4)   14 percent

2. Foster parents are provided the opportunity to be heard at court hearings:
   - 35 Agree (13) or Strongly Agree (22)   69 percent
   - 15 Disagree (9) or Strongly Disagree (6)   29 percent
   - 1   No response   2 percent

3. If agree or strongly agree to #1, how are foster parents notified of Court Hearings:
   Of the 44 foster parents who indicated they do receive notification, notification occurred in this manner:
   - 27 Mail   61 percent
   - 20 In Person   45 percent
   - 10 Telephone   23 percent
   - 6   Text Message   14 percent
   - 2   At Court   5 percent
   - 1   Foster child told them   2 percent
   - 1   Previous foster parent informed them   2 percent
   - 0   Email   0 percent

   Foster parents may select more than 1, therefore the total will not equal 100 percent.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

> Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

The QA/CQI system in Oklahoma has a good foundation and is growing stronger. Oklahoma DHS is a data rich environment built on the foundation of the KIDS system and SACWIS compliance reaching back 20 years. Numerous Web Focused reports are available to managers, frontline supervisors, and staff to measure performance and find proxy measures for outcomes across the practice model.

Examples of key reports include:

YI706-Referral and Removal Data. This report contains the totals and percentage changes of Referrals and Removals from the current State Fiscal Year (July 1st through June 30th) going back 17 years. This report contains the removal exit reasons, referral reports that have been received, reports completed, the amount substantiated and that percentage.

YI739-Open Family Centered Services Cases. This report is used to track and monitor FCS cases for Prevention staff and is updated weekly.

YI10-Permanency Planning Detail Report-Judicial/Case Planning. This report can be used to review data regarding children that are in DHS custody; children in DHS supervision; all children on the report will have an open deprived court number or a removal. This report updates daily and does not provide historical information. This report includes information such as: the petition date, official custody, worker responsible for child, parents names, adjudication or termination dates, case plan goal, the most recent and a count of Family Team Meetings completed, last and next hearing date, court findings, and the Individualized Service Plan dates and types.

YI105-Indian Child Welfare Act Report. This report provides specific details as to all children who are Indian Child Welfare Act eligible (ICWA); it is updated daily and does not have historical information. This report includes information such as: primary and secondary tribe name, tribe status (enrolled or eligible), ICWA applies, Good Cause date, resource type, resource region, and if the resource has a tribal affiliation.

YI106-IV-E Report. This report provides all children in out-of-home care as of the permanency data collection date and time who are Title IV-E Foster Care eligible or ineligible. This report is updated daily and does not provide historical information. Some of the fields included are IV-E status, IV-E initial determination date, IV-E permanency court order date, date of the IV-E order, IV-E initial ineligibility reason, and IV-E next review due date.

YI020-Vacancy Report. The resources on this report must be open CWFC, CWFCSH or TFC homes. For CWFC and CWFCSH, open is defined as having an open and supervisor approved Resource Family Assessment and the resource end date has not been entered. All homes must have: an open availability record with a status of 'Available'; must be located in Oklahoma; have one or more vacancies. This report updates every three hours. This report has matching fields which include: school district, ages willing to accept, calculated vacancies, preferred beds, and days with no placement.

YI023-Open Resource Homes (Approved or Unapproved). This report provides details as to approved or unapproved open resource home types: CW Foster Family Care, CW Foster Family Care/Kinship/Relative, CW Foster Family Care/Kinship/Non-Relative, Therapeutic Foster Care, Emergency Foster Care, Contracted Foster Care, Tribal Approved Foster Family Care, Tribal Approved Foster Care-Kinship/Relative, and Tribal Approved Foster Care-Kinship/Non-Relative. Fields include availability, current number of children placed, days with no placement, Family Assessment status and date, and supervisor approval date.

YI768C-Staff Workload. This report is updated as of midnight each day. Some of the worker types include the following: CPS: number of CPS investigations and assessments where the worker has the primary assignment, FCS: number of FCS cases where the worker has the primary assignment, Permanency: number of participating children under the age of 19, excluding children in Tribal Custody, that are removed or are in DHS custody, and are in the following case types: Permanency, Aftercare, CPS, Voluntary FC and ICPC. For children in CPS cases to count, the associated assessment/investigation must be closed. It also includes Resources: number of resources where the worker has the primary assignment, Adoption: number of children participating in Adoption cases that are not finalized. The report also gives the workload eligible to carry percentage and the total workload percentage they are assigned.

YI791-Referral Detail-Open Investigations and Assessments. The population in this report is all in-home open referrals. Out-of-home or screen out referrals are not in this report. This report only contains open investigations and assessments for in-home referrals. The referrals will drop off the month they are completed. This report has four tabs: referrals, allegations, victims, and perpetrators. Fields that are included in this report are substance abuse contributing factor, domestic violence indicated, IPAP indicated, FTM date, and overall finding.

These reports are customizable, and can be used to look into patterns of performance at regional and district levels.

At the same time, the sheer abundance of data has become a challenge. Oklahoma CW works in such a data rich environment that it can be overwhelmed with data, and be at a loss for how to use it effectively. Plus, the agency is taking a true and honest look at the skills and abilities, the staff capacities, CW needs to strengthen in order to use data effectively in continuously

more cogent ways. Thus, at the same time that CW is building awareness of the data it has at its disposal, the agency is engaging in efforts to help staff to tell the story behind the data in ways useful from top to bottom. The assumption and guiding principle is that QA and CQI must be a shared commitment throughout the agency, weaving together a way of thinking as an organization to be finally effective in the tasks of sustainable and accumulating practice improvements. For example, how can effectively tailored data profiles be used in communities to grow stakeholder awareness of opportunities and challenges in child welfare? How can regional and district managers become more adept at applying knowledge and skill with cohort data, tracking entries and exits into the system over time to help gauge the need for service capacity enhancements, work assignments, and/or innovative practices? And at the frontline, how can a supervisor, in a district office, addressing a handful of numbers, use that data to effectively communicate that a handful of numbers moving one way or the other on a data graph represents the actual quality of life that children lead? The realization of the agency's needs to manage the wealth of data it has with familiarity and skill at using it effectively informs CW's data development agenda.

Data Development Agenda:

The QA/CQI data development agenda involves work with national partners in a number of important areas, as well as internal work with the data we have and use. Some key partners to this process include:

Chapin Hall–Longitudinal and cohort data is helping administrators and managers understand Oklahoma CW as a fully dynamic system of interrelated components.

Child Trends–One key project involves the study of kinship diversion to better understand the value and long-term outcomes of kinship placement and permanency.

Eckerd–Using the innovative rapid safety feedback, coupled with a targeted application of data analytics, this project is applying research-driven risk factors to improve upfront safety determinations and planning.

Casey Family Programs–One current project is focused directly on teaching and coaching managers in the field on the improved and skilled use of data to manage for outcomes.

Taken together this data development agenda is building capacity for ongoing systemic assessment that will support recommitment to the successful implementation of the state's practice model. It will support the work of QA/CQI staff as they look to develop sources of data from outside of CW per se (public health, education, measures of community well-being) to assist in the creation of community data profiles to support the growth of community partnerships, and provide a fuller and more sustaining context for CW outcomes. The data development agenda, additionally, provides the impetus and the resources to assist staff in central offices and the field to strengthen their ability to use data effectively to improve practice in measurable ways.

The state's growing QA/CQI capacity includes growing ability in the use and application of CFSR case review process. The Oklahoma CFSR process has undergone a transformation which has been several years in the making. The current case review process, utilizing the

federal OSRI instrument, began in April 2015 for a Period of Review beginning April 1, 2014. Adjustments to the process, in collaboration with the Children's Bureau, were made through November 2015, when the process was accepted by the Children's Bureau as part of the approval process of Oklahoma becoming a self-review state for Round 3 CFSR.

The current CFSR process involves maintaining the high quality of consistency of application of the OSRI though ongoing and annual training and joint debriefing. At this time, each case undergoes QA reviews by the CFSR supervisor and a third party reviewer, who is a CQI program field representative not involved in the reviews or cases. This process ensures the validity, consistency, and reliability of the reviews and resulting data quality. Ongoing reviews consist of 40 out-of-home and 25 in-home cases biannually from statewide samples. Currently, the reviews are assigned by proximity to five CQI program field representatives whose primary assignment is CFSR.

Oklahoma strongly believes it is our duty to ensure safety of children to the best of our individual and collective abilities. CW believes a strong CQI process is a critical component of that protection. CW utilizes data from the CFSR process to further improvements through sharing of data, trends, practice concerns, and strengths throughout the CW system as a foundational piece of the total CQI system which constantly monitors and adjusts, as needed, in order to improve practice and ultimately achieve more positive outcomes for children.

Additional work within QA/CQI includes creating and adapting formats for the findings from the case reviews that takes them beyond performance checks on compliance to recognized federal standards. This will be a format that emphasizes the usefulness of the case review findings to coach practice improvement, highlight and call out good practice examples, and contribute to targeted and strategic CQI PDSA cycles. This component of the work of the QA/CQI system is embracing the need to adopt and adapt organizational development strategies that move QA/CQI from being a categorical function of a unit in central offices to becoming a system wide approach.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Initial training, CORE, performs well in teaching new child welfare (CW) specialist's basic knowledge, skills, and abilities and can be demonstrated via Hands on Testing (HOT). Participants achieve successful completion of HOT once they have demonstrated skills in four components: child interview, adult interview, safety assessment, and KIDS navigation and documentation.

CW specialists are in the field shadowing and not carrying cases in their home office a minimum of two weeks before they are enrolled in CORE. CW specialists spend four weeks in classroom training and four weeks of on the job training (OJT).

Classroom Training:

CORE training consists of four weeks of classroom training that covers foundational level knowledge, skill competencies, and CW policy. Content is presented by a combination of DHS staff and contracted trainers.

Pre-CORE training activities are part of the transfer of learning process and the new workers must be allowed time and support in completing these activities. All CW specialists are required to complete Pre-CORE while waiting for CORE to begin. In order for classroom training to have an effect on practice, participants must use their newly acquired skills in the work setting in the performance of Pre-CORE activities. Supervisors ensure that new workers have an opportunity to do all of the assigned activities. Pre-CORE activities, which are designed for all CW specialists, regardless of their track in the agency, include a review of the Oklahoma Child

Welfare Practice Model; select articles on child safety and substantiation of child maltreatment, impending danger; and an ethics in CW video.

CORE is approximately 70 percent experiential regarding actual classroom time. OJT, by nature, is experiential and there are required activities, which must occur and are attested to by the CW specialist and their supervisor prior to attempting HOT. Required activities practice the skills measured by HOT. Completion of CORE is tracked by monitoring of roster sign-in sheets and post-CORE practice prior to being eligible to participate in HOT. Any worker who does not complete CORE may not participate in HOT and is therefore not eligible to carry a caseload to perform their duties and may not remain employed as a CW specialist. A participant who misses a part of CORE can make up that section in one of three ways: being placed into another CORE cohort, receiving individual training within the unit, or making up what was missed within another CORE cohort while on OJT. We do not track how many workers complete CORE timely, as the only times someone does not complete is if they left the agency. All CW specialists complete CORE and HOT prior to carrying a caseload.

The Training Unit does not conduct a pre-test for skills evaluated during HOT. We attribute HOT outcomes, primarily, to CORE training. Additionally, the competencies for HOT described below are CW specific, even though they incorporate some basic skills a new worker may possess prior to training. It is unlikely that a new CW specialist could complete HOT without specific training. HOT represents demonstration of the required competencies for effective CW specialists, which are learned and practiced in CORE. This belief is based on new CW specialists, after receiving eight weeks of CORE in FY15, of the 699 who attempted HOT, 62 percent were able to successfully complete HOT on the first attempt with 92 percent completion after the second attempt. Test exposure should account for some of the improvements observed for the second test; however, it is believed that the skills being observed are emerging skills and thus, not fully mastered. This is congruent with research on behavioral health providers requiring extensive time to master skills. The increased time in OJT spent being coached by a supervisor will assist in mastery of skills as a part of the transfer of learning.

The first time completion rate has increased since the inception of HOT, despite more rigorous grading tools, described later. A strong focus on critical thinking skills was intentional during the last update to the CORE curriculum, completed in 2014, and based on feedback from supervisors and programmatic employees who conduct level courses. It is believed this has resulted in improved decision-making on the Assessment of Child Safety (AOCS), described below. The FY15 completion rate was 87 percent while in FY14 it was 89 percent, despite the AOCS's scenarios being utilized were created to be more challenging. This would need to be evaluated along with all of the core competencies after they leave and begin practice. The Training Unit does have access to these outcomes. It is hoped with the utilization of the upcoming Case Consultation tools in which a supervisor's ability to coach new workers and to asses CW specialists will occur.

To strengthen the reliability and validity of CW HOT graders, the Training Unit enhanced the training for CW supervisor and Level III workers. The education and experience requirement for the hire of a CW specialist I consists of a bachelor's degree. One year of experience results in an automatic progression to a CW specialist II. The education and experience required at hire

for a CW specialist II consists of a master's degree or a bachelor's degree with one year of experience in professional social work. They are eligible to promote after one year of experience as a CW specialist II. CW specialist III requirements consist of a master's degree or a bachelor's degree with one year of experience in professional social work. A CW specialist III is eligible to promote after one year of experience as a CW specialist III. CW supervisor job requirements require the same as a CW specialist III plus one additional year of experience in professional social work in CW programs.

Graders are responsible for HOT preparation and ongoing training of new workers following CORE completion. This structure ensures consistency of worker competencies between the Training Unit and the field. One day of training is provided for potential graders regarding each element of the grading tool, the philosophy of evaluating new CW specialists, how to identify strengths and areas for improvement, and how to provide verbal feedback on the identified strengths and areas for improvement. Experienced graders are matched with new graders, mentee, to mentor until ready to grade independently. The Training Unit evaluated experienced graders prior to the enhanced training and chose those who showed the desired skills and competency to be chosen as a mentor. Competency to grade is measured by direct observation of the grader over two days of participation in HOT scoring interviews and by providing verbal feedback on CW specialist strengths and areas needing improvement. Day one, the mentee grader shadows an experienced mentor grading the HOT participant. The mentee practices scoring the HOT participant, compares, and discusses with the mentor. The mentee observes the mentor providing verbal feedback to the HOT participant when their HOT results are provided to the CW specialist, along with a trainer from the Training Unit. On day two, the mentor takes the lead in scoring the CW specialist and providing feedback. The mentor reviews, discusses and coaches the mentee and is responsible for authorizing the testing scores. At the end of the day, the mentor, mentee, and identified training unit personnel review the performance of the mentee and a decision is made either to continue with more training until competency is established or to be approved to grade.

The enhanced training for HOT graders, though only having one survey to date, reflects an increased ability to understand new CW specialist basic competencies and how to evaluate. This process strengthens the alignment of CORE to field work in the competencies expected, and how to evaluate and coach for improved skills. The survey is congruent with the earlier anecdotal feedback from graders.

Initial surveys reflect:
- 94 percent either agreed or strongly agreed they understood the grading process and the mentoring process.
- 100 percent either agreed or strongly agreed they knew how to apply the grading sheet to an entry-level worker and understood the necessity of providing focused, specific feedback regarding CW specialist strengths and areas needing improvement.
- 100 percent understood how to use the grading sheets with new workers prior to HOT.

After January 1, 2014, the Training Unit began utilizing a new tool to evaluate all workers for HOT. The previous tool did not include specific competencies for each aspect of the tool. In FY15, of the 223 who used the original tool, 205 (92 percent) completed and 18 (8 percent) did

not complete. Additionally, workers were given two opportunities to attempt, regardless of their performance, versus the previous requirement of needing to complete 50 percent of the tests on the first attempt. This affected only four CW specialists for FY15, in that they were able to test under the new requirements.

For FY15 there was an overall 92 percent completion rate. The results by component for HOT are:

- KIDS: 704 of 726 (97 percent)
- AOCS: 696 of 794 (88 percent)
- Child Interview: 676 of 805 (84 percent)
- Adult Interview: 667 of 836 (80 percent)

Despite changes to CORE, and more robust grading tools, CW specialists continue to be able to demonstrate required competencies. The agency does not have the capacity to report how long a CW specialist remains with the agency in relation to which CORE cohort they were in. Currently, the data is reported for the year and by quarter. That data includes any termination of employment occurring during that timeframe and tenured staff.

HOT:

We know from implementation research that training alone does not result in improved practices and outcomes. Training is important to introduce skills, concepts, theory, values and the value of evidence-based practices. It is the foundation for training, while not sufficient alone to change CW practice. For the transfer of learning to occur, training must be supported by effective coaching. Both training and coaching provide avenues to introduce concepts, and a safe place to practice skills before utilization. This was another reason for enhancing the training for graders of HOT, as the primary goal is to improve coaching skills and identification of new CW specialist skills.

Hands on Testing is comprised of four skills-based components structured to measure required competencies for all CW specialists, regardless of the type of work performed, which is linked to improving outcomes for children and families served. Participants achieve successful completion of HOT once they have demonstrated skills on all four components: child interview, adult interview, safety assessment, and KIDS navigation and documentation. Prior to HOT, a supervisor or CW specialist III observes each HOT participant practice and attests to each workers' readiness to test. CW specialists are provided a minimum of two weeks between each testing experience with the option to extend if the CW supervisor requests more time. The training unit does not set a maximum amount of time a CW specialist can wait to test for HOT as this is decided at district director/field manager level. All eligible CW specialists tested last year when they required more training time. Each CW specialist is provided a list of required activities to perform in which they are observed, provided feedback and coached to improve skills. Prior to HOT, a CW specialist is required to complete a minimum of two adult and child interviews, documentation of interviews in KIDS, etc. CW specialists who do not complete a component of HOT and are retested, are required to practice the components in which they do not complete on the first attempt. For example, a CW specialist who does not complete an adult interview will be: required to practice a minimum of four interviews, observed, and provided

feedback utilizing the HOT grading tools. All practice related grading tools (the same as utilized for HOT) are submitted to ensure sufficient practice has occurred to be eligible to test.

Component I and II–Interviews:
During this portion of the competency evaluation, the participant conducts an interview with an adult actor playing a child/adult. The interview is based on the participant's primary role within CW: Adoptions, Child Protective Services, Family Centered Services, Foster Care, Hotline, or Permanency Planning. The interview is conducted one-on-one with an adult actor portraying a child in a neutral setting (i.e. within the training unit vs in the field) based on a scenario created by the Training Unit. Participants are expected to engage the child and gather information regarding safety, permanency, and well-being. Participants are provided a specific timeframe of one hour to prepare and conduct the interview. CW supervisors who have been briefed on the scenario observe the interview while in the room with the actor and CW specialist and utilizing the grading tool grades the interview and to later provide verbal feedback on strengths and needed areas of improvement. Scenarios are developed by the Training Unit at the beginning of each fiscal year for each CW specialist track. The scenarios cover a variety of types of allegations/situations and are all based on real cases.

Component I and II–Documentation:
Based on the participant's primary role within CW, they are required to document either the adult or child interview completed in component one or two of the competency evaluation. The documentation must accurately reflect information gathered during the interview. Participants are provided a specific timeframe of one hour to document the interview in a Word document.

Component III–Safety Assessment:
During this portion of the competency evaluation, the participants receive an Assessment of Child Safety (AOCS) form in which the six key questions are completed. The six key questions focus on child safety as it relates to the child's present security and well-being and assesses the risk of abuse or neglect. The worker reads the six key questions (which help to identify safety threats) and determines the safety threat, which includes articulating the unsafe behavior beneath the safety threat (#1-9) chosen, whether the child(ren) is safe or unsafe, and which PRFC (Person Responsible For the Child) the safety threat applies to. Participants are provided a specific timeframe of one hour to read and complete the Assessment of Child Safety.

Component IV–KIDS Navigation and Documentation:
During this portion of the competency evaluation, participants are required to complete a navigation exercise, locating information for 10 items in a referral and 10 items in a KK (id number of the CW family within KIDS. Workers are also required to document a minimum of two items in a referral or a KK case. These items include: documenting a worker visit, documenting a child interview, changing a placement, adding an allegation, or documenting one of the six Key Questions in the AOCS.

Interviews are evaluated utilizing assessment tools designed by Oklahoma CW. Each tool has subcomponents: engagement skills, rapport development, interview skills and assessing safety and well-being. Subcomponents rapport development and interview skills are identical for each primary role. Engagement and assessing safety and well-being have slight variations for each

role based on whether the interview is an adult or child and for some roles based on expected competencies.

Each subcomponent is evaluated separately and must be completed to pass the test.

CORE participants complete eight surveys, which are tied to the competencies of CORE, during training. The surveys, conducted via SurveyMonkey, are available for completion two weeks after ending CORE. Our contractor utilizes a less expensive version of SurveyMonkey, which does not provide a return rate. Survey results indicate CW specialists and supervisors believe training meets CW specialist needs. For example, the Post-CORE/HOT survey is designed to measure adherence to certain procedures called for in CORE/HOT and in regard to the perception of CORE preparation of HOT and is completed by CW specialist and their supervisor. For FY15, 649 CW specialists were surveyed with 344 completions, a 53 percent return rate.

Overall, 70 percent indicated CORE as very helpful in preparation for HOT. Specifically, for the four components, results indicated:

- Child Interview: 65 percent
- Adult Interview: 58 percent
- AOCS: 75 percent
- KIDS: 86 percent

For FY15, 573 supervisors were surveyed with 122 returns (21 percent) regarding the Post Core/HOT survey, which provided the below results:

- 56 percent believed workers benefited from Pre-CORE activities
- 67 percent believed critical thinking improved
- 63 percent believed skills utilizing KIDS improved considerably
- 93 percent believed CW specialists were adequately prepared for HOT

Additionally, specific CW specialist training requests regarding areas of desired additional training from CORE have decreased from FY14 to FY15, indicating better preparation. In FY14, 573 CW specialists were surveyed and 200 survey returns (35 percent) were received compared to FY15 with 649 CW specialists surveyed and 344 returns (53 percent). The FY14 to FY15 change reflected:

- Additional Training for Child Interviews: decrease from 35 percent to 31 percent
- AOCS: decrease from 37 percent to 31 percent
- Adult interview: 42 percent to 33 percent
- KIDS: 17 percent to 12.5 percent

The Training Unit partnered with the University of Oklahoma School of Social Work to evaluate the simulated adult and child interview component of HOT to increase the objectivity of the grading process. The validity of the grading tools, and pilot testing using standardized actors, was evaluated. The results suggested the need for more development of the grading tools, most of which had already occurred prior to the results of the study being presented. The recommendation to move the grading tool to a Qualtrics electronic version was not utilized due to associated cost. Results indicated CORE participant's weakest areas for HOT were

interviews, in particular, how to assess safety. This result correlates with the Training Unit's internal database, with little deviation between specialties.

Level III Mentor Certification:

The second part of the transfer of learning process includes the CW specialist III and IV, who must receive training and support to facilitate their role. The training received and the ability to utilize the knowledge gained while in the field supporting CW specialists are key components of CORE's success.

Level III mentor certification was developed for tenured staff classified as CW specialist III who are tasked with mentoring new CW specialists. We know from implementation research that training alone does not result in practice change. Training provides necessary foundational information; exposure to concepts; theory; and an introduction to skills, which can be practiced in a safe place before utilization with families. The purpose is to ensure tenured staff can provide intensive supervision in required competencies before working independently with new CW specialists. The certification mirrors new CW specialist's demonstration of competencies prior to working with families. The mentoring is designed to ensure the certification is based on three skill-based competencies: interview observation and feedback; documentation analysis; and feedback and a field observation.

The training entails three days of training in the competencies. When a level of minimum competence is demonstrated, the mentor has achieved certification. Should a mentor not complete within two attempts, a development plan is constructed at the office level until remediation is completed, at which time they are eligible to test again or they may demote to another position. Below are the numbers tested FY15:

Participants that tested in F15: 89
Participants that received a complete: 83
Participants that received an incomplete: 4
Participants still on a PIP: 2

- Investigation participants: 12
  Participants from Investigation that received an incomplete: 1

- Adoptions participants: 12

- Foster Care participants: 14
  Participants from Foster Care that received an incomplete: 1

- Permanency Planning participants: 38
  Participants from Permanency Planning on a PIP: 2

- CPS participants: 9
  Participants from CPS that received an incomplete: 1

- Comprehensive participants: 2

- Post Adoptions participants: 1
  Participants from Post Adoptions that received an incomplete: 1

- FCS participants: 1

All of the participants completed the survey and rated an increase in knowledge from a 4.03 to a 5.99 on a Likert item of 0-7, indicating their preparation of mentoring as high.

The Training Unit reformatted the participant Post-CORE survey to gather actionable feedback from participants. For example, based on the feedback and evaluation of data on completion rates, changes were made to increase time spent on certain components prior to completing CORE. A new database has been created that will allow the Training Unit to look at multiple variables at a micro and macro level. The unit may be able to identify certain degrees or areas of the agency that would benefit from accommodations to meet their needs. With the implementation of HOT for CORE Training, the CORE evaluation done in previous years was replaced with the HOT evaluation in FY13. The University of Oklahoma School of Social Work is engaged in research to ascertain the effectiveness of the HOT interview process. The HOT evaluation is completed yearly. The process now includes the CORE students, their supervisor, and the graders all receiving a questionnaire after the completion of a student's HOT testing. The questionnaires are focused on the participation of the student in the various activities during the course of their training up to, and including, HOT. Those activities include mentorship, Pre-CORE activities, Friday meetings with the supervisor, OJT weeks and Post-CORE activities.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Ongoing staff training performs well in ensuring that child welfare (CW) personnel receive support in increasing worker knowledge, skills, and abilities. The Training Unit primarily utilizes surveys to evaluate training, as it provides quantifiable data that can be utilized for evaluation that allows for analyzing trends across all trainings. Behavioral assessments, as it relates to practice, are observed and evaluated primarily through the agency certification process, discussed later. Training is competency-based and has evaluations built throughout the certification process for all level workers. It is crucial that CW specialists develop a sense of competence in the training content and a level of comfort in being able to use the skills. However, changes in knowledge, attitudes, and behaviors don't always follow training, which further strengthens the need for an assessment of behavioral manifestations of training and ongoing coaching to anchor and enhance the training. There is a need for acquisition of training and for the environment to support the transfer of learning. Research finds that despite significant gain in knowledge, CW specialists will not reach mastery of skills for CW practice based on training only, which leads to the need to evaluate casework practice vs measuring only statistically changes in training outcomes.

