Round 4
Child and Family Services Reviews

Oklahoma Human Services (OKDHS) Statewide Assessment

July 31, 2023

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Statewide Assessment

Section I: General Information

Name of State Child Welfare Agency:
Oklahoma Human Services (OKDHS)

State Child Welfare Contact Person(s) for the Statewide Assessment

Name: Jimmy Arias

Title: Oklahoma Human Services
Programs Administrator
Child Welfare Services

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List of Statewide Assessment Participants

Name	Affiliation	Role in Statewide Assessment Process
137 Foster Parents*	Regularly attend National Resource Center for Youth Services (NRCYS) Support Groups and received survey for Items 28 and 33	Survey Participant Stakeholder
222 Former Foster Youth Ages 18-22*	Received Survey upon leaving foster care and entering aftercare services with Oklahoma Successful Adulthood (OKSA) Program	Stakeholder
Oklahoma Foster Care and Adoption Resource Parents*	All approved OKDHS resource parents receive an annual survey about their experience in the child welfare (CW) system	Stakeholders
Parents*	Lived Expertise	Survey, Bi-Annual Collaborative Convening
Juvenile Attorneys	Oklahoma Juvenile Court System	Survey Participants, Stakeholders
47 Juvenile Judges	Oklahoma Juvenile Court System	Guided Interview Participants, Stakeholders
996 CW specialist I-IV staff	OKDHS	Survey Participants
Members of the 38 Federally Recognized Tribes in Oklahoma	Tribal Stakeholders	Survey Participants
Tribal Representatives	Tribes	Survey, CFSR Presentation, Bi-Annual Collaborative Convening
Practice Improvement Charter team members comprised of 61 field staff at various levels	OKDHS	Focus Group Participants
CW Staff	Child Welfare Services	Survey, Bi-Annual Collaborative Convening
Joni Bruce	Oklahoma Family Network	Focus Group Leader, Stakeholder
Jeff Tallent	Evolution Foundation	Focus Group Leader, Stakeholder
Lea Jackson	Circle of Care	Focus Group Leader, Stakeholder

Name	Affiliation	Role in Statewide Assessment Process
NRCYS	OKSA Program contractor and Resource Family Training (RFT) contractor	Data Collection, Stakeholder
Mary Bullock	NRCYS RFT	Senior Program Development Specialist
Sara Bell	NRCYS RFT	Foster Parent Support Group Trainer
Hannah Walker	OKDHS Innovation Services	Data Collection
Jonathan Moore, Ph.D.	OKDHS Innovation Services	Data Collection
Felice Hamilton	Children's Court Improvement Program Director	Subject Matter Expert, Survey, Bi-Annual Collaborative Convening
Youth Villages, NorthCare, Family & Children's Services, Frontline Family Solutions, Center for Children and Families, Multi-County Youth Services, Family Builders, Latino Community Development, Northern Oklahoma Youth Services & Shelter, Parent Child Center of Tulsa, Southwest Oklahoma Community Action Group, Transitions, Great Plains Youth & Family, Bethesda, Frontline Family Solutions, Sunbeam Family Services, Parent Promise, Public Strategies, Sooner SUCCESS	Service Providers	Survey, Child and Family Services Review (CFSR) Presentation, Bi-Annual Collaborative Convening
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Education, Oklahoma State Department of Health, Office of Juvenile Affairs, Oklahoma Commission on Children and Youth, Oklahoma Health Care Authority, Oklahoma Department of Rehabilitation Services	Child-Serving State Agencies	Survey, Bi-Annual Collaborative Convening

Name	Affiliation	Role in Statewide Assessment Process
Resource Family Partner Providers and Group Home Providers, Therapeutic Foster Care/Intensive Treatment Family Care	Foster Care	Survey, Bi-Annual Collaborative Convening
Sarah Herrian	Foster Care Association of Oklahoma	Survey, Bi-Annual Collaborative Convening
Children's Justice Act (CJA) Task Force Members	CJA Task Force	Survey, CFSR Presentation, Bi-Annual Collaborative Convening
Child Advocacy Center (CAC)/Multi-Disciplinary Team (MDT)	CAC/MDT	Survey, CFSR Presentation, Bi-Annual Collaborative Convening
Debra Hecht	University Partners – University of Oklahoma Health Sciences Center	Survey, CFSR Presentation
Angela Harnden	University Partners – University of Oklahoma	Survey, Bi-Annual Collaborative Convening
Tayvon Lewis	University Partners – Oklahoma State University Center for Integrative Research on Childhood Adversity	Survey, Bi-Annual Collaborative Convening
NRCYS	NRCYS	Survey, Bi-Annual Collaborative Convening
Oklahoma Partnership for School Readiness	Community Partner	Survey, Bi-Annual Collaborative Convening
Public Schools	Public Education	Survey, Bi-Annual Collaborative Convening
Audra Brulc and Vy Dinh	Healthy Minds Policy Initiative	Survey, Bi-Annual Collaborative Convening
Jill Mencke	Oklahoma Policy Institute	Survey, Bi-Annual Collaborative Convening
Cynthia Mooney	Mental Health Association Oklahoma	Survey, Bi-Annual Collaborative Convening
Adrienne Elder	Public Health Institute of Oklahoma	Survey, CFSR Presentation, Bi-Annual Collaborative Convening
Linda MaNaugh and Sherry Fair	Potts Family Foundation	Survey, CFSR Presentation, Bi-Annual Collaborative Convening
Self-Healing Communities Network Members	Self-Healing Communities Network	Survey, CFSR Presentation, Bi-Annual Collaborative
Valarie Howard and Leslie Berry	One Church, One Child of Oklahoma	Survey, Bi-Annual Collaborative Convening

Name	Affiliation	Role in Statewide Assessment Process
Shannon Luper	Girl Scouts of Eastern Oklahoma	Survey, Bi-Annual Collaborative Convening
Pat Demron	Member at large	Survey, Bi-Annual Collaborative Convening
Andrew Ybarra	Goodwill Industries of Center Oklahoma	Survey, Bi-Annual Collaborative Convening
Melissa Griego	Unite Us	Survey, Bi-Annual Collaborative Convening
Joni Bruce & Heather Pike	Oklahoma Family Network	Survey, Bi-Annual Collaborative Convening
Jill Goyette	YMCA of Greater Oklahoma City	Survey, Bi-Annual Collaborative Convening
Emily Scott	Autism Foundation of Oklahoma	Survey, Bi-Annual Collaborative Convening
Cassandra Pittmon	Neighborhood Services Organization	Survey, Bi-Annual Collaborative Convening
Edi Winkle	FRIENDS National Center for Community-Based Child Abuse Prevention	Survey, Bi-Annual Collaborative Convening
Zana Williams	Mindful Resolutions	Survey, Bi-Annual Collaborative Convening
Judge Doris Fransein	Legal Judicial Specialist	Subject Matter Expert
Jennifer Boyer	OKDHS OKSA Program	Subject Matter Expert
Stacey Bates	OKDHS	Subject Matter Expert
Robert Williams	OKDHS	Subject Matter Expert
Lacie Kranz	OKDHS	Subject Matter Expert
Jessica Winscher	OKDHS	Subject Matter Expert
Amber Hasler	OKDHS	Subject Matter Expert
Christy Hilliard	OKDHS	Subject Matter Expert
Stacy Butler	OKDHS	Subject Matter Expert
Leland Jones	OKDHS	Subject Matter Expert
Maegan Wiss	OKDHS	Subject Matter Expert
Dawn Wardlow	OKDHS	Subject Matter Expert
Shaji Poulo	OKDHS	Subject Matter Expert
Lora Adams	OKDHS	Subject Matter Expert
Misty Pollard	OKDHS	Subject Matter Expert
Nina Levingston	OKDHS	Subject Matter Expert
Cheryl Castillo	OKDHS	Subject Matter Expert
Lauren Tatum	OKDHS	Subject Matter Expert
Keri Peck	OKDHS	Subject Matter Expert
Tiffany Parrish	OKDHS	Subject Matter Expert
Sherry Skinner	OKDHS	Subject Matter Expert
Robin Gibson	OKDHS	Subject Matter Expert

Name	Affiliation	Role in Statewide Assessment Process
Lisa Sosbee	OKDHS	Subject Matter Expert
Sandy Grace	OKDHS	Subject Matter Expert
Kelly Wyatt	OKDHS	Subject Matter Expert
Amy Cornelson	OKDHS	Subject Matter Expert
Chad Terrill	OKDHS	Subject Matter Expert
Melanie Moore	OKDHS	Subject Matter Expert
Guy Willis	OKDHS	Subject Matter Expert
Amanda Hoffman	OKDHS	Subject Matter Expert
April Simmons	OKDHS	Subject Matter Expert
Keitha Wilson	OKDHS	Subject Matter Expert
Angela Wood	OKDHS	Subject Matter Expert
Jennifer Postlewait	OKDHS	Subject Matter Expert
Jimmy Arias	OKDHS	Subject Matter Expert

Description of Stakeholder Involvement in Statewide Assessment Process

The mission of OKDHS is to help individuals and families in need help themselves lead safer, healthier, more independent and productive lives. OKDHS provides help and offers hope to vulnerable Oklahomans through stronger practices, involved communities, and a caring and engaged workforce. The purpose of Child Welfare Services (CWS) is to improve the safety, permanency, and well-being of children and families involved in the child welfare (CW) system through collaboration with families and their communities. CWS' vision is to promote strong Oklahoma families together.

CWS recognizes safety, permanency, and well-being of children is a shared responsibility and that a CW agency does not serve children and families in isolation. Wide-ranging and meaningful engagement of stakeholders across the CW system is paramount to achieving the above stated mission. As a result, CWS has developed and fostered a multitude of ongoing stakeholder engagement strategies throughout its involvement in not only the Pinnacle Plan, but also in the development and implementation of the 2020-2024 Oklahoma Child and Family Services Plan (CFSP), and the Federal Fiscal Years 2022-2026 Oklahoma Title IV-E Prevention Program Plan.

For the purposes of the Child and Family Services Reviews (CFSR) Round 4 Statewide Assessment, CWS not only leveraged these ongoing and existing stakeholder engagement activities, but also expanded upon them in efforts of bolstering overall collaborative processes and increasing capacity to engage with external partners and build meaningful relationships that can assist and lead to improved practice and outcomes for children and families.

Intentional stakeholder engagement activities, for the purposes of informing the Round 4 CFSR Statewide Assessment, included administering survey's to the following groups, CW specialist I-IV staff, juvenile attorneys, parents, youth, and foster parents with lived experience, a broad array of system stakeholders from the bi-annual convening meeting, and tribal members. Other engagement activities included conducting guided interviews with sitting juvenile judges, facilitating round table focus groups as part of the bi-annual convening meeting, and focus groups with regional Practice Improvement Charter teams, comprised of CWS regional and district staff.

The culmination of these efforts and activities represent a diverse and representative population of stakeholders and partners able to provide and receive feedback and perspective into performance, contributing factors, underlying causes of areas in need of improvement, and ultimately possible solutions for CWS to collaboratively engage in future system improvements.

Section II: State Context Affecting Overall Performance

Vision and Tenets

Oklahoma Human Services (OKDHS) is the state agency designated to administer Title IV-B and Title IV-E programs, the Child Abuse and Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Program for Successful Transition to Adulthood as well as the federal safety net programs. OKDHS, an umbrella agency, was established by the state legislature in 1936.

The mission of OKDHS is to help individuals and families in need help themselves lead safer, healthier, more independent and productive lives. OKDHS provides help and offers hope to vulnerable Oklahomans through stronger practices, involved communities, and a caring and engaged workforce. Child Welfare Services' (CWS) purpose is to improve the safety, permanency, and well-being of children and families involved in the child welfare (CW) system through collaboration with families and their communities. CWS' vision is to promote strong Oklahoma families together.

CWS' goals are to work with all agency divisions and with their community partners and other stakeholders to:

- CWS 1: Continue to build pathways to support, liberate, empower and celebrate staff to allow them to have a creative and innovative voice in how we serve Oklahoma families.
- CWS 2: Champion the development of a collaborative family strengthening system that equips and empowers families to provide a safe home for their children.
- CWS 3: Work to understand and meet the specific needs of each child we serve, including their need for safety and well-being, connections with family, community and culture.
- CWS 4: Tirelessly pursue every child's right to be a part of a stable and loving family, with the supports they need to grow and develop into healthy adults

Primary Child Welfare Services Programs

Within the CWS organizational structure is the CWS Director, Tricia Howell, LPC and two assistant CWS directors, one responsible for field operations and the other responsible for program operations. The CWS Executive Team is comprised of the CWS Director, the assistant CWS directors, 10 deputy directors, a medical director, a leadership and employee support administrator, and an integrated legal services administrator. Five regional deputy directors oversee the state's five regions that provide Child Protective Services (CPS), Family-Centered Services (FCS), and Permanency Planning (PP) services. Another deputy director oversees Foster Care and Adoption (FC&A) services provided in all five regions, and is responsible for field staff. The 47 district directors cover 27 state districts aligned according to district attorneys' responsibilities and report to the five regional deputy directors. To support the critical work in the five regions, four teams, each led by a deputy director, are responsible for FC&A Programs, CWS Programs, CWS Operations and Business Process, and CWS director of clinical operations. The deputy directors are responsible for CWS leadership platforms, culture, structure, and models of practice that align with strategy, and improve outcomes for children and families. Middle management is responsible for key activities and processes that support implementing strategies for children and families.

Middle management includes programs supervisors and district directors. CWS staff are responsible for daily work with children and families in alignment with strategies.

Oklahoma Family First Prevention Services Act (FFPSA)

The FFPSA has provided a platform for OKDHS to reexamine how the agency as a whole, and within CWS, serves and supports families, and how best to invest in a comprehensive continuum of prevention and community-based supports and resources for children and families. FFPSA, along with the collaboration and coordination of the Oklahoma Title IV-E Prevention Program Plan, is helping to reshape the CW system into a child and family well-being network as part of the state's broader vision of child and family strengthening and well-being. The Oklahoma Title IV-E Prevention Program Plan aims to enhance efforts for better outcomes for children and families and greater service flexibility and innovation to meet the needs of children and families when they become involved with the CW system, and through continued collaborations with public health and prevention system partners develop a continuum of child and family well-being. In the first submission of the Oklahoma Title IV-E Prevention Program Plan, OKDHS focused on in-home parent skill-based programs, SafeCare® and Intercept®, that are established within the infrastructure of the CW system, and contracted with community-based providers with an established history of serving families involved with the CW system who have experienced child maltreatment. These contracted community-based services support the promotion of health, safety and wellness of Oklahoma's children and families. OKDHS aims to not bring more families into the CW system, but rather improve prevention practices and enhance and expand the services and supports that allow for more families to be served in FCS and not within foster care. CWS continues to utilize multiple strategies toward improving safety decision-making and increasing positive outcomes for children and families while also building capacity to accurately identify safety threats, provide appropriate services to eliminate safety threats, and improve parental protective capacities. The Oklahoma CWS Title IV-E Prevention Program and services are designed to produce change at two levels: the child and family level and the system level. The continued focus on family-centered practice improvement and a hope-centered, trauma-informed systems approach is expected to result in both positive outcomes for children, youth and their families, and positive functioning within OKDHS.

Description of Oklahoma's Primary, Secondary, and Tertiary Systems

The social service safety net programs offered through OKDHS exist to support families in poverty and to increase their economic opportunities by supporting basic needs, child care and job training. Strong, stable families are the cornerstone of child health and well-being, and early childhood care and education plays a critical role in nurturing child and family well-being. The state has long invested in the infrastructure for the creation and sustainability of a comprehensive early childhood system to ensure the long-term health, safety, well-being, and educational success of the youngest Oklahomans and their families. The Oklahoma State Department of Health (OSDH) is the primary public health protection agency in Oklahoma that provides the kind of broad-based prevention strategies that encompass not only direct services to families, but also includes public education efforts to change social norms and behaviors, family and community engagement, as well as the policies and institutions that help support a strong prevention system. The Oklahoma Partnership for School Readiness (OPSR) was created in 2003 by the Oklahoma Partnership for School Readiness Act, Title 10 O.S. § 640. Oklahoma recognized more state level action was

required to successfully support families and children from birth to preschool. The OPSR Board, a 32-member public-private partnership, serves as Oklahoma's Early Childhood State Advisory Council, ensuring state policies are based on research, feedback from families and providers, cross-sector collaborations, and input to improve children's health and development. OPSR works to help children arrive at school with the knowledge, skills and physical and emotional health to succeed. Oklahoma recognizes home-based family support services improve the lives of families and are a cost-effective intervention compared to the costs of involvement in the CW system. The state's investment in an early childhood care and education system through state appropriations, and increased federal investments through the Maternal, Infant, and Early Childhood Home Visiting Program, has helped support and sustain home visitation programs. Oklahoma provides a variety of voluntary home-based family support programs that deliver services to both expectant parents and families with children younger than age six aimed at increasing protective factors to reduce child maltreatment, prevent family separation, and increase well-being. Oklahoma has implemented three evidence-based models of home visiting: Parents As Teachers (known as Start Right), Nurse-Family Partnership (known as Children First), and SafeCare®-Augmented with varying levels of service intensity targeted to meet specific family needs and risk factors. These program models vary in the populations they serve, the length of time services are provided, and in the required education and experience of home visitors carrying out model activities. This statewide framework allows rural and urban communities to meet their unique needs. Home-based family support programs are delivered through OSDH, county health departments, and contractually through community-based non-profits. To maximize available resources, most services are targeted toward particular subpopulations that are most in need. These priority populations include: single mothers, low-income families, parents with low education, families with a history of substance abuse or child maltreatment, and children with developmental delays or disabilities. This strategic framework has created an established infrastructure for a comprehensive early childhood system that supports and strengthens families, prevents child maltreatment, and ensure the long-term health, safety, well-being, and educational success of the youngest Oklahomans.

Oklahoma Quality Assurance Process

CWS maintains the five essential components identified in the Children's Bureau's Information Memorandum ACYF-CB-IM-12-07 that comprise an effective continuous quality improvement/quality assurance system: an administrative structure to oversee system functioning, quality data collection; a method for conducting ongoing case reviews; a process for quality data analysis and dissemination on performance measures; and a process for providing feedback to stakeholders and decision-makers to adjust programs, practices, and processes.

The CWS Continuous Quality Improvement (CQI)/Quality Assurance (QA) Programs supports CW staff at all levels statewide in CWS-related continuous quality improvement processes. This program also measures progress on the goals and objectives identified in the Plan for Enacting the State's Vision to Improve Outcomes within the Oklahoma 2020-2024 Child and Family Services Plan (CFSP) and the settlement agreement known as the Pinnacle Plan. Support is accomplished in various ways, but primarily through the ongoing practice improvement charter process that has been established since the CFSR Round 3. Details surrounding the practice improvement charter process and overall Quality Assurance

program structure and functioning in Oklahoma can be found in systemic factor Item 25 Quality Assurance System section of this document.

Cross-System Challenges

OKDHS is committed to improving the safety, permanency, and well-being of children served by the CW system. The Oklahoma Pinnacle Plan of 7/25/2012 is the roadmap and public reporting is critical to ensuring transparency and accountability.

CWS continues to strengthen fidelity to permanency strategies. Efforts to engage parents early and often via regular caseworker contact and family meetings continue to be important strategies, as does gaining a better understanding of the timing of events following a permanency safety consultation that suggests a safe reunification may be near. Additionally, CWS moved from statewide to regional, then to local data to better understand permanency timeliness outliers. Guardianship as an option remains a focus area, and State Fiscal Year (SFY) 2022 continued to show an increase in permanency exits to supported guardianship. Permanency outcomes for youth ages 16-18, which dropped during the COVID-19 pandemic, seems to be rebounding. Although this reporting period is very similar to the last, the cohort that will be represented in the next reporting period is already experiencing a greater likelihood of achieving permanency, despite the fact that the period is not yet complete.

CWS continues to build the infrastructure the needed to continuously monitor and improve outcomes. One important resource added in fall 2022 was an additional CWS leadership position for each deputy director team, an assistant deputy director, intended to bring even more capacity and focus on two main goals: (1) improving CW staff recruitment, development, and retention, and (2) improving practice quality and outcomes. On 2/10/2023 Oklahoma's Governor issued an executive order for a Child Welfare Task Force that is to focus on permanency and services to prevent entry to foster care. The Child Welfare Task Force will prepare a report with recommendations that is due back to the Governor's office in September 2023.

Workloads and Retention

CWS has focused on workloads and retention since the beginning of the Pinnacle Plan in 2012. A full capacity workload is considered to be 12 open investigations and/or assessments for CW specialists assigned a CPS workload, 15 children for those assigned a PP workload, and eight families for specialists assigned to FCS cases. CWS has made great strides in this strategy and were released from reporting on this measure as a part of the Pinnacle Plan settlement agreement. Currently 97.6 percent of the CWS workforce is meeting workload standards. The lowest overall district is at 82 percent compliance, this is due to retention and turnover issues. The current turnover rate is 15 percent for CW specialist I-IV's. CWS is dedicated to supporting and retaining frontline staff and have added several additional supports since 2020, including:

- Paid overtime in lieu of compensatory time
- Entering into contract with an organization able to sit with children in hospital settings
- Increased access to fleet vehicles

- Creation of Safe Teams, in attempt to assist with administrative functions, such as contacting collaterals, obtaining medical records, and recommending closure on the investigation, for CPS investigations with no identified safety threats
- Increased Employee Assistance Program sessions for CW staff
- Director contact with the assistant deputy director for newly hired staff
- Mandating CW supervisors be in a physical space with staff a minimum of two days a week
- Distributed bonuses totaling approximately $3,600.00 to all CW staff since 2020
- Covered the cost of child care or provided an allowance for individuals who have family watching them in their own home

Mental Health and Substance Abuse Services

CWS continues to partner with the Oklahoma Department of Mental Health and Substance Abuse Services through various joint projects to address service array for families involved with CW with focus on pregnant mothers needing substance use disorder treatment. Substance abuse and mental health services are available for families across the state to address individual needs and different levels of treatment are offered based on what the individual needs. Collaboration with CHESS Health further allows for quick and easy service referrals for CW staff and connect them directly to the provider through an online platform. As part of the CHESS Health referral process, clients have immediate access to substance use disorder related videos to encourage engagement and recovery until the assessment and services begin.

Contributing Factors

OKDHS has rates of poverty per 1,000 residents ranging from 7.3 percent up to 26.1 percent with the largest concentration of individuals living in poverty being in the southeastern area of the state. The largest reasons for removal are Threat of Harm – Substance Use and Exposure to Domestic Violence. In SFY 2022, 3,612 children were removed for Exposure to Domestic Violence and 7,258 children were removed for Substance Use. Oklahoma consists of three major urban areas including Oklahoma City, Tulsa, and Lawton. There are several large suburban cities surrounding these major areas with the rest of Oklahoma being primarily rural. Service array, substance abuse services, batterer's intervention, victim services, transportation, medical and mental health resources, and education and training resources are more readily available in urban areas and are scarce or unavailable in rural areas.

Recent Laws

In the most recent legislative session, Oklahoma passed a law prohibiting gender affirming treatment and care for any persons under the age of 18, physicians to be guilty of unprofessional conduct upon violation. There was also legislation passed which creates the Parental Choice Tax Credit Act that establishes an income tax credit for certain qualifying private school and alternative education expenses, potentially taking money away from public schools.

Current Initiatives

Hope Awareness

Oklahoma is dedicated to being a hope-based agency and state. Hope Awareness Training course launched in July 2022 and is available for all OKDHS employees and all other

Oklahoma state agency employees. OKDHS hired a team of Hope Ambassadors who intentionally work with various CW staff to identify hope-centered strategies to be implemented with two main goals: (1) Arm CW staff with strategies from the hope framework that serve to protect them from the adverse effects of secondary trauma, and (2) Model strategies from the hope framework for the families they serve in order to improve overall well-being and leave them with a hope-centered mindset going forward. In addition, all Family Meeting Coordinators in CWS have attended Hope Navigator training and are currently using the hope framework, hope-centered strategies, and a shared language in the Family Meeting Continuum program. These staff members have a great impact on families and are trained to facilitate meetings using the hope framework in action. Finally, a strategy is being created for all CW PP specialists to receive hope-based training regarding how to help teenagers set goals and identify pathways to achieve their goals. This effort has been piloted with a select group of CW specialists with positive results and full implementation will take place in the next fiscal year.

Governor's Taskforce

On 1/10/2023, the Office of the Governor issued an Executive Order that ordered the formation of a Child Welfare Task Force. The Child Welfare Task Force was charged with studying, evaluating, and making recommendations in regards to policies, programs, and proposed legislation that will reduce time to permanency in the foster care system, reduce re-entries, identify risk factors that lead to removals, and identify and propose areas of support for biological parents. The Child Welfare Task Force is composed of 12 members appointed by the Governor with OKDHS providing staff and administrative support for this effort. Regularly scheduled meetings both with the Child Welfare Task Force and internal OKDHS team have been ongoing with the goal of providing a written report of recommendations to the governor by 10/1/2023. The members of the Task Force have been divided into five groups focusing on OKDHS internal processes, court processes, service array, stakeholder engagement, and entry and reunification. All groups have been actively working on reviewing current policies, distributing stakeholder surveys, and conducting focus groups with various stakeholders.

Supervisory Framework

Statewide implementation of the Supervisory Framework was achieved at the end of May 2020, which coincided with the conclusion of Oklahoma's CFSR Round 3 Program Improvement Plan.

In July 2020, the CWS CQI Programs assumed responsibility for Supervisory Framework implementation support and sustainability. This change resulted in the finding of inconsistencies, gaps, and framework model drift across the regions which indicated a need for a measure of fidelity to the Supervisory Framework. Establishing fidelity measures also allowed for a better understanding of the targeted efforts needed to assist and support CW staff with ongoing transfer of learning and appropriate Supervisory Framework application.

The CQI QA team, with assistance from the Capacity Building Center for States, identified implementation issues to refine and refocus Supervisory Framework activities in all five regions to ensure consistency and develop a process to measure fidelity for CW specialists to improve practice. This joint work also consisted of consultation between the Capacity Building Center for States and the CQI QA team on the development of implementation

sustainability practices for the Supervisory Framework.

In order to capture more accurately a current CW supervisor's grasp and usage of the Supervisory Framework, a survey was deployed to all CW supervisors in February 2021. The survey results were then used as talking points for the CQI QA team to gather more in-depth feedback from regional CWS leadership, which consisted of regional deputy directors, CW district directors, and CW supervisors. The feedback helped CQI QA realize how this important information could be used to inform CW staff about the Supervisory Framework.

The collected information suggested support and guidance are needed to create a deeper understanding of the Supervisory Framework's holistic approach since CW staff presently report the Supervisory Framework process seems overwhelming and repetitive. This perspective may be the result of CW staff currently utilizing the guides as compliance-oriented forms, rather than discussion guides to help with everyday work, as intended. Feedback reveals a need for a universal staffing guide rather than individual guides for different types of case staffing, to avoid repetition. Also, feedback highlighted the PP intentional case staffing guide is heavily geared towards children with a goal of return to home and needs to include all permanency goals. As a result of the feedback, CQI QA partnered with PP Programs staff to update the Intentional Case Staffing guide with all permanency goals for children.

The CQI QA team created Supervisory Framework tip sheets for CW supervisors and district directors to provide guidance and support from the CW district directors to the CW supervisors and the CW specialists based on the survey's results and feedback. Effective integration of CW district directors into the implementation process was needed, which resulted in gathering their feedback on desired topics for their tip sheet. Also, per request of a group of district directors, a CW supervisor monthly conference Supervisory Framework guide that mimics the existing CW specialist monthly conference Supervisory Framework guide was created. The guide purposely serves to support parallel supervision amongst supervisors and district directors in addition to increased familiarity and discussions surrounding the Supervisory Framework. The CW specialist monthly conference Supervisory Framework guide is now being revised to mirror the CW supervisor monthly Supervisory Framework guide. Per feedback from CW specialists, the CW supervisor monthly Supervisory Framework guide was formatted in a way which appears less "task oriented" with removal of the original bullet point format.

Extensive planning occurred to conduct Supervisory Framework refreshers facilitated by CQI QA for all CW supervisors and district directors. The planning involved creating a facilitation guide to ensure consistency in the refresher's delivery statewide. The refreshers are informationally structured to cover feedback gathered through the discussions that followed the 2021 surveys and include: the Supervisory Framework's holistic perspective, conducting purposeful intentional case staffing based on significant case milestones, time management, and understanding and applying the Supervisory Framework. Videos of CW supervisors in each region were created to use as a component of the Supervisory Framework refreshers. The videos consist of interviews, conducted by CQI QA staff with CW supervisors who are using the Supervisory Framework, to explore the benefits and challenges, including problem solving solutions they may have encountered. Including district directors in the

Supervisory Framework refreshers and creating a Supervisory Framework supervisor monthly conference guide are intentional components that continue efforts striving towards district director integration.

The Supervisory Framework refreshers were implemented in August 2022 and have since occurred in-person in each district for all regions, with the focus being on support and guidance for district directors and CW supervisors. Attendance for the Supervisory Framework refreshers is tracked in the Learning Management System (LMS). Currently, CQI QA continues to conduct Supervisory Framework refreshers for CW staff who were unable to attend the originally scheduled refreshers in their districts in addition to conducting refreshers for CW staff who have been promoted to CW supervisor positions since implementation of the refreshers. This will continue to be an ongoing process.

During the rollout of the Supervisory Framework Refreshers for CW supervisors and district directors, it was determined FC&A would benefit from a customized refresher, tailored to that program's needs. After planning meetings between CQI QA and FC&A leadership occurred, CQI QA staff then conducted a simulated refresher for FC&A staff to allow for their input to have a better understanding of their needs and gather their input for Supervisory Framework refresher content for their program. In June 2023, CQI QA conducted a refresher for FC&A field managers. CQI QA leadership also met with Hotline leadership and determined there was a need for Hotline staff to participate in the Supervisory Framework Refreshers customized to their needs and current practice. The refreshers for the Hotline occurred at both the Oklahoma City and Claremore offices in June 2023.

In April 2023, a CQI QA, Programs, and field staff workday meeting was held with identified Programs staff along with regional deputy directors, assistant deputy directors, district directors, and CW supervisors identified by regional deputy directors and district directors. The purpose of the meeting served to explore past and present feedback and input from CW staff regarding barriers, understanding, and usage of the Supervisory Framework. In-depth discussions occurred during break out groups to discuss suggestions and recommendations of Field Observation guide revisions per program to create a more "staff friendly" version in addition to incorporating Hope Science language. The Field Observation guides are currently under revision.

CPS

OKDHS is committed to providing quality services within CW to the family and children served. Due to the Pinnacle Plan, so much focus over the last several years has revolved around PP, with little focus on the quality of work within CPS. Following the release of mandatory oversight and reporting of 23 measures in the Pinnacle Plan, a statewide plan is underway focusing on the quality of CPS practice. The CPS Programs team is going to all five regions to meet with CW supervisors and district directors to discuss quality, met and unmet needs in supervision, what's working, what is not, and what areas of focus, practice, systems, processes, etc. implemented in the past are recommended to be reviewed for efficacy in achieving quality practice. The regional directors will be provided information for their specific regions and once all regional trainings are complete, a presentation will be made to the CWS Executive Team regarding the findings and recommendations. The goal is to develop state and regional specific plans for implantation in late fall of 2023.

Quality Improvement Center for Workforce Development (QIC-WD)/Hiring

The QIC-WD partnered with CWS to implement and evaluate a workforce strategy to improve worker recruitment and retention. Through a thorough needs assessment using all available data, the implementation team decided to focus on selection and hiring of new CW specialists. A competency model was developed, and implementation of a variety of new hiring tools to assess the competencies began in 2019.

In 2017, the statewide turnover rate for CW specialist I and II's was 25 percent, meaning that roughly a quarter of CW specialists left OKDHS that year. This rate varied by region from 16 to 39 percent for CW specialist I and 23-32 percent for CW specialist II. The statewide turnover rate was 13 percent for CW specialist III and 7 percent for CW specialist IV ranging by region from 11 to 18 percent and 5 to 12 percent, respectively.

The first step was to identify the critical competencies that CW specialist I and II's need at the time of hire. The QIC-WD conducted behavioral event interviews and surveys with OKDHS subject matter experts and developed recommendations for the hiring tools to best assess the final set of desired competencies. A small workgroup of CW supervisors and human resources representatives was involved in the development of the interview questions and behaviorally anchored rating scales. The steering committee reviewed and approved the final recommendations and gave significant input on the process.

The primary research questions concerned the ability of the structured hiring tools to predict job performance, tenure, and turnover. It was hypothesized that the use of the standardized hiring process would result in the selection of candidates who performed better and had lower rates of turnover and longer tenure than candidates hired using existing selection processes.

Behavioral event interviews and surveys were conducted with CW specialists and supervisors to determine the competencies required to successfully perform the job functions of a CW specialist II. These competencies were used to develop the measures to be included in the new selection process.

A self-paced training was developed in LMS and is a pre-requisite to attending. Due to the COVID-19 pandemic there was a pause on the interview process. In May 2020, work began on a virtual hiring process that would support the project, as another option to the in-person process. A virtual refresher training for those who attended the in-person trainings in January through Marchb2023 was conducted.

A Training of the Trainer was completed and is currently in use. For sustainability, the training will be implemented into the CWS Supervisor Academy to ensure that all newly promoted/hired CW staff who will be interviewing are able to receive this training.

Section III: Assessment of Child and Family Outcomes

Oklahoma Human Services (OKDHS) Child Welfare Services (CWS) assesses practice through Child and Family Services Review (CFSR) case reviews in order to examine quantitative and qualitative data that is used in conjunction with data from the statewide automated child welfare information system (KIDS) and other sources to accurately identify areas of practice strength and areas needing improvement. CWS also uses multiple reports from the federal CFSR Online Monitoring System (OMS) including results from the CFSR Practice Performance Report and the State Rating Summary. These qualitative data are extremely valuable in informing an understanding of underlying root causes which can inform case practice improvement efforts.

In order to assess case practice on a continual basis, CWS has developed a system to complete 65 biannual comprehensive qualitative case reviews; a combination of 25 in-home cases and 40 out-of-home, foster care, cases utilizing the federal CFSR Onsite Review Instrument (OSRI). Implementation of this process began in 2014 and went into effect in April 2015, resulting in approval as a self-review state for the CFSR Round 3. The CWS Continuous Quality Improvement Programs CFSR team has completed case reviews on an ongoing basis since Round 3 to inform current data trends. Additionally, intensive ongoing work, conducted in collaboration with the Children's Bureau (CB), has resulted in consistent high-quality application of the CFSR OSRI.

Of note, the case review data used for this Assessment of Child and Family Outcomes is for two and a half years (30 months) rather than three years (36 months). This is due to the timing when changes were made to the OSRI and the contractor for OMS, JBS International, modified the OMS database in preparation for the new Round 4 OSRI. These changes resulted in rating changes for certain Items in case reviews that occurred during the final six months, October 2022 through March 2023, of the three years, which had the potential to skew the overall findings. As a result, the Children's Bureau, Region 6, approved CWS to only use two and a half years (30 months) of data, rather than three years (36 months).

The Item ratings for the case reviews discussed below are reflective of practice that occurred over a period of 30 months, from April 2019 through September 2022, rather than current practice. These limitations should be considered when making generalizations about child welfare (CW) performance based solely upon this qualitative analysis. Eighteen months of the case practices and all 30 months of case reviews occurred during the COVID-19 pandemic. Everyone, whether they were CW staff, parents, other caregivers, children, or resource families, lived under stressful circumstances with employment uncertainties, children attending virtual school from home at times, loss of in-person supports and services, virus-related illness, and even death. Additionally, all CFSR case review staff began teleworking in March 2020 resulting in all CFSR interviews with participants occurring via telephone or virtually. The full impact of the COVID-19 pandemic on CW practice, the case review process, and Item ratings is unknown at this time.

As CWS continues to learn from the CFSR case review process and the promising initiatives currently undertaken in districts and regions across the state, closing the gap between outcome measures and the CWS practices they reflect is critical. CWS continues to

intentionally expand the use of both qualitative and quantitative data to enhance day-to-day practice and improve outcomes at all levels.

A. Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Were the agency's responses to all **accepted children maltreatment reports initiated**, and **face-to-face contact** with the children made, within time frames established by agency policies or state statues?

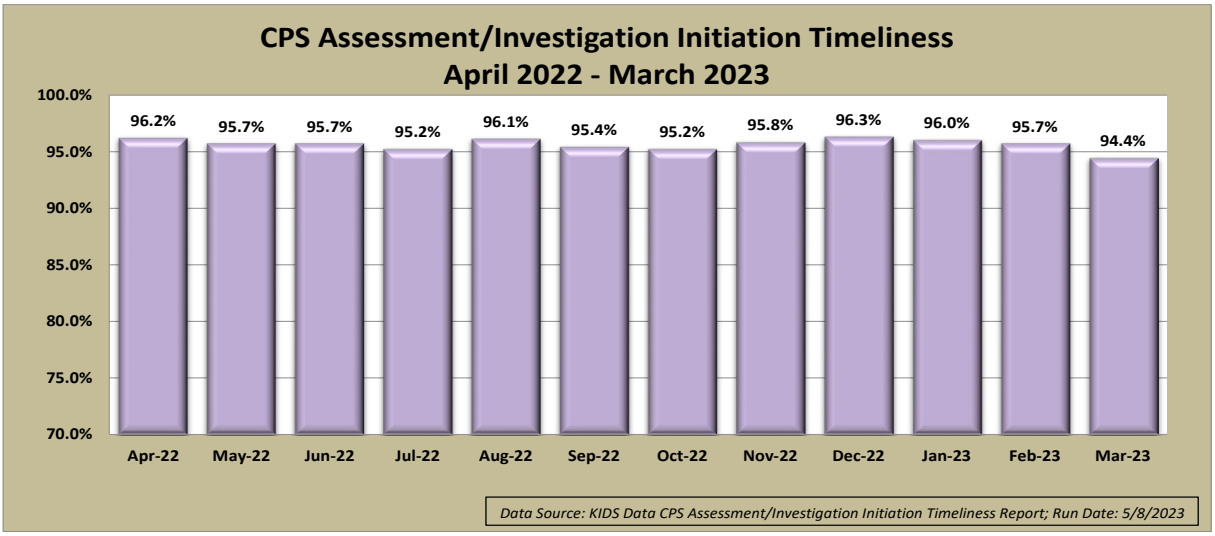
Investigation Timeliness

In CWS, all reports of child maltreatment are processed by the centralized Abuse and Neglect Hotline (Hotline) to determine whether a report is accepted and assigned for a Child Protective Services (CPS) investigation or assessment (Alternative Response). A response time is also determined at the Hotline based on the severity and immediacy of the reported maltreatment. The timeline begins when the report is received at the Hotline. A report that indicates a child is in present danger and at risk of serious harm or injury is assigned as a Priority 1 (P1) and a response occurs on the same day. A Priority 2 (P2) designation is assigned to all other accepted reports with a response time based on the child's vulnerability and risk of harm. Response time on P2 investigations occurs within two-to-five-calendar days and on P2 assessments within two-to-10-calendar days.

Timely initiation of CPS investigations and assessments is evidence of a commitment to safety. CWS defines initiation as the moment the first attempt is made to contact the child victim(s) face-to-face. Initiation timeliness is consistently a strong area for Oklahoma. Safety is a priority beginning from the time a child maltreatment report is received, throughout the safety assessment process, and until a child is determined to be safe in his or her own home. Efforts to align safety assessment practices are ongoing across all CWS programs, including the Hotline, CPS, Family-Centered Services (FCS), Foster Care and Adoptions (FC&A), and Permanency Planning (PP).