Level I training provides instructions to build on existing skills and experiences for staff in the first year of CORE training. Level II training is specific to the worker's job duties, building on CORE and Level I workshop information. Level III training is for experienced workers and offers

a variety of workshops that address the evolving needs and interests of staff (advanced sexual abuse, advanced substance abuse). Lead Worker training is for workers who are interested in becoming a supervisor in the future. The workshops educate and prepare workers for a future in CW leadership. Supervisor Training is for CW supervisors who desire more knowledge in the field of CW and to build their skills.

Training Evaluation:

The Training Unit has used the Kirkpatrick model of evaluation to provide the framework for a multilevel social service evaluation plan. Kirkpatrick's model is composed of four levels. Level 1 evaluation involves assessing participant reactions to the training (do they like the training?). Level 2 evaluates knowledge and skill increases immediately after the training (do they find the training useful?). Level 3 evaluates transfer of knowledge and skill to performance on the job. Level 4 evaluates organizational change as a result of training. Level 1 evaluation has always been a component of the training process through surveys. Level 1, though it may not indicate learning or behavioral changes, pairs well with the other questions and may get to subtler issues, such as word of mouth within the agency which may indirectly impact transfer of learning. Level 2 is evaluated through the certification process. Levels 1 and 2 are pragmatically easier to measure at the Training Unit level. Level 3 is primarily evaluated by behavioral observations. Outcomes are compiled at the supervisory level. Continuous Quality Improvement (CQI), through case reviews, is able to account for practice change outside of behavioral observations. Agency outcomes, as measured in the Child and Family Services Plan, as required, are our level 4 results. The Training Unit's responsibility is to ensure that what is instructed and measured aligns with the agency performance measures, and a feedback loop is established to ensure higher-level assessments are provided.

The Training Unit, based on feedback from State Office personnel or supervisors, creates or alters training to meet CW specialist needs. For example, the Sooners Sentinel Sites Project (SSSP), based on a successful methodology borrowed from public health, which focuses on proven strategies had DHS partner with Casey Family Programs, the Annie E. Casey Foundation, and the CW Policy and Practice Group to bring in national partners to share CW training, coaching, and consultation.

From June to August 2014, the CW Policy and Practice Group provided training in engagement skills to CW specialist staff from the Tulsa County office and State Office. 176 participants were trained in eight, separate three-day sessions related to engagement training. Modifications to the trainings evolved through workgroups evaluating the training design, purpose, and expected results, as a statewide rollout plan was developed. From January to May 2015 through four separate trainings totaling 12 days, including 320 total participants, CW specialist staff from Oklahoma County received training. Surveys on each training assisted in modifications that led to a less didactic training, with an emphasis on coaching and the development of expert cohorts within a region, which was implemented in Oklahoma County.

Future plans for level 2 measures include assessing the degree of change in knowledge and skills of CW specialists by increasing the utilization of pre-tests and post-tests to assess the increase for each of the competency-based trainings. The tests must be knowledge-based using

multiple choice and or open-ended questions to test the training of the curriculum. Due to most new CW specialists lacking CW experience, we expect greater knowledge gains in our classes for new CW specialists. Previous evaluation of the classes indicated the past post-tests were not congruent with the curriculum, as they had evolved. The decision was made to suspend the tests until courses could be evaluated by the trainers and the Training Unit. An agreement on the competences was made before implementing new tests. Utilizing the Learning Management System (LMS) makes it easier to capture and review results. A point of emphasis is ensuring survey questions are consistent across all trainings, and predictive questions are utilized (did the CW specialist like the training, perception of relevance to their job, and a pledge to utilize new knowledge and skills). The last question requires CW specialists to consider implicitly how they will incorporate the skills gained from training when they practice casework. Some surveys utilized slightly different questions in relation to the first two questions and few utilize the last question. Part of this challenge was related to having two separate contractors facilitating different level courses. Research has indicated the applicability or relevance question to be stronger as it relates to the predictive post-test transfer of learning. While the pledge to use further questions anchors this process to incorporate into practice.

The post-test questions will measure immediate recall, but will not get to long-term retention or behavioral change. Long-term retention would require administering a post-test at a specified future period, usually around six months. Level 1 and 2 certifications, discussed later, is designed to evaluate at this level. Behavioral observation can be measured when courses utilize observation of skills taught, such as, during role-play or by a supervisor. Many classes utilize experiential components in training. This would require each course to ensure opportunities are introduced to anchor learning to future utilization during ensuing service delivery. However, most courses are not designed to capture the results of the experiential aspects of the course and cannot be captured and reported. Regardless, the Training Unit will continue to support changes to curriculum, incorporating activities, and believe it will be captured in survey results as it relates to all three of the predictive questions. The results of level 2 will serve as a basis to evaluate the translation of knowledge and skills to actual job performance, as observed by a supervisor.

A future plan for the Training Unit to assess at level 3 behavioral demonstrations is the creation and implementation of the supervisor consultation tool, referenced later in this document. This tool will provide scored feedback on the application of learned training for both supervisor and CW specialist. This measures learning that is not assessed immediately after training, rather knowledge assessed at a later time, and the behavioral/skill demonstration. The behavioral/skill demonstration is not what a CW specialist is able to do, rather what they do in their practice. What is assessed in CORE/HOT (discussed later) is a measurement of behavioral proficiency, as assessed with training, rather than during CW specialist casework. Role-play is primarily utilized as the means to measure within CORE. To some degree during HOT, behavioral reproductions are also used as the assessment tool as they are not with actual CW families vs actual job performance.

No matter how well the competency-based curriculum is developed, how well the training is conducted, and/or how consistent to adult learning theory the training is presented application of skills will be less effective if the skills are not reinforced. Therefore, strong supervisors and level

III workers who shadow and coach are crucial to a training programs success. The transfer of learning from training and the return on this investment are vital indicators of training success.

Ongoing Training:

After completing the new CW specialist Development Plan requirement CORE training and Hands on Testing (HOT), which is the first certification process for new CW specialists, workers are enrolled by the Training Unit in level I classes. CW specialists are required to complete 40 hours of level courses per year. Additional job specific training is provided during the next two years (Level II). These trainings are designed to build on existing skill sets and experiences. The CW specialist does not enroll in level III trainings until the specialist completes all required level I and II trainings. After three years of mandatory training, experienced staff select advanced workshops along with their supervisor to meet their needs, specific to their job responsibilities.

Of the required 40 hours per year, CW supervisors complete 12 hours of management training. This is tracked by their supervisor through their yearly performance evaluation. A supervisor appointed to their first supervisory position must complete 24 hours of management training within 12 months of assuming the position. Hours are tracked by their immediate supervisor, except for the Supervisor Academy, which is tracked by the Training Unit. Should a supervisor not complete a module of the training, they are placed into the next academy. A new supervisor is enrolled into the academy at the direction of their immediate supervisor. The Supervisor Academy is nine days long and provides a general orientation to management, focusing on supervisory skills and personnel practices. CW supervisors participate in an additional week of training specific to the values, laws, and principles of CW fieldwork. In addition, all supervisors participate in quarterly training regarding program issues, identified by field or program staff as needing additional attention. Supervisors also participate in an annual two-day supervisor conference addressing a specific theme.

After completing HOT, CW specialist I are assigned courses and enrolled by the Training Unit, based on their specialty. Each specialty has three courses of highest priority for new workers and are taken first. In FY15, 90 percent of CW specialists were enrolled in the identified courses, with the other 10 percent being enrolled in other courses due to a lack of available space within the courses. CW specialist I have 18 months to complete required trainings. If a CW specialist I fails to complete a course in which they are enrolled, the Training Unit re-enrolls them. Quarterly reports are generated listing workers who are delinquent with required trainings. When a CW specialist I is on the list, their immediate supervisor is notified and if they remain on the list for another quarter their supervisor is contacted, again. If the CW specialist is not making progress, the supervisor and their immediate supervisor are notified and managed as a personnel issue.

A CW specialist II, the only other level with required trainings, has three years after completing HOT to complete required trainings. A quarterly delinquent list is generated and those delinquencies are sent to each worker's supervisor and district director. Delinquent trainings remain on the list until completed. Local administrators address workers who are delinquent through disciplinary means.

Level I and II Certification:

DHS has developed and implemented a certification program for all CW specialists I-IV, which requires demonstration of necessary skills and knowledge to obtain and maintain certification. Certification is required before moving to the next CW specialist level (I to a II, a III to a IV). The certification compliments the competency exam required of new CW specialists (HOT); ensures that all staff achieve certain competencies before advancing to the next level; and provides ongoing training to ensure all staff maintain the necessary skills and knowledge to meet the needs of children and families.

The certification is directly linked to CWS goal of improving outcomes for the children and families we serve. The goal is to evaluate that what is being taught in level courses is able to be applied in a CW specialist's daily practice. This is related to Kirkpatrick level 2 and 3 evaluation and transfer.

There are two components to the Certification. The first component is a test related to knowledge acquired during CW specialist level I courses; it captures the first part of the requirement for demonstrating knowledge. To prepare for this process the Training Unit partnered with the University of Oklahoma School of Social Work (OUSSW) to create tests based on each Level 1 training, which is in turn based on the courses competencies. The tests are in the early stages of evaluating the reliability of the test questions and establishing the cut-off for successful completion. As new CW specialists complete HOT, they move to level courses and the resulting tests. We have an existing workforce, which we will be testing from a different timeframe than new CW specialists, since taking the courses. We will be able to evaluate the differences between new CW specialists and more experienced CW specialists, especially on long-term retention.

Test items are scenario/casework based and all multiple-choice. Scenario-based or vignettes are more similar to knowledge than true training transfer. Tests are taken on a computer through LMS at designated off-site locations throughout the state, for ease of access. CW specialists are eligible to test after having completed three courses and will test over three courses in one half-day setting. The retention of material learned in training is measured at the time of the scheduled test, which is anticipated to be one to three months from the date of the course. This will provide a stronger measure for long-term retention, though at six months it would be stronger. The tests are track specific based on the role of the worker, Adoption; Foster Care; Permanency Planning, etc. Each track has 10-12 modules based on required courses to meet their competencies. CW specialists will continue to test until all tests are completed. Each module for testing is 15 questions. A pool of questions has been developed and they are randomly assigned to a CW specialist. So, each participant, though testing on the same course, will have some variability in test questions on the first and any subsequent test. Once a cutoff score for completion is developed, CW specialists who do not complete will be eligible to test again. If a CW specialist is not successful on the second test, an individual development plan is created and when completed is able to test again. Study guides for each course are made available to assist in reviewing previous courses.

The second component is a Field Observation Assessment (FOA) completed by the CW specialist's supervisor. CW specialists are observed in the field by supervisors and are

evaluated on skills based on the observations and feedback from co-workers and others. The skills being assessed are: critical thinking (seeks and utilizes feedback from supervisor), communication (demonstrates effective engagement skills), and documentation (produces professional reports). Each skill observed has four to five subcomponents, which are evaluated with minimum expectations for completion. The second part of the certification, which occurs after the successful completion of the first, has not been implemented, yet.

All CW specialists will be certified with no exceptions and new CW specialists will begin the process after the successful completion of CORE and HOT.

Level III Certification:

Level III mentor certification was developed for tenured staff classified as CW specialist III and tasked with mentoring new CW specialists. We know from implementation research that training alone does not result in practice change. Training provides necessary foundational information; exposure to concepts; theory; and an introduction to skills, which can be practiced in a safe place before utilization with families. The purpose is to ensure tenured staff can provide intensive supervision in required competencies before working independently with new CW specialists. The certification mirrors new CW specialist's demonstration of competencies prior to working with families. The mentoring is designed to ensure the certification is based on three skill-based competencies: interview observation and feedback; documentation analysis; and feedback and a field observation. They practice using corrective feedback with the CW specialist and coaching toward an increased skill level.

The training entails three days of training in the competencies. When a level of minimum competence is demonstrated, the mentor has achieved certification. Should a mentor not complete within 2 attempts, a development plan is constructed at the office level until remediation is completed, at which time they are eligible to test again or they may demote to another position. Below are the numbers tested FY15:

Participants that tested in F15: 89
Participants that received a complete: 83
Participants that received an incomplete: 4
Participants still on a PIP: 2

- Investigation participants: 12
  Participants from Investigation that received an incomplete: 1

- Adoptions participants: 12

- Foster Care participants: 14
  Participants from Foster Care that received an incomplete: 1

- Permanency Planning participants: 38
  Participants from Permanency Planning on a PIP: 2

- CPS participants: 9
  Participants from CPS that received an incomplete: 1

- Comprehensive participants: 2

- Post Adoptions participants: 1

Participants from Post Adoptions that received an incomplete: 1

- FCS participants: 1

All of the participants completed the survey and rated an increase in knowledge from a 4.03 to a 5.99 on a Likert item of 0-7, indicating their preparation of mentoring as high.

Supervisor Certification:

This training targets supervisors because of the critical role they play in promoting positive casework outcomes. Supervisors must monitor and reinforce the CW specialist practice skills linked to positive outcomes. This certification is meant to evaluate the effectiveness of training regarding the acquisition of knowledge and transfer of supervisor skills. The organizational outcomes for child safety, permanency, and well-being are measured separately from the Training Unit. Though supervisors are usually not providing direct services that promote these positive outcomes, they are responsible for ensuring that workers utilize appropriate skills for these outcomes.

The supervisor certification encompasses three phases, with two having been fully implemented for current supervisors, and the final after 2/1/16. They are comprised of the Scenario Competency Assessment (SCA) and the Field Observation assessment (FOA). They are two direct mechanisms to evaluate the effectiveness of the academy. The SCA focuses on critical-thinking skills; problem-solving skills; protocols; and managing with an eye toward fairness, ethical practice, and managing competing values. The FOA is a tool used by their direct supervisors to assess the supervisor competencies along the same dimensions (assess supervisor competency in critical thinking, guidance and development of staff, leadership and communication). The FOA measures ability at the time of the assessment and can be routinely used to assess proficiency. This reflects a level 3 transfer as it measures knowledge and behavioral performance retained and applied to the workplace.

The final aspect of the certification, the Supervisor Case Consultation (SCC) tool, focuses on how the supervisor oversees CW specialist practice based on identified competencies. The SCC is designed to be used to assess at the time of certification and routinely to coach the CW specialist. Like the FOA, this is a level 3 indicator of training success. Field managers (FM) and district directors (DD), to whom supervisors report, evaluate supervisors to ensure a coherent and logical approach to staffing cases. To complete the certification, during observation each supervisor will be provided coaching from their supervisor until they reach a level of proficiency as established by the tool. The Training Unit will monitor and track completions of the certification. A follow-up observation, after reaching proficiency at three to six months and at one year, will ensure fidelity.

Listed below are the SCA numbers for FY13, FY14, FY15, and the data we have from FY16 thus far:

SCA FY13:
- Participants that took the SCA: 268
- Participants that received a complete: 220

- Participants that received an incomplete: 48 (all completed later, minus one who resigned prior to testing again)

SCA FY14:
- Participants that took the SCA: 61
- Participants that received a complete: 58
- Participants that received an incomplete: 3 (all completed later)

SCA FY15:
- Participants that took the SCA: 93
- Participants that received a complete: 93
- Participants that received an incomplete: 0

SCA FY 16 (to date):
- Participants that took the SCA: 61
- Participants that received a complete: 57
- Participants that received an incomplete: 4

FY15 Enrollment:

For FY15, there were 15,031 CW specialist enrollment days in training in all levels (level 1 through supervisor and miscellaneous courses in which anyone may enroll). There were 12,160 CW specialists who completed enrollment. 80 percent of CW specialists who enroll complete courses. 224 (1.5 percent) did not complete a course and may end up re-enrolling and completing the course, though this is not tracked. 1,439 (9.6 percent) CW specialists did not show up for enrolled class, despite the required process to notify the Training Unit prior. If the training was scheduled by the Training Unit they would have been re-enrolled. They also may have re-enrolled and completed at a later date, though this is not formally tracked. 6,784 (45 percent) of CW specialists withdrew from a class and may have re-enrolled, as this is not tracked. We do not have any mechanism to track the reason someone withdraws from a class and whether they enroll at a later date. 221 CW specialists were placed on a wait-list for an elected class that was fully enrolled and may have enrolled in another course later. This is not tracked unless they are a CW specialist I or II, in which the Training Unit would have enrolled later and a means to track likely could be developed.

- Level 1: 18 different classes offered, in which there were 5305 total enrollment days.

- Level 2: 12 different classes offered with 1379 enrollment days.

- Level 3: 12 different classes offered with 533 enrollment days.

- Level 4: 7 classes offered with 153 enrollment days.

- Level 5 and course and regional trainings: 17 classes offered with 2917 enrollment days.

Regional trainings include six trainings with 627 enrollment days. Regional trainings are scheduled, as desired, for each of the five state regions to cover identified site-specific needs. An example, is training on Indian Child Welfare Act (ICWA), which allows for a nuanced training

as it focuses more specifically to the tribes within that region of the state versus the global overview provided within the agency.

FY15 Survey (Level 3-4):

Overall for 16 classes for Kirkpatrick level 1 is 4.68.

Overall for Kirkpatrick level 2 is a 4.46.

The return rate cannot be calculated due to the survey method used that does not compute percentages.

Level 1 and 2 class surveys are not complete due to a contract change so we don't have accurate numbers for those surveyed.

For FY15, 493 of 553 (89 percent) CW specialist I completed required trainings. Of the 60 who did not complete trainings, we do not have information as to the reason; however, it could have been due to workload, changing to another type of work and having a different course requirement, etc. For CW specialist II, 128 of 236 (54 percent) are incomplete, which in part reflects having another year before all required classes are to be completed.

The Training Unit does not track required hours for CW specialists above a CW specialist II, as this is monitored by their immediate supervisor and accounted for during their yearly evaluation.

Overall, most CW specialists are meeting the required hours for required learning within the anticipated timeframes.

FY15 Supervisor Academy Survey Results:

- Participants that attended Module 1 in FY15: 98
  Participants that responded to a Module 1 evaluation in FY15: 71
  Evaluation Return Rate: 72.45 percent

- Participants that attended Module 2 in FY15: 94
  Participants that responded to a Module 2 evaluation in FY15: 75
  Evaluation Return Rate: 79.79 percent

- Participants that attended Module 3 in FY15: 94
  Participants that responded to a Module 3 evaluation in FY15: 74
  Evaluation Return Rate: 78.72 percent

- Participants that attended Module 4 Coaching Follow-Up in FY15: 97
  Participants that responded to a Module 4 Coaching Follow-Up evaluation in FY15: 76
  Evaluation Return Rate: 78.35 percent

- Overall return rate: 77 percent

One of the strengths of this survey is the piloting of questions that address utilizing new knowledge and skills. The narrative section is overwhelmingly strong in the amount of remark and in relation to liking the class.

Future plans to be realized in FY17, which significantly changes certain aspects of the academy, in particular section 3, will be modified and evaluated. Due to a change in the person responsible for managing the tracking, this will not be fully realized until FY17.

A point of emphasis will be on ensuring survey questions are consistent across all trainings and predictive questions are utilized (did the CW specialist like the training? perception of relevance to their job, and a pledge to utilize new knowledge and skills).

Addressing the knowledge, skills, and abilities needed:

Occasionally, workgroups are created to explore training gaps. Substance abuse training was identified as an area for potential growth. In FY15, CW specialists partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to review curriculum with recommendations leading to curriculum improvements. The new curriculum was implemented in FY16. Early survey results indicate the training will need to continue to be revised to meet new CW specialist needs, as it relates to applicability to their practice.

Currently, there is not a mechanism to survey supervisors to ascertain if they believe workers are returning with enhanced knowledge, skills, or abilities for level courses. However, one exists for HOT. When CQI begins utilizing CFSRs, the Training Unit will have access to trends where actionable steps can be taken to improve training. State Office personnel provide feedback, as needed, when training gaps are evident.

The Training Unit utilizes survey data for all ongoing courses to support CW specialists increasing knowledge, skills and abilities. The results are forwarded to those training and are reviewed by the Training Unit program administrator. All surveys have Likert items and areas for narrative comments with a Likert scale of 0-5 (i.e. Kirkpatrick level 2 and 3). Reactions to the training and immediate learning of material are measured on the day of the training. The minimum level for a scale is a 4. Trainers that receive below an overall score of 4 are outside of the accepted norms. The Training Unit will work with the trainer to improve trainer performance, or in the event it is a contract trainer, they are replaced with another trainer if progress does not result in the required scoring level.

We are unable to account for every survey in a manner that allows for a comprehensive review based on the current SurveyMonkey program. In addition, standardized survey questions that allow for generalization from all surveys versus course specific questions related only to the course were not implemented until 7/1/15. However, challenges arose and this was not effectively implemented. It is anticipated sometime this fiscal year, under a new contractor, Qualtrics will provide survey numbers in regard to response rate which is not currently available for any survey. In addition, we will be able to generate reports related to overall performance of a class, the participant's perception of applicability of the training to their role within the agency, etc. without doing so manually.

All new supervisors attend a nine-day academy covering various topics related to management skills, coaching skills, and a varied overview of the agency as it relates to their supervisory role, as a means to prepare them for certification. The academy is broken into four modules with a mix of subject matter experts who are contracted and State Office personnel.

FY15, six Supervisor Academies were comprised of 98 participants. Surveys are provided during each of the four modules that make up an academy. Each trainer can be evaluated separately. The overall survey for the academy was a 4.6 on both Kirkpatrick level 1 and 2. The composite for the subject matter experts who are contractors is 4.6 and 4.84 for level 1 and 2 respectively. State Office personnel scored 4 and 4.3 for level 1 and 2 respectively. It is assumed this discrepancy could be related to the novelty of outside voices. The agency is constantly experiencing new trainings, policy changes, and new initiatives. The agency trainers may be representatives of these changes and may find it challenging to engage in new trainings (a level 1 affective response vs a utility reaction as to the relevance of the training in relation to their job). Other issues could be skills in presenting, or the subject matter, which is often policy driven. All State Office personnel who instruct attend a four-day training, led by a contract trainer, on how to prepare them to be instructors focusing on adult learning theory, evaluation methods, etc.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

> Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:
>
> - that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
> - how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

The provider training system is functioning in Oklahoma and is being monitored by DHS staff. The monitoring process ensures that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E. State licensed facilities include group homes. The monitoring process assures that the training provided addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Resource Homes:

Initial training, pursuant to the established annual requirement and timeframes for the provision of initial and ongoing training needs, are assessed through the Resource Family Assessment (RFA) process. The assessment process allows the resource specialist or contractor to assess the family's capacity to make contributions to a child's overall safety, permanence, and well-being. This process develops a detailed report of the resource family and assesses the family's ability to meet the needs of a child in the CW system, how the trauma the child has experienced impacts the child's life, and how it may impact the lives of the family who cares for the child. By creating a thorough, descriptive assessment of the family using the Bridge Resource Family Profile, those reading the assessment will be better able to make temporary and permanent placement decisions that impact the overall well-being of a child who may be placed in an approved home. The profile is used by the Bridge resource specialist or contractor to assess a family's appropriateness to serve as a Bridge resource family. The profile is used to provide an accurate overview of the family using truthful, consistent, and complete information. The

assessment is completed using Form 04AF003E, Resource Family Assessment-Bridge Family Profile.

During the training section of the assessment, the following information is addressed and gathered:

- The DHS pre-service training dates that the applicants are enrolled in or the date of completion is included
- Assessing and questioning each applicant on what they learned during the training
- Inquiring if the applicant has had other training relevant to being a Bridge resource, then provide the title of the pre-service training and the dates and hours received

DHS policy 340:75-7-14 and 340:75-15 (training requirements for the Bridge resource parent) Policy Instruction Link details the requirements for pre-service (initial) training. Required pre-service training consists of approximately 27 hours of instruction addressing foundational beliefs. Each adult 18 years of age or older living in a resource home identified as a caregiver for a child completes required training or is determined to possess required values and foundational beliefs as a result of prior foster care training and experience. Adoptive parents must be 21 years of age or older. Pre-service is required prior to the approval of all Adoptive homes. Completion of training is dependent on availability and family schedule. Ideally, all requirements are completed within 60 to 90 days.

The Resource Family Training (RFT) is provided through a contract with the University of Oklahoma Outreach–National Resource Center for Youth Services (NRCYS). The RFT program, within NRCYS, is funded through a contract with DHS to train potential foster, kinship, and adoptive parents to care for children in out-of-home care, as well as to provide technical assistance, event coordination, and support group coordination.

The contractors provide a year-end report that provides statistical data on the number of participants and what they gained from the training. The most recent report covers fiscal year 2015. The FY15 year-end report is a recap of the most relevant information captured during the year from DHS CW information systems reports, NRCYS databases, event pre/post survey results, and training evaluations. Quarterly reports are also provided to DHS throughout the contract year. During FY15, 3,232 participants completed the RFT program and 166 training dates/locations were made available statewide. Below is a breakdown of the participants:

Participant resource type	Number of participants statewide	Percentages
Kinship	2376	74%
Foster	285	8%
Adoptive	536	17%
Other	8	< 1%

Other trainings offered through the contract include in-service training to adoptive parents and foster parents, in general. The contractor training is not the only in-service training available to foster families. Therefore, the number would not be reflective of all foster families receiving training for FY15.

FY15 adoptive parent training was held in November with a total of 108 participants and April with a total of 102 participants in attendance. Evaluations were completed at the end of each training day. The evaluation utilizes a 4-point scale consisting of Poor, Below Average, Average and Very Good. Over 81 percent of the participants in the April training and 88 percent in the November training rated each day in the very good range, reflecting a satisfaction with the training day. Each participant received six hours of in-service training. For those who are both foster and adoptive parents these hours went toward their in-service requirements. Topics covered this year were Post Adoption Services offered by DHS, Basic Rights in Special Education, Navigating the Maze, Oklahoma Health Care Authority, NAMI Basic Education Program, A Family Affair: Strategies to Manage Adoption Issues and an interactive session, and How Does Your House Smell. High amounts (96 percent) of the families were finalized adoptive families. The majority of the families were kinship or traditional foster families prior to adoption. Continental breakfast and lunch was provided along with a voucher for respite for the children who were adopted.

Post-Adoptions surveyed 14 of 97 disrupted adoptive parents regarding training, both initial and ongoing. The names of the parents were picked randomly from the Adoption Disruption Report (YI676W). No current adoptive parents were surveyed. The following questions were asked with scales of 1) well prepared, 2) moderately prepared, 3) somewhat unprepared:

1. Were you trained in the Oklahoma PRIDE or the Guiding Principles?
2. How well do you believe you were prepared to care for adoptive children after your initial training?
3. How long after your training(s) did the placement occur?
4. Do you believe your ongoing training addressed skills and the knowledge base you would need to maintain the child(ren) you were to adopt?