As seen in Figure 1, CWS has initiated both assessments and investigations timely more than 95 percent of the time, with a current timeliness rate of 94.4 percent for the period covering April 2022 through March 2023.

Figure 1



Case Review

Case review data assesses the degree to which CWS demonstrates timeliness when initiating investigations. The case review data differs from the KIDS quantitative measure above as it assesses both timely initiation and timely face-to-face contact with all alleged victims in all accepted reports of abuse and neglect per OKDHS policy. Initiation has consistently been a Strength for CWS. The case review data displayed in Figure 2 shows initiation is a Strength in 83.9 percent of the applicable cases reviewed. These case review findings are based on 236 applicable cases of which 38 were not initiated within OKDHS 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. To be assessed as a Strength for timeliness in the case review, timely initiation must occur for all reports received during the review period. In comparison to case review findings utilized in CFSR Round 3, there is a decrease in its Strength ratings by 3.6 percent. However, the case review data utilized in Round 3 was comprised of 16 total cases for this measure in comparison to the 236 applicable cases utilized in Round 4. Additionally, the challenges posed by the COVID-19 pandemic, particularly the ability to locate families and conduct face-to-face visits, likely played a role in this decrease.

Figure 2

CFSR Case Review Data: 4/2019-9/2022	**Performance Item Ratings**			**Outcome Ratings**			
Applicable Cases: 236	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.				**83.9% n=198**	**0% n=0**	**16.1% n=38**	**n=89**
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.	**83.9% n=198**	**16.1% n=38**	**n=89**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023							

CWS embraces a continuous quality improvement process. Ongoing work to improve the timeliness of investigations and thoroughness of the information gathered in order to make appropriate safety decisions is an area in which CWS continues to strive.

Discussions occurred with the CWS Executive Team regarding the lack of CPS initiation timeliness and quality of information gathered during the investigation to make sound safety decisions. As a result, CPS supervisor refresher trainings have been occurring to focus on their important role in sound decisions made by CPS specialists. CWS CPS Programs staff will also conduct training statewide on the Assessment of Child Safety in State Fiscal Year 2024. The goal of this training is to strengthen the role of CPS supervisors and district directors in supporting CPS specialists in making the best decisions possible with the information available, improve timeliness, and enhance the quality of investigative reports.

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

Item 2: Did the agency make concerted efforts to provide services to the family to **prevent** children's **entry into foster care or re-entry** after reunification?
Item 3: Did the agency make concerted efforts to **assess and address the risk and safety** concerns relating to the child(ren) in their own homes or while in foster care?

Removal Prevention

The primary intervention to prevent the removal of children with identified safety threats, is the CWS Family-Centered Services (FCS) program. As Figure 3 shows, CWS is consistently diverting entry into foster care at the average rate of nearly 92 FCS cases per month. Figure 4 shows the percent of FCS cases considered to be successfully diverted, that is, completion of the FCS case without a child entering foster care; and, to the percent of FCS cases where a removal occurred within 12 months of FCS case closure. Other interventions include Intensive Safety Services (ISS), Systems of Care, Comprehensive Home-Based Services (CHBS), and other primary prevention services administered by the Oklahoma State Department of Health (OSDH).

Figure 3

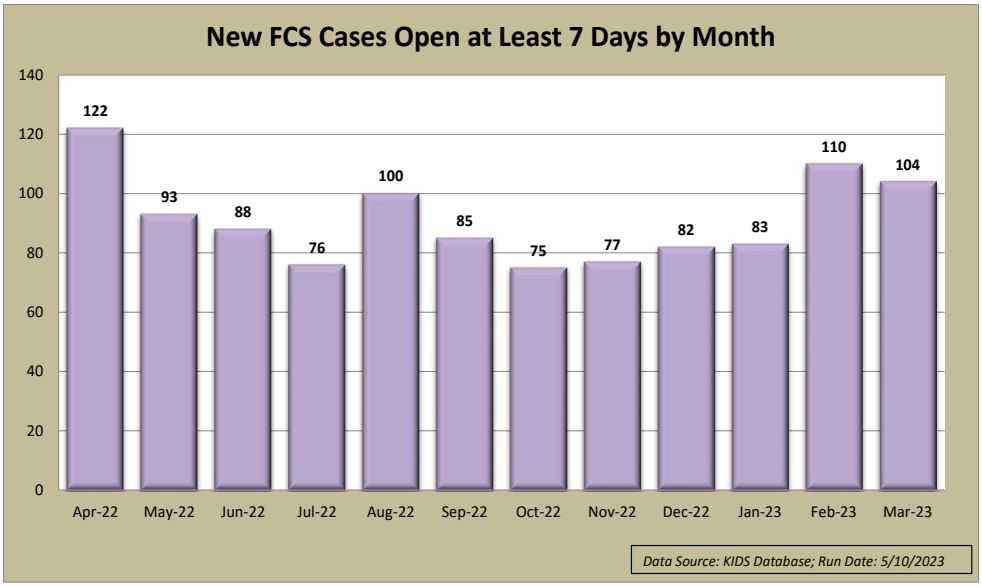


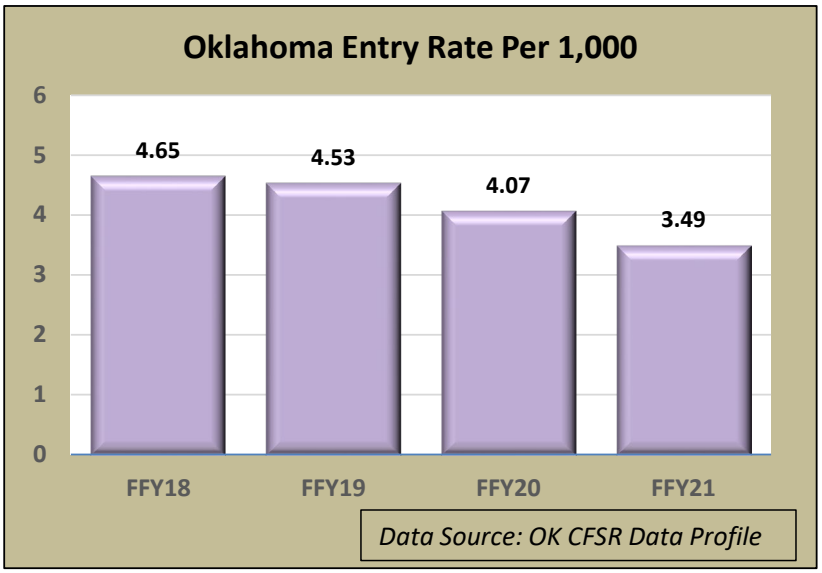
Figure 4

Percent of Closed FCS Cases Successfully Diverted					
SFY	# of Closed Cases	Cases Successfully Diverted	% Successfully Diverted	# Cases with Subsequent Removal	% with Subsequent Removal
SFY 2020	1,361	1,216	89.3%	54	4.4%
SFY 2021	1,340	1,231	91.9%	39	3.2%
SFY 2022	1,207	1,023	84.8%	28	2.7%

*Data Source: YI829 - * Successfully diverted is defined as cases that closed without a removal. Subsequent removal is within 12 months of FCS case closure of those cases that were successfully diverted at FCS case closure.*

As Figure 5 shows, the entry rate of children entering foster care per 1,000 has consistently decreased over the last several Federal Fiscal Years (FFYs), indicating interventions to prevent the removal of children with identified safety threats through services are proving successful.

Figure 5



Despite the positive trending, CWS continues to work on expanding its preventative services. In order to continue to improve upon this outcome, CWS will continue to analyze and enhance effective prevention initiatives. The capacity of CWS to serve children and families for whom prevention services are needed will be increased through:

- strong family-centered practices that focus on understanding and treating safety needs, trauma, and strengthening parental protective capacities;
- a hope-centered, trauma-informed systems approach;
- training and structured and supportive supervision; and
- system transformation to a child and family well-being network.

Strong family-centered practices and a hope-centered, trauma-informed systems approach establish the direction, expectations, and values from which the workforce operates, thus resulting in more empowered employees.

Over the last decade, CWS focused on enhancing tertiary prevention direct services for children and families, as well as CWS practices toward a CW prevention-focused practice model to improve safety and well-being outcomes. These strategies include FCS enhancement through the Safety through Supervision Framework and access to prevention services such as Oklahoma Children's Services (OCS), CHBS – SafeCare®, Youth Villages Intercept®, and the implementation of the Title IV-E Waiver demonstration project – ISS. These programmatic strategies, in alignment with goals and objectives in the CWS 2020-2024 Child and Family Services Plan (CFSP) and in partnership with stakeholders, continue to develop pathways to strengthen families, keep children safely in their own homes, decrease the number of family disruptions by increasing prevention efforts, prevent child maltreatment, and support Oklahoma's shared vision of a child and family well-being network.

The goals, objectives, and strategies outlined in the CFSP, through a CW system focusing on trauma-informed, prevention-based care, ensures the practice, procedures, and policies in place will continue to be enhanced and create sustainable, desired outcomes for Oklahoma children and families. CWS continues to make a comprehensive and systematic transformation of the CW system through strategies aimed at developing tertiary prevention services and reducing entries into foster care. The Oklahoma IV-E Prevention Program Plan further advances CWS' efforts toward decreasing the need for foster care as an intervention and enhances the aim of becoming a hope-centered, trauma-informed organization by expanding capacity in prevention support and services for children at-risk of entering the CW system and by creating a child and family well-being network.

CWS aims to not bring more families into the CW system, but rather improve prevention practices and enhance and expand the services and supports that allow for more families to be served in FCS and not within foster care. CWS continues to utilize multiple strategies toward improving safety decision-making and increasing positive outcomes for children and families while also building capacity to accurately identify safety threats, provide appropriate services to eliminate safety threats, and improve parental protective capacities. The Oklahoma Title IV-E Prevention Program and services are designed to produce change at two levels: the child and family level and the system level. The continued focus on family-centered practice improvement and a hope-centered, trauma-informed systems approach is expected to result in both positive outcomes for children, youth, and their families, and positive functioning within CWS.

Case Review

The case review data portrayed in Figure 6 illustrates a qualitative assessment of the CWS' provision of services to protect child(ren) in the home and prevent removal or reentry into foster care. The data indicates that among applicable cases, CWS demonstrated a Strength in provision of services to prevent removal or re-entry in 77.13 percent of cases and an Area Needing Improvement in 22.87 percent of cases. This demonstrates a 52.13 percent increase when compared to CFSR Round 3. According to the OMS CFSR Practice Performance Report related to recent data, efforts were made to provide appropriate safety-related services while children remained in the home in 80.85 percent of applicable cases. In 26.6 percent of applicable cases, child(ren) were removed from the home because the action was necessary to ensure the child's safety.

Improved performance in this area may be attributed to the statewide implementation of Child Safety Meetings since the CSFR Round 3. These meetings, which are designed to occur before considering removal, allows for exploration of the least restrictive intervention necessary to work with the family while ensuring the safety of the child. Additionally, it allows the families' support systems to be involved in decision making and to offer alternative but safe interventions outside of entry into foster care. Furthermore, the expansion of ISS capacity likely also contributed to improved performance in this area as it allows for a wider range of case and family situations to be considered for in-home services.

Case review data in Figure 6 further indicates that Risk and Safety Assessment and Management is a Strength for CWS in 45.23 percent of cases reviewed, and an Area Needing Improvement in 54.77 percent of cases. This demonstrates a 42.23 percent improvement on Item 2 when compared to Round 3. The OMS CFSR Practice Performance Report indicates that initial assessments that accurately assessed all risk and safety concerns occurred in 65.38 percent of the cases while the ongoing assessments occurred in 52.83 percent of the cases. When safety concerns were present, CWS developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety-related services, in 50.99 percent of the cases.

Overall, case review data for Safety Outcome 2 in Figure 6 indicates Substantially Achieved in 44.92 percent of cases, Partially Achieved in 24.62 percent of cases, and Not Achieved in 30.46 percent of cases. This is a significant improvement from the CFSR Round 3 where 3 percent of cases were found to be Substantially Achieved, 0 percent Partially Achieved, and 88 percent Not Achieved. CWS 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. CWS also continues to build capacity to accurately identify safety threats and provide appropriate services to manage risk and safety throughout the life of the case.

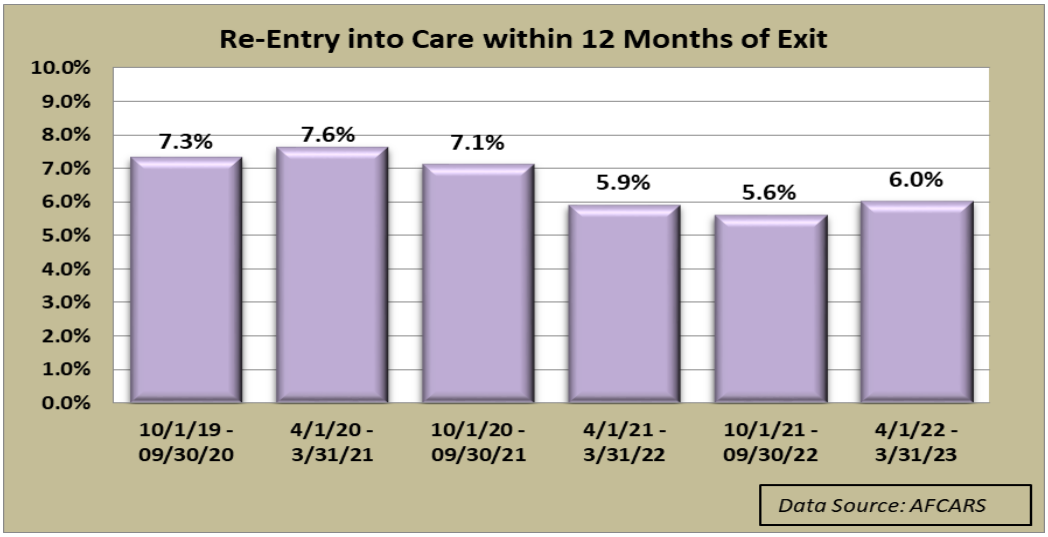
Figure 6

CFSR Case Review Data: 4/2020-9/2022	**Performance Item Rating**			**Outcome Ratings**			
Applicable Cases: 325	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
<u>Safety Outcome 2:</u> Children are safely maintained in their homes whenever possible and appropriate.				**44.92% n=146**	**24.62% n=80**	**30.46% n=99**	**n=0**
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	**77.13% n=145**	**22.87% n=43**	**n=137**				
Item 3: Risk and Safety Assessment and Management	**45.23% n=147**	**54.77% n=178**	**n=0**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023							

<u>Re-entry into Foster Care</u>

As seen in Figure 7, KIDS data shows consistent and or improved performance over the years for re-entry into foster care, indicating that in that critical first year after children return home from foster care, a substantial majority remain safely in their own homes.

Figure 7



High performance in this area is further supported by data found in Oklahoma's CFSR Round 4 February 2023 Data Profile. As seen in Figure 8, CWS is performing statistically better at 3.90 percent than the National Performance Standard (NPS) of 5.60 percent.

Safety in Foster Care

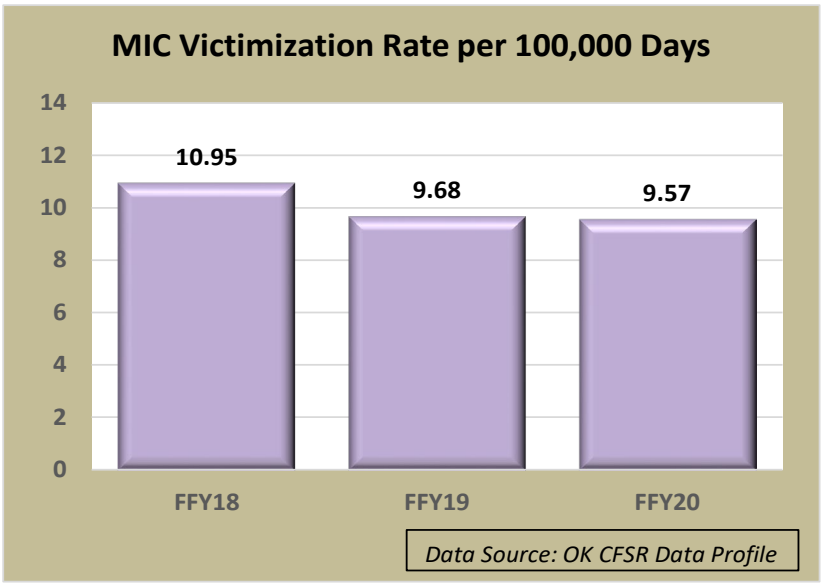
As seen in Figure 8, CWS is performing statistically worse, at 13.80 incidents of maltreatment in care (MIC) per 100,000 days in foster care, than the NPS rate of 9.07. Because CWS does not currently designate the date of the MIC incident in KIDS, some MIC incidents occurred prior to the child entering foster care.

Figure 8

Federal Indicators	National Performance	Oklahoma CFSR Risk Standardized Performance (RSP)	Performance Related To National Performance (NP)
Re-entry to care in 12 months	5.60%	3.90%	Statistically Better than NP
Recurrence of Maltreatment	9.70%	10.40%	Statistically Worse than NP
Maltreatment in Foster Care	9.07 per 100,000 days in care	13.80 per 100,000 days in care	Statistically Worse than NP
Data Source: Oklahoma CFSR 4 Data Profile			

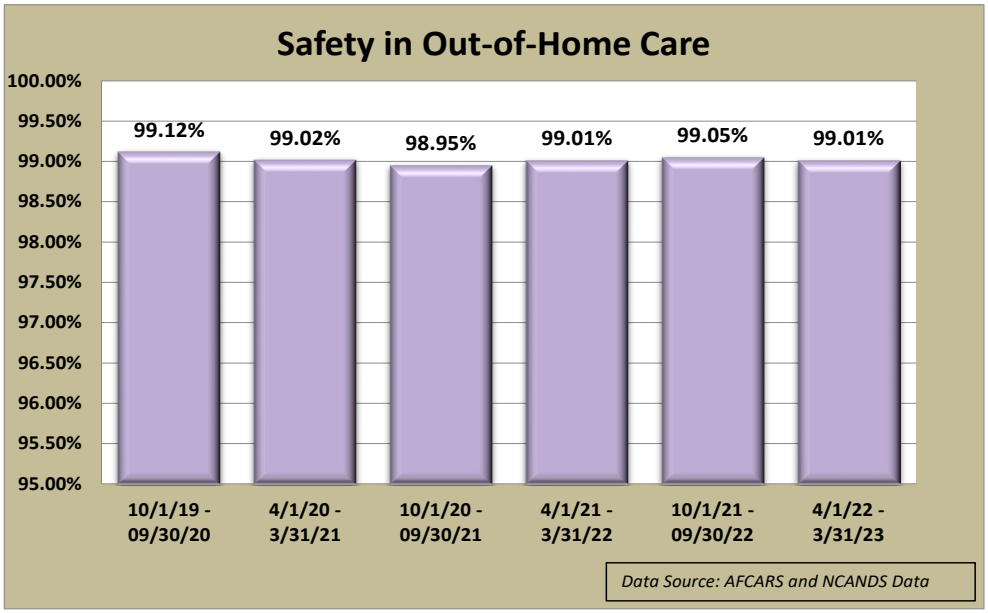
Of note, CWS' rate of MIC has been positively trending as shown in Figure 9. Positive trending in this measure is the result of the various strategies employed with regards to the reduction of MIC as part of Pinnacle Plan efforts.

Figure 9



As seen in Figure 10 below, KIDS data indicates that over 99 percent of children in foster care in 2023 did not experience MIC. A distinction between this data and the Oklahoma's CFSR Round 4 February 2023 Data Profile is that this information only includes MIC by a placement provider during the time the child is in foster care. It does not include maltreatment by family or another caregiver prior to removal.