Question #1: Were you trained in the Oklahoma PRIDE or the Guiding Principles?
- 4 PRIDE
- 5 Guiding Principles
- 2 Out of State
- 3 Unable to recall

Question #2: How well do you believe you were prepared to care for adoptive children after your initial training?
- 3 stated they were well prepared
- 8 stated they were moderately prepared
- 3 stated they were not very well prepared
- Those whose received some training (79 percent) stated they were more prepared and those with no training (21 percent) stated they were unprepared.

Question #3: How long after your training(s) did the placement occur?
- 2 0 months
- 2 2 months
- 1 3 months
- 1 4 months

- 1 6 months
- 1 9 months
- 1 11 months
- 1 12 months
- 1 15 months
- 3 24 months
- Half of those surveyed disrupted within six months of completing the training.

Question #4: Do you believe your ongoing training addressed skills and the knowledge base you would need to maintain the child(ren) you were to adopt?
- 11 were prepared
- 3   were unprepared

No follow-up question was posed with the survey but all adoptive parents were invited to the annual Adoptive Parent Training day.

On-going training is assessed and addressed through annual re-assessments on each resource home. Policy requires each resource parent to complete 12 hours of continuing in-service training per calendar year to enhance the resource parent's skills as a provider. FosterParentCollege.com® and Foster Care & Adoptive Community Training provide evidence-based training for resource parents. These two sources of training provide courses using audio, visual, and interactive elements to engage the parents and ensure that real learning happens. Oklahoma contracts with NRCYS and a total of 152 on-line training topic options are available for resource families. Adoptive parents are not required to obtain additional in-service training per year. A re-assessment is completed, at a minimum, annually from the date of approval for all resource families. The purpose of the re-assessment is to:
- focus discussion and attention on safety and well-being for the child in resource family care
- facilitate timely documentation of changes in the resource home
- follow-up on the resource family's identified needs (this includes training needs)

A copy of Form 04AF030E, Bridge Resource Family Re-assessment, is provided to the Bridge resource family and a copy is retained in the local case record. The Bridge resource family is provided an opportunity to review the completed re-assessment and make comments.

The re-assessment has a requirement that training is to be addressed with the families and the following information is to be documented in the re-assessment:
- Each resource parent's training record, including training completed in the last year is printed and attached to the reassessment.
- Each resource parent is asked to discuss:
  1. how the training benefited them in providing care for the child(ren)
  2. what training or skill would now be beneficial (This information is obtained to identify future training needs of resource parents)

The YI021 provides details on open homes that have an open, approved resource family assessment. The following resource types are included in this report: CW Foster Family, CW Foster Family Kinship Relative, CW Foster Family Kinship Non-Relative, Kinship Non-Relative Non-Paid, Kinship Relative Non-Paid, Tribal Approved Foster Family Care, Tribal Approved

Foster Care Kinship Non-Relative, and Tribal Approved Foster Care Kinship Relative. This report updates daily, every six hours. There are various fields that can be filtered, including due dates, approved and unapproved details, and home visit date.

Currently the YI021 is reporting on 4,437 re-assessments meeting the criteria listed above. Of these 4,437 re-assessments, 3,388 are showing as completed not yet due, as the last one was completed within the last 12 months. There are 1,049 re-assessments showing as past due with 128 of those as unavailable. Resource homes are made unavailable attributable to being on a Written Plan of Compliance (WPC), having an open referral, etc. The quality of this data is dependent on information being entered accurately and timely into the KIDS resource case.

Per contract, a resource home that has not completed annual training is managed in accordance with policy OCA 340:75-7-94 Item 8. This home is considered to have an incomplete annual re-assessment until the training is in compliance. Basically, no new child can be placed and a WPC is implemented to monitor completion of training. The home is closed if the re-assessment cannot be completed in accordance with the WPC.

There is not an actual report that tracks whether an applicant has obtained the necessary training. Again, this is gathered during the assessment process. The need for this information to be part of the YI023 Report-Open Resource Homes is being assessed. If it is necessary to add training dates, another column detailing this information will be added to the existing report. To assure referenced information and data are accurate and of good quality, training requirements are assessed as part of the IV-E audits as detailed in Item 34.

There was a state audit completed in 2015 that reviewed 110 resources. The state IV-E audit did not show any compliance issues with regards to training. The state auditor and inspector's office conducted a single audit report of federal expenditures. The intent was to audit compliance with the entire program including cost allocation, eligibility, state plan requirements, etc. not just eligibility like an IV-E review.

The report does not use the federal instrument, but comprehensively applies all relevant federal regulations, including those that address cost allocation, eligibility, and state plan requirements. The fact that this audit showed no errors in training requirements means DHS can confidently infer that there were no problems in the conduct or findings in this area.

When issues related to missing training are identified through any of the audits a plan of correction is the WPC, placement holds, or contract termination (resource home closure).

The only barrier to applicants receiving the required training is the limited number of training dates/locations based on the contract. However, December 2015 DHS included staff to attend Training of Trainers for the RFT process. These trainers are part of the Foster Care Recruitment Unit and are available to assist with training individuals and/or groups, as needed, including the remote locations across the state. The limitations of the contract, with regard to the paid number of training days available, are no longer a barrier.

State Licensed/Approved Facilities:

Currently, a standardized staff and provider training system that is tracked does not exist within the group home, Therapeutic Foster Care (TFC), or Coordinated Foster Care (CFC) levels of

care. Contracted group home providers and contracted TFC/CFC agencies train their staff consistent with DHS Division of Child Care Licensing (CCL) standards, Oklahoma Health Care Authority (OHCA) policies, and DHS CWS contract requirements. The Contract Performance Review (CPR) team typically conducts annual audits with all of the providers. However, no audits of TFC agencies occurred last year as a result of new contracts in TFC being administered and the need for new CPR tools to be developed. Audits, including TFC agencies, will begin next State Fiscal Year (SFY).

The last CPR audit review for CFC was completed between 01/15 and 02/15 and included the review of 41 CFC home files. The audit identified two homes in which documentation of full pre-service training was missing. One of those two homes only had incomplete information for one of the TFC parents while the other parents' information was complete. There were five instances in which open homes had not completed all 18 hours of annual training. In these instances, use of the homes for new placements was suspended and a WPC, with a 30-day timeframe, was initiated.

The CPR team conducted 28 group home provider audits last year with no issues related to incomplete training identified.

The TFC contract requires a very specific list of pre-service training topics, many of which are required by OHCA. TFC parents are required to have 45 hours of pre-service training. TFC requires parents to complete 27 hours in the Guiding Principles curriculum, which is used by traditional foster care and adoptions for pre-service training; 12 hours of Behavioral Crisis Management Training (BCMT); and 6 hours of other required trainings. For the "other required trainings", TFC contractors have discretion to either select a training curriculum or design their own. As a result, the number of hours and specific content varies between contractors. Annually, each home must complete 18 hours of training as compared to the 12 hours required in traditional level foster care. There is no contractual requirement for specific topics of annual training other than a requirement for an annual refresher in BCMT. This was left undefined in order to allow contractors to develop individual training plans for homes based on their specific needs; however, the majority of the time families with each contractor get the same annual training which is provided in monthly group meetings by the contractors. Consequently, the training is not individualized and may focus on a topic that is not a need for each parent present.

Each agency is responsible for ensuring all pre-service training is completed prior to certification and annual training hours are confirmed during annual re-assessment of the home.

DHS program staff do not track the trainings of each TFC home, but do monitor to see that trainings were completed through review of the various audits conducted by CPR, state and federal IV-E audits, CCL audits, and OHCA audits.

A home that has not completed all pre-service training hours for TFC should not be certified nor have placement of custody children. If a home is discovered to have been certified without meeting requirements it would be made unavailable for placements until requirements are met or closed. If a child is already in placement when this is discovered no new placements would occur until training was completed. The TFC agency and DHS program staff would immediately make a determination on whether the child in placement could remain while requirements were

completed. This would be dependent on whether the missing training topics could result in a safety or well-being concern. In addition, since many of the topics are also required by OHCA, they would be notified and may determine the home as not meeting requirements and therefore may halt payment for daily units of service provided by the parent until they are in compliance.

Per contract, a TFC home that has not completed annual training is managed in accordance with policy for traditional foster care, OCA 340:75-7-94 Item 8. This home is considered to have an incomplete annual re-assessment until the training is in compliance. No new child can be placed and a WPC is implemented to monitor completion of training. The home is closed if the re-assessment cannot be completed in accordance with the WPC.

DHS CWS requires contracted group home provider agencies to receive pre-service training in accordance with CCL mandates, which state staff must complete orientation within 30 calendar days of employment. Orientation includes, but is not limited to training in the areas of: confidentiality; resident grievance processes; fire and disaster plans; suicide awareness and protocol; emergency medical procedures; organizational structure; program philosophy; personnel policy and procedure; mandatory reporting of child abuse; and administrative policy and procedure regarding behavior management. CCL also requires staff training in CPR and first aid within 90 calendar days of employment. CCL requires 12 clock hours of continuing education per calendar year for social services staff and 24 clock hours per calendar year of staff development courses for child care staff.

Contractually, CWS requires additional ongoing training. The contract reads "In addition, to meeting minimum training requirements for Child Care Licensing (CCL), Contractor's clinical staff and residential child and youth care professionals may choose from the following topics: stress management; coping skills; anger management; crisis intervention; typical childhood development and the effects of abuse, neglect, and traumatic stress on development; grief and loss issues for children in out-of-home placements; treatment of survivors of physical, emotional, and sexual abuse; treatment of children with disruptions in attachment; treatment of children with hyperactivity or attention deficit disorders; treatment methodologies for children with emotional disturbances; treatment of children with challenging behaviors; treatment of children and families with substance use or abuse and chemical dependency disorders; and group activities."

DHS program staff do not track the trainings of each group home provider, but do audit to see that trainings were completed through review of the various audits conducted by CPR, state and federal IV-E audits, and CCL audits. Data regarding CCL audit findings related to training issues identified is not available; however, when a non-compliance with licensing requirements is found, a plan of correction is initiated immediately, and completion dates are included in the overall plan. Licensing staff follow up with the facility to ensure the plan of correction has been met. There are additional processes for negative actions if a facility or agency fails to complete a plan of correction. They may then be issued a Notice to Comply which requires a more specific plan of correction with a short timeframe of completion. If failure to meet the agreement outlined in the Notice to Comply occurs, an office conference may be held to discuss the status of their facility or agency, which may affect their license.

When issues related to missing training are identified through any of the audits, a plan of correction is instituted by the CPR team, Licensing, or DHS Specialized Placements and Partnerships Unit (SPPU) staff. Failure to meet the requirements of the plan of correction may result in an individual employee not being allowed to work in the facility, licensing sanctions, placement holds, or contract termination.

New contract changes mandate specific Trauma, Crisis Intervention, and Behavioral Management training is provided through NRCYS for group home providers, so, improved tracking in these areas will be forthcoming. Additionally, CPR is in the process of developing a database to track outcomes related to audits conducted which will result in increased and more sophisticated data being available.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

    Please provide relevant quantitative/qualitative data or information that show:

    - The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
    - Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Assessing the Strengths and Needs of Children and Families:

Child Welfare Services (CWS) uses several methods to assess the strengths and needs of children and families to determine service needs and to connect them with identified needed services. The Assessment of Child Safety (AOCS) is used by all child welfare (CW) workers statewide, as is the Family Functional Assessment (FFA), which further details the needs of the children and families. Services are then provided by CW workers through either a Family Centered Services case (FCS), or if the child is in custody, a Permanency Planning (PP) case.

Services can also be provided through a program known as Comprehensive Home-Based Services (CHBS), which gives extra supports in the home on a weekly basis, along with the FCS worker. This contracted service uses an evidenced-based model, SafeCare, comprised of four education modules to caregivers on health, home safety, parent-child interactions, and problem solving and communication. There is also a service completed by a paraprofessional through CHBS, known as Parent Aid Services (PAS). This service provides basic parenting skills to the caregivers.

OCS-CHBS and PAS-FY15

	July	August	September	October	November	December	January	February	March	April	May	June	FY 2015 Total
Region 1													
CHBS - Total	29	35	40	29	33	28	32	32	24	43	32	43	400
Reunification	13	13	16	10	17	15	10	13	10	21	16	21	175
Voluntary Preventative	15	20	21	19	16	12	18	16	13	19	13	19	201
Maintain Placement	1	2	3	0	0	1	4	3	1	3	3	3	24
PAS	6	2	2	6	5	5	3	12	5	3	2	6	57
Region 2													
CHBS - Total	39	42	28	52	28	32	31	39	46	47	47	36	467
Reunification	15	18	13	19	6	13	10	16	9	16	23	20	178
Voluntary Preventative	24	21	14	31	19	19	19	21	37	27	23	16	271
Maintain Placement	0	3	1	2	3	0	2	2	0	4	1	0	18
PAS	11	14	6	16	9	14	9	10	17	6	5	8	125
Region 3													
CHBS - Total	64	42	52	50	33	61	51	34	51	50	43	55	586
Reunification	31	13	23	21	17	23	17	13	17	13	14	9	211
Voluntary Preventative	31	28	29	27	16	35	32	20	33	36	29	45	361
Maintain Placement	2	1	0	2	0	3	2	1	1	1	0	1	14
PAS	8	1	5	5	5	0	8	4	5	8	5	11	65
Region 4													
CHBS - Total	70	54	74	84	52	66	58	61	56	66	54	77	772
Reunification	22	18	28	24	14	23	19	16	16	18	5	17	220
Voluntary Preventative	44	35	44	55	36	43	39	45	37	47	46	57	528
Maintain Placement	4	1	2	5	2	0	0	0	3	1	3	3	24
PAS	16	11	19	21	23	16	13	9	10	15	11	32	196
Region 5													
CHBS - Total	24	47	41	45	26	34	33	51	39	58	39	45	482
Reunification	11	22	12	11	8	11	13	27	15	12	12	12	166
Voluntary Preventative	11	25	19	32	16	21	20	21	22	45	26	31	289
Maintain Placement	2	0	0	2	2	2	0	3	2	1	1	2	17
PAS	9	6	7	10	13	9	9	4	3	8	6	10	94
Total	276	254	274	318	227	265	247	256	256	304	244	323	3244

CHBS is the single largest service contract across the state serving families whose needs encompass reunification, voluntary preventive services, services to maintain placements, and parent aid services.

All CHBS services are available statewide. The table above illustrates the statewide coverage of the service and the relative proportion directed to different case types and family needs. We do have an indication that service capacity is not completely adequate to service needs, from periodic reports of the waiting list for the services kept by the OCS liaisons. While the state's capacity to respond to the need to increase capacity depends on budget constraints, when

possible the state has added to the contract. For example, in FY15 the CHBS budget was increased from an original $9.5 million to over $12.5 million.

Please see the attached 2013-2014 evaluation of Oklahoma Children's Services (OCS) which is the most recent evaluation.

While there are no gaps in service statewide, the immediate availability of services is sometimes an issue when the contractors reach capacity regarding the number of cases they can accept. The cases are then put on a waiting list. There is no absolute rule as to the assignment of cases on the waiting list, except that cases are not assigned on a first-come, first-served basis or by case type. When openings present, each case on the waiting list is assessed to determine which cases are most urgent and need to be assigned. There may also be some cases in which the waiting list is not an option, due to an immediate need for services. Prioritizing the waiting list is a part of the duties of the DHS OCS liaisons. These liaisons review each case in totality and make a decision as to which cases should receive services first, when an opening is available.

The Title IV-E Waiver Demonstration Project supplements this array, and allows children to remain safely in their homes by providing an intensive family preservation program, known as Intensive Safety Services (ISS), that delivers services in the home, three to five times a week, eight to ten hours per week, for four to six weeks. The families are linked, during that four to six-week period, with community services, based on their needs for continued treatment. The contracted ISS worker makes sure there are no barriers to accessing said services. Both CHBS and ISS contracted workers do further assessments in the home to decide if additional services are warranted to correct the behaviors and conditions that led to the abuse or neglect. These services are initially available in Region 3, and will be rolling out to Region 4 in SFY17 and then to Regions 1, 2, and 5 in SFY18. This project started in July of 2015 and will be evaluated annually by University of Oklahoma Health Sciences Center.

<u>Addressing the Needs of Families:</u>

Oklahoma State Department of Health (OSDH) Office of Child Abuse Prevention (OCAP) is the designated lead agency of the Community Based Child Abuse Prevention (CBCAP) grant. OCAP at OSDH refers to their prevention programs, collectively, as Start Right. The goals of all Start Right programs are to increase the family's protective factors and to reduce risk factors that often contribute to child abuse and neglect. Participation is voluntary and the family may remain engaged in services until their child's sixth birthday. The number of home visits and the services rendered depend upon the family's needs.

The focus of Start Right is on family safety; health and development; and family stability, with various programs in each area. Family safety: child maltreatment, domestic violence, safety (car seat, safe sleep, fire and water safety). Health and development: physical activity of children, breastfeeding, postpartum depression, nutrition, immunizations, tobacco use. Family stability: father involvement, connection to services, education, household income, employment. These services were provided in 30 counties in SFY14. Please refer to the attached OCAP Start Right report, which is the most recent available. DHS does not have information on the OSDH plan to further these services to the other 47 counties.

CWS connects victims and families to domestic violence (DV) and sexual assault (SA) programs that are certified by the Oklahoma Attorney General's Office. Programs are certified in 44 counties, with these programs covering the counties without a certified program. Also, 50 programs are certified to provide treatment for the domestic violence batterers. The Native Alliance Against Violence identifies 21 Tribal DV programs that provide service to tribal members.

Even though domestic violence treatment services are provided to each county, the services are not always readily available, particularly in rural areas. Also, if the treatment provider is not within the county that the client resides, transportation to these services can be a barrier for some. Treatment services for the batterer are not available in every county and the required 52-week treatment in Oklahoma is often a barrier to timely reunification. To add to that, the batterer is required to pay, which prevents some clients from being able to access this service.

CWS also contracts for parent assistance and sexual abuse treatment services. These services provide education, support, and child-care while parents attend education and counseling sessions as well as sexual abuse treatment services that provide individual, family, and group counseling for children and families affected by sexual abuse. In SFY15, parent assistance was provided to 1,036 families. In that same time period, 434 children and 282 families received sexual abuse treatment services. At this time, there is not an evaluation of these services and they are not available statewide.

Enabling Children to Remain Safely With Their Parents:

Oklahoma Systems of Care (OKSOC), in collaboration with ODMHSAS and multiple community agencies, offer behavioral health services to children and families, to assist in: maintaining the child in his or her community; avoiding admission to inpatient care; and improving placement stability by supporting biological, adoptive, and resource parents in caring for a child with behavioral health needs. There are OKSOC sites in all but five counties, but they receive services from the surrounding counties. Of the approximately 3,400 children served by OKSOC in SFY15, 1,834 were involved with CWS, in some capacity.

ODMHSAS also provides statewide contracted outpatient substance abuse treatment services to caregivers who have been assessed as in need of treatment. These same services can also help to create a safe home environment. They also contract with facilities that provide inpatient and residential substance abuse services. These services are not available in each county, but the facilities will provide services to anyone in the state.

For SFY15, there were 4,386 identified CW clients that received outpatient services from providers statewide. This is an increase from the 3,440 CW clients that received outpatient services from ODMHSAS providers statewide in SFY14.

The gaps in services, both for outpatient mental health and outpatient substance abuse services, relate more to capacity issues within the individual providers as opposed to not having the services available statewide. Inpatient services for mental health and substance abuse are not as readily available, with waiting lists being an issue for inpatient and residential substance abuse treatment services.

Children Achieving Permanency:

Services to help achieve timely reunification are offered through CHBS, PAS, and OKSOC. The same CHBS services described in section one can also be used during trial reunification to support the parents as the children are re-introduced to their own homes. In addition, Managing Child Behavior (MCB), a module available through CHBS, can be provided to foster parents in an effort to help them better understand the behaviors of children who have been removed from their parents. MCB helps the foster parents understand how to effectively parent the child and increases placement stability. It reduces the number of times a child has to be moved, thereby reducing their trauma, which helps lead to permanency. Both of these services are available statewide.

A new initiative focusing on placement stability has increased the usage of MCB, with a total of 114 cases in the first six months of SFY16. It is hoped that this increased usage of both of these services will increase permanency for children and help them to reunify in a timelier manner.

When children cannot be safely reunited with their families, CWS Adoptions and Post-Adoption Services Units work to find permanent homes for them, including guardianship, when appropriate. Pre-adoptive services during trial adoption include, but are not limited to, medical services, counseling, adoptive parent support groups, and childcare if eligible. Some of the services provided by the Post-Adoption Unit include adoption assistance, CHBS when warranted, respite vouchers, disclosure of information after finalization, mutual consent voluntary registry, and confidential intermediary search program. All services to families and children are based upon their individual needs as determined by CW and contracted staff or community provider assessment and are available statewide.

In SFY15 there were 2,186 children who achieved permanency through finalized adoptions. As of 12/14/15, there were 9,337 cases receiving Post-Adoption Services. Those cases are comprised of 15,979 children, of whom 14,889 receive a monthly payment from DHS.

Therapeutic foster care (TFC) provides behavioral management services to children in foster home settings. Children in TFC do not require 24-hour awake supervision and are accepting of relationships in a family-like setting, but require more intensive services than traditional foster care. CWS contracts for TFC with licensed child-placing agencies that provide direct clinical treatment services to children and families. There are currently twelve contracted providers of TFC with open homes across the state in multiple areas. TFC eligibility is determined through assessment by a licensed clinician. Once deemed eligible for TFC, all contractors are contacted to determine if a TFC home is available, in which the child may be placed. TFC homes are present in 51 of Oklahoma's 77 counties, with the greatest in the central portion of the state clustered around Oklahoma and Tulsa Counties and radiating out from those locations. The areas with little or no TFC presence are predominately located in the far western counties and along the southern border. TFC homes must operate in close proximity to an established office and therapist in order to provide both routine therapy and crisis therapeutic response; this presents challenges to costs of operation in counties with very low TFC populations. Although TFC homes are not available in all counties in Oklahoma, placement in a TFC home outside the home community is sought for any child needing TFC placement. During the past 12 months, the TFC program has averaged around 525-550 children in placement at any given time.

Despite this number of children being in TFC placement at any given time, a waiting list of approximately 125-135 children, on average, exists. Ensuring the validity of this waiting list is currently proving difficult; however, TFC and KIDS program staff are diligently working on updates which should help to ensure the accuracy of the list. Family therapy is provided as a part of the child's service plan with either the foster parent or biological parent as needed in order to prepare the child for successful permanency. TFC homes also support visitation and connections for children in placement. TFC contractors have completed many certifications of kinship homes, moving them up to a TFC level of care, in order to support the kinship home to maintain placement of a child meeting TFC criteria with additional supports offered by TFC.

Furthermore, in efforts to reduce adoptive placement disruptions, TFC contractors have begun working with adoption staff to certify adoptive families for TFC when the homes have selected a child in TFC for adoption. This is a new endeavor with primary efforts beginning in May 2015, and as a result, no data to determine effectiveness of this is currently available. In addition, TFC contractors also support visitation and connections for children and are able to provide family therapy with their identified permanency home while the child is in TFC placement.

While group homes and psychiatric hospitals are not geographically located in all jurisdictions within Oklahoma, Title 10A of the Oklahoma Statutes (103) requires CW to determine the type of placement consistent with the child's treatment needs in the nearest geographic proximity as possible to the child's home. The CWS placement officer considers and weighs the child's specialized treatment needs with geographic availability when making group home referrals for placement. CW contracted group homes and psychiatric hospitals are required to conduct family therapy and assist with connections of siblings and kin, when possible. For FY14-15, 926 children received some form of group home service.

CWS also contracts with Eckerd Kids for group home diversion and transition services to children and youth in group homes and on the group home waiting list. The ultimate goal is to have a child return to their own home, be placed in a kinship home, stepped down to a lesser level of care or family like setting, as well as to have supportive long lasting connections. During FY14-15, 97 youth were served through this contract.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

> Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

> - Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

The unique needs of children and families are determined through assessments completed by both child welfare (CW) workers and contracted workers. Those assessments enable the worker to refer them to the appropriate services. For example, in all CHBS cases the contracted workers use the following assessments:

- Child Well Being Scale-assesses the physical environment; discipline techniques of the caregivers; interaction between the child and the caregivers; as well as the worker's impressions of parental substance use, domestic violence, and parental mental health.
- Family Inventory of Needs Determination-gathers demographic information and then evaluates the parents' and children's needs, strengths, and risk factors.
- Family Resource Scale-a screening tool designed to measure the adequacy of resources and basic needs in households with children.
- Beck Depression Inventory-screens for cases of depression in adults.
- CAGE-utilized as a drug and alcohol screening tool and consists of four questions that target *Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers* (needing to use a substance first thing in the morning).

All of these assessments help the worker determine what services the parents need to be referred to in order to assist them in correcting the unique conditions and/or behaviors that led to the abuse and/or neglect of their children.

The CHBS contractors collect data on the Monthly Services Utilization Report (MSUR) that further details the unique services provided to the families. This report lists several things on each case. For example, the risk and non-risk related goals met, what CHBS modules have been completed so far, and the type of special funding spent on a family. There is a limit of $500/family for the special funding, which can be spent on such things as: food, housing, furniture, utilities, transportation, and home repairs. The special funding is spent in an effort to contribute to the safety, permanency, and well-being of the children and families.

The Title IV-E Waiver Demonstration Project, through the ISS, individualizes the services to children and families through the same assessments listed above. All ISS workers are master's level behavioral health clinicians that are either licensed, or under supervision for licensure, and can provide further clinical assessment of children and the parents. These workers also administer the Child Behavioral Health Screener, as described below.

The Oklahoma Trauma Assessment & Service Center Collaborative (OK-TASCC) is a federal demonstration grant through the Administration on Children, Youth and Families, Children's Bureau, on the "Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare" through DHS and is another way in which services are individualized for children. The goal of this project is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the CW system that have mental and behavioral health needs. This is accomplished through helping Oklahoma develop and implement a comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery. The OK-TASCC selected core services and activities (early screening, functional assessment, data-driven case management resulting from screening, functional assessments and monitoring through ongoing screening and assessment) that will produce increased early detection, and referrals for trauma-based assessment. The selected screeners, the Child Behavioral Health Screener (CBHS; one for ages birth up to age 4 and one for ages 4-17) will help determine which children should be referred to mental health assessment, and subsequently, treatment, and which may not need further clinical assessment at the time of screening. This project will be evaluated by OUHSC and is currently in progress in one district in region 1 and all of region 3. In January 2016, it was implemented in region 5 with the rollout to region 4 in February. The rest of region 1 and the remainder of the state will be included in the project in late 2016.

The SoonerStart/Early Intervention program through OSDH is designed to meet the needs of infants and toddlers with disabilities and developmental delays. Those eligible are infants and toddlers through 36 months of age who have developmental delays or have a physical or mental condition (such as down syndrome, cerebral palsy, etc.), which will most likely cause a developmental delay, and services are offered at no charge to families. This program is mandated by federal and state law, and is funded through various state and federal sources and these services are available in each county of the state. CW policy mandates that all children that are victims of a substantiated investigation or a party to a Family Centered Services case are referred to SoonerStart, regardless of whether the child is in DHS custody or not. According to SoonerStart data, of those DHS children referred each year from 2013-2015, approximately 35 percent are initially screened out as not meeting criteria. Of those cases that are evaluated, approximately 66 percent are deemed eligible and receive services each year.

Another project that is just in the beginning stages will eventually provide education to the CHBS and ISS contracted workers on best ways to interact with and provide services to parents with developmental disabilities. Sooner Success, through the OUHSC Department of Pediatrics, received a federal grant through the Oklahoma Developmental Disability Council to develop a train the trainer model for professionals from CW, mental health agencies, and healthcare agencies, to name a few. This project is starting in Garfield County, but included in the initial training are the SafeCare coaches employed by OUHSC that train all of the CHBS and ISS

contracted workers on SafeCare and will be in a position to train on this subject as well. The intent of DHS is to eventually make this education available statewide through the CHBS program.

Although the differing services may only be listed in one section, in reality, many of the services offered by the agencies listed above contribute to assess the strengths and needs of children and families, help to create a safe home environment, enable children to remain safely with the parents when reasonable, and help children in foster and adoptive placements achieve permanency, as well help to meet the individual needs of children and families.

Assessment to determine whether a child meets TFC criteria is completed through OHCA and a qualified TFC therapist. The TFC therapist completes an initial assessment through a face-to-face meeting with the child. During FY14-15, TFC therapists completed and submitted 911 initial assessments with 762 being approved and 149 being denied by OHCA. Once initial approval is received, the contractor has a 30-day period to complete full assessment of the child and submit the TFC service plan to OHCA. The total approved TFC admit authorizations processed by OHCA for FY14-15 was 534. TFC services were "unbundled" in 2009, which allowed service plans to be individualized rather than applying the identical bundle of services to every child in TFC. OHCA also allows for collaborative services plans on the same child when a child has a specific treatment need that cannot be met by the TFC contractor. This is typically due to a diagnosis, which requires a therapist with specialized credentials, such as, treatment of eating disorders or severe attachment disorders. Children with diagnosed developmental disabilities of mental retardation or intellectual disability may be qualified for services and placement through DDS, or may be served in other placement venues available to custody children. However, DDS has very few foster homes available for children and funding limits additional development. At this time, intellectual disability alone is not criteria for TFC placement. However, children in this population require assessment to determine if they meet TFC behavioral health criteria and whether they have the ability to benefit from therapeutic services provided in TFC.

There are specific criteria set forth by OHCA for children who may need inpatient hospitalization. If a person believes a child is in need of psychiatric hospitalization, the child is assessed by a licensed behavioral health professional to determine if admission criteria are met. Furthermore, OHCA reviews the assessment to determine criteria are met and reimbursement is not approved until this process is complete. The process is also utilized for continuing care and for determination of authorized treatment days. The individualization of treatment provided by hospitals is formally assessed by the OHCA quality of care review/inspection team.

Criteria for placements into group home care are set by OHCA for reimbursement purposes. The CW placement officer assesses the information provided by CW to determine if OHCA criteria is met and also to identify the level of care to best meet the child's needs. Group home treatment plans are reviewed formally through the CW CPR annual audit. If audits identify issues related to this area, then a time limited plan of correction is put in place. If the plan of correction is not met, then adverse contractual actions take place, which may include vendor holds or possible contract termination.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Organizational Structure:

The Community Partnerships team is responsible for policies, procedures, and programs pertaining to:

- The CW Nursing program, which provides assistance with case staffing, investigations, and planning/support related to the medical needs of children involved with CW
- The Community Collaboratives program, which provides technical assistance and staff support to community-led collaboratives that are focused on improving the local CW services array and well-being of children

Systemic Factors:

In July 2014, a deputy director of Community Partnerships was added to the child welfare (CW) executive leadership team. This position was charged with developing strategies to strengthen the relationship between the community and Child Welfare Services (CWS), through the development of community-led collaboratives focused on safety, permanency, and well-being of children and families. One Community Collaborative staff position was shifted to the new unit, and 3.5 new staff were added over the past year to assist with this mission.

Agency responsiveness to the CW Community Collaborative pilot communities is functioning very well, as DHS continues to provide direct staff support and technical assistance to assist in responding to community issues that relate to DHS services, as well as in the development and implementation of detailed plans of action to address 100 percent of the priority needs and issues identified by the key informant surveys administered in each community (see table below). The CW Community Collaborative initiative is a pilot project that was launched in 2012,

with the intent of expanding and developing the model statewide. The purpose of the local CW Community Collaboratives is to: identify strengths, weakness, and gaps in the local CWS array; develop and implement action plans in response to the local service array assessments; monitor action plan progress; and provide input to DHS on improvements and resources needed to assist with service array improvement. The collaboratives are comprised of community leaders and major human service organization representatives, such as: health, education, court systems, consumers, juvenile justice, behavioral health, tribes, and workforce, who meet regularly to improve local services. Through the provision of direct staff support for collaboratives, DHS engages these collaboratives regularly with the CFSP/ASPR provision to improve local service array and develop local resources for the improvement of services.

Community: Pottawatomie County

Identified Priority Needs and Issues	CW Responsiveness to Priority Community Needs and Issues
Improve local CWS	Conducted a self-study of the local CW office; developed and implemented a plan of action that addressed identified community issues with the local office, including the development of local liaison positions and approved joint protocols with law enforcement.
Improve family support services	Provided program development and project management to Partners in Caring Initiative (Coordinated School Health Team) in Southern Pottawatomie County, which provides family support outreach services in rural remote areas.
Strengthen parenting programs	Coordinated the development of Parents As Teachers and Early Birds in Southern Pottawatomie County.
Address poverty issues and economic conditions	Coordinated the expansion of basic needs assistance with the School Based Services partnership, they provide a full-time Adult and Family Services case worker to schools to assist at risk families in securing resources in Southern Pottawatomie County.
Improve collaboration among community organizations	Coordinated the Pottawatomie County CW Collaborative; coordination services enable collaborative activity to increase access to services, reduce unnecessary duplication of effort, and produce a more effective and efficient social service system with an ultimate goal of improving child well-being outcomes. It is comprised of a wide range of human services agencies and community leaders.

Community: Lincoln County

Identified Priority Needs and Issues	CW Responsiveness to Priority Community Needs and Issues
Improve family engagement and access to quality healthcare	Coordinated the Access to Care Committee, which resulted in the development of a Countywide Health Resource Guide and a Coordinated School Health Initiative.
Strengthen family economic security	Coordinated the Employment and Skills Development team, which assists individuals with employment development.
Strengthen DHS collaboration efforts	Coordinated specific efforts between CW and the community, including developing CHBS and CASA partnerships.
Improve community collaboration efforts	Coordinated the Lincoln County Partnership for Child Well-Being, which facilitates joint action and collaborations among community social service organizations, such as the Health Department, schools, higher education, workforce agency, DHS, hospitals, transportation providers, churches, city government, tribes, court systems, Department of Rehabilitation Services, etc.

Community: Oklahoma County

Identified Priority Needs and Issues	CW Responsiveness to Priority Community Needs and Issues
Strengthen child and family assessments and the referral system	Coordinating the development of the Family Resiliency Team pilot project; resulting in a partnership between OU Child Study Center, Center for Child Abuse and Neglect, Northcare and the courts.
Improve the quality of family visitation time	Coordinating the development of a Family Visitation Center; resulting in a partnership between Center for Child Abuse and Neglect, Northcare, CASA, United Way and the courts.
Strengthen transitional and independent living services for dually-adjudicated youth in care	Coordinating the development of plan to increase independent living and housing opportunities for dually adjudicated youth.
Improve successful reunification in a more timely manner	Coordinating the Pauline E. Mayer Shelter Repurposing effort to implement pilot project aimed at improving reunification.

Three CW community collaboratives have been established. The first, Pottawatomie County, was a pilot project established in 2012, and two additional collaboratives were added in 2014-2015, the Lincoln County Partnership for Child Well-Being and the Children and Family Council of Oklahoma County.

The Pottawatomie County Child Welfare Collaborative was established in August 2012 when Judge John Gardner, associate district judge, convened a meeting with local community leaders and child serving professionals in Shawnee, Oklahoma. Judge Gardner called the meeting because the county was experiencing a wide range of issues, which resulted in several high profile child deaths and child abuse cases. Attendees came together to explore interest in establishing a formal partnership with DHS, by which the agency would provide dedicated, professional staff to the community for the improvement of the CWS array in the county.

Because local leaders and child serving professionals expressed a desire to improve conditions, the Pottawatomie County Child Welfare Collaborative was created.

In addition to establishing the collaborative, the group also approved a motion to conduct a study of the county's child protection system. According to the results of the study, which included input from the collaborative membership and community partners at-large, the county had a high turnover of DHS CW staff in the local office, lack of human services planning, weakened service delivery capacity amongst key child serving organizations, a deficiency of private funding supports for the CWS array and poor indicators in child well-being and health.

As identified in the study of the Pottawatomie County Child Protective System, there are strengths in the community, yet many of the local organizations have been unable to meet the current high level of need in the county, to make improvements in critical health indicators, or to expand local capacity to deliver vital services. In order to achieve the necessary improvements needed, both the community's planning capacity and local service delivery capacity needed to be strengthened.

The collaborative has achieved many accomplishments in both planning and action in a few short years with support from DHS. Recent highlights:

1. Created a Coordinated School Health Team (CSHT) in Asher, Maud, Macomb and Wannette Schools (a cooperative partnership between the collaborative, DHS, Red Rock, Gateway, the Health Department, and the schools). The team includes a full-time team coordinator, drug and alcohol counselor, an LPC to serve children and families, a parents as teachers educator, a parent child interaction therapist (PCIT), a school-based services specialist, and a school nurse.
2. Expanded PCIT in the county by creating a new full-time PCIT counseling position through the CSHT.
3. Created CW community liaison positions in the county with a wide range of partners, which has been well-received in the community, and an additional request has been made by the Office of Juvenile Affairs for a liaison.
4. Developed and hosted the new annual, county-wide Civic Club luncheon in honor of child abuse prevention month.
5. Created a full-time, local Pottawatomie County CW Collaborative coordinator position.
6. Developed a Children and The Law Task Force, which helped to secure funding to update the SANE exam room and encouraged the development of a CW/ law enforcement procedure. The task force continues to work on efforts to strengthen the MDT meetings and the Child Advocacy Center (CAC) services, and assisted the CAC in securing $11,300 in foundation funding.
7. Assisted with strengthening the CHBS program, which is based on SafeCare, an evidence-based intervention model for families involved with the CWS, in the county and provides on-going monitoring of the local CHBS services to ensure quality and utilization.
8. Established a CASA advisory committee, which was able to stop the dissolution of the Pottawatomie County CASA program and led to doubling the volunteers; assigned CASA cases; and securing $17,000 from a foundation to fill in a funding gap.

Following this effort, the Pottawatomie County CASA received full state funding for the first time in years, since losing accreditation. The committee is also working on developing a local, annual fundraising event for CASA.

In addition, DHS staff also partnered with The Avedis Foundation to launch the Non-Profit Leadership Institute, which offers technical assistance to non-profits in the tri-county area, including children and family service providers.

The Pottawatomie County Child Welfare Collaborative is a promising community-based partnership model for DHS for creating positive systems change in the CWS array. The goal of this model is to build effective organizations at the local level that have the ability to leverage and secure both public and private resources for a common mission of improving child health and well-being.

The Lincoln County Partnership for Child Well-Being first met in June 2014, chaired by Judge Sheila Kirk, and brought together community partners and staff from CWS. A community study was conducted, and identified inadequate access to transportation, housing, and health care as barriers to the stability and well-being of families, and also as a major impediment to successful reunification for families involved in CW. A transportation subcommittee was established by the collaborative, and officially launched the Transportation Initiative in May 2015. The committee developed a partnership between the collaborative, First Capital Trolley, the City of Chandler, Project Heart of Chandler, DHS Aging Services, the Chandler Chamber of Commerce, the Chandler Ministerial Alliance, the drug court, and private donors.

As a part of the partnership, a strategic plan was developed with First Capital Trolley to expand public transportation in the county. The first phase of the plan includes starting a low cost, demand-responsive bus system in Chandler. The boundary of the transit is the 5-mile radius of the Lincoln County courthouse, and will encompass low-income neighborhoods, grocery stores, medical clinics, and major human service organizations. A special transit system is also being developed for participants in drug court, as this population has a high level of interface with the CW system and successful completion can encourage reunification efforts. Regular public transportation services will also be offered through First Capital Trolley throughout the county. Phase two is expected to launch in six to eight months, and will include developing specialized public transportation in other towns within the county.

The Children and Family Council of Oklahoma County held its inaugural meeting in January 2015, led by Judge Lisa Davis. The council developed and finalized a plan, through support of CW Community Collaborative staff, to address major systemic issues within the children and family service delivery systems. The issues identified include: youth transitions out of foster care, the need for quality placements, adequacy of the service array, and need for a parent/child visitation program. In May, the council began working on one of these major issues by establishing a Special Task Force on Children's Center (Shelter) Repurposing and Program Enhancement. The purpose of the task force is to work with key partners, including DHS, on the following:

- lease of the shelter building
- building maintenance and renovations

- priority uses for building space, which includes exploring transitional living, a group home, family visitation center, assessment services, referral services and short term child care services
- financing services and identifying sources of revenue
- management structure for service delivery and partnerships

## Coordination of Services to Tribal CW Programs:

The Tribal Program Unit is comprised of a program supervisor who oversees three tribal coordinators. Each Oklahoma tribe is assigned to a specific tribal team member who has primary responsibility for tribal and field staff engagement, training and support of ICWA, and guidance and monitoring of tribal-related KIDS data. CWS and tribal collaboration is promoted with the goal of developing improved outcomes for Native American children in the areas of safety, permanency, and well-being. Team members also assist with recruitment of tribal foster homes; this effort has been very successful in the last year. In addition, CWS provides PSSF monies to fund Tribal PSSF projects and supports training of the tribal CW staff through open invitations to attend CWS sponsored trainings.

Engagement and collaboration between CWS and tribes is also promoted through the quarterly meetings of the Tribal and State Collaboration Workgroup. The workgroup provides a regular opportunity for feedback and problem solving; it is co-chaired by a tribal chair and a state chair, Tracy Haney (Seminole Nation) and Dr. Deborah Shropshire (DHS deputy director), respectively. Meeting sites travel around the state to encourage participation. All tribes are invited to attend, as are key CWS staff and other stakeholders, such as Brian Hendrix, deputy assistant of Native American Affairs for Governor Fallin. Regional workgroups are held quarterly and co-chaired. In 2011, the state workgroup identified the need for a review of the state's ICWA practices, and the group, in conjunction with Casey Family Programs, developed a pilot review called the ICWA Snapshot. A review tool was developed and the case review examined 493 ICWA cases from region 4 (SE Oklahoma). The review was conducted on cases from 2012, the results were analyzed and published in November 2015. The review gathered information about CWS, tribes, and court practice associated with ICWA. The complete Snapshot report can be found at http://www.casey.org/icwa-snapshot/. Data regarding the CWS specific practices during 2012 can be found below, with questions regarding timely initiation of contact with the tribe and regarding placement preference.

Placement Type
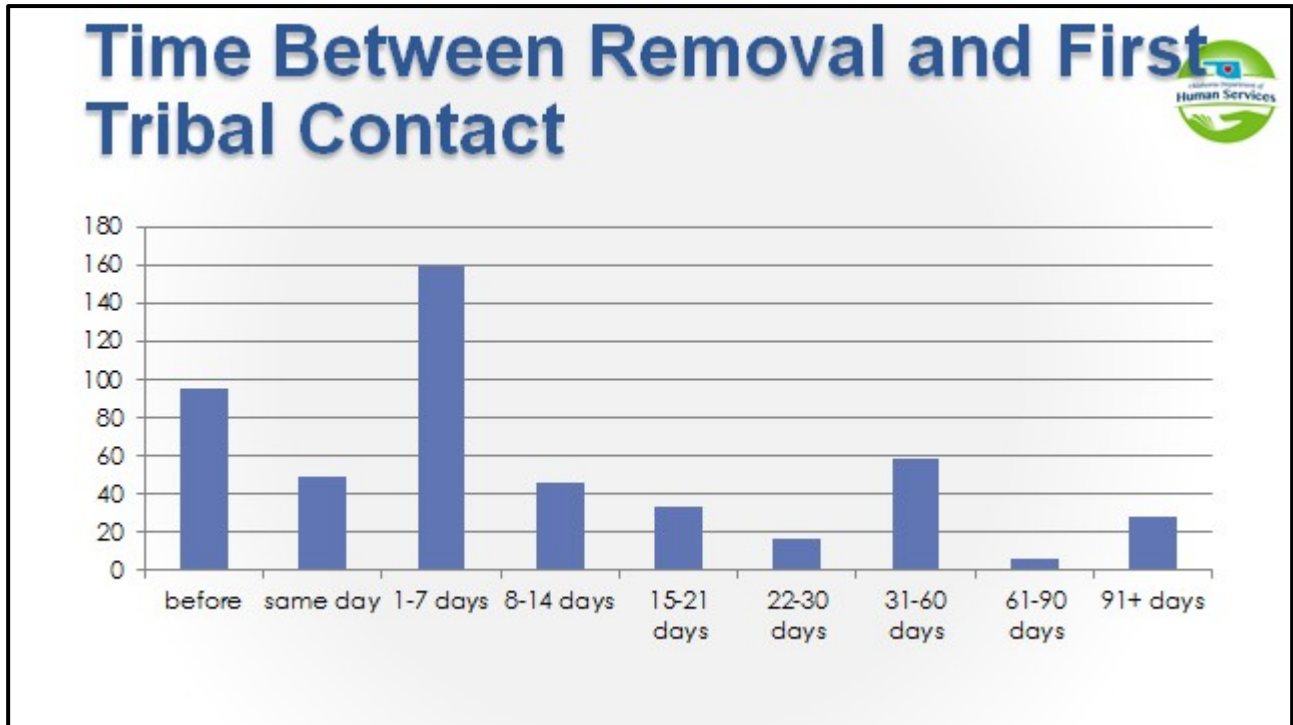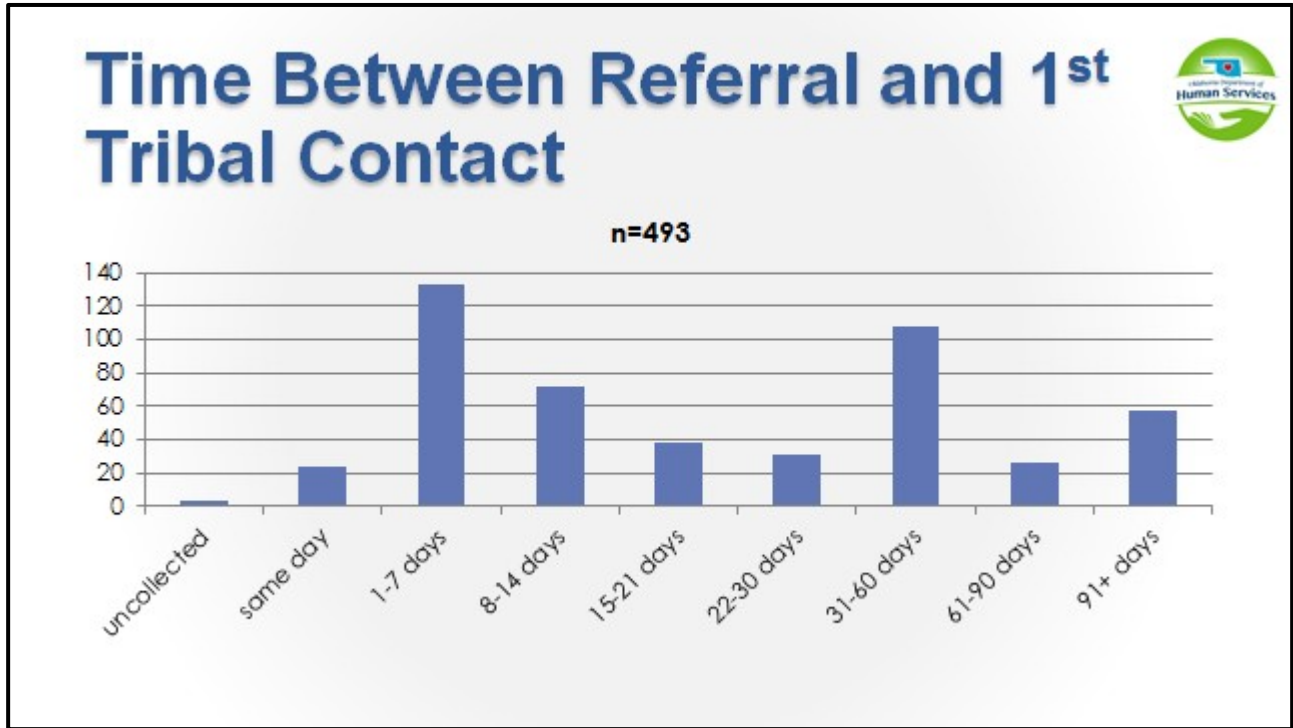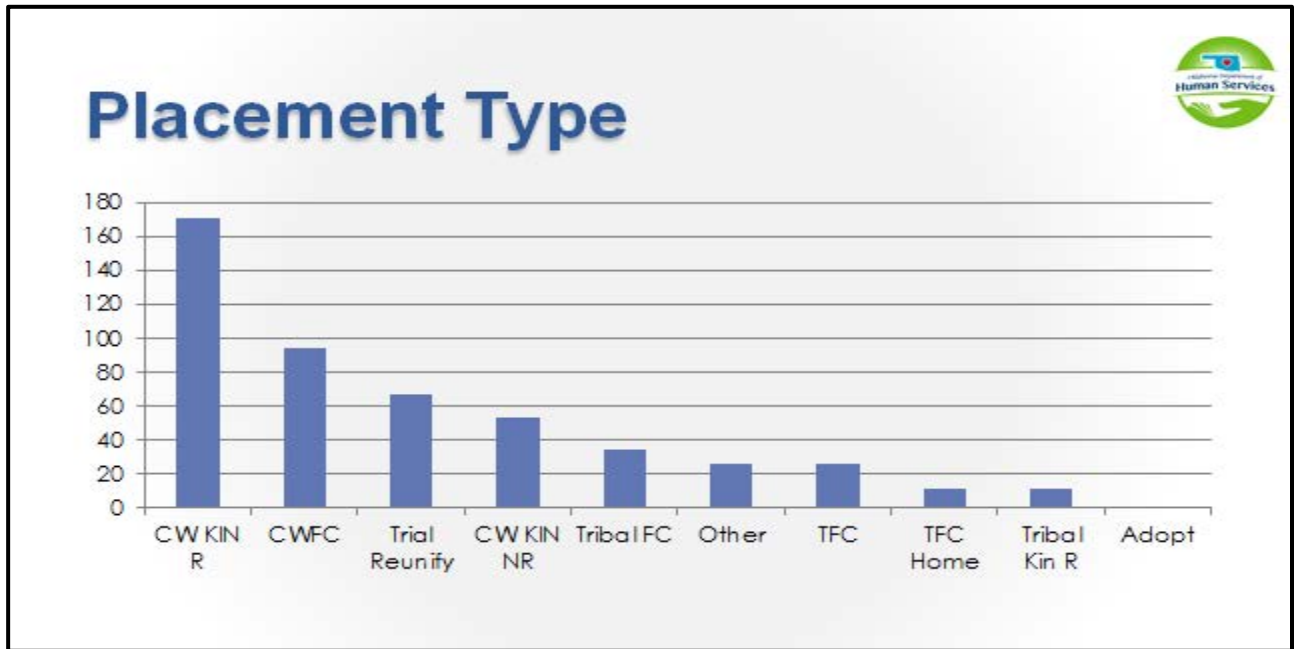
Adopt Home = care provided by a home where ongoing parental responsibilities are legally transferred

CW Kin R = care provided by a relative

CWFC = care provided by a CW foster home

CW Kin NR = care provided by someone who has a relationship with the child, but is not a relative (i.e. teacher, neighbor)

Other = includes higher levels of care (i.e. psych, DDSD), own home, and AWOL

TFC = therapeutic foster care

TFC Home = therapeutic foster care home

Trial Reunify = child returned to home for a period not to exceed 6 months

TRBL FC = care provided by a foster home which is a tribal resource

TRBL/KIN/REL = care provided by a relative which is a tribal member

Child Placed with Extended Family
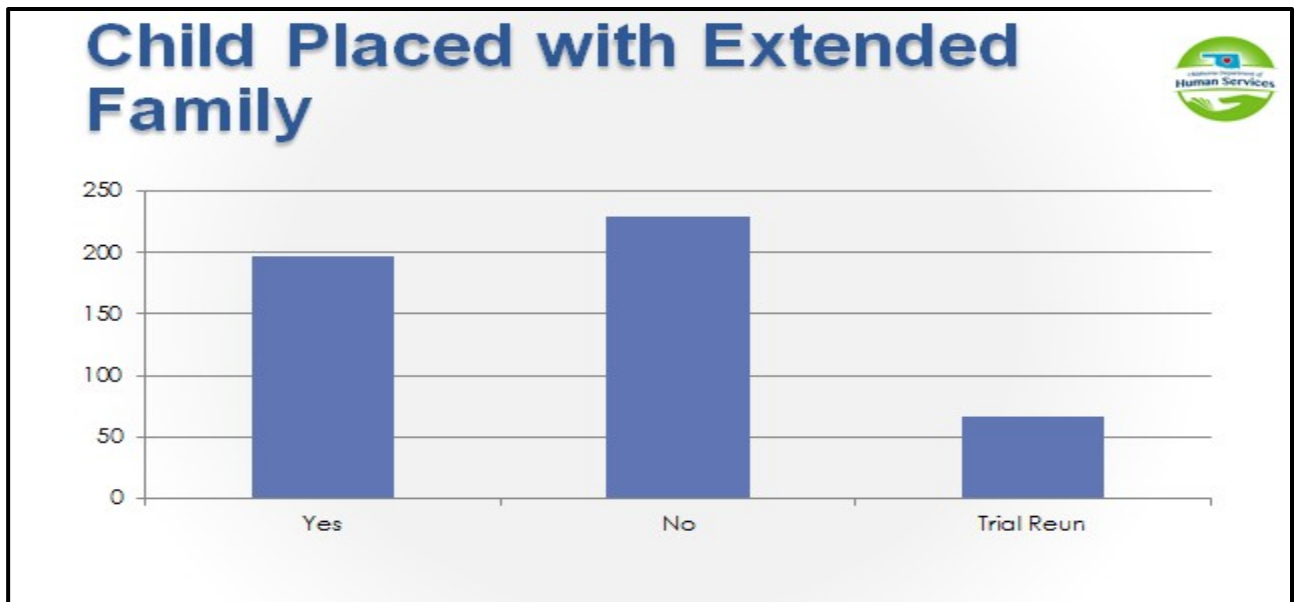
There are a number of limitations in the Snapshot, including the fact that cases were only reviewed in a single region, and that not all tribes were represented in the cases reviewed. In addition, the information was only obtained from documentation in the case file. No interviews were conducted with CW workers or tribes. However, the tool utilized and information gathered by the Snapshot project are being used to develop a strategy for further case review, training, and improvement in ICWA practice. The Snapshot data was officially presented to the Tribal-State Collaborative Workgroup in December 2015, and the Snapshot subcommittee continues to meet to develop recommendations for next steps.