Figure 10



Recurrence of Maltreatment

Per Figure 11, 96 percent of children in Oklahoma who were victims of abuse or neglect do not experience repeat maltreatment within the subsequent six months. Oklahoma's performance on this measure improved from 95.9 percent in FFY 2020 to 96.1 percent in FFY 2022.

Oklahoma's CFSR Round 4 February 2023 Data Profile shows a similar trajectory of improvement in recurrence of maltreatment, as seen in Figure 12. Specifically, in FFY 2018-2019 and 2019-2020, 11.2 percent of children experienced recurrence, dropping to 10.4 percent in FFY 2021-2022. Despite the progress demonstrated in these two data sets, Oklahoma's overall performance on recurrence of maltreatment at 10.4 percent as seen in Figure 8, is statistically worse than the NPS of 9.7 percent.

Figure 11

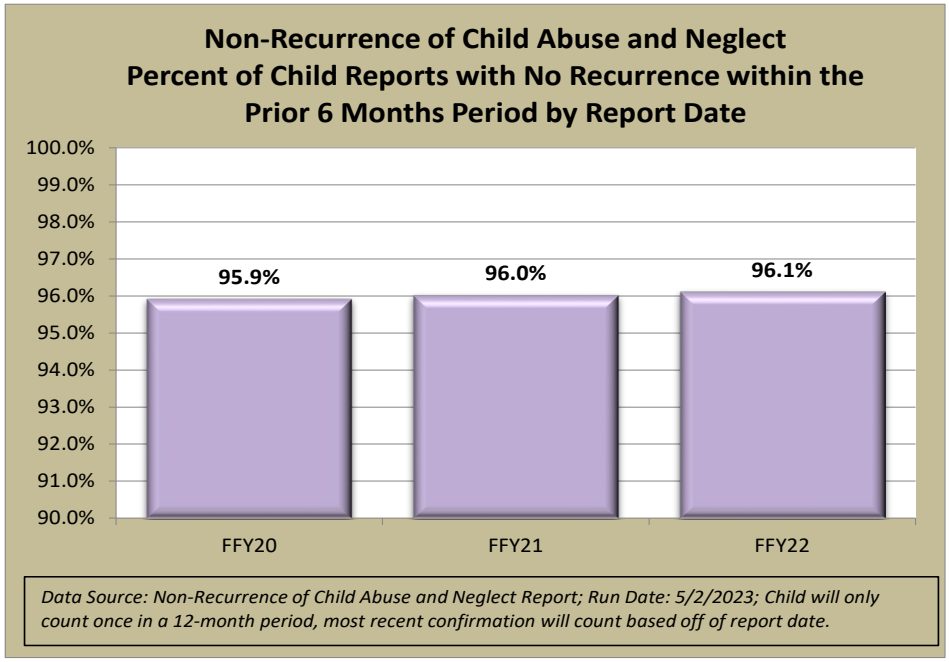
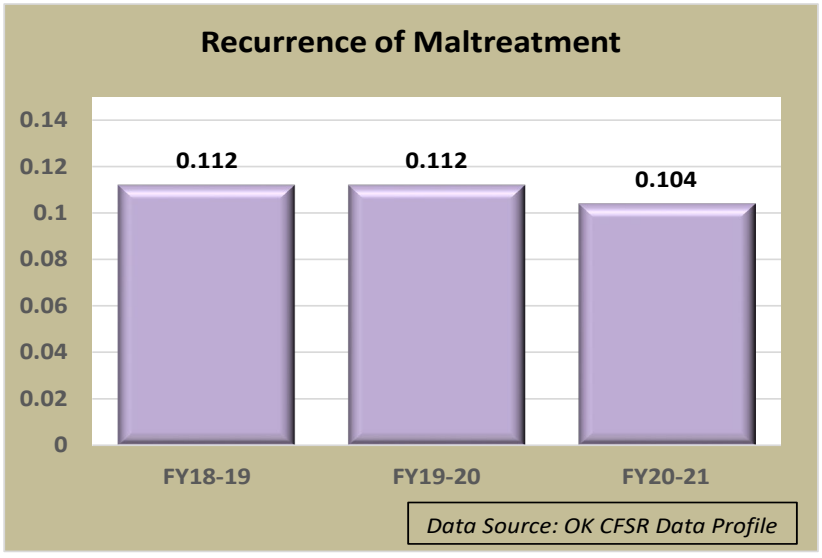


Figure 12



Risk and Safety Management

CWS practices in risk and safety management provide an overall picture of 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 practices 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 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. CWS understands that the accurate assessment of safety, in conjunction with effective service provision, are key for keeping children safe and promoting rapid and safe reunification. CWS is striving to increase the agency's ability to fully assess safety and increase positive outcomes for children and families.

B. Permanency

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

Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?
Item 5: Did the agency establish **appropriate permanency goals** for the child in a **timely manner?**
Item 6: Did the agency make concerted efforts to **achieve reunification**, **guardianship**, **adoption**, **or other planned permanent living arrangement** for the child?

CWS is committed to improving and strengthening outcomes in permanency and stability for children in out-of-home care. Focused efforts on each of the three areas listed below play an important role in the life of a child and their overall outcomes:

- 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.

<u>Stability of Foster Care Placement</u>
CWS understands the importance of placement stability for children in foster 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 their needs. Each placement change that a child experiences can add to the stress and trauma they endure while in foster care. Fewer placement moves contribute to positive outcomes for children and families. Figure 13 shows CWS' placement stability rates compared to the NPS.

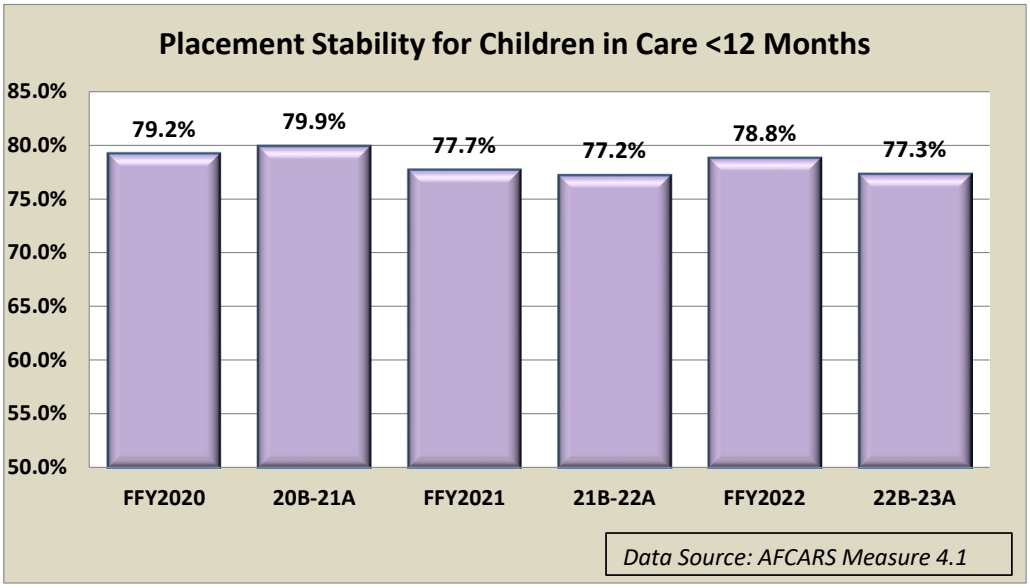
As shown in Figure 13, Oklahoma's CFSR Round 4 Data Profile indicates placement stability is an Area Needing Improvement with a rate of 6.13 moves per 1,000 days in foster care compared to the NPS of 4.48 moves per 1,000 days.

Figure 13

Federal Indicator	National Performance	Oklahoma CFSR Risk Standardized Performance (RSP)	Performance Related To National Performance (NP)
Placement Stability	4.48 per 1,000 days in care	6.13 per 1,000 days in care	Statistically worse than NP
			Data Source: Oklahoma CFSR 4 Data Profile

In FFY 2023, most children in foster care less than 12 months had fewer than two placements. Data in Figure 14 illustrate the percentage of children with fewer than two placements. The overall trending for placement stability is negative currently with an average of 78.4 percent over the last three years. Negative trending in this measure can likely be attributed, in part, to challenges experienced as a result of the COVID-19 pandemic. Additionally, this measure does not take into account those moves that would be considered intentional for the purposes of moving closer to achieving permanency.

Figure 14



Placement stability as examined in case reviews includes not only the number of moves but an evaluation of the reason for the move. Thorough examination of all moves occurred to determine if moves were planned, purposeful, and meaningful with the intent to improve permanency outcomes for children. In Figure 15, case review data indicate that placement stability is a Strength for Oklahoma in 64.5 percent of cases with the current placement being stable in 90.5 percent of cases. Additionally, 35.85 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 the OMS CFSR Practice Performance Report. Although CWS still needs to improve in this area, compared to the CFSR Round 3, CWS has increased the percentage of Strength ratings by 5.5 percent. The increase in Strength rating when compared to Round 3 case review data is likely a result of various strategies employed as part of Pinnacle Plan efforts as they relate to placement stability.

Figure 15

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 200	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 4: Stability of Foster Care Placement	**64.5% n=129**	**35.5% n=71**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023			

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 influence a child's success in maintaining placement, the receipt of consistent services for identified needs, whether those are physical, mental, or behavioral, are critical, as illustrated later in Well-Being Outcomes 2 and 3. Placement stability is considered a crucial component for positive outcomes.

Permanency Goal for Child

CWS 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 seen in Figure 16, 98.9 percent of the children who should have a documented case plan goal do have one.

Figure 16

CFSR Item 20a - Period Ending 3/31/2023 - 22B - 23A				
Period	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage with a Case Plan Goal
20B - 21A	11,706	11,073	10,951	98.9%
21B - 22A	11,222	10,619	10,469	98.6%
22B - 23A	10,750	10,163	10,000	98.4%
Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)				

Case reviews assess case circumstances, including the involvement of the child and parents, and the appropriateness and timely determination of all case plan goals. This includes the assessment of timely and appropriate 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 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. As seen in Figure 17, 58.5 percent of applicable cases were rated as a Strength and of those cases, 76 percent had an appropriate case plan goal, and 71 percent had a case plan goal that was established timely. CWS' performance increased in this area by 37.5 percent since the CFSR Round 3. Improved performance in this area is attributed to the development of the Family Meeting Continuum (FMC) which has resulted in increased

family engagement and caseworker contacts with parents as part of Pinnacle Plan strategies. This, coupled with enhanced transfer of learning practices for CW staff as a result of the CFSR case review debriefing process established since the CFSR Round 3, is a positive impact on this measure.

Figure 17

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 200	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 5: Permanency Goal for Child	**58.5% n=117**	**41.5% n=83**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023			

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

CWS is committed to achieving permanency in a timely manner for children in foster care. The goal 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, CWS strives to achieve permanency for the child through adoption, guardianship, or another permanent living situation. Per Figure 18, Oklahoma's CFSR Round 4 Data Profile indicates that permanency achievement within 12 months is an Area Needing Improvement.

Figure 18

Federal Indicators	National Performance	Oklahoma CFSR Risk Standardized Performance (RSP)	Performance Related To National Performance (NP)
Permanency in 12 months (entries)	35.2%	29.8%	Statistically Worse than NP
Permanency in 12 months (12-23 months)	43.8%	50.1%	Statistically Better than NP
Permanency in 12 months (24+ months)	37.3%	38.8%	Statistically No Different than NP
Re-entry to foster care in 12 months	5.6%	3.9%	Statistically Better than NP
Data Source: Oklahoma CFSR 4 Data Profile			

Of the 200 applicable cases included in case reviews, 39.5 percent had concerted efforts made toward permanency, as seen in Figure 19. Case review data indicates that permanency achievement is an Area Needing Improvement in 60.5 percent of cases. Compared to the CFSR Round 3 Statewide Assessment, CWS has improved by 29.5 percent on this measure. Improved performance in this area is attributed to the development of the FMC which has resulted in increased family engagement and caseworker contacts with parents as part of Pinnacle Plan strategies related to permanency, as indicated in both CFSR case review debriefings and stakeholder interviews. Additionally, the expansion of efforts by CWS to increase guardianships may have contributed as well.

Figure 19

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 200	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 1: Children have permanency and stability in their living situations.			
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**39.5% n=79**	**60.5% n=121**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023			

As shown in Figure 20, permanency for children is comprised of stability of foster care placements, which was a Strength in 64.5 percent of cases reviewed, permanency goal for the child which was a Strength in 58.5 percent of cases reviewed, and achieving reunification, guardianship, adoption, or other planned permanent living arrangements which was a Strength in 39.5 percent of the cases. Overall, the outcome of ensuring that children have permanency and stability in their living situation was Substantially Achieved in 22 percent of cases, Partially Achieved in 67.5 percent of cases, and Not Achieved in 10.5 percent of cases reviewed. The area most in need of improvement is achieving reunification, guardianship, adoption, or other planned permanent living arrangement. For this outcome, CWS still improved in all areas since the CFSR Round 3. Improvements in these areas are likely a result of the various Pinnacle Plan strategies employed with regard to achieving timely permanency. Specifics regarding those efforts may be found in other sections of this CFSR Round 4 Oklahoma Statewide Assessment.

Figure 20

CFSR Case Review Data: 4/2020-9/2022	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 200	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Permanency Outcome 1: Children have permanency and stability in their living situations.				**22% n=44**	**67.5% n=135**	**10.5% n=21**	**n=0**
Item 4: Stability of Foster Care Placement	**64.5% n=129**	**35.5% n=71**	**n=0**				
Item 5: Permanency Goal for Child	**58.5% n=117**	**41.5% n=83**	**n=0**				
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**39.5% n=79**	**60.5% n=121**	**n=0**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 4/3/2023							

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

Item 7: Did the agency make concerted efforts to ensure that **siblings in foster care are placed together** unless separation was necessary to meet the needs of one of the siblings?
Item 8: Did the agency make concerted efforts to ensure that **visitation between a child in foster care and his or her mother, father, and siblings** was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?
Item 9: Did the agency make concerted efforts to **preserve the child's connections** to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

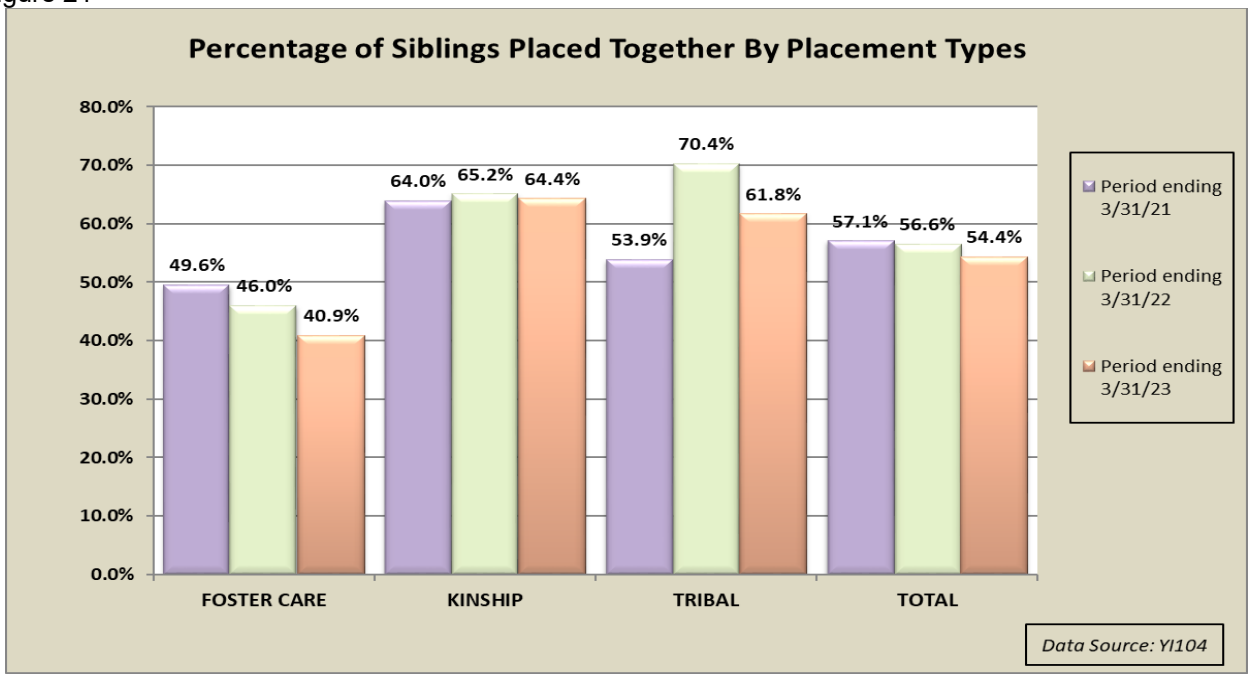
Item 10: Did the agency make concerted efforts to **place the child with relatives** when appropriate?
Item 11: Did the agency make concerted efforts to promote, support, and/or maintain **positive relationships between the child in foster care and his or her mother and father** or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

CWS is committed to preserving the continuity of family relationships and connections for children. This commitment is accomplished through a comprehensive approach to five different opportunities:

- 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.

<u>Placement with Siblings</u>
CWS understands the importance of sibling connections and placement of siblings together. Foster homes that can provide for the care and supervision necessary to ensure safety while meeting siblings' permanency and well-being needs are essential. Figure 21 shows the percent of siblings in foster care placed together have slightly decreased over the last three years by 2.7 percent. This decline may be associated with the challenges faced during and post COVID-19 pandemic. Kinship homes and Tribal homes appear to consistently have an overall higher percentage of children who are part of a sibling group which indicates they have a higher propensity to accept sibling groups of varying sizes.

Figure 21



Case review data indicates that siblings were placed together in 71.53 percent of applicable cases, per Figure 22. This rate is a 4.53 percent increase since the CFSR Round 3.

Figure 22

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 137	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 7: Placement With Siblings	**71.53% n=98**	**28.47% n=39**	**n=63**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

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

Relative Placement

CWS 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 foster care. Early identification of appropriate and stable kinship placements for children can assist in improving outcomes such as preserving connections and the continuity of family relationships.

Case review data reflected in Figure 23 indicate that placement with a relative occurred in 79.9 percent of cases. This outcome also improved by 45.9 percent since the CFSR Round 3. This increase in performance on this item is likely attributed to various strategies undertaken as a result of Pinnacle Plan system improvement efforts including but not limited to:

- Upon removal of a child and the placement search, district directors began confirming kinship search options have been exhausted by CW staff prior to approval of a traditional placement.
- Implementation of the CarePortal, a web-based system that CW staff can submit requests to faith-based community partners for foster parent support.
- Launch of the Kinship Family Connections research program in Region 3, through federal funding and now a grant through the Arnall Foundation, to provide specific supports for kin families.
- Creation and implementation of Initial Meetings where a team comes together to document supports for the foster family.
- Enhanced Foster Care (EFC) program development which provides more concentrated services and support to families with placement of children with complex needs.

Figure 23

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 199	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 10: Relative Placement	**79.9% n=159**	**20.1% n=40**	**n=1**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

As per Figure 24 the majority of the CWS foster care population spend a greater percentage of their time in kinship homes. 49.2 percent of total bed days for the identified 12-month period were in kinship placements. This is a substantially higher percentage of days than other placement types.