In addition to the work of the Tribal-State Collaborative Workgroup, in 2014-2015 five Tribal-State Regional Workgroups were developed, again, each co-chaired by a tribal and a state representative. The workgroups began meeting in April 2015 and by December 2015, each had met at least twice and had begun developing regional work plans around foster home recruiting, case review, and training. The regional groups report to the Tribal-State Collaborative Workgroup.

The creation of the co-led workgroups, as well as the undertaking of the Snapshot (at the recommendation of the workgroup) and the ongoing use of the Snapshot data to drive improvements in training and case review is evidence of CW practice being impacted by tribes. Barriers include challenges engaging all tribes across the state. There are 38 federally recognized tribes in Oklahoma. Many are very small and not all have their own CW programs. At this time, only about half of the tribes are actively involved in the workgroups, and while they are the largest tribes representing the vast majority of Native Americans living in Oklahoma, there is a need to continue to seek engagement from the others.

Other Community Efforts:

Count Me in 4 Kids is an interest group that formed in Oklahoma County in 2012, focused on creating a forum for discussion and collaboration around at-risk children and youth, including children in foster care. It is comprised of concerned leaders in business, education, government, faith-based, legal, law enforcement, medical, and mental health service providers and support organizations. The group meets quarterly to discuss current activities of its members. In 2014-2015, Count Me in 4 Kids continued work on launching Safe Families, a program that provides a safe, short-term family alternative for families who are in crisis but don't yet rise to the level of abuse or neglect. CWS has been engaged with the Safe Families director and is working on a plan to potentially utilize Safe Families as safety monitors for prevention cases; however, at the present time no CW families are being served in that model.

The **111 Project** originated in 2011 as an effort to raise awareness among the faith community for the need for foster homes. The 111 project director currently serves as a member of the Oklahoma Fosters leadership team (Oklahoma Fosters is a joint foster home recruiting campaign between the Governor's office, CWS, and the community). In that role, 111 developed the webpage for the campaign and worked closely with CWS Foster Care staff to create electronic interest forms that would link directly to the Bridge Resource Support Center. This is evidence that system change is being driven in response to CWS interaction with the 111 Project.

In addition, the 111 Project is co-leading the Care Portal project. The Care Portal is a joint effort between CWS and the Global Orphan Project/111 Project that provides an electronic platform for caseworkers to connect with the faith community when seeking resources for families and children. The inclusion of the 111 Project in both of these efforts provides an opportunity for regular feedback and system change.

OK Foster Wishes (OKFW) is an organization that partners with CWS on several different projects, including Christmas and graduation activities; an emergency kinship foster parent support program which assists with obtaining beds, car seats, safety equipment, and other needs that may present a barrier to certifying an emergency kinship home; and a volunteer certification program which is being piloted in one district in region 3. Regular meetings are held with OKFW leadership, CW Community Partnerships, and the DHS Office of Faith Based and Community Engagement to guide projects, and as a result significant improvements in accountability of gift donations for the Christmas program were made. OKFW and CWS worked together to fill the Christmas lists of over 6,000 children in December 2015.

The Keep is an organization that assists churches in creating a framework within their organizations to recruit and support foster homes. They have had success with this model in a few other states, and in 2015 a partnership between the Keep and CWS was forged, led by Bridge and Community Partnership deputy directors. In 2015, the Keep trained approximately 30 pastors and assisted with active foster home recruiting and support in four churches. CWS staff was involved in each of those events, and as a result 30 families indicated interest in taking steps to become foster parents. In addition, CWS facilitated introductions between the Keep and the Cherokee and Choctaw tribes. The Cherokee Nation has entered a partnership with the Keep around foster home recruiting in tribal churches and has hired a staff member to assist. Additional tribal partnerships are expected.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

Almost all of the services described in Item 29, array of services, and Item 30, individualizing services, receive both state and federal funds. The Comprehensive Homebased Services (CHBS) program, through DHS is funded, in part, by TANF funds, as are many of the substance abuse services for child welfare (CW) clients provided by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Oklahoma Systems of Care (OKSOC), through ODMHSAS, is partially funded by monies from the Substance Abuse and Mental Health Services Administration. Funding for the Title IV-E Waiver Demonstration Project is federal funding that comes from the Children's Bureau. Domestic violence treatment services are, in part, funded by the Family Violence Prevention Services Act. The Start Right program, through the Oklahoma State Department of Health (OSDH), is partially funded by the federal Community Based Child Abuse Prevention (CBCAP) grant and SoonerStart is, in part, federally funded, as well.

CW involved families are referred to a number of agencies and services that receive federal funding. Some examples are the various housing authority agencies across the state, Medicaid and the Supplemental Nutrition Assistance Program (SNAP).

DHS, the Oklahoma Health Care Authority (OHCA), and the Oklahoma State Department of Education (OSDE) have worked together to create the child's health passport to ensure that children and providers have the most current medical and educational information available, specific to each child in DHS or tribal custody. The child's health passport is a web application that allows Bridge families and other resource providers' access to SoonerCare (Medicaid), and education information for all children who enter care, children placed for adoption, and for youth exiting care. SoonerCare records are maintained by OHCA and education records are maintained by OSDE. In turn, these records are made available through the health passport. These records include, but are not limited to, healthcare providers Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) recommendations, diagnosis, immunizations, and previous and current prescription medications. Only services paid for with Medicaid funds are available through the health passport. Important education information is also available through the health passport.

SoonerStart/Early Intervention services are provided by OSDH and are available statewide. This early intervention program is designed to meet the needs of infants and toddlers with disabilities and developmental delays. All children in Oklahoma under 36 months of age, are eligible for the

services. DHS policy requires that all children meeting the age criteria, and who enter DHS custody, be referred for a SoonerStart assessment and are to receive ongoing service when developmental delays or mental conditions such as downs syndrome or cerebral palsy are identified. Services are offered at no charge to families and provided in a natural environment such as the home, foster home, or childcare facility.

Substance abuse treatment services include evaluation and assessment, referral, crisis intervention, individual and group counseling, case management, substance abuse related education, treatment planning, community outreach, intensive outpatient treatment, drug testing in conjunction with assessment and treatment services, and consultation. Services are coordinated and contracted though AFS/TANF and provided through an inter-agency agreement with ODMHSAS (Family preservation/Family support/Time-limited family reunification).

Therapeutic foster care (TFC) provides behavioral management services to children in foster home settings. Children in TFC do not require 24-hour awake supervision and are accepting of relationships in a family-like setting, but require more intensive services than traditional foster care. CWS contracts for TFC with licensed child-placing agencies that provide direct clinical treatment services to children and families. TFC is primarily funded through Title XIX funds with a portion of state funds. OHCA, as the state's Medicaid provider, determines child eligibility for TFC services, and as a result is the designated agency to receive these funds to provide TFC services in Oklahoma. DHS is in continual communication with OHCA regarding services provided, contract requirements, and program enhancements. OHCA, DHS, and contractors meet at least quarterly to provide program updates and address any problems. OHCA and DHS leadership maintain regular communication and work jointly to make program changes and enhancements. During FY14-15 OHCA processed 911 TFC initial assessments with 762 being approved and 149 being denied. Furthermore, OHCA completed 534 TFC admit authorizations for the fiscal year.

DHS also works alongside the various tribes to provide different services to Oklahoma families. DHS is responsible for referring families to culturally-competent services and are responsible in connecting clients with their tribes or a servicing tribe near the family. Tribal families may access services through their own tribe, a nearby tribe, or Indian Health Services. DHS works to include the tribe in family meetings, in order to identify the service needs of families, and make suggestions or referrals to services. Services provided by the tribe or Indian Health Services are funded through their programs and budget allocations.
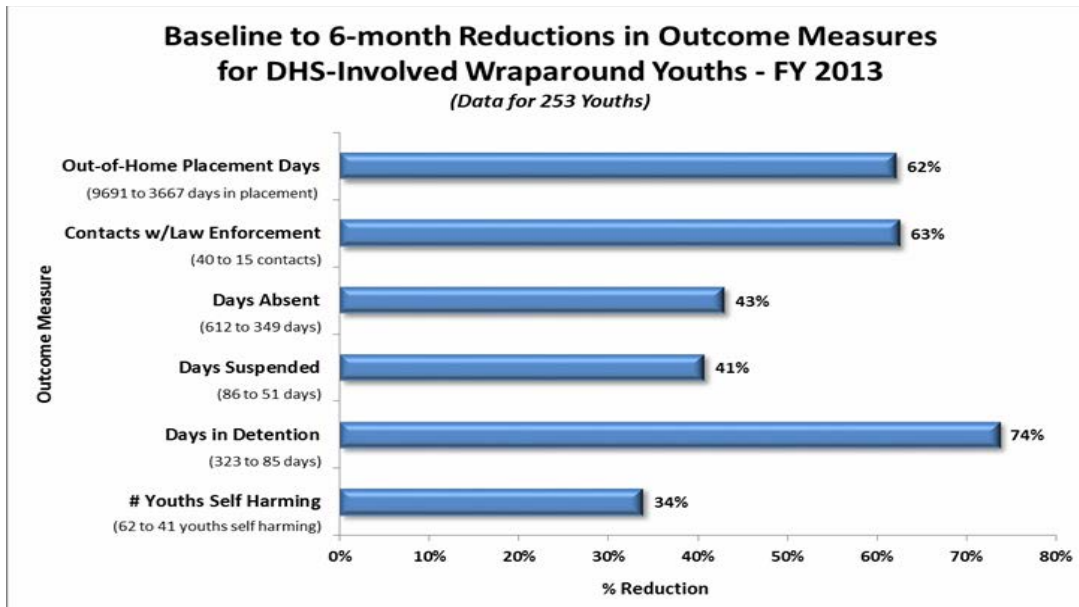
Services vary a great deal depending on numerous variables. The size, income, accessibility, available personnel, and budgeting of each individual tribe varies. Many tribes provide services in health care, nutritional supplemental programs, housing or repair programs, clothing assistance, education assistance, aging/elder, family preservation, family violence, childcare service centers, youth programs, and promoting safe and stable families programs. Accessing services may vary depending on the tribe providing services, CDIB enrollment, need of the family, and the counties of residence are just some factors. Because the tribes are sovereign nations, DHS does not maintain data of services accessed through the different tribes. The data may vary depending on the tribe and would need to be accessed through each tribe individually.

Currently, DHS does not keep track of data to indicate how many families are serviced and how these services impact the families or CW practices.

DHS and OKSOC are working together to promote a trauma-informed child and family serving system as a way to reduce the number of children going into state custody; to reduce the number of children with disrupted placements; and to provide safe, stable, and less restrictive placements. DHS and ODMHSAS collaborated with community stakeholders to prioritize enhanced crisis and response capacity to improve outcomes and provide supports for children and youth. Enhanced community connections were deemed especially important to these efforts. "It takes a village to foster a child" became the rally cry for Oklahoma Communities of Care (COC) and a starting point for their vision. OKSOC is a comprehensive spectrum of mental health and other support services that are organized into coordinated networks to meet the multiple and changing needs of children, adolescents, and families with serious emotional disturbances. OKSOC accomplishes this by providing community-based, family-driven, youth-guided, and culturally-competent services statewide. In collaboration with ODMHSAS, DHS is increasing the number of children involved in CWS who are also served through OKSOC. This effort focuses on maintaining children safely in their own homes; timely reunifying children with their families; and improving placement stability by supporting biological, adoptive, and resource parents when caring for children with behavioral health needs. DHS and ODMHSAS have worked together to fund a full-time position that is dedicated to the expansion of this work. This position is funded by ODMHSAS and is housed in the DHS central office in Oklahoma City.

OKSOC provides services to children and youth experiencing serious emotional disturbance across Oklahoma. A significant amount of information is collected to evaluate change across time. Demographic and outcome data are collected at enrollment and at six month intervals thereafter during a youth's involvement with the program. Data is used to inform program design, to improve service delivery, and, ultimately, to contribute to better outcomes in the lives of youth and families. All OKSOC outcome measures continue to show substantial positive program impacts. Youth in OKSOC show decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors, and clinically significant improvement in functioning.

The following chart illustrates OKSOC outcomes for DHS involved youth enrolled in wraparound programs across the state in fiscal year 2013. Using FY13 data allows us to look at these youth outcomes over time. DHS involved wraparound youth experienced a 74 percent reduction in school days in detention, a 63 percent reduction in contacts with law enforcement, and a 62 percent reduction in out-of-home placement.

**Baseline to 6-month Reductions in Outcome Measures
for DHS-Involved Wraparound Youths - FY 2013**
(Data for 253 Youths)

Outcome Measure:

- **Out-of-Home Placement Days** (9691 to 3667 days in placement): 62%
- **Contacts w/Law Enforcement** (40 to 15 contacts): 63%
- **Days Absent** (612 to 349 days): 43%
- **Days Suspended** (86 to 51 days): 41%
- **Days in Detention** (323 to 85 days): 74%
- **# Youths Self Harming** (62 to 41 youths self harming): 34%

% Reduction (0% to 80%)

Social Marketing:

Social marketing's purpose is "social good." It is aimed at increasing awareness, rallying communities and people, and mobilizing change for the better. Social marketing efforts rolled out statewide in each DHS county office and included a Facebook campaign, print and radio advertisements, and fliers. The COC Facebook page has now reached 500,027 people, defined by Facebook as the number of people to whom a page was served. The COC Facebook page (https://www.facebook.com/OKCommunitiesofCare) generated 646 unique clicks, defined by Facebook as the number of unique people who have clicked on the page.

The COC Facebook page has become a way for individuals, communities, and child-serving agencies to educate, motivate, and rally for positive change. Community members, birth and foster parents, and providers are using the COC Facebook page to share, communicate, and connect. An example of this was a call for help from DHS asking for a short-term caregiver for a 17-year-old girl discharging from the hospital after surgery to correct scoliosis. DHS posted the request on September 22, 2014, and one day later DHS posted their appreciation that a placement had been secured.

Community Advisory Boards:

In community-wide efforts across region 4, a range of stakeholders were identified in six counties to serve on community advisory boards to provide leadership and guidance, enhance networking and collaboration, monitor the roll out and on-going process, and ensure accountability. Led by OKSOC project directors and DHS supervisors in each community, advisory boards brought together diverse members from the business community, faith-based organizations, tribes, community partners, and families to design their community's mobilization efforts around supporting families. Advisory boards built on local networks previously in place to augment support, commitment, and positive changes. In working to build their capacity to plan for and provide behavioral health services to children, youth, and families advisory boards

committed to honest and frank discussions of their community's issues, strengths, challenges, and goals. These discussions allowed the advisory boards to establish shared decision-making among participants and develop a vision for change in their respective communities. In collaboration with their advisory board, each community is ultimately responsible for creating the reality projected by their vision, for assuming ownership of solutions, and for attaining and sustaining outcomes.

Community Forums:

Six community forums at locations within region 4 were conducted in May and June to bring community members-the business community, faith-based organizations, tribes, community partners, and families together to begin working together as a village to foster children. The communities sponsoring forums were:

- Ada in Pontotoc County
- Beggs in Okmulgee County
- Idabel in McCurtain County
- McAlester in Pittsburg County
- Poteau in LeFlore County
- Tahlequah in Cherokee County

Hundreds of people turned out for these events, visited booths of dozens of community agencies, made commitments to support their communities, and enjoyed speakers and demonstrations. Several of the counties' local radio stations were on hand, broadcasting live from the events, which included free food, activities, and prizes for families. Speakers included DHS staff, ODMHSAS staff, community leaders, foster parents, adults who had been foster children, and child and family advocates.

Family Advocacy:

The Evolution Foundation and the Oklahoma Family Network, which partner with ODMHSAS to work with OKSOC families, are providing leadership and technical assistance in engaging the DHS region 4 communities. Both organizations are acting as liaisons between the OKSOC project directors and the various community coalitions throughout the region and were actively engaged in planning and implementing the community forums. As a part of that work, brainstorming sessions are being held on potential community engagement projects with DHS CW workers and foster care family members in the six communities where the community forums were held. The objectives of the community engagement projects are: relieve stress on families; relieve stress on workers; increase number of foster homes; increase stability of placements; and provide community involvement opportunities. The brainstorming sessions for Ada, Beggs, and Poteau were held in August and September. Brainstorming sessions for Idabel, McAlester, and Tahlequah are in the planning stages. The goal of the brainstorming sessions is to develop targeted activities in each of the 22 region 4 counties to support and strengthen family and community members in advocating for children and families.

Family Education:

OKSOC is family-driven and youth-guided and, as such, values families' voices and leadership. To mentor and coach emerging family leaders and to support advocacy activities at the local and state levels, the Oklahoma Family Network has conducted the following trainings for more than 200 participants across region 4:

- Understanding the Child Welfare System
  This workshop provides an overall understanding of the CW system and support in reaching a positive solution for the family.

- Regional Leadership Institutes
  These institutes include family/professional partnerships training and information about how community members can strengthen families to assure positive outcomes for those whose lives have been touched by CW and behavioral health.

- How to Support Other Families
  This workshop helps prepare family members who have experience with CW, children's behavioral health, and other systems to provide peer support to other families.

- How to Support Other Families (Parent Training for Birth and Foster Families)
  This workshop provides the "How to Support Other Families" information and resources with a focus on birth and foster families.

- Community Resources
  This workshop provides participants with information about resources throughout their communities.

- Care Notebook
  This workshop provides information and resources to assist families and youth in transitioning to adult services from children's services.

- Telling Your Story
  This workshop helps prepare families to share their family story with providers and professionals in their communities, in court or other legal situations, and with community boards and family groups.

Community Education and Workforce Training:

OKSOC has implemented trainings throughout region 4 and across the state to inform community members, community groups, child-serving agencies, and providers about the impact of violence and trauma on children and how best to support children's growth and development. The objectives of these trainings are: to increase the understanding of how trauma impacts children and families, to improve providers' abilities to assess and treat traumatized children and families, to increase understanding of how secondary traumatic stress impacts CW workers and behavioral health care providers, and to improve workers' ability to mitigate the impact of secondary traumatic stress. Secondary traumatic stress is defined as workers' exposure to others' traumatic stories as part of their work, increasing the risk of workers developing their own traumatic symptoms and reactions. OKSOC trainings are meant to provide participants with information, tools, and resources for increasing resilience, optimism, self-care, and support and for reducing stress reactivity and burnout. Trainings offered to date include the following:

- Promoting Resilience and Reducing Secondary Trauma Among CW Staff
  This training utilizes the *Promoting Resilience and Reducing Secondary Trauma among Welfare Staff Training Manual* that was developed by the Administration for Children's Services-New York University (ACS-NYU) Children's Trauma Institute to reduce secondary traumatic stress and increase resilience of CW staff, with the goal of reducing attrition and improving case practice.

- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) Training
  This training presents information on Trauma-Focused Cognitive-Behavioral Therapy, which is a short-term, evidence-based treatment for children, ages 3 to 18, who have experienced trauma. TF-CBT incorporates trauma-sensitive interventions with cognitive-behavioral, family, and humanistic principles and is empirically supported for use with youth impacted by trauma and co-occurring mental health problems. To date, 50 participants across region 4 have been trained.

- Together Facing the Challenge
  This training, provided by trainers from Duke University, helps therapeutic foster care providers enhance and adapt treatment foster care. Participants came from the following agencies: OK Families First, Choices for Life TFC, Eagle Ridge Institute, Safe Alternatives for Families & Youth, Eckerd Community Services, OK Therapeutic Foster Care Association, Bair Foundation, Wesleyan Youth, Shadow Mountain, Tallgrass, TFI Family Connections, Choices for Life, and Southwest Foster Care. To date, 88 participants have been trained.

- Systematic Training to Assist in the Recovery from Trauma (START)
  This training provides DHS and OJA group home providers information about core principles of trauma informed organizations. To date, 55 participants have been trained.

- Trauma Informed Tools and Tips
  This training provides participants with information about trauma, hope, and resilience in youth and families and consists of the following: Trauma 101; Hope, Resilience and You; Skills to Share; and Taking It Home. To date, 300 participants have been trained.

- Strengthening Families Program (SFP) Training
  This training provides evidence-based family skills information and strategies for families who are at risk of involvement with social service agencies (as well as families who are not). The goal of this program is to reduce problematic behaviors, delinquency, and substance abuse among children and youth. Involvement in this program has been shown to reduce rates of child maltreatment because caregivers are able to learn and implement effective parenting skills. To date, 114 participants have been trained.

- Celebrating Families Program (CFP) Training
  This training, provided by the National Association for Children of Alcoholics, is evidence-based cognitive-behavioral, support group model for families in which one or both parents has a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect. This program works with every member of the family; from ages 3 through adult, to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction

and increase successful family reunification. To date, 98 participants have been trained.

Infant and Early Childhood Mental Health:

On May 28, 2014, ODMHSAS and the OSDH hosted the Meeting the Needs of Infants and Toddlers in the Child Welfare System Cross-Collaboration Roundtable, which invited stakeholders to facilitate an in-depth discussion with state and local leaders around ways to build and sustain cross-systems collaboration to support case planning which meets the unique mental health and developmental needs of infants and toddlers in the CW system. This meeting was a follow-up to a meeting on March 6, 2015 at the Oklahoma Infant and Early Childhood Mental Health Summit in collaboration with the DHS Practice and Policy Lecture Series on infant mental health, and the need for developmental and relational approaches to meeting the needs children ages 0-3 in the CW system because it is the fastest growing cohort, representing nearly 30 percent of the children in out of home placement in Oklahoma. To capitalize on the information addressed in the summit and to keep discussion and work moving forward, two representatives from the national organization, ZERO TO THREE, Cindy Oser, director of Infant-Early Childhood Mental Health Strategy and co-director of Project LAUNCH Technical Assistance Resource Center, and Lucy Hudson, director of the Safe Babies Court Team Project, facilitated the roundtable discussion. They presented information about local and federal policy initiatives around best practices for supporting families with and caregivers of infants and young children impacted by trauma, as a result of adverse childhood experiences, including mental illness and substance use, and the impact of working with parents and children impacted by fetal alcohol spectrum disorder. Stakeholders represented CW, SoonerStart, public and private mental health, Head Start, home visitation, Administrative Office of the Courts, University of Oklahoma, child care, Child Guidance, and Smart Start Oklahoma. Facilitation included an exercise to help identify where Oklahoma is currently, in relationship to policy and practice recommendations by ZERO TO THREE and its partners. The Infant and Early Childhood Mental Health state co-leads from ODMHSAS and OSDH met with the facilitators the following day to de-brief and to map out details around moving conversation into action to address cross-collaboration efforts in support of the youngest and most vulnerable children using the document, A Developmental Approach to Child Welfare Services for Infants, Toddlers and Their Families: A Self-Assessment Tool for States and Counties Administering Child Welfare Services, to support the vision of Oklahoma's Early Childhood OKSOC. The social and emotional well-being of Oklahoma's infants, toddlers and preschool aged children, their families and caregivers is fostered through an early childhood mental health system of care that is collaborative, developmentally sensitive, relationship focused, trauma-informed, and spans the continuum of promotion, prevention, and treatment.

Children in Custody:

As noted in the DHS Review of Child Removal Decision-Making, since January 2012, the number of children in out-of-home care has increased from 8,000 to 11,000. DHS region 4 was identified as having the highest percentage of youth in custody per capita in Oklahoma. Table 1 provides the number of children in custody in January, July, and August 2014 in each of the 22 region 4 counties. To begin the work of improving outcomes for these children and stabilizing

their placement, DHS and OKSOC worked collaboratively to provide two new services throughout region 4. These services, Mobile Crisis Services and OKSOC care coordinators embedded in DHS county offices, were launched in the spring of 2014, alongside the community mobilization and family advocacy work.

Table 1: Children in DHS Custody

County	January 2014	July 2014	August 2014
Adair	90	104	99
Atoka	68	65	57
Bryan	180	209	217
Cherokee	136	124	131
Choctaw	73	77	79
Coal	28	26	29
Creek	223	243	248
Haskell	35	40	38
Hughes	70	76	74
Latimer	11	13	17
Leflore	116	137	129
McCurtain	101	113	117
McIntosh	67	74	75
Muskogee	293	324	328
Okfuskee	69	77	81
Okmulgee	154	151	144
Pittsburg	154	190	181
Pontotoc	154	166	163
Pushmataha	54	62	59
Seminole	135	142	143
Sequoyah	123	170	168
Wagoner	83	84	87

Embedded OKSOC Care Coordinator in DHS Office:

The OKSOC embedded care coordinators in the region 4 DHS offices provide service coordination to youth identified in the CW system. Each embedded care coordinator was collaboratively hired by DHS and OKSOC staff and acts as a liaison between DHS, behavioral health providers, and the community. Embedded care coordinators deliver comprehensive and intensive coordination of behavioral health services for children in custody who have complex psychosocial needs. These services are based on the strengths, needs, and culture of the youth and emphasize family involvement. Embedded care coordinators engage CW staff, children, youth, and their families in planning treatment, community stabilization, crisis, and permanency and must include natural supports. Embedded care coordinators facilitate communication between DHS and OKSOC and allow for enhanced and faster responses for children in crisis.