Figure 24

Placement Days by Resource Type for 12 Months Ending March 31, 2023						
RESOURCE TYPE	**Age 0-2**	**Age 3-5**	**Age 6-12**	**Age 13-17**	**Total**	**TOTAL**
KINSHIP FOSTER CARE	375407	242995	369903	167991	1156296	**49.2%**
REGULAR FOSTER CARE	293032	217773	246873	85681	843359	**35.9%**
CONGREGATE CARE	5296	2496	43212	142109	193113	**8.2%**
TFC	0	3504	31008	6826	41338	**1.8%**
OTHER	32864	22090	27414	31943	114311	**4.9%**
TOTAL	**706599**	**488858**	**718410**	**434550**	**2348417**	**100.0%**
Data Source: Measure1c - Placement Days by Resource Type Report; Run Date: 4/5/2023						

Visiting with Parents and Siblings in Foster Care and Relationship of Child in Care with Parents

Per Figure 25, case review data shows Strength in providing visitation that is both of sufficient frequency and quality to promote the continuity of relationships. According to case reviews, CWS demonstrated strong visitation practice in 63.52 percent of applicable cases. CWS has improved in this area by 58.52 percent since the CFSR Round 3. This improvement in performance is likely attributed to the development and use of the Family Time model. The OMS CFSR Practice Performance Report indicate that strongest practice occurred between

children and mothers, as frequency was determined as sufficient in 84.55 percent of those cases. Sufficient frequency of visits between the child and father was found in 80.95 percent of cases. In 58.54 percent of cases, case reviews indicated that the child and siblings had sufficient frequency of 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 and/or father and siblings.

Figure 25

CFSR Case Review Data: 4/2020-9/2022	**Performance Item Rating**		
Applicable Cases: 159	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 8: Visiting With Parents and Siblings in Foster Care	**63.52% n=101**	**36.48% n=58**	**n=41**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

As detailed in the OMS CFSR Practice Performance Report, visits between children and fathers were the most likely to demonstrate high quality, as this occurred in 86.67 percent of applicable cases. Quality visits occurred between the child and mother in 85.19 percent of cases and between the child and siblings in 84.42 percent of cases. Case review data reflect that efforts to maintain and promote the continuity of relationships through frequency and quality visits between the child and mother occurred in 77.27 percent of the cases, and between the child and father in 75 percent of the applicable cases.

As shown in Figure 26, an overall effort to support relationships between children in foster care and parents is a Strength in 77.5 percent of case reviews. CWS improved on this measure by 61.5 percent since the CFSR Round 3. This improvement in performance is likely attributed to the development and use of the Family Time model.

Figure 26

CFSR Case Review Data: 4/2020-9/2022	**Performance Item Rating**		
Applicable Cases: 120	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 11: Relationship of Child in Care With Parents	**77.5% n=93**	**22.5% n=27**	**n=80**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Preserving Connections

CWS recognizes the importance of identifying and maintaining a child's permanent connections. Figure 27 indicates improvement on this measure by 41 percent since CFSR Round 3. This improvement in performance is likely attributed to the development and use of the Family Time model. Despite the improvement, this is an Area Needing of Improvement regarding identifying and maintaining important connections for children as this occurred in 58 percent of the applicable cases reviewed.

Figure 27

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 200	**Strength**	**Area Needing Improvement**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.			
Item 9: Preserving Connections	**58% n=116**	**42% n=84**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Preserving Connections: Tribes

CWS understands that children have a right to maintain connections to their tribe(s) and that compliance with the Indian Child Welfare Act (ICWA) is a priority for the CW system. CWS has already implemented efforts to assist with meeting ICWA compliance by:

- Recognition that partnership with tribal partners is critical.
- 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 CW 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 CWS to achieve positive outcomes in Permanency Outcome 2, CWS will continue to 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 CWS to maintain important relationships.

By continuing to enhance the practice of involving the child and parents and/or caregivers and siblings in case planning and decision making, CWS should not only offer visitation that meets the individualized developmental needs of the child and family, but also include opportunities to promote, support, and maintain children's positive relationships with their parents, culture, community, and/or caregivers.

A shown in Figure 28, the continuity of family relationships and connections is comprised of placement with siblings, where CWS demonstrated Strength in 71.53 percent of cases reviewed, visiting with parents and siblings, where the CWS demonstrated Strength in 63.52 percent of cases reviewed, preserving connections which was a Strength in 58 percent of cases reviewed, relative placement which was a Strength in 79.9 percent of cases reviewed, and relationships between the child in out-of-home care with their parents, which was a Strength in 77.5 percent of cases reviewed. The overall strength of 64 percent Substantially Achieved, demonstrates a 54 percent increase since the CFSR Round 3.

Figure 28

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating			Outcome Ratings			
Applicable Cases: 200	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.				**64% n=128**	**32% n=64**	**4% n=8**	**n=0**
Item 7: Placement With Siblings	**71.53% n=98**	**28.47% n=39**	**n=63**				
Item 8: Visiting With Parents and Siblings in Foster Care	**63.52% n=101**	**36.48% n=58**	**n=41**				
Item 9: Preserving Connections	**58% n=116**	**42% n=84**	**n=0**				
Item 10: Relative Placement	**79.9% n=159**	**20.1% n=40**	**n=1**				
Item 11: Relationship of Child in Care With Parents	**77.5% n=93**	**22.5% n=27**	**n=80**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022							

C. Well-Being

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

Item 12: Did the agency make concerted efforts to **assess the needs** of and **provide services** to **children, parents, and foster parents** to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
Item 13: Did the agency make concerted efforts to involve the **parents and children** (if developmentally appropriate) **in the case planning** process on an ongoing basis?
Item 14: Were the **frequency and quality of visits between caseworkers and child(ren)** sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
Item 15: Were the **frequency and quality of visits between caseworkers and the mothers and fathers** of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

CWS holds the value of "Nothing about us without us" as part of the CWS Practice Standards. In a CWS case, the family, the caseworker, 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 CWS Practice Standard is a critical component to successfully enhancing the state's capacity to help children and families achieve positive outcomes.

Conducting a comprehensive assessment is the foundation for identifying services that will effectively address the underlying needs of children and families. In order for families to have enhanced capacity to provide for their children's needs, CWS must accurately assess and provide services that address the individual needs of the children, parents, and foster parents. Assessment of children, parents, and foster parents on an ongoing basis is required to identify the 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.

Needs Assessment and Services to Child(ren)

Case Review Item 12A evaluates performance on assessments of children's social and emotional development, which may include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills. For youth ages 14 and older, assessment and provision of services by the Oklahoma Successful Adulthood program should also occur.

Case review data per Figure 29 indicate that assessment of needs and provision of services to children was a Strength in 67.69 percent of cases and an Area Needing Improvement in 32.31 percent of cases. Compared to the CFSR Round 3, CWS improved on this measure by 58.69 percent. This improvement in performance may be attributed to the development of EFC, treatment team meetings, and the updated Child and Family Resource Support Plan. Further, the OMS CFSR Practice Performance Report indicates that a comprehensive assessment of children's needs was found to be completed in 80 percent of applicable cases and 62.65 percent were provided appropriate services to meet identified needs.

Figure 29

CFSR Case Review Data: 4/2020-9/2022	**Performance Item Rating**		
Applicable Cases: 325	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12A: Needs Assessment and Services to Children	**67.69% n=44**	**32.31% n=21**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Needs Assessment and Services to Parents

Assessment of parents' needs, whether formally or informally, focuses on an in-depth understanding 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.

To effectively serve parents, CWS must continue to improve CW staff's ability to identify the causes of behaviors related to safety threats and provide effective services that will create opportunities for behavior change.

Figure 30 shows case review data related to the assessment and provision of services to parents. The data reflects Strength in this practice in 66.04 percent of cases and an Area Needing Improvement in 33.96 percent of applicable cases. Compared to CFSR Round 3, of 0 percent Strengths, CWS improved by 66.04 percent on this measure. CWS' improvement in this area may be attributed to the increased caseworker and parent contacts as a result of the implementation of the FMC. 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.

Figure 30

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 255	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12B: Needs Assessment and Services to Parents	**66.04% n=35**	**33.96% n=18**	**n=12**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Needs Assessment and Services to Foster Parents

The assessment of the parent's needs, formally or informally, focuses on having an in-depth understanding of the parents' individual needs related to their ability to provide appropriate care and supervision to ensure the safety and well-being of the children. Adequate assessments of these needs are crucial to maintaining a child safely in a stable placement and achieving case plan goals.

Case review data in Figure 31 reflects that the needs of, and services to, foster parents was a Strength rating in 81.58 percent of cases and an Area Needing Improvement in 18.42 percent of applicable cases. Compared to the CFSR Round 3, CWS improved by 71.58 percent on this measure.

Figure 31

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 189	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12C: Needs Assessment and Services to Foster Parents	**81.58% n=31**	**18.42% n=7**	**n=27**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Figure 32 indicates that overall assessment of needs and service provision is a Strength in 58.46 percent of cases and an Area Needing Improvement in 41.54 percent of applicable cases. Compared to the CFSR Round 3, CWS improved on this measure by 53.46 percent. In examining the sub items, 12A Needs and Services of the Child, 12B Needs and Services of the Parents, and 12C Needs and Services of the Foster Parents, all sub-items show to be positively trending over the last three years with the most recent case review data from October 2021 through September 2022 resulting in 12A at 68.4 percent, 12B at 63.5 percent, and 12C at 81.5 percent. The case review data suggest that at times needs are not thoroughly and accurately assessed consistently, and therefore appropriate services are not always provided to meet needs and that frequency and quality of contacts for both parents and children tend to impact this item.

Figure 32

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 325	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 12: Needs and Services of Child, Parents, and Foster Parents	**58.46% n=38**	**41.54% n=27**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Child and Family Involvement in Case Planning

In-home services and PP policies require that the development of all case plans occur in collaboration with the family and further require active efforts to locate both parents and involve them in case planning. In addition to parents, PP caseworkers are required to encourage the participation and involvement of family members and substitute care providers in the development of the individualized service plan.

Case review data in Figure 33 indicate that children and family were involved in case planning in 70.49 percent of cases. Compared to the CFSR Round 3, CWS improved by 67 percent on this measure. Positive trending observed is likely tied to the parent engagement focus and strategies that all regions have implemented as part of their practice improvement charters and Pinnacle Plan efforts towards achieving timely permanency.

Figure 33

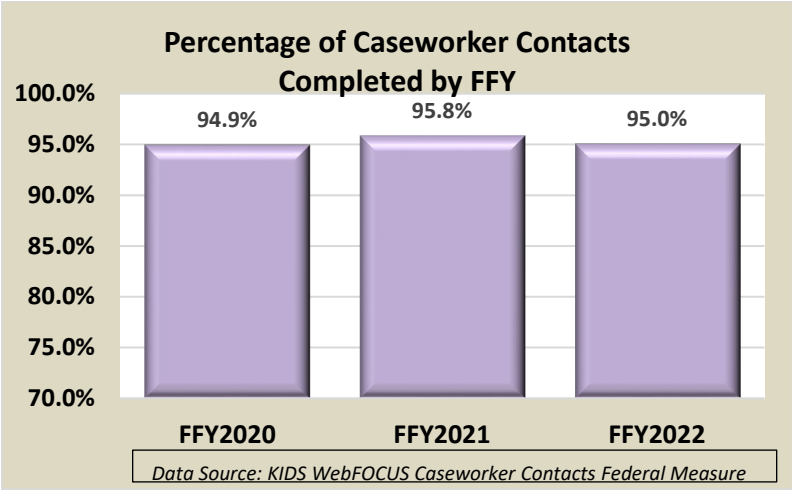
CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 305	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 13: Child and Family Involvement in Case Planning	**70.49% n=43**	**29.51% n=18**	**n=4**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Caseworker Visits with Child

In-home services policies and procedures require weekly visits with children during the initial provision of in-home services with visits lessening to twice monthly over time depending on case circumstances. PP policy requires caseworkers to visit each child in OKDHS custody at least monthly with no more than 31 days between visits.

KIDS data in Figure 34 demonstrates Strength regarding caseworker visits with children in foster care. In FFY 2022, 95 percent of children were visited by a caseworker within policy timeframes. CWS has consistently performed well in this area.

Figure 34



Qualitative data from case reviews in Figure 35 indicates that caseworker visits with children was an Area Needing Improvement in 55.38 percent of applicable cases. Compared to the CFSR Round 3, CWS improved by 41 percent on this measure. According to the OMS CFSR

Practice Performance Report, the frequency of caseworker visits with children was less than twice a month, but at least once a month in 51.69 percent of cases reviewed, which was sufficient in 69.54 percent of those cases.

According to case review data, it's not just the frequency of caseworker visits that determines sufficiency, but the quality of those caseworker visits which determine overall performance. According to the OMS CFSR Practice Performance Report, the quality of visits between caseworkers and child(ren) was sufficient in 56.31 percent of cases reviewed.

Figure 35

CFSR Case Review Data:04/2020-9/2022	Performance Item Rating		
Applicable Cases: 325	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 14: Caseworker Visits with Children	**44.62% n=29**	**55.38% n=36**	**n=0**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Caseworker Visits with Parents

Case review data in Figure 36 indicates that caseworker visits with parents was a strength in 62.26 percent of cases and an Area Needing Improvement in 37.74 percent of applicable cases. Compared to the CFSR Round 3, CWS improved on this measure by 62.26 percent. Further evaluation, from the OMS CFSR Practice Performance Report, indicates that the frequency of worker visits with mothers occurred at least monthly in 80.08 percent of cases reviewed, and there were no cases where the caseworker never had a visit with the mother. Case reviews found sufficient patterns of visitation between the caseworker and mother in 68.88 percent of cases. The OMS CFSR Practice Performance Report indicated that the frequency of worker visits with fathers was at least monthly in 69.43 percent of cases reviewed, and the caseworker never had a visit with the father in 1.04 percent of applicable cases. Case reviews found a Strength in patterns of visitation between the caseworker and father in 59.59 percent of cases.

Additionally, according to the OMS CFSR Practice Performance Report, the quality of visits between the caseworker and mother was a Strength in 60 percent of cases reviewed and was a Strength in 52.11 percent of visits with the father. In looking at both overall frequency and quality of caseworker visits with the mother, 51.45 percent of the cases were determined to be a Strength. For visits with fathers, 43.52 percent of cases were deemed a Strength. Positive trending observed in this measure is likely tied to the parent engagement focus and strategies that all regions have implemented as part of their practice improvement charters and Pinnacle Plan efforts towards achieving timely permanency.

Figure 36

CFSR Case Review Data: 4/2020-9/2022	Performance Item Rating		
Applicable Cases: 255	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			
Item 15: Caseworker Visits With Parents	**62.26% n=33**	**37.74% n=20**	**n=12**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

Based on the data described in detail within this outcome, CWS has some established Strengths. CWS has consistently performed strongly regarding the frequency of caseworker visits with children over the past three years. In addition, caseworkers have shown marked improvement in meeting quality standards for visits with children. Despite these established strengths and marked improvements case review data indicate that in-depth conversations surrounding safety, permanency, well-being, and case planning are still at times not occurring.

Case review data regarding current practice with parents shows that CWS has improved significantly in meeting minimum policy requirements for monthly contact with parents and thus has a greater opportunity to effectively assess parents' protective capacities, manage or identify safety threats, and evaluate parents for the behavior changes necessary to enhance their capacity to safely provide for their children.

The multiple components of this outcome demonstrate the connections of CWS 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 Figure 37. Enhanced frequency and quality of contacts leads to a more informed assessment of needs, which results in more effective and appropriate services being identified, and in turn leads to families more quickly developing an enhanced capacity to provide for their children's needs. Despite the established Strengths and marked improvements in several of the Items, overall, Well-Being Outcome 1 remains an Area Needing Improvement with 38.77 percent Substantially Achieved, 31.69 percent Partially Achieved, and 29.54 percent Not Achieved.

Figure 37

CFSR Case Review Data: 4/2020-9/2022	**Performance Item Rating**			**Outcome Ratings**			
Applicable Cases: 325	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
<u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for their children's needs.				**38.77% n=126**	**31.69% n=103**	**29.54% n=96**	**n=0**
Item 12: Needs and Services of Child, Parents, and Foster Parents	**45.54% n=148**	**54.46% n=177**	**n=0**				
Item 12A: Needs Assessment and Services to Children	**63.69% n=207**	**36.31% n=118**	**n=0**				
Item 12B: Needs Assessment and Services to Parents	**52.94% n=135**	**47.06% n=120**	**n=70**				
Item 12C: Needs Assessment and Services to Foster Parents	**75.13% n=142**	**24.87% n=47**	**n=136**				
Item 13: Child and Family Involvement in Case Planning	**60.98% n=186**	**39.02% n=119**	**n=20**				
Item 14: Caseworker Visits with Children	**46.77% n=152**	**53.23% n=173**	**n=0**				
Item 15: Caseworker Visits With Parents	**45.1% n=115**	**54.9% n=140**	**n=70**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022							

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

Item 16: Did the agency make concerted efforts to assess **children's educational needs**, and appropriately address identified needs in case planning and case management activities?

CWS 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 accurately assess the educational needs of children is important to ensure that each child receives appropriate services to address identified needs, maintain placement stability, and strengthen their overall educational experience.

Assessing Educational Needs of the Child

Case review data in Figure 38 indicates that CWS accurately and thoroughly assessed the educational needs of children and made efforts to ensure that educational needs were appropriately addressed in case planning 75.64 percent of the cases reviewed. Compared to the CFSR Round 3 case review data, CWS improved by 25.64 percent in this measure. Improved performance in this area may be the result of improvements made to the KIDS Passport and the data connections established with the Oklahoma Department of Education since the CFSR Round 3. The OMS CFSR Practice Performance Report indicates that CWS accurately assessed the educational needs of children in 79.91 percent of the cases, and addressed those educational needs through appropriate services through case planning in 69.84 percent of the cases.

Figure 38

CFSR Case Review Data: 4/2021-9/2022	Performance Item Ratings			Outcome Ratings			
Applicable Cases: 234	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.				**75.64% n=177**	**4.27% n=10**	**20.09% n=47**	**n=91**
Item 16: Educational Needs of the Child	**75.64% n=177**	**24.36 % n=57**	**n=91**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022							

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

Item 17: Did the agency address the **physical health needs** of children, including dental health needs?

Item 18: Did the agency address the **mental/behavioral health needs** of children?

CWS recognizes the importance of accurately assessing children's physical and mental/behavioral health needs and providing adequate services to meet them. Being able to accurately assess the physical and mental/behavioral health needs of children is important to ensure that each child receives appropriate services to address the identified needs, ensure safety, maintain placement stability, and increase timely exits to permanency.

Outcomes related to physical and mental health evaluate both the assessment and provision of appropriate services to address children's physical and mental/behavioral health needs, as well as appropriate oversight of children's medications.

Case review data in Figure 39 indicates that overall CWS accurately identified and provided adequate services to meet children's physical/dental and mental health needs and Substantially Achieved in 45.69 percent of the cases reviewed, Partially Achieved in 23.96 percent of cases reviewed, and was Not Achieved in 30.35 percent of cases reviewed. The overall Strength rating of 45.69 percent is an increase in performance of 15.69 percent since the CFSR Round 3.

In terms of sub-items, CWS addressed the physical/dental health needs of children in 55.81 percent of cases, and the mental/behavioral health needs of children in 59.45 percent of cases. Compared to the CFSR Round 3, Oklahoma improved performance by 8.81 percent in physical/dental health needs addressed and 48.45 percent in mental/behavioral health needs addressed, respectively. Additionally, both assessment of physical health of the child and mental/behavioral health of the child, case review data has consistently trended positively over the last three years.

Further evaluation found in the OMS CFSR Practice Performance Report indicates that CWS accurately assessed children's physical health care needs in 74.32 percent of applicable cases and dental needs in 60.21 percent of cases. This report also indicates that ongoing conversations about children's physical and dental health are regularly occurring with children and placement providers.

Figure 39

CFSR Case Review Data: 4/2021-9/2022	**Performance Item Rating**			**Outcome Ratings**			
Applicable Cases: 313	**Strength**	**ANI**	**Cases NA**	**Substantially Achieved**	**Partially Achieved**	**Not Achieved**	**Cases NA**
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.				**45.69% n=143**	**23.96% n=75**	**30.35% n=95**	**n=12**
Item 17: Physical Health of the Child	**55.81% n=144**	**44.19% n=114**	**n=67**				
Item 18: Mental/Behavioral Health of the Child	**59.45% n=173**	**40.55% n=118**	**n=34**				
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022							

Physical/Dental Health of the Child

The OMS CFSR Practice Performance Report further indicates that providing appropriate services to children to address identified physical health needs is a Strength in 72.18 percent of applicable cases. This report also states that CWS provided appropriate oversight of prescription medication for physical health needs in 88.31 percent of applicable cases. Case reviews indicate that CWS provided appropriate services to children for identified dental needs in 57.07 percent of case reviews.

Mental/Behavioral Health of the Child

Case reviews in Figure 40 indicates that in terms of provision of appropriate mental/behavioral health care, CWS demonstrated Strength in 59.45 percent of applicable cases. When compared to the CFSR Round 3, this demonstrates a 48.45 percent increase.

This measure evaluates both the assessment of needs, the provision of appropriate services to meet identified needs, and the appropriate oversight of medication to address needs.

Figure 40

CFSR Case Review Data: 4/2021-9/2022	Performance Item Rating		
Applicable Cases: 291	**Strength**	**Area Needing Improvement**	**Cases NA**
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.			
Item 18: Mental/Behavioral Health of the Child	**59.45% n=173**	**40.55% n=118**	**n=34**
Data Source: CFSR Portal/OMS/OSRI/Oklahoma; Date: 9/27/2022			

According to the OMS CFSR Practice Performance Report, assessment of children's mental/behavioral health was a Strength in 67.7 percent of applicable cases. Case review data further indicates that CWS provided appropriate mental/behavioral health services in 57.51 percent of applicable cases. Oversight of mental/behavioral prescription medication was assessed as a Strength in 88.14 percent of applicable cases.

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

The Statewide Automated Child Welfare Information System (SACWIS), referred to as KIDS, is a comprehensive case management tool used by child welfare (CW) 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 Child Welfare Services (CWS). The KIDS application, which was the nation's first SACWIS, has been operational statewide since June 1995 and has received several technology related awards.

All CWS programs are incorporated into the KIDS application. This includes: Abuse and Neglect Hotline (Hotline), Child Protective Services (CPS), Family-Centered Services (FCS), Foster Care & Adoption (FC&A), CWS Training program, Office of Client Advocacy (OCA), Interstate Compact for the Placement of Children (ICPC), Permanency Planning (PP), and the Oklahoma Successful Adulthood (OKSA) program. Oklahoma Human Services (OKDHS) CWS policy contains Instructions to Staff on data entry into KIDS and is updated as policy changes. The system is adapted to reflect practice and policy changes through quarterly updates. KIDS is the child's official electronic case record with supporting paper documents. A File Cabinet function allows users to store documents and photographs into the KIDS case record. An external document management system, OnBase, is also available for users to upload case information including documents and photographs. Interfaces exist for Child Support, Eligibility, Financial Management, Human Resources, Oklahoma Health Care Authority (OHCA), Oklahoma State Department of Education (OSDE), and Juvenile Justice Services to pull information onto the KIDS screen for a smooth, ongoing data exchange.

In the CFSR Round 3 Final Report, CWS received an overall rating of Strength for Item 19; thus, CWS Substantially Achieved the systemic factor of Statewide Information System. The key findings related to the Statewide Information System indicated: In the statewide assessment, Oklahoma provided data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) showing that depending on the data elements, the required data elements were present for children in care statewide in 97.79 percent to 100 percent of the cases.

For the CFSR Round 4, data provided below from AFCARS shows that of the required data elements for children in out-of-home care statewide, those data elements were present in 98.14 percent to 100 percent of the cases. Thus, Item 19 would be functioning as a Strength and will Substantially Achieve for the CFSR Round 4.

Application Strengths and Challenges
OKDHS CWS is in the process of transitioning from SACWIS to a Comprehensive Child Welfare Information System (CCWIS) compliant system. The CCWIS rules (81 FR35449) went into effect on 8/1/2016 and CWS declared its intent to create a CCWIS. The Oklahoma CCWIS Implementation Team is currently in the planning phase and has partnered with an

external consultant that will support efforts toward the request for proposal. The request for proposal will be drafted to include CCWIS requirements, as well as specifications around optimizing CWS business processes to include Continuous Quality Improvement (CQI)/Quality Assurance (QA). Additionally, CWS plans to partner with an independent quality assurance vendor to monitor deliverables through the Design, Development, and Implementation process.

The KIDS application, designed and built using the older client server framework 27 years ago is now a major challenge. 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 KIDS, a new version of KIDS must be pushed out in a scheduled release to every server in the state.

One of KIDS' main strengths is that it has a mature maintenance phase of the Software Development Life Cycle. The KIDS Technology and Governance Unit has dedicated information technology (IT) staff assigned solely to the KIDS project with years of experience working on the KIDS application. The IT staff is actively involved in monitoring and validating all data within the KIDS system, as well as any data coming into the system from external sources, such as OHCA and OSDE. 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 open access to one another and collaborate to resolve issues and answer questions that come up regarding the application process and data issues.

Data Quality

Another critical part of the SACWIS is the ability to generate quality data from KIDS. CWS has analysts directly assigned to work with developers and business users to accurately identify data and work through complex data structures and equally complex practice dynamics to best define data requirements. These analysts are also tasked with identifying and addressing data quality issues with CWS Programs, regional, and district staff.

CWS has specific staff dedicated to various reporting responsibilities including federal-mandated reporting. Using software that identifies reporting errors on a regular basis, the staff assigned to the Federal Reports Unit monitors the various federally required reports, such as the AFCARS, the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition Database (NYTD). These dedicated staff use software that identifies reporting errors on a regular basis. When errors are identified, staff makes contact with regional and district staff in order to educate and assist with corrections.

Data elements for all CW federal reporting systems are integrated in KIDS and extracted to meet federal submission requirements. Data compliance, data quality, and the frequency utilities corresponding to AFCARS 1.0 are run on a weekly basis. An automated AFCARS error notification is distributed weekly by email to CW supervisors and district directors. 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 enable the content and distribute it to staff. The weekly error notifications are reinforced by emails to CW specialists/and supervisors by the Federal Reports staff. The email content identifies

a particular AFCARS error, provides guidance for data entry, and also includes contact information when 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 first reporting period for AFCARS 2.0 was the 23A reporting period, October 2022 through March 2023. Federal utilities for monitoring compliance and data quality were not developed as part of AFCARS 2.0. Oklahoma, therefore, developed nine exception reports to monitor compliance and data quality for the new AFCARS reporting. These exception reports identify missing and/or inconsistent data among AFCARS fields. The exception reports update daily and are monitored by Federal Reporting Unit staff. The reports that identify education errors, parent and termination of parental rights (TPR) errors, foster parent errors, and pregnant/parenting errors are automatically distributed to the field at the worker/supervisor level each week. Federal Reporting Unit staff assist caseworkers as necessary with understanding and correcting errors. They also assist with data correction needed as identified in the additional exception reports: adoption/guardianship parent errors; health condition errors; prior adoption/guardianship errors; and tribal errors.

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."

Figures 41 and 42 are from the Data Compliance Summary Report that ran on 4/17/2023 for the most recent AFCARS submission for the 23A period.

Figure 41

AFCARS Foster Care
Data Compliance Summary Report

Report Period: March, 2023

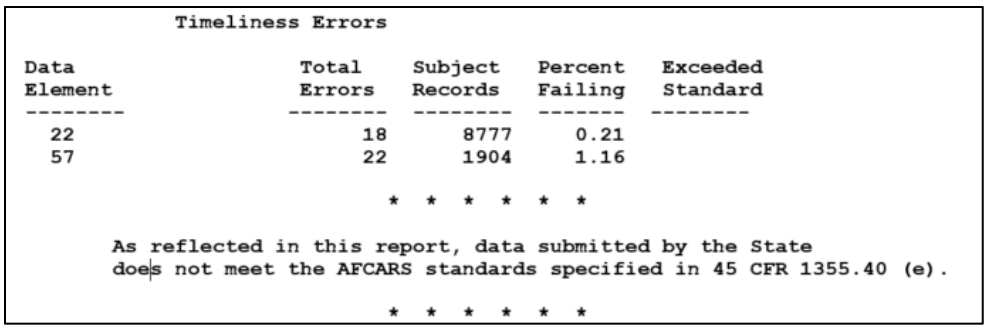
Format Errors

Error Description	Error

Data Errors

Data Element	Missing Data	Out-of-Range	Internal Consistency	Total Errors	Subject Records	Percent Failing	Exceeded Standard
1	0	0	0	0	8777	0.00	
2	0	0	0	0	8777	0.00	
3	0	0	0	0	8777	0.00	
4	0	0	0	0	8777	0.00	
5	0	0	186	186	8445	2.20	
6	0	0	0	0	8777	0.00	
7	0	0	0	0	8777	0.00	
8	0	0	0	0	8777	0.00	
9	0	0	0	0	8777	0.00	

Figure 42



Timeliness Errors

Data Element	Total Errors	Subject Records	Percent Failing	Exceeded Standard
22	18	8777	0.21	
57	22	1904	1.16	

* * * * * *

As reflected in this report, data submitted by the State does not meet the AFCARS standards specified in 45 CFR 1355.40 (e).

* * * * * *

The Federal Reports Unit also uses the NYTD Data Review Utility (NDRU) for monitoring the NYTD reporting system. The 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 developed additional reports to assist with monitoring NYTD data. These reports are distributed to OKSA Programs staff 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. The unit runs EVAA every other Monday and may run EVAA more frequently as the NCANDS submission deadline approaches. The unit works closely with CPS Programs staff 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 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. Ongoing data validation keeps the unit in touch with the functioning of both the KIDS application and the federal reporting extracts.

CWS has two WebFOCUS reports to monitor 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. A "How To" document is available to assist staff in understanding the two reports.

The Federal Reports Unit is available for consultation, guidance to staff, management on understanding errors and related data field, and in assisting staff with corrections of data entered incorrectly, when needed.

The federal reporting data quality process is used by the other reporting units at KIDS as well. Specifically, the Data Strategy and Analysis Unit, which covers all Pinnacle Plan reporting, meets the data demands that resulted from the class action lawsuit settlement agreement. Many of the measures that CWS is mandated to report on, as 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, known as Co-Neutrals, granted a finding of "Data Sufficiency" in assessing the progress on reporting on the agreed upon Pinnacle Plan Metrics. This finding has been maintained for each subsequent reporting period.

The Foster and Adoptive Parent Online Child Passport Access Portal provides access to the most accurate and up-to-date health and educational information for placement providers. This interface to KIDS from OSDE and OHCA databases allows easier access by the CW caseworkers and placement providers to a child's past and present health and educational history. The interface with OHCA and the OSDE includes an agreed upon set of predetermined data regarding all children in OKDHS custody. The data provided through the interface goes through a validation process to ensure the data's accuracy and confirmation that all data elements were transmitted.

KIDS staff offers statewide assistance for data cleanup that specifically targets AFCARS and NYTD data elements, while also providing caseworkers with guidance on any other data entry questions. Within KIDS, mandatory fields for federal data elements are highlighted and a caseworker cannot bypass the field without entering the data element. KIDS also has programmed edits that prompt caseworkers to review missing federal data elements. These data elements are also found in the specialized screens listing all of the AFCARS data elements that show missing data fields and a summary of all AFCARS data elements pertaining to the child(ren) in the case.

Every caseworker receives training in Oklahoma's CWS CORE Academy that includes the use of the KIDS system, as well as the importance of accurate documentation of those federal data elements. Since March 2020, KIDS staff offer monthly virtual trainings to supplement the transfer of learning for new CW staff. Approximately 10 sessions are held monthly that cover different topic areas, such as basic navigation of the KIDS system, removals and interventions, placements, court hearings, etc. These training sessions go over proper documentation in the KIDS system and address any policy surrounding that topic and which reports are available to assist with monitoring the specific area. Additional training in the accurate documentation of the child's case record is available upon request or when identified as needed by CWS programs or management staff and are facilitated by KIDS staff.

State Office program staff and field staff have access to numerous reports through WebFOCUS, which is an easy to use, web-based reporting tool that allows the user to customize the screen view. CW supervisors and field managers receive additional training in the use of data contained in the reports, as well as the use of management screens within the KIDS system. New CW supervisors are required to attend Supervisor Academy after promoted. During this Supervisor Academy, CW supervisors are required to attend a session for general reporting, as well as track specific reporting. Additional one-on-one or group reports training is also available upon request. KIDS also began utilizing virtual "How To" Guides. This allows the user to watch short videos on how to enter information in the specific KIDS screens.

Lastly, there is also a KIDS Helpdesk within the KIDS unit. This unit is the primary, direct contact between the regional and district staff and KIDS staff. The KIDS Helpdesk includes a call center for KIDS users who are experiencing problems or need technical assistance specifically related to the KIDS application and eKIDS, which is the external, limited version of KIDS for stakeholders. The KIDS Helpdesk is currently comprised of five Business Systems associates and one Business Systems product manager. The average length of CW experience for the current Helpdesk staff is 22 years. The primary responsibilities of the Helpdesk include protecting the integrity and quality of the data within the KIDS system, providing assistance with the KIDS application and trouble-shooting connectivity issues.

The Helpdesk staff respond to an average of 2,000 emails a month and over 800 calls a month. They receives requests from various division users within the agency (OKDHS employees) and external partners (authorized, non-OKDHS employees), through the 1-800 Helpdesk number, the Problem Report email address, and though submitted tickets from the Oklahoma Office of Management and Enterprise Services (OMES). The Helpdesk has the ability to escalate requests to the next level of technical support or to another unit within KIDS if the Helpdesk cannot resolve a request directly. Escalation of requests occurs only after the initial responding Helpdesk member has exhausted all other resources for solving a user's problem. The KIDS Helpdesk also provides assistance to direct callers to the appropriate person(s) for policy and practice issues/questions, including district or regional management or CWS programs staff.

The Helpdesk staff are considered subject matter experts (SME) on the uses of the following programs:

- KAHD to requests and track data fix requests
- AS400 for foster care finance
- IMS for data pushes and Client numbering
- KIDS for data entry and collection
- EPPIC for child care

Statewide Systemic Data Elements

SACWIS requires tracking of the four Statewide System Data Elements: the child's status, demographic characteristics, location, and goals for placement of every child. Several items are in place to ensure the information is documented into KIDS. For example, a child must have a removal begin date entered in KIDS to identify the child as being in out-of-home care and subsequently entered into a placement.

KIDS information about a child's status can be reported at any time. Exception reports have been created, such as the YI736B Child in OKDHS Custody without an Open Removal report, which pulls any child that shows to be in OKDHS custody without an open removal date documented. Currently within the KIDS system, the 23A AFCARS population for October 2022 through March 2023 indicates: 8,777 children are in the population and 8,669 or 99 percent with a documented legal status of Emergency, Temporary, Permanent, or Voluntary Custody; 1,119 or 12.7 percent of children in that population with TPR to one parent only; and 2,433 or 27.7 percent with TPR of two parents.

The child demographic information has many procedural checks in place, as previously discussed, to ensure that all AFCARS and NCANDS required information is complete for a

child or identified when the information is missing. The KIDS system requires the date of birth, gender, race, and ethnicity to be entered for all removed children so these will always show 100 percent compliance on reporting.

The following Figure 43 provides the demographics for children in the most recent three AFCARS A-period submissions.

Figure 43

Demographic Information						
	Apr 1, 2022 - Mar 31, 2023		Apr 1, 2021 - Mar 31, 2022		Apr 1, 2020 - Mar 31, 2021	
# Served	10,313		10,858		11,358	
Gender						
Male	5,247	50.9%	5,524	50.9%	5,781	50.9%
Female	5,066	49.1%	5,334	49.1%	5,577	49.1%
Age Groups						
0-1	1,898	18.4%	2,056	18.9%	2,198	19.4%
2-5	3,252	31.5%	3,521	32.4%	3,687	32.5%
6-12	3,232	31.3%	3,373	31.1%	3,571	31.4%
13+	1,931	18.7%	1,908	17.6%	1,902	16.7%
Race Group						
Asian	20	0.2%	16	0.1%	8	0.1%
African American	987	9.6%	999	9.2%	1,042	9.2%
Native American	901	8.7%	865	8.0%	825	7.3%
Multi Race	3,732	36.2%	3,951	36.4%	4,265	37.6%
Pacific Islander	10	0.1%	13	0.1%	10	0.1%
Caucasian	4,663	45.2%	5,014	46.2%	5,208	45.9%
Ethnicity/Hispanic						
Abandon	20	0.2%	32	0.3%	27	0.2%
Denied	30	0.3%	45	0.4%	45	0.4%
No	7,847	76.1%	8,337	76.8%	8,790	77.4%
Unknown	642	6.2%	495	4.6%	423	3.7%
Yes	1,774	17.2%	1,949	17.9%	2,073	18.3%
Data SourcA9:G25e: Context Data Report; Run Date: 5/17/2023						

The location of a child in out-of-home care or "placement" is required by policy to be documented within two-business days of placement. A child's placement must be documented in KIDS for the placement provider to be reimbursed for services rendered. A report identifies all children in out-of-home care that have not had a documented placement in more than 48 hours. The Data and Strategy Analysis Unit sends this report out weekly to notify CW staff about the missing placement documentation. The report updates daily so if the placement has not been documented by the next run of the report, CW specialists and their superiors are contacted again. CWS regional and district staff have 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 documented in a child's case record, the specific placement provider's resource information is displayed in the child's case within the KIDS system. The placement provider's resource information contains more detailed information regarding the resources demographics; including address, telephone number, household member(s), etc. If a resource is contracted through an agency and not through OKDHS that contracted agency, along with the contracted home is also identified in KIDS. Thus, 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.

Of the 10,313 children in the served population during 4/1/2022 through 3/31/2023, 6,520 children were still in out-of-home care on the last day of the reporting period. Of those, 6,507 children, 99.8 percent, showed to be in a documented placement in KIDS as shown in Figure 44.

Figure 44

Location Information						
	Apr 1, 2022 - Mar 31, 2023		Apr 1, 2021 - Mar 31, 2022		Apr 1, 2020 - Mar 31, 2021	
# Served	10,313		10,858		11,358	
Placement Entered	10,262	99.5%	10,782	99.3%	11,300	99.5%
No Placement Entered	51	0.5%	76	0.7%	58	0.5%
In Care on Last Day	6,520		6,839		7,509	
Placement Entered	6,507	99.8%	6,823	99.8%	7,499	99.9%
No Placement Entered	13	0.2%	16	0.2%	10	0.1%
Data Source: Context Data Report; Run Date 5/17/2023						

This information is also included in the AFCARS Frequency Report ran on 4/17/2023, containing element 41-current placement setting. This shows that there were 55 children or 0.63 percent without a documented current placement setting, as seen in Figure 45.

Figure 45

Foster Care Element #41: Current Placement Setting

Value	Frequency	Percentage
1 Pre-Adoptive Home	997	11.36
2 Foster Family Home (Relative)	2387	27.20
3 Foster Family Home (Non-Relative)	3487	39.73
4 Group Home	352	4.01
5 Institution	205	2.34
6 Supervised Independent Living	1	0.01
7 Runaway	45	0.51
8 Trial Home Visit	1248	14.22
Not Reported	55	0.63
Reported	8722	99.37
Total:	8777	

A child's case plan goal (CPG), element 43, must be identified and documented within 60-calendar days of removal. A weekly error notification for Element 43 is generated when there is no approved CPG for a child who has been in out-of-home care for 60-calendar days or longer. The approved CPG must be within the current removal episode and established after the date of the current removal. On the Frequency report in Figure 46 below, the report indicates that 163 children or 1.86 percent listed as "Not Reported" indicates an error for a missing CPG.