Mobile Crisis Services:

To address specific needs around stability of placement throughout DHS region 4, OKSOC implemented a Mobile Crisis Service that is accessible 24 hours a day, seven days a week.

Upon receiving a crisis call, OKSOC mental health professionals work with the family, group home, shelter, etc. to develop a written crisis assessment which includes:

- Presenting concerns
- Suicide risk
- Issues since last stabilization
- Current living situation
- Availability of supports
- Risk of harm
  - to self or others
  - from others
- Current medications and compliance
- Use of alcohol or drugs
- Medical conditions
- History of previous crises, including response and results

OKSOC mental health professionals conduct by-phone/in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care, and many of the interventions result in placement stabilization. Interventions are youth and family-oriented and wellness and recovery centered to maximize the ability of the caregiver to manage the crisis. Additionally, this immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments. To date, OKSOC has responded to 76 mobile crises for 41 females and 35 males. As can be seen in the chart below, the majority of the mobile crisis calls have involved elementary school-aged boys and middle school-aged girls.
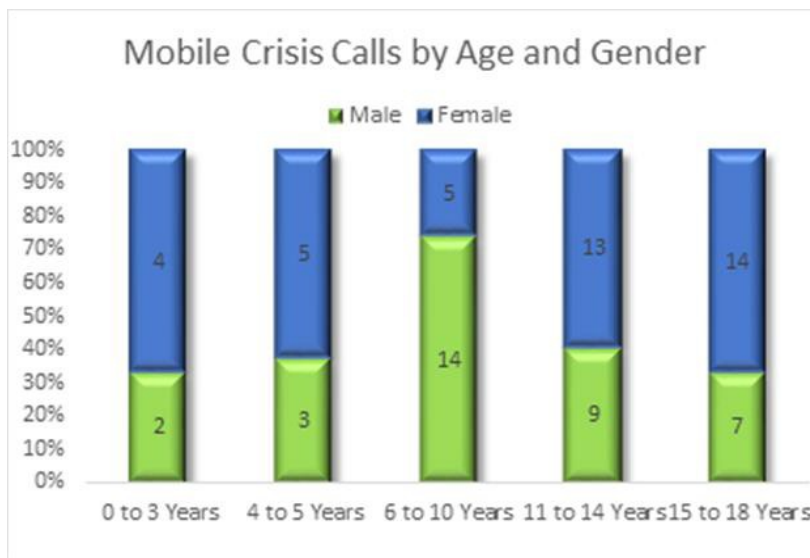
Key Informant Interviews:

Key informant interviews with DHS and ODMHSAS leadership and staff and community partners were conducted by phone in June and July 2014. 68 agency staff and individual community members across the targeted region 4 counties provided in-depth interviews. These

interviews included discussion on participants' insights about the goals and accomplishments of the forums, the continuing work taking place within their respective communities, and the perceived changes in their communities around the outcomes and indicators identified by each community's strategic planning team. Three themes emerged throughout the interviews: participants' focus on the relationship between DHS and community members; participants' hopes that COC will make a difference for children and families; and participants' concern about the ability of COC to make a difference.

- "I know that OKDHS is understaffed. I like the idea of them pairing up with OKSOC and particularly CREOKS. The mobile crisis units to help give the foster parent the support to hold onto placements—that is a very creative approach and they are right on target."

- "The interaction with DHS depends on the county."

- "In the past, it's been difficult for wraparound to connect or work with DHS. Now, as the partnership has gotten stronger, they reach out to us at times and we are collaborating with them."

- "We live in a rural area and the economic impact is very challenging. There aren't many resources. CCC will help us in getting the information out there about the services we provide and recruiting more people to become foster parents."

- "It is somewhat overwhelming, and I think this is all too good to be true. We are hearing about all of these services and it sounds awesome! But we do see these things (initiatives) come and go. I hope that this sticks—that this is established in the communities."

Discussion:

ODMHSAS explored options around monitoring and evaluating changes experienced by the COC as each community mobilizes around increasing the number of foster homes for children. Community mobilization and social change can be long-term efforts that may take place over months, and even years. They can be challenging to measure and problematic to attribute to a specific intervention. The COC evaluation will use community members' participation, community action plans, mass and social media coverage, services provided, and community events to assess change over time in the targeted region 4 counties. As the work continues in each community, short-term outcomes will be examined through the following indicators:

- Increased community involvement as evidenced by individual community members' commitment cards and interviews conducted with key informants.
- Increased interactions between community partners as evidenced by increased referrals to OKSOC and in interviews conducted with DHS and ODMHSAS staff.
- Increased foster home applications to DHS from families in region 4 counties.

The value and efficacy of the work happening throughout region 4 is evident in the responses from DHS and ODMHSAS leadership and staff, and the community partners working throughout the region. Significant progress has been made in mobilizing community members. The Mobile Crisis Services and embedded care coordinator in DHS offices are both new innovations and collaborations. Collaborative, coordinated responses result in better communication between all child-serving agencies, and better community health outcomes, such as children and youth in

stable placements, less restrictive placements, fewer inpatient admissions and more outpatient services. The evaluation will continue to assess and monitor progress towards objectives for both. In addition, OKSOC and the evaluation team will assess individual outcomes for children and youth served by Mobile Crisis staff and embedded staff.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide. The system ensures that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds in Oklahoma.

Resource Homes:

DHS analyses and utilizes the standards detailed in policy. This helps to assure that there is equal application of all standards in foster and adoptive homes.

Foster Care policy 340:75-7-12 and Adoption policy 340:75-15-84, 87 provides direction for the screening process and requirements for prospective foster and adoptive families. Specifically, policy states, "Requirements described in OAC 340:110-5 serve as framework for families and DHS in the mutual assessment process used to select the most suitable home for the child in DHS custody in need of foster family care." The requirements for foster homes are enumerated in this policy and the table below lists each requirement and how it is applied equally.

Exceptions to some of these requirements are allowed after thorough assessment. The safety, permanence, and well-being of the child(ren) being placed is paramount in making any exception decision.

Requirement per policy	How applied/assessed in Resource Family Partner homes	How applied/assessed in DHS (foster/adoptive) homes	Comments
(1) be at least 21 years of age	Background checks (form 04AF007E) and Resource Family Assessment (RFA), and Bridge Resource Family Assessment Application (form 04AF001E)	Background checks (form 04AF007E) and Resource Family Assessment (RFA), and Bridge Resource Family Assessment Application (form 04AF001E)	Exceptions are considered on kinship homes only and taking into consideration applicants ability to meet other requirements per policy.

Requirement per policy	How applied/assessed in Resource Family Partner homes	How applied/assessed in DHS (foster/adoptive) homes	Comments
(2) reside lawfully in the United States	Background checks (form 04AF007E) and Bridge Resource Family Assessment Application (form 04AF001E)	Background checks (form 04AF007E) and Bridge Resource Family Assessment Application (form 04AF001E)	When the applicant is not a United States citizen, lawful residence documentation is required. When questions arise regarding whether the documentation provided is appropriate the resource specialist emails the documents to the Foster Care Program Unit for review and consultation.
(3) have healthy relationships whether married, single, separated, or divorced	RFA and reference checks completed by RFP Agency	RFA and reference checks	
(4) have the ability to manage personal and household financial needs without relying on the foster care maintenance payment	RFA and Resource Family Financial Assessment (form 04AF010E) completed by RFP Agency	RFA and Resource Family Financial Assessment (form 04AF010E)	
(5) agree that if the applicant becomes a resource parent, the applicant will receive approval of the Child Welfare Services (CWS) supervisor responsible for foster care before accepting a relative or non- relative child from any source into the home when a child in DHS custody is placed in the resource home	FP should receive approval from the RFP agency supervisor responsible for foster care and visits by PP and RFP Agency Foster Care	Visits to the foster home by Permanency Planning and Foster Care	
(6) provide appropriate sleeping arrangements for each child placed	RFA and visits to the foster home by Permanency Planning and RFP Agency	RFA and Visits to the foster home by Permanency Planning and Foster Care	Placement due to sleeping arrangements is not denied when the situation can be resolved within an agreed timeframe. No exception is allowed for infants.
(7) provide verification that all household members are in sufficiently good physical and mental health to provide for the individual needs of each child placed	RFA, references, and health history form (04AF017E) completed by RFP Agency	RFA, references, and health history form (04AF017E)	
(8) submit to a search of all DHS records, including CWS records	Background checks (form 04AF007E) and Bridge Resource Family Assessment Application (form 04AF001E)	Background checks (form 04AF007E)	
(9) ensure that each household member 18 years of age or older at time of application and when a household member later reaches 18 years of age submits fingerprints for a state and national criminal history records search	Background checks (form 04AF007E) and Bridge Resource Family Assessment Application (form 04AF001E)	Background checks (form 04AF007E) and Bridge Resource Family Assessment Application (form 04AF001E)	

Requirement per policy	How applied/assessed in Resource Family Partner homes	How applied/assessed in DHS (foster/adoptive) homes	Comments
(10) submit to a search of Juvenile Justice Information System (JOLTS) records for any child older than 13 years of age who resides in the household at time of application and when the child later reaches 18 years of age	Background checks (form 04AF007E)	Background checks (form 04AF007E)	
(11) not allow a person with a conviction for any sexual offense to reside in the household	Background checks (form 04AF007E) and Bridge Resource Family Assessment Application (form 04AF001E)	Background checks (form 04AF007E) and Bridge Resource Family Assessment Application (form 04AF001E)	
(12) notify the resource specialist within 24 hours of any change in the household including, but not limited to: • (A) income • (B) address • (C) health • (D) residents • (E) relationships	Visits to the foster home by Permanency Planning and RFP Agency	Visits to the foster home by Permanency Planning and Foster Care	Adoption does not have a 24 hour timeframe.
(13) participate in the family assessment process that includes a home study	RFA completed by the RFP Agency	RFA	
(14) agree to not smoke in the resource home when a child in DHS custody is placed in the home	Visits to the foster home by Permanency Planning and RFP Agency and signing form 04AF021E	Visits to the foster home by Permanency Planning and Foster Care and signing form 04AF021E Verification of receipt of DHS Rules	
(15) agree to not smoke in the automobile when transporting a child in DHS custody placed in the home	Visits to the foster home by Permanency Planning and RFP Agency signing form 04AF021E Verification of receipt of DHS Rules	Visits to the foster home by Permanency Planning and Foster Care signing form 04AF021E Verification of receipt of DHS Rules	
(16) provide references	RFA completed by RFP Agency	RFA	
(17) complete 27 hours of pre-service training	Resource Family Training (RFT) records and training completed by RFP Agency	Resource Family Training (RFT) records	
(18) agree to complete 12 hours of in-service training each calendar year if approved as a resource parent	Training records and Yearly reassessment verified by RFP Agency	Training records and Yearly reassessment	Adoption does not have a 12 hour requirement
(19) commit to demonstrating to each child or youth in DHS custody the foundational beliefs that include: • (A) understanding and meeting the child or youth's unique needs • (B) actively supporting each child or youth's ongoing relationships to the child's kin, culture, and community • (C) understanding the impact of separation, grief, loss, and trauma the child or youth has suffered • (D) partnering with the child or youth's professional team to focus on the child or youth's safety, permanency, and well-being • (E) recognizing the impact of secondary traumatic stress and the importance of the resource parent's self-care	RFT records and RFA verified by RFP Agency	RFT records and RFA	

Requirement per policy	How applied/assessed in Resource Family Partner homes	How applied/assessed in DHS (foster/adoptive) homes	Comments
(20) provide clean and safe home	Visits to the foster home by Permanency Planning and RFP Agency	Visits to the foster home by Permanency Planning and Foster Care	
(21) cooperate in the completion of a house assessment	RFA and Re-Assessment completed by RFP Agency	RFA	
(22) select and recommend appropriate extended family or friends to provide support and child care for the child in DHS custody other than, or in addition to, licensed child care paid by DHS	RFA and Re-Assessment completed by RFP Agency	RFA	
(23) submit verification of employment when requesting DHS paid child care services for the child in foster care	Employment verification and RFA completed by RFP Agency	Employment verification and RFA	Adoption only has paid daycare for adoptive families of children 0-6.
24) acknowledge, cooperate, and agree to abide by applicable Oklahoma statutes and DHS rules regarding the child in care that include, but are not limited to: • (A) DHS, as the legal custodian of the child, has the right to move any child from any foster home at any time when in the child's best interests and in accordance with statutes governing movement of the child in DHS custody • (B) the necessity to maintain and respect the confidential nature of all information regarding a child placed in the resource home. A breach of confidentiality may be grounds for closure of the resource home and termination of the foster care contract • (C) the requirement that DHS investigate in the same manner as any other abuse or neglect investigation conducted by DHS, allegations of abuse, neglect, or maltreatment of any child in DHS custody placed in an approved resource home	RFA and Re-Assessment completed by RFP Agency	RFT records and RFA	
(25) agree that while an applicant and if becoming a resource parent to notify DHS when any member of the resource family is seriously ill or hospitalized	FP should notify their RFP Agency. Visits to the foster home by Permanency Planning and RFP Agency Resource Family Re-Assessment	Visits to the foster home by Permanency Planning and Foster Care and Resource Family Re-Assessment	
(26) agree to provide a physician's statement once approved as a resource parent: • (A) regarding any hospital stay • (B) regarding ongoing outpatient medical or mental health care including psychological counseling • (C) upon DHS request	Visits to the foster home by Permanency Planning and RFP Agency and Resource Family Re-Assessment	Visits to the foster home by Permanency Planning and Foster Care and Resource Family Re-Assessment	Doesn't apply to adoption.
(27) agree to provide foster care as a planned, temporary placement for the child whose permanency plan is family reunification or other permanency plan	RFA completed by RFP Agency. Visits to the foster home by Permanency Planning and RFP Agency and Resource Family Re-Assessment	RFT records and RFA	Doesn't apply to adoption

Requirement per policy	How applied/assessed in Resource Family Partner homes	How applied/assessed in DHS (foster/adoptive) homes	Comments
(28) agree to work with DHS staff as a member of a professional multidisciplinary team to develop a permanency plan for each child placed in the resource home	RFT records and RFA verified by RFP Agency	RFT records and RFA	Doesn't apply to adoption
(29) agree to participate in an initial meeting with each child's parent when requested	RFT records and RFA verified by RFP Agency	RFT records and RFA	Doesn't apply to adoption
(30) agree to share parenting of the child in DHS custody with the child's parent who may have different values and lifestyles than the applicant	RFT records and RFA verified by RFP Agency	RFT records and RFA	Doesn't apply to adoption
(31) be willing to actively mentor the parent to help improve the parent's ability to safely care for the child	RFT records and RFA verified by RFP Agency	RFT records and RFA	This is on a case by case basis depending on the permanency plan for the child
(32) agree to maintain all information regarding the child and family as confidential, only sharing information necessary to obtain services for the child or with persons who are directly involved with the case	RFT records and RFA verified by RFP Agency and signing form 04AF021E Verification of receipt of DHS Rules	RFT records , RFA, and signing form 04AF021E Verification of receipt of DHS Rules	
(33) be willing to accept placement of siblings	RFT records and RFA verified by RFP Agency	RFT records and RFA	Doesn't apply to adoption
(34) agree to participate in the development of an effective parent and child visitation plan that may include contact with the parents and siblings, when siblings are separated	RFT records and RFA verified by RFP Agency	RFT records and RFA	
(35) agree to comply with DHS rules regarding discipline of children	RFT and visits to the foster home by Permanency Planning and RFP Agency and Resource Family Re-Assessment and signing form 04AF021E Verification of receipt of DHS Rules	RFT and visits to the foster home by Permanency Planning and Foster Care and Resource Family Re-Assessment and signing form 04AF021E Verification of receipt of DHS Rules	
(36) agree to meet and maintain requirements necessary for continued approval as a resource parent	Resource Family annual re-assessment as completed by RFP Agency	Resource Family annual re-assessment	
(37) agree to participate in the re- assessment of the resource home and the evaluation of the DHS Foster Care program and services	Resource Family annual re-assessment as completed by RFP Agency	Resource Family annual re-assessment	This is completed every year
(38) agree to utilize the foster care maintenance payment for the care and maintenance of the child's basic needs, such as food, clothing, shelter, incidentals, non-prescription medications, including special activity fees, allowances, and recreational opportunities	Visits to the foster home by Permanency Planning and RFP Agency	Visits to the foster home by Permanency Planning and Foster Care	Doesn't apply to adoption
(39) agree to utilize the clothing allowance included in the foster care maintenance payment to provide adequate clothing for the child placed	Visits to the foster home by Permanency Planning and RFP Agency	Visits to the foster home by Permanency Planning and Foster Care	Doesn't apply to adoption
(40) agree to comply with all Oklahoma statutes relating to the care and support of minors including those that prohibit the use of tobacco, alcohol, or non-prescribed medications	Visits to the foster home by Permanency Planning and RFP Agency	Visits to the foster home by Permanency Planning and Foster Care	

To assure standards are applied equally to all foster and adoptive homes, DHS completes a resource home assessment that reviews whether all of the requirements are met. The foster and adoptive home assessments are completed by contract agencies, submitted to

readers who review the assessment, then are submitted to DHS foster care and adoption staff to review and approve. This process assures that assessments are thorough and that resource applicants meet all the standards set forth in policy. When a resource home assessment is incomplete, it is sent back to the contractors to readdress any issues with the family.

The Resource Family Assessment (Form 04AF003E DCFS-69) purpose, and pursuant to Section 1-7-111 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-7-111), DHS conducts an eligibility assessment of the resource applicant and each household member's background and other circumstances and conditions to determine if the home is suitable for the child in DHS custody requiring foster care. Additionally, DHS assesses the prospective resource applicant's ability to parent and provide a safe environment for a child with special needs. Upon completion of the resource family assessment, a decision regarding approval or denial is made after assessing the information gathered. Additionally, DHS may approve or deny a resource applicant as a resource foster care provider or adoptive family when the applicant or the home meets or does not meet the foster home requirements per policy OAC 340:75-7 and 340:75-15.

Another method to assure standards are applied equally to all foster and adoptive homes, is an internal review process yearly completed by DHS. This review pulls random resource cases and an audit for IV-E compliance is completed. Internal audits were completed for the following counties in 2015: Delaware/Ottawa, Tulsa, Muskogee, Creek/Okfuskee, and Oklahoma. 191 resource cases were reviewed. Additionally, 434 Tribal Homes were reviewed; this was a targeted review of all tribally approved foster homes open at the time of the review. These Tribal Homes were accessed and approved by the Tribes. Of the 191 resources cases reviewed, 153 had some sort of error. These were each reviewed with staff so that future errors could be avoided. Also, when possible, errors were corrected. The report regarding Tribal Homes is not yet available.

In addition to the internal audits, foster care supervisors and lead workers were provided training on IV-E compliance. The training included case reviews. Below is a list of each region and how many resource cases were reviewed for training purposes:

CW Foster Care Staff Location	Number of Resource Cases Reviewed During Training
Region 1	48
Region 2	40
Region 3	38
Region 4	36
Region 5	55
District 21/24 (separate field manager)	19
Supported Homes	4
Statewide (those that missed one of the other trainings)	101
TOTAL CASES REVIEWED FOR TRAINING	341

All of the reviews included compliance with IV-E requirements. Cases were selected by utilizing the YI106 report (IV-E Eligibility Report) and filtering IV-E eligible children. The report is further filtered by those children placed in DHS Foster Homes, Kinship, and Supported Homes. This filtering results in a list of homes with IV-E eligible children in placement at the time of the

report. The list is further filtered by the county for the internal audit and/or training sample. That list is placed in a separate Excel spreadsheet. The RAND formula is applied to have Excel assign each home a random number, sorted smallest to largest. The tool used for the internal review process is attached.

There was also a state audit completed in 2015 that reviewed 110 resources. The state auditor and inspector's office conducted a single audit report of federal expenditures. The intent is to audit compliance with the entire program including cost allocation, eligibility, state plan requirements, etc. not just eligibility like an IV-E review.

The report does not use the federal instrument but comprehensively applies all relevant federal regulations, including those that address cost allocation, eligibility, and state plan requirements. The fact that this audit showed no errors in eligibility means DHS can confidently infer that there were no problems in the conduct or findings in the standards applied. Detailed below are the only findings as a result of the state IV-E audit:

ISSUE 1:

Criteria: 45 CFR § 1356.21 (m) states, "Review of payments and licensing standards. In meeting the requirements of section 471(a) (11) of the Act, the title IV–E agency must review at reasonable, specific, time-limited periods to be established by the agency: the amount of the payments made for foster care maintenance and adoption assistance to assure their continued appropriateness."

42 USC 671(a) (11) states, "In order for a State to be eligible for payments under this part, it shall have a plan approved by the Secretary which provides for periodic review of the standards referred to in the preceding paragraph and amounts paid as foster care maintenance payments and adoption assistance to assure their continuing appropriateness."

Condition: The DHS plan provided did not specifically address the reasonable, specific, time-limited periods that DHS meets to assure the Foster Care rate's continuing appropriateness for the administration of the Title IV-E program.

Cause: Policies included in the DHS plan pertaining to the review of Foster Care rates did not establish a review of Foster Care rates at reasonable, specific, time-limited periods.

Effect: DHS may not be in compliance with the above stated requirement, which may result in inappropriate Foster Care maintenance rates.

Recommendation: We recommend DHS establish a written schedule of overall Foster Care rates to ensure their appropriateness in administering the program. Additionally, this schedule should be included in DHS planning to be approved by ACF.

ISSUE 2:

Criteria: OAC 340:75-15-128.1(h) states in part, "…adoption assistance only terminates when… The child reaches 18 years of age, except the child may continue to receive assistance until the day of the child's 19th birthday if the child continues to attend high school or pursues General Educational Development (GED)."

Per DHS instructions to staff related to OAC 340:65-1-3, "The case record is an accumulation of material required to document a client's eligibility for and receipt of benefits. The case record

includes information in physical working and history records, all imaged documents, and all electronically maintained data associated with the same case number. For legal requirements and audit purposes, the Oklahoma Department of Human Services (OKDHS) retains these records for at least three years after all benefits included in the case have expired."

Condition: Of the 83 Adoption Assistance cases that appeared to receive a maintenance payment over the age of 18, we noted one case file that could not be located for our review. Therefore, we were unable to determine if the maintenance payment was appropriate.

Cause: The Adoption Assistance file was misfiled, misplaced, or possibly discarded.

Effect: DHS may not be in compliance with the above policy. Further, the recipient may have been ineligible to receive IV-E Adoption Assistance maintenance payments.

Recommendation: We recommend that DHS review their policy regarding record retention and ensure files are maintained for the appropriate amount of time.

ISSUE 3:

Criteria: 340:75-13-45 (b) (6) states that, "Allowable purchases must meet the child's needs and include (A) clothing, (B) shoes, and (C) disposable diapers."

340:75-13-45 (b) (5) states in part, "The foster parent sends the receipts to Children and Family Services Division Administrative Services Unit…"

Condition: When testing 40 of 1,314 Foster Care non-payroll claims, we noted one claim that did not have an itemized receipt.

Cause: The foster parent did not submit a receipt therefore, DHS obtained purchase information from the merchant, which in this case was not itemized.

Effect: DHS may not be in compliance with the above stated internal policies, which may result in unallowable costs being charged to the Foster Care program.

Recommendation: We recommend that DHS review and follow established internal policy above. Further, we recommend that DHS provide training to ensure employees are aware of the adequate supporting documentation required when approving claims for payment.

Lastly, CW has available information and data on homes approved and pending various requirements. The YI023 Open Resource Homes (Approved or Unapproved) Report is available as a web-focused report. This report includes, but is not limited to, the following information regarding standards/requirements:

- Preferred beds–the number of children the home would prefer to have placed
- Vacancies–the number of approved beds with no placement
- Number of children placed
- Household (HH) members under age 18
- Total children in the home
- Resource type
- Alternate caregivers
- Open date
- Family assessment status
- Family assessment date

- HH FBI results, date received and reviewed
- Availability–indicates whether the resource is available for placement
- Maximum number of approved beds
- Resource overfilled
- Open overfill request
- Demographics of children resource will accept
- Family structure
- Race

Currently the YI023 is reporting on 5,983 resource homes meeting the criteria listed above. The quality of this data is dependent on information being entered accurately and timely into the KIDS resource case.

This data pulls from the KIDS Resource screen on every resource home that is entered into KIDS. It is also a management report that assists CW staff in determining which homes have missing requirements. This report is current as to the date ran and documents point-in-time results and is available on demand. The YI023 provides details as to approved or unapproved open resource home types: CW Foster Family Care, CW Foster Family Care/Kinship/Relative, CW Foster Family Care/Kinship/Non-Relative, Therapeutic Foster Care, Emergency Foster

Care, Contracted Foster Care, Tribal Approved Foster Family Care, Tribal Approved Foster Care-Kinship/Relative, and Tribal Approved Foster Care-Kinship/Non Relative. The criterion for this report is all open resources as described above. Approved means that the Family Assessment is designated Approved and it has been Supervisor Approved. Approved applies to: CW Foster Family Care (CW FC); CW Foster Family Care/Kinship/Relative (CW FC/KIN/REL); CW Foster Family Care/Kinship/Non Relative (CW FC/KIN/NON-REL). Tribal Approved Foster Family Care (TRBL FC); Tribal Approved Foster Care-Kinship/Relative (TRBL/KIN/ REL); Tribal Approved Foster Care-Kinship/Non Relative (TRBL/KIN/NONREL); and Therapeutic Foster Care (TFC Home); Emergency Foster Care (EFC Home); and Contracted Foster Care (CFC Home) do not require an Approval.

In addition to the IV-E audits, the RFP agencies are reviewed annually by the Contract Performance Review (CPR) Unit. The review primarily focuses on contract compliance and the safety, permanency, and well-being of children in the RFP home. The following is the table of contents from the CPR instrument for RFP homes:

Contents

Residential Facilities:

There are approximately 112 licensed residential facilities in the state, which include children's shelters, residential childcare facilities and residential treatment facilities. All licensed facilities have specific licensing requirements to be followed, regardless of what type of funding they operate with. These are monitored throughout the year by DHS Child Care Licensing (CCL) staff, who complete one announced visit and two unannounced visits per year. Additional visits are made as needed. CCL staff completed approximately 336 visits last calendar year. When a non-compliance with licensing requirements is found, a plan of correction is initiated immediately, and completion dates are included in the overall plan. Licensing staff follow up with the facility to ensure that the plan of correction has been met.

All facilities who wish to be licensed follow the licensing requirements, which are standard for the type of program. The stages of progression are: application; permit; additional permits if needed; and then a non-expiring license.