Figure 46

Foster Care Element #43: Most Recent Case Plan Goal

Value	Frequency	Percentage
1 Reunify with Parent(s) or Principal Caretaker(s)	3735	42.55
2 Live With Other Relative(s)	226	2.57
3 Adoption	3938	44.87
4 Long Term Foster Care	0	0.00
5 Emancipation	118	1.34
6 Guardianship	158	1.80
7 Case Plan Goal Not Yet Established	439	5.00
Not Reported	163	1.86
Reported	8614	98.14
Total:	8777	

Figure 47 below is another example from the Frequency report run on 4/17/2023 showing element 21, the child's most recent removal date.

Figure 47

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

Value	Frequency	Percentage	Cumulative Pct
2006	1	0.01	0.01
2007	3	0.03	0.05
2008	2	0.02	0.07
2009	4	0.05	0.11
2010	7	0.08	0.19
2011	11	0.13	0.32
2012	18	0.21	0.52
2013	25	0.28	0.81
2014	23	0.26	1.07
2015	37	0.42	1.49
2016	71	0.81	2.30
2017	142	1.62	3.92
2018	301	3.43	7.35
2019	659	7.51	14.86
2020	1140	12.99	27.85
2021	2162	24.63	52.48
2022	3281	37.38	89.86
2023	890	10.14	100.00
Not Reported	0	0.00	
Reported	8777	100.00	
Total:	8777		

Lastly, as part of the Oklahoma Data Quality Plan submitted to the Children's Bureau annually, KIDS has created compliance reports for the timeliness of data documentation, based on transaction dates within KIDS. Figures 48, 49, 50, and 51 show the percentage of data entries that were documented within the indicated time frames. This includes the percent of removals and exits from care that were documented within two-business days, the percent of placement moves documented into the KIDS placement screens within two-business days, and the percent of worker visits that were documented within two-business days of the completion of the visit, per policy.

Figure 48

Removal Entries					
PUR	Total # Removals	# Documented within 2 Days	% Documented Timely	Avg Days to Document	Median Days to Document
Apr 2021 - Sep 2021	1743	1466	84.1%	1.4	1.0
Oct 2021 - Mar 2022	1648	1341	81.4%	1.7	1.0
Apr 2022 - Sep 2022	1842	1499	81.4%	1.6	1.0
Oct 2022 - Mar 2023	1665	1388	83.4%	1.6	1.0
Data Source: YI897 - Documentation Timeliness Report; Run Date: 5/25/2023					

Figure 49

Exits from Care Entries					
PUR	Total # Exiting	# Documented within 2 Days	% Documented Timely	Avg Days to Document	Median Days to Document
Apr 2021 - Sep 2021	2078	1483	71.4%	2.7	1.0
Oct 2021 - Mar 2022	1900	1373	72.3%	2.4	1.0
Apr 2022 - Sep 2022	1959	1374	70.1%	3.0	1.0
Oct 2022 - Mar 2023	1792	1257	70.1%	2.5	1.0
Data Source: YI897 - Documentation Timeliness Report; Run Date: 5/25/2023					

Figure 50

Placement Entries					
PUR	Total # Placements	# Documented within 2 Days	% Documented Timely	Avg Days to Document	Median Days to Document
Apr 2021 - Sep 2021	7373	4288	58.2%	4.1	2.0
Oct 2021 - Mar 2022	6443	3613	56.1%	4.2	2.0
Apr 2022 - Sep 2022	7180	3917	54.6%	4.3	2.0
Oct 2022 - Mar 2023	6930	3744	54.0%	4.6	2.0
Data Source: YI897 - Documentation Timeliness Report; Run Date: 5/25/2023					

Figure 51

Worker Visit Entries					
PUR	Total # Worker Visits	# Documented within 5 Days	% Documented Timely	Avg Days to Document	Median Days to Document
Apr 2021 - Sep 2021	40921	28682	70.1%	4.6	3.0
Oct 2021 - Mar 2022	38610	27136	70.3%	4.6	3.0
Apr 2022 - Sep 2022	37456	25088	67.0%	5.0	3.0
Oct 2022 - Mar 2023	36454	24183	66.3%	4.9	1.0
Data Source: YI897 - Documentation Timeliness Report; Run Date: 5/25/2023					

While there have been improvements over the last two federal fiscal years for timely documentation, this continues to be an area of focus for CWS, specifically around documenting placement moves. These timeliness measures, along with additional data elements will continue to be monitored by CWS leadership semi-annually as part of the reviews required for the submission and approval of Oklahoma's Operational Advance Planning Document.

B. Case Review System
Item 20: Written Case Plan

The case review system is functioning statewide as a Strength as approximately 98 percent of children had a written case plan. The case plan is developed jointly with the child's parent(s) and should include the required provisions. Figures 52, 53, 54, and 55 reflect the state quantitative data for the reporting period of April 2022 through March 2023. For each period under review, the percentage of children with a CPG that should have had one was approximately 98 percent. Compared to the CFSR Round 3 Statewide Assessment, this percentage remains steady as this item was 98 percent based on Federal Fiscal Year (FFY) 2015 data.

Figure 52

CFSR Item 20a - Period Ending 3/31/2023 - 22B - 23A				
Period	Children in Care	Number of Children that should have a Case Plan Goal	Number of Children with a Case Plan Goal	Percentage with a Case Plan Goal
20B - 21A	11,706	11,073	10,951	98.9%
21B - 22A	11,222	10,619	10,469	98.6%
22B - 23A	10,750	10,163	10,000	98.4%
Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)				

Figure 53

CFSR Item 20b - Period Ending 3/31/2023 - 22B - 23A				
Period	Children in Care	Number of Children that should have an ISP	Number of Children with an ISP	Percentage with an ISP
20B - 21A	11,706	2,789	2,498	89.6%
21B - 22A	11,222	2,554	2,292	89.7%
22B - 23A	10,750	2,678	2,383	89.0%
Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)				

For the CFSR Round 4 Statewide Assessment, information detailed in the written case plan or Individualized Service Plan (ISP) should include the following as it is outlined in Instructions to Staff:

- 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 permanency date
- 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 age 14 years 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 CPG for the child

The ISP is developed with the parent(s) or legal guardians of the child and is documented by the child's assigned CW specialist in KIDS. Creation of the ISP starts at the beginning of the case and is guided by information gathered from the family, collaterals and any professionals during an ongoing Assessment of Child Safety (AOCS). Details shared by the family regarding family functioning, strengths, and needs should be taken into consideration when crafting the family's ISP with their input. All goals outlined in the ISP should be behavior driven and the most appropriate for supporting to correct the reason for the child's removal.

One initiative to increase parent engagement when writing the ISP is at a 30-calendar day family meeting (FM). In November 2020 the Family Meeting Continuum (FMC) was implemented in Regions 3, 4, and 5 followed by Regions 1 and 2 in April 2021. The FMC promotes frequent and early engagement with parents as quality engagement has been identified as a factor impacting timely permanency. The first FM on the continuum is to occur at 30-calendar days after removal and it is at that meeting that an ISP should be prepared and ready to finalize with the team. This target date for creating the ISP aligns with CW staff being required to complete their first parent/worker visit 14-calendar days after removal at which they are discussing services with the parent(s). Part of the FMC implementation was completion of fidelity reviews by a specifically trained team which would evaluate the quality of FMs to ensure consistency. From April 2022 through March 2023, there were 217 fidelity reviews completed that would capture if the ISP was finalized or developed. Of those, there were 66 responses to the question, "If this was a Family Meeting 1, was the specialist prepared to finalize the ISP"? Of the completed reviews, 51.5 percent responded Yes, 28 percent answered No and 19.6 percent responded Somewhat. The fidelity reviews also capture if a parent was present at the FM. The written case plan is reviewed with the family during ongoing FMs, which are held every 60-calendar days to ensure parents are aware of needed steps, goals, and safety-related behavior changes to achieve permanency for their child.

Through documentation of FMs, CWS is able to track the mother and father's participation in the meetings. From January 2022 through March 2023, there were 4,228 FMs held at 30-calendar days. Of those meetings, mothers were documented as being in attendance 24 percent of the time, fathers 3 percent, and both mother and father together 20 percent.

Further analysis as to the low percentage of parent participation in FMs will be part of the ongoing FMC strategy efforts.

While the CW specialist is responsible for ensuring the case plan is of high quality, there are check points with other CW staff to support the CW specialist in identifying the most appropriate services for the family. One being FMs, the other are internal staffings called Permanency Safety Consultations (PSCs). PSCs were implemented statewide in 2015 and remain a critical part of practice when discussing current safety threats with the CW specialist with the support of their CWS leadership team. The first PSC is held 90-calendar days following removal and serves as an opportunity for that district's supervisory team to talk through the reason for removal and what services are in place for the family as well as make recommendations for services. In 2022, the first PSC was extended to occur from 90-calendar days to 180-calendar days as feedback from CW regional and district staff indicated that there were other opportunities to review the case plan with the CW specialist such as Intentional Case Staffings as part of the Supervisory Framework which was implemented during Oklahoma's last Program Improvement Plan. Additionally, CW staff are trained on how to write a behaviorally-based ISP during their first year of training in post-CORE level training 1006.

A parent survey was deployed from March through May 2023 for the CFSR Round 4 Statewide Assessment and included questions related to parent's involvement of creating written case plans. There were 286 responses to the survey of which 60 percent of parents responded with Somewhat Involved or Very Involved in the creation of written case plans, 35 percent of parents said their written case plan was reviewed with them monthly, and 66 percent of parents said the services in their written case plan were either Appropriate or Very Appropriate.

In May 2023, CWS district directors met with juvenile judges within their assigned district(s) to gather feedback to deprived related court proceedings. Judges were asked how often written case plans reflect appropriate services to align with the permanency goal, 91 percent said Almost Always or Always.

From a survey deployed in May 2023, CW staff were asked how often they engage children and/or youth, mothers, and fathers in case planning. For children and/or youth, 68 percent responded with Always or Almost Always and 26 percent said Sometimes. For mothers, 68 percent responded with Always or Almost Always and 26 percent said Sometimes. For fathers, 93 percent responded that they Always or Almost Always engage fathers.

In May 2023, a survey was deployed to attorneys and asked how often do the written case plans reflect appropriate services to align with the child's permanency goal, 11 percent said Always, 60 percent said Almost Always and 26 percent said Sometimes.

Item 21: Periodic Reviews

The case review system is functioning statewide as a Strength to ensure that a periodic review for each child occurs no less frequently than once every six months.

Periodic review hearings are set by the district court and usually done when all parties are gathered for a hearing. Frequency is determined by the district judge and may vary depending on case specific needs. Following a periodic review, the assigned CW specialist documents the hearing in KIDS. As seen in Figure 54, 95.7 percent of children had a timely periodic review completed in the last CFSR review period which has steadily increased since the 20B through 21A period under review. The percent of periodic hearings made timely remains steady as the FFY 2015 data showed 95.7 percent in the CFSR Round 3 Statewide Assessment.

Figure 54

CFSR Item 21 - Period Ending 3/31/2023 - 22B - 23A						
Period	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
20B - 21A	11,706	17,759	17,143	96.5%	16,470	92.7%
21B - 22A	11,222	17,072	16,507	96.7%	16,139	94.5%
22B - 23A	10,750	16,144	15,754	97.6%	15,454	95.7%
Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)						

Item 22: Permanency Hearings

The case review system is functioning statewide as a Strength 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 hearings are documented in KIDS and a copy of the court minute is saved in OnBase. As shown in Figure 55, 94.5 percent of children due a permanency hearing had one documented in KIDS and 90.3 percent were timely for the last CFSR review period. Compared to the CFSR Round 3 Statewide Assessment, the percent of permanency hearings made timely was 79.5 percent for FFY 2015 data. Performance for this item has steadily increased since that time but does still leave room for improvement. Specific reasons as to why permanency hearings were not held timely are unknown at this time, identification of these will require further, qualitative analysis.

Figure 55

CFSR Item 22 - Period Ending 3/31/2023 - 22B - 23A						
Period	Children in Care	Number of Permanency Hearings Due	Number of Permanency Hearings Made	Percent of Permanency Hearings Made	Number of Permanency Hearings Made Timely	Percent of Permanency Hearings Made Timely
20B - 21A	11,706	8,029	7,230	90.0%	6,873	85.6%
21B - 22A	11,222	7,832	7,251	92.6%	6,936	88.6%
22B - 23A	10,750	7,298	6,895	94.5%	6,590	90.3%
Data Source: KIDS Removals Table (Period 22B - 23A covers 4/1/2022 - 3/31/2023)						

Item 23: Termination of Parental Rights

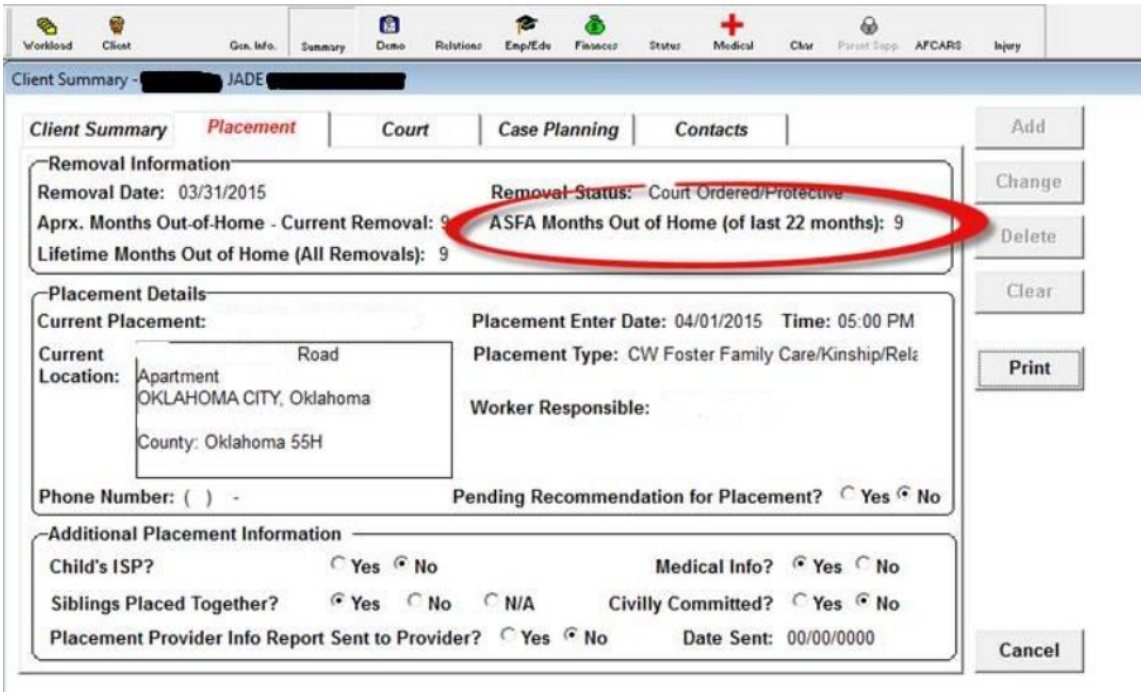
The case review system is functioning statewide as a Strength for ensuring that the filing of TPR proceedings occur in accordance with required provisions. As shown in Figure 56, the number of children with no TPR or recommended TPR who have been in out-of-home care 15 of the last 22 months equates to 6.3 and 7.7 percent for the two most recent data periods. No data was analyzed for this systemic factor in the CFSR Round 3.

Figure 56

PUR	Total children in care 15 of last 22 months	Children with no TPR or Recommended TPR	% with no TPR or Recommended TPR
Period ending 3/31/2023	2957	185	6.3%
Period ending 3/31/2022	3424	262	7.7%
Data Source: YI101 Judicial Report; Run Date: 3/31/2023			

Oklahoma Statue 10A and OKDHS policy 340: 75-6-40.9 mandates the filing of a petition to terminate parental rights in accordance with the Adoption and Safe Families Act (ASFA) timeframes and lists the exceptions to mandatory filing of the TPR. As seen in Figure 57, KIDS tracks the ASFA number of months out-of-home in the client summary screen. The number of months a child has been out of the home also automatically populates in the court reports with the child's demographic information that are created by the assigned CW specialist in KIDS.

Figure 57



Item 24: Notice of Hearings and Reviews to Caregivers

The statewide case review system is an Area Needing Improvement 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.

KIDS automatically generates a Notice of Hearing to Caregiver when court hearing information is documented in KIDS by the assigned CW specialist. The CW specialist then prints and mails a copy of the notice to the caregiver. Currently, there is no data tracking for this process.

A survey was deployed for the Round 4 CFSR Statewide Assessment to 137 individual foster parents that were invited and/or attended Oklahoma's Online Support Group in April 2023. Of the 137 surveys sent, 36 responses were received, of the 36 responses, 18 parents said they are Always notified of upcoming court hearings for children paced in their home. Seven parents said Most of the Time, four said Sometimes, and five said Rarely. For the question asking if the foster parent is allowed to attend court hearings about children placed in their home, 21 said Always, seven said Most of the Time, and seven indicated that They Did Not Know. When asked if the foster parent was allowed to participate in the hearings they attended, nine said Always, five said Most of the Time, two said Sometimes, four said Rarely, and nine indicated that They Did Not Know. The Placement Agreement for Out-of-Home Care continues to be provided and signed by the caregiver at the time of placement of a child in their home and includes information regarding notice of hearings.

In May 2023, a survey was deployed to attorneys and asked if, based on their experience, caregivers are provided advanced notice of hearings, 58 percent said Yes and 39 percent said Sometimes. When asked if caregivers are given the opportunity to be heard when they appear in court, 82 percent said Always or Almost Always and 15 percent said Sometimes. When asked if attorneys have observed barriers to caregivers being heard in court, 88 percent said No.

C. Quality Assurance System

Item 25: Quality Assurance System

The continuous quality improvement/quality assurance system in Oklahoma is functioning statewide in the 27 districts, 77 counties, and five regions where the services included in the Oklahoma 2020-2024 Child and Family Services Plan (CFSP) are provided, has standards to evaluate the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. Evidence of this is detailed below and can be observed in the ongoing improvement demonstrated among the majority of Child and Family Services Review (CFSR) measures, Statewide Data Indicators and CFSR Case Review Items 1-18, as detailed in the Assessment of Child and Family Outcomes section of this report. As such, Oklahoma asserts that the quality assurance system is a Strength in CWS.

CWS is a data-rich environment built on the foundation of the KIDS system and SACWIS compliance reaching back over 25 years. There are over 200 web-based reports that are

available and accessible to all CW staff across all jurisdictions and allow for performance and progress measurement from state, regional, and district staff as they relate to both the CFSP, the Pinnacle Plan, and the CW system improvement and reform efforts described in those plans. Reports cover information from abuse and neglect referrals received through post-adoptions involvement. Most of the reports are daily reports that allow CW staff to monitor and track their current work; however, there are several reports that look at past work to ensure compliance is met on the elements CWS has identified as meaningful with regard to historical tracking and performance.

In addition, CWS has developed data dashboards for several different areas of practice which are accessible to all CW staff. The dashboards allow for an easily digestible understanding of performance in various areas such as Permanency Planning, including the way that certain practices tracked on the dashboards are related to CFSR outcomes. There are currently 14 different internally-accessible dashboards. These include information for CPS, PP, Maltreatment in Care (MIC), Workloads, and Adoptions. Additionally, CWS has created an external data dashboard for judicial partners which allows for the various deprived courts across the state to observe performance and monitor progress on key outcomes such as median and average days from removal to adjudication, median and average days from removal to first permanency hearing, overall permanency timeliness, MIC, and re-entry into care. The data allows courts to identify areas to improve upon in conjunction with their local CWS partners. An example of how some of these reports and dashboards have been utilized for continuous quality improvement include but are not limited to: All CW staff are able to utilize monthly and quarterly MIC data and MIC reports in order to monitor trends, understand prevention efforts, and focus reduction efforts within their districts and regions. Located on the SharePoint MIC page are resources available to all CW staff for 24/7 access. On the MIC SharePoint website, CW staff can access Measure 1.1 No Lag Internal Data Report which is updated monthly. The report provides specific details as to children placed in out-of-home care with findings related to all allegations of abuse or neglect either by a foster parent Measure 1.1 or parent Measure 1.2 while the children are in out-of-home care. The report updates on the last day of each month and is then distributed to all MIC leads and added to the MIC website within the first week of each month. This report includes monthly child abuse and neglect referral closures with findings for all MIC investigations from the prior 12 months. The information within this report is periodically reviewed and monitored to understand fluctuations in MIC occurrences and that information is shared with CWS regional staff on an as-needed basis and bi-annually as part of the practice improvement charter process. Also on the SharePoint location is the MIC Tool Kit. Within the tool kit are several links to Qualtrics survey dashboards showing instant data from all MIC reviews completed by CW supervisors, district directors, and field managers statewide. Accessing these dashboards allows CW staff to understand trends in practice that are known to influence MIC. For example, if a region has a specific district that has experienced increased MIC they are able to see which district CW staff were involved, access the reviews which were completed for them, and reference any transfer of learning (TOL) notes within those reviews to respond in a way that bolsters preferred and improved practices. The ability to understand overall trends within a specific region and districts within that region allows CWS leadership to access specific cases and practices to ensure targeted TOL occurs when necessary. It also allows for areas with lower MIC or positive trends to use specific cases and practices as examples of quality practice that can be replicated.