Similarly, child placing agencies are licensed to recruit and approve foster and adoptive homes. Specific licensing requirements are standard for each of these types of agencies. There are approximately 71 licensed adoption and foster care agencies in the state. These agencies are audited twice a year by licensing, resulting in 142 visits during the past calendar year. Any areas of non-compliance identified during the monitoring visit results in a plan of correction on the date of the visit, and follow-up, if necessary. The steps to be licensed are as listed above.

There are additional processes for negative actions if a facility or agency fails to complete a plan of correction. They may then be issued a Notice to Comply, which requires a more specific plan of correction with a short timeframe of completion. If failure to meet the agreement outlined in the Notice to Comply occurs, an office conference may be held to discuss the current status of their facility or agency, which may affect their license. During this past calendar year, only one office conference has been held with an adoption agency, which resulted in closing of that license. No office conferences have occurred within residential facilities during the same period.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

> Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide. DHS policy (340:75-7-12 (revised 07-021-2013)-Prospective Bridge resource application and screening process and requirements and Oklahoma Statute (§10A-1-7-111) details the requirements for criminal background checks for prospective resource applicants. These requirements are readily available online to all resource staff. Specifically, fingerprints are required on all applicants prior to IV-E payments. Concerning the placement of children, kinship homes require a name based search through the Oklahoma State Bureau of Investigation (OSBI). However, if a kinship applicant has not lived in Oklahoma the last five years, an equivalent criminal name based search must be completed in the state(s) where the applicant previously resided. Traditional, Adoptive, and Resource Family Partner homes all require fingerprint results prior to the placement of children.

The process for reviewing relevant criminal history is also outlined in CW Memo15-13 Background Information, Search and Assessment for Foster Care. This memo was issued September 9, 2015 as the Foster Care program was developing a statewide-centralized background check process for initial and ongoing assessments for all Kinship and Traditional foster applicants. The memo was distributed to all CW staff and all Adoption staff was advised to adhere to the guidance. The purpose of the memo is to assure that history was reviewed and assessed consistently statewide. The memo included detailed instructions on the background search and assessment of results for every applicant and household member using current and previous names, aliases, and Social Security numbers. It also provided direction for the documentation of the information found for the case record and the KIDS system along with the storing of the hard copy of the Fingerprint results. In addition to OSBI and fingerprint results, the OSBI RapBack service was described and the procedure to check on additional arrests and prosecutions on an annual or as needed basis was addressed. The RapBack service and protocol put in place is part of the process for addressing safety of foster care and adoptive placements for children in care.

Foster Care and Adoption resource staff received training on the Assessment of Background Information of Bridge Resource Applicants Guide as prepared by DHS Legal Service Division

March 2015. This guide outlines applicable state and federal law and policy. Background and History Guide: Criminal Convictions, which would result in automatic denial, assessment of Jolts history (juvenile criminal history as reported by the Office of Juvenile Affairs), CW history or other concerning history, as well as the protocol to resolve non–consensus among DHS staff.

CW has available information and data on homes approved and pending Federal Bureau of Investigation (FBI) results. The YI023 Open Resource Homes (Approved or Unapproved) Report is available as a web-focused report. This report includes dates that each head of household members' background results was received and reviewed by CW staff. As mentioned previously, with regards to the placement of children, kinship homes require a name based search through OSBI. However, if a kinship applicant has not lived in Oklahoma the last five years, an equivalent criminal name based search must be completed in the state(s) where the applicant previously resided. Traditional, Adoptive, and Resource Family Partner homes all require fingerprint results prior to the placement of children. The receipt and approval of fingerprints is reviewed prior to the home being approved in the KIDS system which then in turns make the home available for placement and payments. This review process includes the resource family assessment, which requires background checks to be complete.

This data pulls from the KIDS Resource screen on every resource home that is entered into KIDS. It is also a management report that assists CW staff in determining which homes are due for updated background checks. This report is current as to the date ran and documents point-in-time results and is available one demand. The YI023 provides details as to approved or unapproved open resource home types: CW Foster Family Care, CW Foster Family Care/Kinship/Relative, CW Foster Family Care/Kinship/Non-Relative, Therapeutic Foster Care, Emergency Foster Care, Contracted Foster Care, Tribal Approved Foster Family Care, Tribal Approved Foster Care-Kinship/Relative, and Tribal Approved Foster Care-Kinship/Non Relative. The criterion for this report is all open resources as described above. Approved means that the family assessment is designated approved and it has been supervisor approved. Children in DHS custody are only placed in approved resource homes that show available.

Approved applies to: CW Foster Family Care (CW FC); CW Foster Family Care/Kinship/Relative (CW FC/KIN/REL); CW Foster Family Care/Kinship/Non Relative (CW FC/KIN/NON-REL). Tribal Approved Foster Family Care (TRBL FC); Tribal Approved Foster Care-Kinship/Relative (TRBL/KIN/ REL); Tribal Approved Foster Care-Kinship/Non Relative (TRBL/KIN/NONREL); and Therapeutic Foster Care (TFC Home); Emergency Foster Care (EFC Home); and Contracted Foster Care (CFC Home) do not require an approval.

Currently the YI023 is reporting on 5,983 resource homes meeting the criteria listed above. Of these 5,983 resource homes, 1,050 resource homes are showing no FBI results received on one or both head of household members. These homes would typically be unapproved and/or kinship homes. The quality of this data is dependent on information being entered accurately and timely into the KIDS resource case. Once the fingerprints are received, the background results along with the other requirements are assessed as part of the final approval process.

To assure compliance with federal requirements for criminal background clearances, DHS has a yearly internal review process. This review pulls random resource cases and an audit for IV-E compliance is completed. Internal audits were completed for the following counties in 2015:

Delaware/Ottawa, Tulsa, Muskogee, Creek/Okfuskee, and Oklahoma. 191 resource cases were reviewed. Additionally, 434 Tribal Homes were reviewed; this was a targeted review of all tribally approved foster homes open during FY 2015. The results of this review are still pending.

In addition to the internal audits, foster care supervisors and lead workers were provided training on IV-E compliance. The training included case reviews. Below is a list of each region and how many resource cases were reviewed for FY2015 for training purposes:

CW Foster Care staff location	Number of resource cases reviewed during training
Region 1	48
Region 2	40
Region 3	38
Region 4	36
Region 5	55
District 21/24 (separate field manager)	19
Supported Homes	4
Statewide (those that missed one of the other trainings)	101
TOTAL CASES REVIEWED FOR TRAINING	341

All of the reviews included compliance with federal requirements for criminal background clearances. Cases were selected by utilizing the YI106 report (IV-E Eligibility Report) and filtering IV-E eligible children. The report is further filtered by those children placed in DHS Foster Homes, Kinship, and Supported Homes. This filtering results in a list of homes with IV-E eligible children in placement at the time of the report. The list is further filtered by the county for the internal audit and/or training sample. That list is placed in a separate Excel spreadsheet. The RAND formula is applied to have Excel assign each home a random number, sorted smallest to largest. For every internal review, foster care program staff, in conjunction with IV-E staff, determines the percentage of cases to be selected for audit. Once the list of homes with IV-E eligible children in placement is generated and any duplicate homes are removed, a column is added to the spreadsheet and Excel generates a random number. This number is sorted from smallest to largest. Then, the selection is the top cases based on the number indicated by the percentage.

There was also a state audit completed in 2015 that reviewed 110 resources. The state IV-E audit did not show any compliance issues with regards to criminal background clearances. The state auditor and inspector's office conducted a single audit report of federal expenditures. The intent is to audit compliance with the entire program including cost allocation, eligibility, state plan requirements, etc. not just eligibility like a IV-E review.

The report does not use the federal instrument but comprehensively applies all relevant federal regulations, including those that address cost allocation, eligibility, and state plan requirements. The fact that this audit showed no errors in criminal background clearances and this means DHS can confidently infer that there were no problems in the conduct or findings in criminal background clearances.

As a part of the review for adoptive placements all families' criminal background are reviewed by the authorization committee, which is composed of the regional reviewer, field manager and

state coordinator. This review includes both OSBI and FBI fingerprint results. There is also a review of the Rapback log for any additional recent charges or convictions. The committee reviews the home assessment for appropriate sleeping arrangements, references, the background information, child profiles specifically reviewing ICWA compliance, sibling information, and legal status. There is a list of convictions, which prevent placements. This list was prepared by DHS Legal Services and provides guidance regarding all criminal history. This was previously explained above.

Additionally, DHS has started a unit through the Office of Inspector General called the Office of Background Investigations (OBI). The CW Background Unit was assimilated into this new unit. OBI anticipates rolling out background checks statewide for CW–the roll-out date is still undetermined. In the meantime, OBI is using Cleveland County as the pilot, which started January 2016. The pilot is ongoing and there is a meeting scheduled on February 16, 2016 to review the pilot and any issues. The computer system online request form has been tested and is being used for the pilot roll-out. The goal is for background checks to be provided the same day as the request when marked as rushed. Others take between 48 hours and five days. Previously the average for fingerprints to be returned was 32-34 days. This will be a significant improvement and also allow for approvals/denials to be expedited and more consistent.

CW fingerprint result timeframes depend upon whether the foster parent or adoptive parent uses the Live Scan Vendor for electronic submissions. If they do, then OBI will receive the results between 8 hours and 48 hours after electronically submitted. Hard cards, which is the old-fashioned rolling of fingerprints by law enforcement, can take up to 30 days because there is mail time between agencies and longer processing times through OSBI and FBI. After the first of the year, OBI will have live scan machines available statewide so OBI will be able to assist in electronically sending the results to OSBI/FBI.

In 2014, CW Background Unit processed 22,000 Name Based Searches (OSBI) and 8,800 Fingerprint Based National Criminal History Searches. This number included DHS staff, foster care, adoption, trial reunification, international adoption and guardianship. An additional 26,000 fingerprint checks were conducted for residential facilities, child placing agencies, child care homes, and child care centers.

There is no data available regarding the breakdown of how many for each area (foster care, adoptions, RFP, CPS, etc.) as CW used an outdated Access database in 2014 and 2015. The OBI Unit is switching over to the Background Investigations System in January, which will allow for tracking of all of these groups.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide. The system ensures that the process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring in Oklahoma. DHS analyses and utilizes the demographics of foster parents by using data and diligent, targeted recruitment plans.

Foster Care policy 340:75-7-10 (Bridge resource family recruitment) provides direction for recruitment of foster and adoptive families. Specifically, policy states, "Foster and adoptive family recruitment is a crucial component for providing safe home environments for the child in custody requiring out-of-home placement due to child abuse, neglect, or other special circumstances. Diligent or targeted recruitment provides the child access to a resource family who:

- lives in close proximity to the biological family
- can meet each child's unique needs
- allows sibling groups to remain together
- reflects and understands the racial and ethnic diversity of local communities."

Additionally, DHS impacts the availability and diversity of resources by implementing recruitment and retention activities that are defined by each district. Per <u>Section 1-9-114 of Title 10A of the Oklahoma Statutes </u>(10A O.S. § 1-9-114), DHS:

- makes special efforts to recruit resource parents for the child in DHS custody from the child's suitable relatives and kin
- makes diligent efforts to recruit foster and adoptive families that reflect the ethnic and racial diversity of the child for whom a foster or adoptive home is needed
- provides individuals the opportunity to become foster or adoptive parents regardless of race, color, or national origin
- does not delay or deny placement into foster care or adoptive placement based on the race, color, or national origin of the foster or adoptive parent or the child
- uses diligent or targeted efforts to recruit resources that include, but are not limited to:
    a. partnering with tribes
    b. partnering with community and religious organizations

      c.   conducting outreach activities
      d.   utilizing media and other local resources

The recruitment plans are developed specific to each region's demographics and population. The recruitment plans include foster care and other CW staff in each region that have responsibilities for children in out-of-home care. The recruitment plan:

1. is developed with input from key stakeholders within the community, including resource families and CWS staff;
2. is based on an assessment and prioritization of need. Data and knowledge of the needs of children in DHS custody is used to develop each district specific profile. Needs assessments consider the:
   a. proximity of the children's families to available Bridge resources;
   b. languages spoken by Bridge resource families;
   c. racial and ethnic diversity of Bridge resources;
   d. availability of tribal resources to serve Indian children subject to the Indian Child Welfare Act (ICWA); and
   e. ability of available Bridge resources to provide care for sibling groups, older children, and children with special needs

Currently a report is provided to the Recruitment Unit and the Resource Family Partners (RFP's) monthly that details the placement type by county, age, and race. This report is specific to each region and can therefore be used to recruit foster homes in a particular county using the data. The data source for this report is the YI104-Permanency Planning Child Information Report. Population excludes any children in trial reunification, trial adoptive placements, placed with terminated parent, or in tribal custody. Race is determined by primary race; if a client is noted as Hispanic that is the primary race listed. This includes any resource home (including adoption homes) that is used as placement–excluding children in trial adoption. In the YI602B, there is ethnic and race information regarding children with the permanency planning goal of adoption. This report is used to determine the adoptive homes needed to reflect the ethnic and racial diversity of children in the state with the goal of adoption.

Recruitment activities focus on community events including: attending church events, contacting schools, attending chamber of commerce events, talking to businesses, community leaders, kid's fests, etc. Additionally, DHS is working with Annie E. Casey to establish a relationship with Hispanic families for recruitment of foster and adoptive homes. One Church One Child is a resource used to assist with recruiting African American families. The Tribal program field representatives/liaisons in each DHS region are also being contacted to assist with recruiting tribal homes. DHS has also reached out to the media/news outlets and social media (Facebook, podcasts). This was done more recently for special needs children. More specifically for specific race and ethnicity, DHS has reached out to the churches in the African American community with the assistance of One Church One Child. There are booths that provide informational materials and resource staff provide presentations on DHS recruitment needs.

To assist with retention efforts, once approved, resource staff are making post-phone calls within two weeks and four weeks of being approved with each family to inquiry about how things are going, if they took a placement, if the workers are responding to their needs, etc. Additionally, calls to foster homes are made each month by foster care managers (field managers and supervisors). Each manager contacts two foster homes and documents the calls

in an online customer service survey. The following questions are asked during the survey with a scale provided: 1-Poor, 2-Negative, 3-Average, 4-Good, 5-Excellent. The most recent survey statistics are provided below each question.

1. How would you rate your experience of becoming approved for reimbursement for the children that are currently placed in your home?
   > 42 percent - Excellent; 32 percent - Good; 5 percent - Fair; 8 percent - Poor; 13 percent N/A
   > Comments:
   > - Training is difficult for family's schedule.
   > - Fingerprints "fell through the cracks."
   > - Long process; Lots of paperwork

2. How would you rate your understanding of the separate roles of the DHS staff that you interact with regarding your home and the children that are currently placed in your home?
   > 66 percent - Excellent; 26 percent - Good; 5 percent - Fair; 3 percent Poor
   > Comments:
   > - Try to limit the number of workers in one home.
   > - Confusing to work with lots of workers and changeover.
   > - Easier to understand with time.

3. How would you rate your experience of communication between yourself and DHS staff? Please consider daily communication, as well as how informed you feel to handle after hours issues/concerns, etc.?
   > Communication: Foster Care
   > 63 percent - Excellent; 32 percent - Good; 5 percent - Fair
   >
   > Communication: Child's Worker
   > 53 percent - Excellent; 37 percent - Good; 5 percent - Fair; 5 percent - Poor
   > - Change in workers causes communication problems.
   > - Quality varies County to County.

4. How would you rate the quality of the contacts made between DHS staff and the children who are placed in your home? Please consider whether or not you feel that these contacts are focused on the safety and well-being of the children.
   > Quality of Contacts: Foster Care
   > 53 percent - Excellent; 34 percent - Good; 13 percent - NA
   > - Foster Care doesn't see the child as often as permanency worker.
   >
   > Quality of Contacts: Child's Worker
   > 58 percent - Excellent; 29 percent - Good; 5 percent - Fair; 5 percent - Poor; 3 percent - N/A
   > Some report little contact.
   > - One reports that the worker will not hold the child, nor bring the child back from visits with a clean diaper.

5. How would you rate the follow through of DHS staff of services offered for the benefit of the children in the home and/or for the benefit of your family?
   > Services: Foster Care
   > 63 percent - Excellent; 32 percent - Good; 3 percent - Fair; 3 percent - N/A
   >
   > Services: Child's Worker

53 percent - Excellent; 34 percent - Good; 5 percent - Poor; 8 percent - N/A
- Depends on the worker.
- Did not know about WIC.
- Difficult when workers change a lot.

6. How would you rate the quality of support offered by DHS staff for your family?
   Support: Foster Care
   66 percent - Excellent; 26 percent - Good; 5 percent - Fair; 3 percent - Poor
   - Had to move adult son out of home, but understands why.
   - Hard to get ahold of staff.
   - Respite.

   Support: Child's Worker
   66 percent - Excellent; 21 percent - Good; 8 percent - Fair; 3 percent - Poor; 3 percent - N/A
   - Too persistent in having a child placed with sibling rather than in this home.
   - Not always get the court reports prior to court.

Given the low number of Hispanic and Tribal Homes and the high number of Hispanic and tribal children DHS has participated in recruitment initiatives that are specific to these homes. DHS is working with consultant Maria Velasquez of Annie E. Casey to assist in efforts to recruit more Hispanic families. Additionally, DHS is currently working on Hispanic brochures and DHS documents in Spanish. Resource staff are also working with DHS Legal counsel to get documentation questions answered. Raul Font of the Latino Agency in OKC is working with DHS and Maria, to help promote these efforts and as a support. DHS also plans to use Hispanic TV outlets to help promote the need for Hispanic families (i.e. Telemundo).

The effort to recruit more Tribal Homes is just beginning and as mentioned, resource staff are reaching out to the five Tribal program field representatives in each region to assist. The recruitment plans include being involved with attending tribal meetings and conferences and getting a list of tribes in each region so resource staff can personally contact each Tribe.

Additionally, the RFP contracts/statement of work include a requirement that a comprehensive recruitment plan be based on data provided by CWS. Plans are submitted to DHS within 30 days of the contract effective date. The recruitment plan must include targeting foster parents who reflect the diversity of the children in care. This is specific to foster care recruitment. The agency/vendor is required to provide a well-trained group of foster parents capable of:

- Placement of children and their siblings
- Placement of children in the same school or school district
- Placement of children in their community, including ethnic and racial demographics
- Placement of children that will maximize visitation capabilities of children and their biological families
- Placement of children with physical disabilities
- Placement of children with developmental delays/disabilities
- Placement of children with behavioral/emotional needs
- Placement of children with educational delays
- Placement of children with medical needs

To monitor recruitment activities, weekly calls are held with each recruitment supervisor to gather data on new pre-resources for the week, total number of pre-resources approved, denied/withdrawn pre-resources, and those sent to the RFP agencies.

There is currently no data/report that tracks the recruitment efforts. Foster care is working with KIDS to develop a report for this purpose. The raw data is reported weekly as described above and hand counts/totals are kept. This data plus the Placement Type by County and Age/Race reports are used together to assist with the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. The Type by County and Age/Race reports are summarized below with data statewide. This is used for recruitment purposes along with the other data/reports that are summarized.

There is data available on the demographics of foster parents. The YI023 provides details as to approved or unapproved open resource home types: CW Foster Family Care, CW Foster Family Care/Kinship/Relative, CW Foster Family Care/Kinship/Non-Relative, Therapeutic Foster Care, Emergency Foster Care, Contracted Foster Care, Tribal Approved Foster Family Care, Tribal Approved Foster Care-Kinship/Relative, and Tribal Approved Foster Care-Kinship/Non Relative. This report includes a field that details the race(s) accepted by the foster family. This report also has the race of each resource that meets the criteria specified.

The YI774-Adoption Resource Summary and Detail Report provides details regarding adoptive homes. The summary tab displays approved, available resource totals by region, district, and county of the resource family location. The corresponding All Resources Detail tab displays the demographics of the resource families and displays assessment and quarterly visit data. The Available Any Child tab displays resource family characteristics of resources. This report runs monthly on the first for the previous completed month. It is a management tool for supervisors and staff to monitor approved resources. Information from the YI774 regarding adoption resource homes is summarized below:

State Fiscal Year 2015:

    Total Approved Adoption Resource Homes in SFY2015 = 1527
- Those with African-American Head of Household (HOH) (1 or 2) = 186
- Those with Native American HOH (1or 2) = 248
- Those with Both (1 or 2) = 3

    Total Approved Adoption Resource Homes above–available for Any Child = 1356
- Those with African-American HOH (1 or 2) = 84
- Those with Native American HOH (1or 2) = 116
- Those with Both (1 or 2) = 0

State Fiscal Year 2014:

    Total Approved Adoption Resource Homes in SFY2014 = 745
- Those with African-American HOH (1 or 2) = 98
- Those with Native American HOH (1or 2) = 98
- Those with Both (1 or 2) = 4

Total Approved Adoption Resource Homes above–available for Any Child = 491
- Those with African-American HOH (1 or 2) = 18
- Those with Native American HOH (1or 2) = 33
- Those with Both (1 or 2) = 2

The below data is a summary of children waiting for adoption by ethnicity and/or race:

Primary Race	--
White	1,970
Black	458
Native American	850
Asian	8
Pacific Islander	12

One Church One Child (OCOC) has been involved in specialized recruitment activities of African American families in the state of Oklahoma since 1988. OCOC operated offices in the Oklahoma City, Tulsa, and Lawton areas. This agency works in partnership with churches, local businesses, agencies, and entities such as RSVP, AmeriCorps, Wendy's Wonderful Kids, local high schools, colleges and universities, community organizations and continues partnership with DHS. One Church One Child is responsible for presentations in African American churches, organizations and other awareness venues to spread the word for the need for resource homes. In addition, the OCOC sponsors three support groups in Oklahoma City, Tulsa, and Lawton each month to strengthen and support recruited families. There were 152 presentations held across the state, in addition to other recruitment events. Additionally, OCOC continues to feature waiting children and adoption/foster care ads in churches and local community newsletters and website. One Church One Child of Oklahoma Child Placing Services has supervised the Wendy's Wonderful Kids (WWK) program in the state of Oklahoma since October 2007. The WWK recruiter maintains an average caseload of 15-20 children in which thorough case review, diligent search, assessments, and child specific targeted recruitment is conducted and catered to the individual needs of each child.

Oklahoma has three TV programs airing available children for adoption. They are: A Place to Call Home out of Oklahoma City, A Child Who Hopes out of Lawton, and the Waiting Child Program out of Tulsa.

A Place to Call Home waiting child program started in April 2015 so this will be partial fiscal year, 4-15 to 6-30-15. 12 groups of children aired, for a total of 15 children. For these children we had a total of 207 inquiries-1 child has finalized and 4 others are in trail adoption status soon to be finalized; 2 other placements are in authorization process.

A Child Who Hopes started in January 2015. 10 children were aired. For these children there were a total of 0 inquires.

Waiting Child program out of Tulsa has been around for several decades. The long term anchor retired and this program has been struggling. During the last fiscal year 14 children were aired and 0 inquiries were received.

The charts below are a representation of the current statewide information and data regarding resource families. The information details the ethnic and racial diversity of foster and adoptive families and children in out-of-home-care (OOHC), excluding children in trial reunification.

Number of Children in OOHC and Resources by Primary Race
(Resources may be Duplicated if the two Heads of Household have Different Races. Population of children in OOHC excludes children placed with Bio Parent)
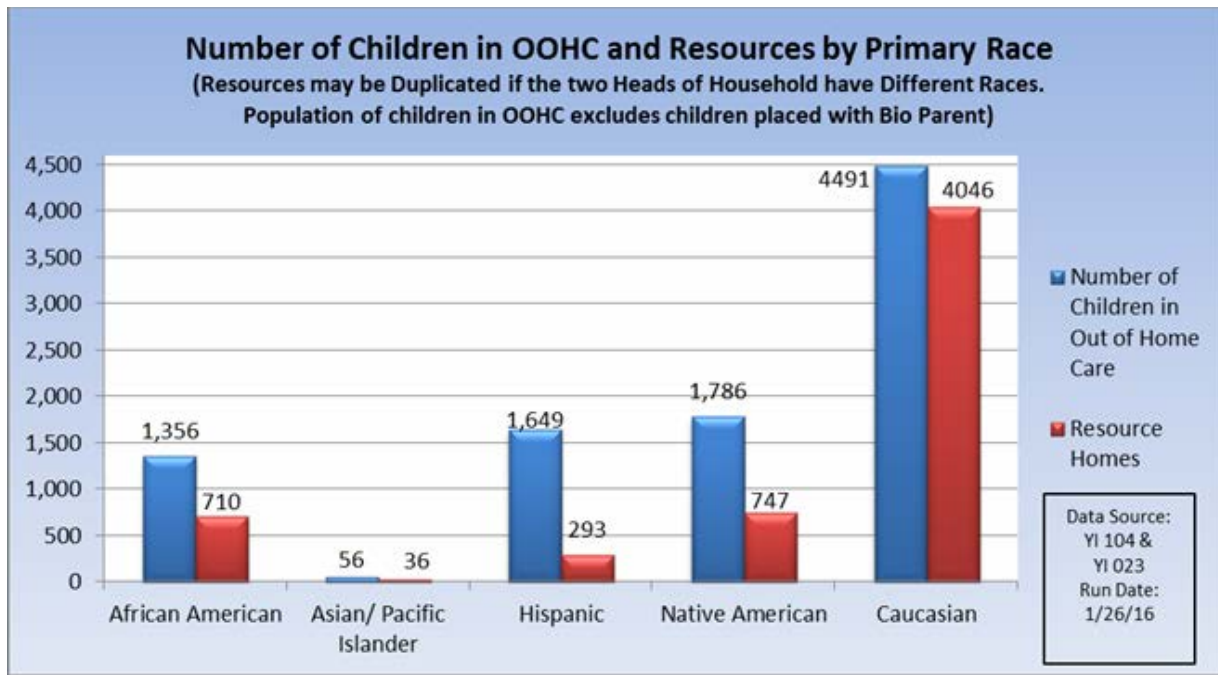
Number of Children in OOHC and Resources by Primary Race Groups
(Duplciate count of Resources when Resource has 2 heads of house holds of different races. Number of Children Excludes Trial Reunification)

Race Groups	Number of Children in Out of Home Care	Number of Resources by Race Group			
		Foster Care Homes	Kinship Homes	TFC Homes	All Resources
African American	1,356	238	303	169	710
Asian/ Pacific Islander	56	14	16	6	36
Hispanic	1,649	124	149	20	293
Native American	1,786	292	428	27	747
Caucasian	4491	1939	1829	278	4046
Total	9,339	2607	2725	500	5832

Data Source: YI023 Open Resource Homes and YI104 Permanency Planning Child Information Report

*Resource Data Collected: Jan 26, 2016   ***Point in Time Data*

Duplicate Count of Resources. If a home has 2 resource parents and different primary races, home is counted in both race groups. Children placed with Bio Parent are excluded from Population.

Note: Hispanic is being considered a race. If a resource parent marked Hispanic, that is being considered their Primary race. If the resource has 2 parents and the resources parents are of different races, those race groups have been combine.

Resource Groups: Foster Care includes CWFC, CWFC Supported and Contracted Foster Care. Only CWFC and CWFC Supported homes are counted if they have an approved Family Assessment. Kinship includes CWFC/Kin/Rel, CWFC/Kin/NonRel, Kinship/Relative and Kinship/NonRelative. Kinship must have a child placed in home to count as a resource. TFC is theraputic foster care.

Number of Resources by Race Groups				
Races of Resources	**Foster Care**	**Kinship**	**TFC**	**Total**
American Indian Resources	**292**	**428**	**27**	**747**
American Indian Only	78	165	13	256
American Indian/ African American	2	13	0	15
American Indian/ Pacific Islander	1	1	1	3
American Indian/ Caucasian	202	234	13	449
Hispanic/ American Indian	9	15	0	24
Hispanic Resources	**124**	**149**	**20**	**293**
Hispanic Only	44	77	13	134
Hispanic/ American Indian	9	15	0	24
Hispanic/ Asian	2	0	0	2
Hispanic/ African American	3	3	3	9
Hispanic/ Pacific Islander	1	0	0	1
Hispanic/Caucasian	65	54	4	123
Asian Resources	**10**	**4**	**1**	**15**
Asian Only	1	1	0	2
Asian/ Caucasian	7	3	1	11
Hispanic/ Asian	2	0	0	2
Pacific Islander Resources	**4**	**12**	**5**	**21**
Pacific Islander Only	0	2	1	3
Pacific Islander/ African American	0	1	0	1
Pacific Islander/ Caucasian	2	8	3	13
Hispanic/ Pacific Islander	1	0	0	1
American Indian/ Pacific Islander	1	1	1	3
African American Resources	**238**	**303**	**169**	**710**
African American Only	204	261	157	622
Pacific Islander/ African American	0	1	0	1
Hispanic/ African American	3	3	3	9
African American/ Caucasian	29	25	9	63
American Indian/ Caucasian	2	13	0	15
Caucasian Resources	**1939**	**1829**	**278**	**4046**
Caucasian Only	1634	1505	248	3387
Pacific Islander/ Caucasian	2	8	3	13
Hispanic/Caucasian	65	54	4	123
African American/Caucasian	29	25	9	63
American Indian/ Caucasian	202	234	13	449
Asian/ Caucasian	7	3	1	11
Other	**0**	**22**	**0**	**22**
Race not identified	0	22	0	22

Data Source: YI023 Open Resource Homes

Resource Data Collected On Jan 26, 2016 from 2:16 pm to 2:21 pm

Duplicate Count of Resources. If a home has 2 resource parents and different primary races, home is counted in both race groups.

Note: Hispanic is being considered a race. If a resource parent marked Hispanic, that is being considered their Primary race. If the resource has 2 parents and the resources parents are of different races, those race groups have been combine.

Resource Groups: Foster Care includes CWFC, CWFC Supported and Contracted Foster Care. Only CWFC and CWFC Supported homes are counted if they have an approved Family Assessment. Kinship includes CWFC/Kin/Rel, CWFC/Kin/NonRel, Kinship/Relative and Kinship/NonRelative. Kinship must have a child placed in home to count as a resource. TFC is therapeutic foster care.

The following is a chart that summarizes the data statewide and is a source of information used for recruitment:
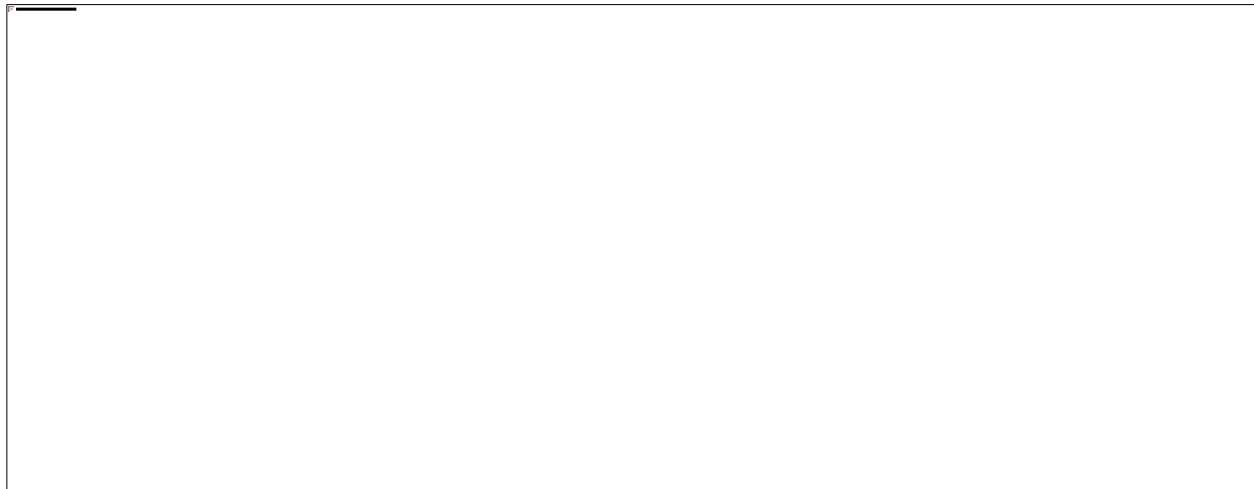
The following charts represent the data by region and are a source of information used for recruitment:

The Number of Children in Region 1 in Out of Home Care by Primary Race (Excludes Children in Tribal Custody)							
Resource Group	African American	Asian/ Pacific Islander	Hispanic	Native American	Unknown	White	TOTAL
Adoptive	9	1	2	14	0	44	70
AWOL	0	0	2	3	0	4	9
CFC	3	0	2	0	0	6	11
DDSD	0	0	0	2	0	1	3
Foster Care	53	8	126	127	0	341	655
Group Home	8	1	5	6	0	35	55
Kinship	50	6	117	141	0	572	886
Medical Hospital	0	0	0	0	0	4	4
Other	7	0	6	0	0	10	23
Residential	2	0	8	4	0	18	32
Shelter	8	0	3	2	0	20	33
TFC	12	0	14	12	0	48	86
Trial Reunficiation or Terminated parent	22	6	26	43	0	134	231
Tribal Foster Care	0	0	2	15	0	3	20
Tribal Kinship	0	0	0	2	0	0	2
Tribal Residental Facility	0	0	1	0	0	0	1
TOTAL	**174**	**22**	**314**	**371**	**0**	**1,240**	**2,121**
% of Children by Race	**8.20%**	**1.04%**	**14.80%**	**17.49%**	**0.00%**	**58.46%**	**100.00%**

Data Source: YI104 Run Date 1/26/16

Point in Time Data

Homes; AWOL: Runaway or Abducted; CFC: Contracted Foster Care Homes; DDSD: Agency Companion Homes and DDSD Foster Homes; Foster Care: CWFC and CWFC Supported Homes; Group Home: DHS OGH-Lo Authorization, Level B, C, D, D+, E, Non DHS Operated Homes, Specialized Community Homes and Residential Maternity Homes; Kinship: Kinship/Relative, Kinship/ NonRelative, CFCW/Kin/Relative, and CWFC/Kin/NonRelative; Medical Hospital; Other: Placement Blank, Residential: Acute Psych, Psych Treatment Center, Residential Ind Therapy, and Residential Crisis, Shelter: DHS, PRivate, Tribal, Youth; TFC: Therapuetic Foster Care; Trial Reunification and Placed with Termianted Parent; Triabl Foster Care; Tribal Kinship: Relative and Non Relative; Tribal Residentail facility.

The Number of Children in Region 2 in Out of Home Care by Primary Race (Excludes Children in Tribal Custody)							
Resource Group	African American	Asian/ Pacific Islander	Hispanic	Native American	Unknown	White	TOTAL
Adoptive	4	0	8	16	0	24	52
AWOL	1	0	1	3	0	9	14
CFC	0	0	5	6	0	9	20
DDSD	2	0	2	1	0	5	10
Foster Care	86	2	149	111	0	336	684
Group Home	12	0	18	7	0	55	92
Kinship	121	6	171	112	1	515	926
Medical Hospital	0	0	0	0	0	0	0
Other	0	0	2	3	0	3	8
Residential	5	0	9	6	0	18	38
Shelter	2	0	3	2	0	7	14
TFC	13	0	24	17	0	68	122
Trial Reunficiation or Terminated parent	22	0	51	30	0	133	236
Tribal Foster Care	2	0	3	25	0	2	32
Tribal Kinship	0	0	0	8	0	2	10
Tribal Residental Facility	0	1	0	0	0	0	1
TOTAL	270	9	446	347	1	1,186	2,259
% of Children by Race	11.95%	0.40%	19.74%	15.36%	0.04%	52.50%	100.00%

Data Source: YI104 Run Date 1/26/16

Point In Time Data

Homes; AWOL: Runaway or Abducted; CFC: Contracted Foster Care Homes; DDSD: Agency Companion Homes and DDSD Foster Homes; Foster Care: CWFC and CWFC Supported Homes; Group Home: DHS OGH-Lo Authorization, Level B, C, D, D+, E, Non DHS Operated Homes, Specialized Community Homes and Residential Maternity Homes; Kinship: Kinship/Relative, Kinship/ NonRelative, CFCW/Kin/Relative, and CWFC/Kin/NonRelative; Medical Hospital; Other: Placement Blank, Residential: Acute Psych, Psych Treatment Center, Residential Ind Therapy, and Residential Crisis, Shelter: DHS, PRIvate, Tribal, Youth; TFC: Therapuetic Foster Care; Trial Reunification and Placed with Termianted Parent; Triabl Foster Care; Tribal Kinship: Relative and Non Relative; Tribal Residentall facility.

The Number of Children in Region 3 in Out of Home Care by Primary Race (Excludes Children in Tribal Custody)							
Resource Group	African American	Asian/ Pacific Islander	Hispanic	Native American	Unknown	White	TOTAL
Adoptive	18	0	13	5	0	17	53
AWOL	9	2	12	3	0	6	32
CFC	6	0	5	5	0	5	21
DDSD	10	0	3	2	0	9	24
Foster Care	127	3	165	57	0	207	559
Group Home	41	1	24	12	0	49	127
Kinship	207	1	134	67	0	239	648
Medical Hospital	1	0	0	0	0	1	2
Other	0	0	11	1	0	7	19
Residential	9	0	8	0	0	7	24
Shelter	8	0	6	1	0	3	18
TFC	44	2	21	10	0	45	122
Trial Reunficiation or Terminated parent	72	4	51	25	0	71	223
Tribal Foster Care	0	0	3	7	0	3	13
Tribal Kinship	0	0	2	1	0	1	4
Tribal Residental Facility	0	0	0	1	0	0	1
TOTAL	552	13	458	197	0	670	1,890
% of Children by Race	29.21%	0.69%	24.23%	10.42%	0.00%	35.45%	100.00%

Data Source: YI104 Run Date 1/26/16

Point In Time Data

Homes; AWOL: Runaway or Abducted; CFC: Contracted Foster Care Homes; DDSD: Agency Companion Homes and DDSD Foster Homes; Foster Care: CWFC and CWFC Supported Homes; Group Home: DHS OGH-Lo Authorization, Level B, C, D, D+, E, Non DHS Operated Homes, Specialized Community Homes and Residential Maternity Homes; Kinship: Kinship/Relative, Kinship/ NonRelative, CFCW/Kin/Relative, and CWFC/Kin/NonRelative; Medical Hospital; Other: Placement Blank, Residential: Acute Psych, Psych Treatment Center, Residential Ind Therapy, and Residential Crisis, Shelter: DHS, PRIvate, Tribal, Youth; TFC: Therapuetic Foster Care; Trial Reunification and Placed with Termianted Parent; Triabl Foster Care; Tribal Kinship: Relative and Non Relative; Tribal Residentall facility.

The Number of Children in Region 4 in Out of Home Care by Primary Race (Excludes Children in Tribal Custody)

Resource Group	African American	Asian/ Pacific Islander	Hispanic	Native American	Unknown	White	TOTAL
Adoptive	7	2	6	25	0	48	88
AWOL	1	0	1	1	0	1	4
CFC	2	1	1	4	0	6	14
DDSD	0	0	1	0	0	5	6
Foster Care	47	4	101	162	0	328	642
Group Home	5	0	9	15	0	22	51
Kinship	65	1	122	353	0	510	1,051
Medical Hospital	0	0	1	1	0	1	3
Other	1	0	0	3	0	0	4
Residential	3	0	5	4	0	18	30
Shelter	0	0	0	0	0	2	2
TFC	8	1	14	20	0	60	103
Trial Reunficiation or Terminated parent	29	5	51	66	0	114	265
Tribal Foster Care	0	0	2	46	0	10	58
Tribal Kinship	0	0	1	8	0	0	9
TOTAL	168	14	315	708	0	1,125	2,330
% of Children by Race	7.21%	0.60%	13.52%	30.39%	0.00%	48.28%	100.00%

Data Source: YI104 Run Date 1/26/16

Point in Time Data

Hispanic is being considered a Race. If chlid is noted as Hispanic that is being noted as their Primary Race. Resource Groups Include: Adoptive: Adoptive Homes; AWOL: Runaway or Abducted; CFC: Contracted Foster Care Homes; DDSD: Agency Companion Homes and DDSD Foster Homes; Foster Care: CWFC and CWFC Supported Homes; Group Home: DHS OGH-Lo Authorization, Level B, C, D, D+, E, Non DHS Operated Homes, Specialized Community Homes and Residential Maternity Homes; Kinship: Kinship/Relative, Kinship/ NonRelative, CFCW/Kin/Relative, and CWFC/Kin/NonRelative; Medical Hospital; Other: Placement Blank, Residential: Acute Psych, Psych Treatment Center, Residential Ind Therapy, and Residential Crisis, Shelter: DHS, PRivate, Tribal, Youth; TFC: Therapuetic Foster Care; Trial Reunification and Placed with Termianted Parent; Triabl Foster Care; Tribal Kinship: Relative and Non Relative; Tribal Residentail facility.

The Number of Children in Region 5 in Out of Home Care by Primary Race (Excludes Children in Tribal Custody)

Resource Group	African American	Asian/ Pacific Islander	Hispanic	Native American	Unknown	White	TOTAL
Adoptive	23	0	18	21	0	60	122
AWOL	8	1	6	5	0	7	27
CFC	1	0	5	1	0	6	13
DDSD	2	0	0	0	0	2	4
Foster Care	104	2	81	69	0	241	497
Group Home	23	0	11	8	0	40	82
Kinship	121	9	135	189	0	290	744
Medical Hospital	0	0	0	0	0	1	1
Other	6	0	1	1	0	4	12
Residential	15	1	7	3	0	12	38
Shelter	13	0	9	4	0	7	33
TFC	20	0	17	12	0	49	98
Trial Reunficiation or Terminated parent	42	0	40	21	0	60	163
Tribal Foster Care	0	0	4	8	0	1	13
Tribal Kinship	0	0	1	5	0	2	8
TOTAL	378	13	335	347	0	782	1,855
% of Children by Race	20.38%	0.70%	18.06%	18.71%	0.00%	42.16%	100.00%

Data Source: YI104 Run Date 1/26/16

Point in Time Data

Hispanic is being considered a Race. If chlid is noted as Hispanic that is being noted as their Primary Race. Resource Groups include: Adoptive: Adoptive Homes; AWOL: Runaway or Abducted; CFC: Contracted Foster Care Homes; DDSD: Agency Companion Homes and DDSD Foster Homes; Foster Care: CWFC and CWFC Supported Homes; Group Home: DHS OGH-Lo Authorization, Level B, C, D, D+, E, Non DHS Operated Homes, Specialized Community Homes and Residential Maternity Homes; Kinship: Kinship/Relative, Kinship/ NonRelative, CFCW/Kin/Relative, and CWFC/Kin/NonRelative; Medical Hospital; Other: Placement Blank, Residential: Acute Psych, Psych Treatment Center, Residential Ind Therapy, and Residential Crisis, Shelter: DHS, PRivate, Tribal, Youth; TFC: Therapuetic Foster Care; Trial Reunification and Placed with Termianted Parent; Triabl Foster Care; Tribal Kinship: Relative and Non Relative; Tribal Residentail facility.

Lastly, the YI758 Resource Summary Report has the last five state fiscal years of approved foster care beds and the reasons for closure. This report is summarized in the table below. This helps to assure whether the recruitment and retention efforts are working.

Resource Data for the State SFY16	
Removed Children	
# Removed at Beginning of SFY	11,125
# Removed at End of SFY	10,704
# Removed at Beginning of SFY Excluding TR and Tribal Custody	9,931
# Removed at End of SFY Excluding TR and Tribal Custody	9,415
Adoption Home Totals	
# of Inquiries	2,062
# of Homes Open at the Beginning of the SFY	718
# of Homes Opened and Approved During the SFY	1,253
# of Homes that Moved In or Out	-7
# of Homes Closed During the SFY	1,121
# of Homes Open at the End of the SFY	843
Foster Family Care Totals	
# of Inquiries	5,105
# of Homes Open at the Beginning of the SFY	4,977
# of Homes Opened and Approved During the SFY	1,674
# of Homes that Moved In or Out	-16
# of Homes Closed During the SFY	1,698
# of Homes Open at the End of the SFY	4,937
Approved Beds	**8,938**
CW Foster Family Care	
# of Homes Open at the Beginning of the SFY	1,964
# of Homes Opened and Approved During the SFY	583
# of Homes that Moved In or Out	-7
# of Homes Closed During the SFY	431
# of Homes Open at the End of the SFY	2,109
Approved Beds	**4,168**
Data Collected for 2016 on February 8, 2016 YI758	

Resource Data for the State SFY16	
CW Foster Family Care/Kinship/Relative	
# of Homes Open at the Beginning of the SFY	1,627
# of Homes Opened and Approved During the SFY	648
# of Homes that Moved In or Out	1
# of Homes Closed During the SFY	803
# of Homes Open at the End of the SFY	1,473
Approved Beds	**2,765**
CW Foster Family Care/Kinship/Non-Relative	
# of Homes Open at the Beginning of the SFY	500
# of Homes Opened and Approved During the SFY	235
# of Homes that Moved In or Out	-5
# of Homes Closed During the SFY	279
# of Homes Open at the End of the SFY	451
Approved Beds	**711**
Kinship/Relative Non-Paid	
# of Homes Open at the Beginning of the SFY	46
# of Homes Opened and Approved During the SFY	38
# of Homes that Moved In or Out	-
# of Homes Closed During the SFY	20
# of Homes Open at the End of the SFY	64
Approved Beds	**99**
Kinship/Non-Relative Non-Paid	
# of Homes Open at the Beginning of the SFY	8
# of Homes Opened and Approved During the SFY	3
# of Homes that Moved In or Out	-
# of Homes Closed During the SFY	5
# of Homes Open at the End of the SFY	6
Approved Beds	**8**
Data Collected for 2016 on February 8, 2016 YI758	

Resource Data for the State SFY16	
Therapeutic Foster Care Homes	
# of Homes Open at the Beginning of the SFY	499
# of Homes Opened and Approved During the SFY	102
# of Homes that Moved In or Out	-4
# of Homes Closed During the SFY	127
# of Homes Open at the End of the SFY	470
Approved Beds	**747**
Contracted Foster Care - Homes	
# of Homes Open at the Beginning of the SFY	179
# of Homes Opened and Approved During the SFY	56
# of Homes that Moved In or Out	-1
# of Homes Closed During the SFY	32
# of Homes Open at the End of the SFY	202
Approved Beds (State Wide Contract Limit-170 Beds)	**253**
Shelter Host Homes	
# of Homes Open at the Beginning of the SFY	14
# of Homes Opened and Approved During the SFY	3
# of Homes Closed During the SFY	0
# of Homes Open at the End of the SFY	17
Approved Beds	**33**
Other Foster Homes	
# of Homes Open at the Beginning of the SFY	140
# of Homes Opened and Approved During the SFY	6
# of Homes Closed During the SFY	1
# of Homes Open at the End of the SFY	145
Approved Beds	**154**
Data Collected for 2016 on February 8, 2016 YI758	

Resource Data for the State SFY16	
Closure Reasons	
Adoption Services Completed	998
Agency Decision	98
Cannot Locate	3
Child Specific-Not Needed	261
Contract Violations	10
Facility Closed	18
Failure to Cooperate	15
ICPC Case Closed	24
Investigation Findings	31
Investigation Initiated	4
Legal Issues	6
No Longer Providing Services	623
No OKDHS Contract	1
Other	280
Resources Request	443
Unable to Meet Needs of Child	4
Data Collected for 2016 on February 8, 2016 YI758	

<u>Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements</u>

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide. The system ensures that the use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is effective statewide.

DHS analyses and utilizes the standards detailed in policy and statute. This helps to assure that there is effective use of cross-jurisdictional resources.

CW policy 340:75-1-86, 340:75-6-48, 340:75-7-41 and Oklahoma Statute <u>10A O.S. § 1-4-204</u> provides direction for cross-jurisdictional resources both statewide and out-of-state. Policy addresses the placement of children out-of-state, placement considerations, and the roles Foster Care/Adoptions and Permanency Planning staff have for placement of children.

The Interstate Compact on the Placement of Children (ICPC) is a means to ensure protection and services to children who are placed across state lines. The ICPC establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child.

Below is the data for the entire fiscal year, 07/01/14-06/30/15, for home studies completed timely from other states, which would impact permanency for Oklahoma children.

Home study requests received by CWS (from other states) for the period of 07/01/2014 through 06/30/2015 (the state fiscal year), for foster care, relative placement, and adoptive placement, approved within 60 days were 138 out of 422 for a 32.7 percent timeliness rate. The number approved between 61-75 days added 48 additional home studies completed for a total of 186 or 44.1 percent timeliness rate.

The ICPC Unit uses an internal Access database to track all incoming and outgoing ICPC requests. The ICPC Unit has maintained the database since June 2001. The database was issued by the American Public Human Services Association. The database has an entry for

each child involved in an ICPC case. The ICPC Unit operates separate databases for public CW cases and private/independent adoptions.

Before calculating the number of home study requests, the database was filtered for:
- all outgoing requests
- removed any cross references of siblings going to the same out-of-state placement so only the number of home studies, not children referred, were accounted for
- obtained a list of all home studies referred out-of-state from 07/01/2014-06/30/2015
- hand-counted the number of studies referred that were returned within 60 days

The calculations for timeliness rate involved:
- counting those home studies completed within 61-75 days
- added the number of studies completed within 61-75 days to the total studies completed within 60 days to arrive at the percentages for studies done within 75 days
- completed studies within 60 days divided by total studies referred out
- total studies completed within 75 days divided by total studies referred out

Additional assistance with facilitating timely adoptive or permanent placements is received from Permanency Planning staff. Permanency Planning staff contact parents, services providers, and others, as needed to:
- maintain the child's connections to family
- allow CW staff to evaluate the interactions, conditions, and services the child is receiving, particularly those in the home or in placement
- establish and maintain a teamwork relationship
    - Family team meetings afford CW staff additional opportunities for contact with the family and the family's social supports to expedite the permanency plan.

When selecting an appropriate placement for the child in DHS custody, the following considerations are made:
- the child's best interests
- the wishes of the parent, relative, and child, when appropriate
- the considered person's ability and willingness to:
    - provide safety for the child
    - cooperate with any restrictions placed on contact between the child and others
    - support the DHS efforts to implement the child's permanent plan
    - meet the child's physical, emotional, and educational needs, including the child's need to continue in the same school or educational placement
    - provide a placement for the child's sibling
    - care for the child as long as necessary and provide a permanent home when necessary

Placement is assessed based on nearest proximity to parent or legal guardian, or school. When a kinship placement is not identified, the resource specialist and CW specialist make diligent efforts to place the child with a resource family who resides in the closest geographic proximity as possible to the child's family or school that can best meet the child's needs.

- Cooperation between CW specialists and Bridge resource families is required to ensure the effective and appropriate use of Bridge resources to serve the best interests of the children in DHS custody.
- The resource specialist assesses each placement decision with consideration of the skills and abilities of the Bridge resource family.
- The Bridge resource family's willingness to accept placement of the child is not the major criterion for the placement decision.
- When a Bridge resource home is not available for the child in the child's county of jurisdiction, a search for a Bridge resource home in the adjoining counties is initiated, followed by a statewide search, when necessary.
- The child's transportation to the out-of-district placement is coordinated between the county of jurisdiction and the district of placement. When the child is placed:
  - the child has an adequate supply of clothing;
  - the child has a sufficient amount of a prescribed medication to allow for uninterrupted treatment;
  - Form 04MP012E, Receipt and Release of Prescription and Over-the-Counter Medication(s), is provided to the placement provider; and
  - Form 04KI004E, Placement Provider Information, is provided to the placement provider. Form 04KI004E that contains information required by Section 1-7-104 of Title 10A of the Oklahoma Statutes and OAC 340:75-6-40.2, including the child's:
    - a. daily routine schedule
    - b. available medical history, including immunization records
    - c. educational information
- When a disruption occurs in the out-of-district placement, the district of placement and county of jurisdiction share information regarding the best alternative placement for the child. Placement planning decisions are made by the county of jurisdiction. Factors considered in determining the placement include the child's:
  - length of stay in the current placement
  - connection to the community
  - connection to the school
  - extracurricular activities

The YI768A is a detail report to assist CW staff with identifying cases where children are placed outside the primary worker county and the responsible worker assigned is not the primary worker. The report excludes the following children:

- AWOL/Runaway
- Trial Reunification
- Trial Adoption
- Children in Tribal Custody and children placed outside the state.

With all of the above criteria excluded, there are 8,577 children in custody based on the YI104.

The YI768A shows 4,255 children placed outside their primary county statewide. This is 49.6 percent of all children placed. Additionally, there are 270 children placed out-of-state (included

placement types: Residential inpatient, CWFC, Kinships, Medical Hospital, and TFC). This is a little more than 3 percent of the total children in care.

With regards to Adoptions, for FY15 there were 2,312 children placed in trial adoption by county of jurisdiction and 144 of these were out of state. There were 1,898 adoptions finalized in FY15 by county of jurisdiction and 113 of these were out of state. This data was reported on the YI726B report for the 2015 fiscal year.