Other reports easily accessible to all CW staff found in KIDS under the CWS WebFOCUS Reports tab include: Safety in Out-of-Home Care, YI067 Programs Review of OOH Screen Outs, YI751 OOH Investigations (Excluding OCA and Day Care), YI790B OOH Screened Out Referrals Excluding OCA and Day Care, YI832 Maltreatment in Care Dashboard, and YI832 Maltreatment in Care Dashboard Guide. These reports aid in strategic planning for CWS programs, regions, districts, supervisors, and even individual case planning. CW supervisors and specialists specifically, can utilize these reports and dashboards to understand which staff have cases experiencing MIC and to understand the following:

- placement types;
- ages;
- demographics of the children involved;
- types of maltreatment occurring;
- lengths of placement;
- length of time the PP specialist had case assignment to date of referral;
- tenure of CW staff;
- staff caseloads;
- how many caseworkers have been assigned to the case in the past year;
- length of time between family assessment approval and date of MIC referral;
- findings and finding changes;
- screen-out reasons and screen-out changes;
- 10-day staffing dates along with their outcomes and recommendations;
- Resource staff involved.

All of this information allows CW specialists and their supervisors to review and keep track of trends and practice operations in order to target MIC prevention, MIC response, and MIC outcomes. All of the above has allowed for the development of statewide and regional-specific MIC reduction strategies to be developed and monitored, which has resulted in the progress noted in both the MIC Statewide Data Indicators and Pinnacle Plan as it relates to MIC reduction.

Practice Improvement Charter Process

The CWS CQI/QA Programs supports all CW staff statewide in CWS-related continuous quality improvement processes. This program also measures progress on the goals and objectives identified in the Plan for Enacting the State's Vision to Improve Outcomes within the CFSP and the Pinnacle Plan. Support is accomplished in various ways, but primarily through the ongoing practice improvement charter process that has been established since the CFSR Round 3.

The practice improvement charter process begins with the compilation and sharing of the statewide practice profile and regional practice profiles created based on data from the 130 cases, 65 every six months, randomly selected from across the state and individually reviewed based on the CFSR case review process and use of the federal Onsite Review Instrument (OSRI). These profiles contain summaries of Strengths and Area Needing Improvement on safety, permanency, and well-being outcomes on Case Review Items 1-18. Additional qualitative programmatic data related to Pinnacle Plan improvement and system reform strategies are also provided and include: FMC fidelity data along with FMC parent, youth, and community survey data; PSC fidelity data; MIC in family-based settings data; investigatory appeals data; and CPS safe sleep review data.

The data in the CWS statewide and regional practice profiles are shared with the CWS Executive Team every six months to review current strategy progress and to inform ongoing decisions made at that level with regard to broad system wide improvement efforts such as needed policy and process changes.

Additionally, the practice improvement charter data profiles are shared with regional and program leadership during CQI Statewide Implementation Team meetings, held every six months, to inform ongoing decisions made at the regional level related to practice improvement. These profiles also support decisions regarding regional and statewide training needs for CW specialists and any policy changes that may be required. In one example of this, a region's profile data for CFSR Case Review Item 11: Relationship of Child in Care with Parents, indicated that this Item was one of the lowest scoring items for the region. As a result of discovering this information through the practice improvement charter process and consultation with CQI Programs staff, the region developed and scheduled Family Time training sessions for CWS regional staff. In addition to providing content during the training around the effective facilitation of parent and child contact, the training discussed the significance of frequent and meaningful parent/child contact and its connection to improved permanency, placement stability, and MIC outcomes. The result of these efforts was that the region improved significantly on Item 11 over the following six months.

Practice improvement charter data profiles are also shared, every six months, with regional practice improvement charter teams during monthly regional practice improvement charter team meetings for the purposes of progress monitoring and consideration of needed revisions to the established regional practice improvement charter goals, objectives, and strategies. Regional practice improvement charter teams are made of CQI team members and a variety of CW specialists, CW supervisors, district directors, field managers, and regional deputy directors. Upon receipt of the practice improvement charter profiles, regional practice improvement charter teams work closely and in conjunction with CQI team members to develop additional data analyses, identify the root causes of system improvement issues or lack of progress on system improvement goals, develop action steps and strategies to impact outcomes, establish data tracking procedures, identify needs and resources for implementation support, and make decisions about ongoing monitoring of practice improvement. The qualitative and quantitative information that comprises the practice profiles allow for ongoing measurement and progress tracking of CFSP goals in addition to supplementary data that can inform the development and revision of regional practice improvement charters. For example, one region's profile data indicated that CFSR Case Review Item 12A: Needs Assessment and Services to Children and Item 18: Mental/Behavioral Health of the Child, were the two lowest scoring Items for the region based on the region's practice improvement charter data profile. As additional context, one of Oklahoma's CFSP objectives included: Use of Child Behavioral Health Screeners for children in out-of-home placement to ensure that a child's educational, developmental, physical, and mental health needs are being assessed on an ongoing basis in the resource home and that referrals for services are sent timely.

For statewide regional and district reasons, the region used the data to target Items 12B and 18 for system improvement. As a result, the region implemented the following Objective and Actions into their practice improvement charter:

Objective: Use of the Child Behavioral Health Screeners for children in out-of-home placement to ensure that child's educational, developmental, physical, and mental health needs are being assessed on an ongoing basis in the resource home and that referrals for services are sent timely.

Actions: QA will pull the YI810 Child Behavioral Health Screening Report (OKTASCC) after the 5th of each month that displays the last 30 days. QA will note any elevated screeners where children are not currently in services and notify the district director. The district director will instruct the supervisor to staff all identified cases with missing services with their specialist within ten working days and ensure needed referrals are sent. Supervisors will email district directors when completed.

The region engaged in and monitored the above actions over the following six-month period during the monthly regional practice improvement charter team meetings and upon receipt of their subsequent PIC data profile, saw improved Strength ratings for both Items 12A and 18.

The practice improvement charter process and the various feedback loops described above were implemented as a result of feedback received during the CFSR, Round 3. In April 2023, CWS CQI Programs staff met with regional practice improvement charter members in focus group settings to gather information as to how the quality assurance system, by way of the practice improvement charter process, is working for them with regard to the identification of Strengths and Areas Needing Improvement, goal selection, action step development, and ongoing monitoring of progress related to CFSP strategies and Pinnacle Plan system improvement and reform efforts. CQI Programs staff facilitated five focus groups, one per region, with the following number of participants per region: Region 1 had 13 participants, Region 2 had six participants, Region 3 had 10 participants, Region 4 had 22 participants, and Region 5 had 10 participants, for a total of 61 participants. A summation of survey results follows.

In response to the question, *"Does the Practice Improvement Charter help guide the region as to actionable items to improve outcomes?"* the majority consensus or 52 percent responded Yes, 37 percent responded Somewhat, and 1 percent responded No. The goals, objectives, and actions identified in practice improvement charters are specific towards CFSR Items 1-18 which were scored as Area Needing Improvement during CFSR regional case reviews and additional qualitative reviews related to CFSP goals and Pinnacle Plan system improvement and reform efforts. To help regions understand how their performance is related to broader statewide performance, the CFSP is also referenced in regional practice improvement charter data profiles to assist regions in developing action plans that are consistent with or complementary to statewide efforts. Regions typically choose to focus on the three lowest-scoring CFSR Items and Pinnacle Plan strategy areas in need of improvement based on practice improvement charter profile data received every six months. If those selected areas are not in the statewide CFSP, the workgroup may create actions that they believe will impact a particular CFSR Item or Pinnacle Plan strategy.

In response to the question, *"In order to be effective, at what frequency should the charter goals, objectives and action items be updated?"* the majority consensus or 60 percent responded Annually, and 40 percent responded Bi-annually. Historically, case review data

has been provided to regions on a bi-annual basis and other qualitative review data has been provided on a quarterly basis.

In response to the question, *"Is the* practice improvement charter *helpful to track monitoring of progress for areas needing improvement?"* the majority consensus or 69 percent responded Yes and 31 percent responded No.

In response to the question, "*Do you have adequate data available and/or provided to inform your regions* practice improvement charter*?"* the majority consensus or 90 percent responded Yes, and 10 percent responded No. In addition to the data provided on the 18 CFSR case review items, additional qualitative programmatic data related to Pinnacle Plan improvement, and system reform strategies are also provided such as FMC fidelity data along with FMC parent, youth, and community survey data, PSC fidelity data, MIC in family-based settings data, investigatory appeals data, and CPS safe sleep review data. Furthermore, all regional practice improvement charter teams have access to over 200 web-based quantitative data reports generated from KIDS. These reports are customizable, and can be used to look into patterns of performance at regional and district levels.

In response to the question, *"Is there additional assistance CQI staff can provide to assist with your region's* practice improvement charter*?"* the consensus or 84 percent responded No, and 16 percent responded Yes.

Additional feedback related to the support currently being provided by CQI staff was very positive. Several group members expressed appreciation for CQI staff and noted particular strategies that CQI has used to support program improvement. Particular examples noted by focus group members include the Initial Meeting Review Consultation which resulted in the revision of Children and Resource Family Support Plans, PSC Reviews which resulted in enhancements to the overall PSC process, FMC Reviews which resulted in the identification of various training needs regarding the FMC process, Family Time training which has contributed to increased parent/child visitation, MIC Quality Worker Visit training and consultation, and MIC Regional Case Analysis work which has contributed to progress observed in MIC reduction.

Recommendations from focus groups related to additional assistance that could be provided included the creation of a one-page document which outlines responsibilities for the various levels of CW staff with regard to activities included in the regional charters. Additionally, focus group participants recommended that training on the practice improvement charter process itself be provided to all CWS regional staff to aid in understanding its utilization for practice monitoring and improvement.

Contract Performance Review (CPR) Process

The CQI Program's CPR unit engages in regularly occurring quality assurance reviews related to FC&A resource home approvals. This process was established as part of the Pinnacle Plan system improvement and reform efforts. Highlights of this process include, but are not limited to, face-to-face debriefings and reviews which occur on a quarterly basis to allow for frequent feedback to FC&A staff about how resource homes are identified and licensed. These reviews examine current FC&A practices for newly approved traditional and kinship resource homes. Reviewers utilize an evaluation tool that focuses on safety

measures such as thorough background checks, fingerprinting, public searches, references, and physical settings (house and water). The tool also reviews for quality of resource assessments by considering whether the information documented accurately and fully assessed the family and whether these areas of concern were fully addressed prior to the home's approval. It also considers whether the Resource Family Assessment (RFA) contains concerns that may have diminished the overall assessment of the family through the following areas: incomplete interviews with applicant(s), incomplete interviews with other adult(s) in the home, incomplete interviews with children in the home, did not explain discrepancies between interviews and forms/paperwork, minimal information on one or more sections of the RFA. Upon completion of the reviews by the assigned programs field representatives (PFR), a feedback loop meeting is held between the CQI team and the respective CW field manager and assigned supervisor at the time of the resource home approval. These meetings provide a depth of detail and feedback from reviewers that focuses on best practices and areas that are not in keeping with the foster care policy and guidelines. Ongoing process and implementation evaluation and transparent partnering between CPR staff, FC&A Programs, and district CW staff allow for ongoing process modification, identification of strengths and needs, and practice enhancements which have been demonstrated to lead to enriched growth and development of FC&A Resource staff across the state while furthering improvement efforts in this practice area as part of ongoing Pinnacle Plan system improvement and reform efforts. FC&A Programs staff attend regional feedback loop meetings thus enabling them to hear first-hand how the reviewer scored out an evaluation tool. Further, meetings are held every quarter with programs staff to review trends for the most recently reviewed quarter. Programs staff then take this information and provide FC&A staff training on a regional and statewide basis. Furthermore, FC&A supervisors use the evaluation tools and comments to provide a TOL directly to their staff.

The Quality Approval reviews are completed on a quarterly basis. Two measuring systems were put into place whereby trends and practices could be maintained and reported on after each quarter data collection. The first source comes from a basic trends table devised by the CPR team to capture the number of resources that had not met the expectations on a particular item on the approval tool. The other method to gather data is a Qualtrics data survey. The outcomes are filtered through a dashboard which reflects the specific type of occurrences.

Over the past three years the CPR unit has provided quality assurance, practices have been impacted through training, TOL opportunities, and changes to forms that streamline information and cut duplication. Most notable areas of improvement include the following:

- Throughout State Fiscal Year (SFY) 2022 and SFY 2023, traditional home approvals have had minimal to no negative scoring to such a degree that upon completion of SFY 2023, these will no longer be reviewed regularly and will only occur upon FC&A special request.
- Completing background searches on all known names and documenting all known names has trended favorably overall.
- History approval for CW and criminal history at the appropriate level has maintained well over the past six quarters.
- Obtaining out-of-state checks for criminal and CW is consistently met.

Data Validity

CWS supports the ability to conduct a state-led case review process for CFSR purposes in accordance with the Children's Bureau document titled *Criteria for Using State Case Review Process for CFSR Purposes*. CWS established and follows written and consistent standards and requirements, per the CFSR Procedure Manual, which includes an internal case review process that assesses statewide practice performance in the key CWS performance areas of safety, permanency, and well-being using a uniform sampling process and methodology.

The sample consists of 130 cases reviewed over two six-month periods and is comprised of 80 out-of-home cases, 40 each six-month period, and 50 in-home cases, 25 each six-month period. Cases are selected randomly to ensure that results are not impacted by selection bias.

Individual case reviews are completed utilizing the federal OSRI, a set of questions validated by the Children's Bureau and approved for assessment of CWS practice. Subsequent to case review completion, the review is debriefed either face-to-face or virtually with all CW staff involved in the case as well as their leadership. Additionally, a written summary of the review, written in colloquial language, is provided to all CW staff involved in the case and their leadership identifying Strengths and Areas Needing Improvement. Furthermore, aggregated data summarizing outcomes across all reviews are compiled and shared with CW staff at every level through the CFSR quarterly newsletter.

CWS maintains the five essential components identified in the Children's Bureau's Information Memorandum ACYF-CB-IM-12-07 that comprise an effective continuous quality improvement/quality assurance system: an administrative structure to oversee system functioning, quality data collection; a method for conducting ongoing case reviews; a process for quality data analysis and dissemination on performance measures; and a process for providing feedback to stakeholders and decision-makers to adjust programs, practices, and processes.

Foundational Administrative Structure

CWS maintains the capacity and resources necessary to sustain an ongoing continuous quality improvement process through a team dedicated to quality assurance activities, known as CQI Programs. CQI Programs administrative structure remained stable during this reporting period. CQI Programs is led by a programs administrator who reports directly to the deputy director of CWS Programs. Within CQI Programs five teams have direct responsibility for activities related to the quality assurance systems: the CFSR team, two QA teams, the CPR team, and the MIC and Appeals team. The CFSR team is led by a programs supervisor and is comprised of five PFRs. One QA team is led by a programs supervisor with five PFRs, and the other QA team is led by a programs supervisor with four PFRs. The CPR team is led by a programs supervisor with five PFRs. The MIC and Appeals team is led by a programs supervisor with three PFRs

One CFSR team member and two QA team members are collectively assigned to each of the five regions except in Region 1 where there is one CFSR team member and one QA team member assigned. In the CFSP, plans indicated CWS would fill the vacancy; however, this vacancy has not been filled. Efforts toward ensuring this region has a full three-member support team in place are ongoing. The CPR team's focused quality assurance work include

conducting reviews for contracts associated with out-of-home placements, serving as second-level quality assurance reviewers for the CFSR team, and reviewing of FC&A new kinship and traditional resource home approvals with one PFR assigned to each FC&A region. Designated staff within the MIC and Appeals team completes quality assurance MIC reviews, provides MIC prevention consultations for the entire state, develops and conducts MIC training, and completes and distributes MIC detailed data analysis reports. Other designated staff completes quality assurance reviews on appealed substantiated CPS investigative findings, provides consultation about the appeals review process, and compiles and distributes data analysis reports regarding appeals.

Quality Data Collection

CWS collects data, both quantitative and qualitative, from a variety of sources to support its current quality assurance system. KIDS, is a comprehensive, automated case management tool that supports CW practice. KIDS is used to collect and extract accurate quantitative and qualitative data and is intended to hold a state's official case record that includes a complete, current, accurate, and unified case management history on all children and families served by the state's Title IV-B and Title IV-E entities. For more information on the KIDS system, please see Systemic Factor #19, Statewide Data System.

CWS utilizes additional sources to assess current functioning within multiple components of the CW system. Case level data is collected through the CFSR process from the current federally-approved OSRI. Data collected in this process is done so it is consistent with the instrument, consistent across reviewers, and is properly implemented across the entire state. Assurance of consistency and proper implementation is overseen by CQI Programs leadership and is maintained through the various audit and quality assurance mechanisms outlined in the CFSR Procedure Manual. The audit and mechanisms mainly consist of standardized training for all staff within the CQI program regarding OSRI application. Further support for consistency of ratings across multiple sites and reviews is built into the process by: the CFSR team programs supervisor debriefing and discussing items and outcomes as well as the OSRI scoring logic with staff conducting case reviews; third party second-level quality assurance reviews conducted by trained staff from the CPR team; and by CQI Programs staff's involvement in debriefing every completed review.

Additional quantitative and qualitative case level data were collected directly by CQI Programs as part of the QA team's role in completing reviews of family meetings, timely permanency, PSCs, quality caseworker visits, and contacts when requested by regional leadership staff and other activities identified in regional practice charters. During this reporting period, the QA team was involved in work to support the regions in Safety Science reviews, MIC, timely permanency, and Family Time.

CWS acknowledges that meaningful data does not only come from the processes outlined above. CWS utilizes additional sources to assess current functioning within multiple components of the CW system. These components include evaluations, surveys, and focus groups with both internal and external stakeholders.

Case Review Data and Process

CWS has an ongoing case review component that includes reading the case files of children served by CWS and interviewing parties involved in the cases. This process is described in detail, above.

Analysis and Dissemination of Quality Data

CWS is able to collect quality data from a variety of sources as outlined above and maintains mechanisms to gather and track information over time. Consistent and standardized organization, analysis, data dissemination, and progress monitoring occur through the sharing of bi-annual trend and outcome practice profiles with CW staff at all levels in addition to various external partners and statewide and for each region. CFSR trend and outcomes data along with additional data related to all regularly completed qualitative reviews are shared broadly within CWS for the purposes of measuring and improving practice as noted in the examples previously described above.

Feedback to Stakeholders and Decision-Makers and Adjustment to Programs and Processes

OKDHS CWS and the Oklahoma State Department of Health (OSDH) continued efforts to provide a collaborative approach towards creating a child and family well-being network and continue to improve the infrastructure and pathways for a comprehensive early childhood system and continuum of evidence-based prevention services that support and strengthen families, prevent child maltreatment, and ensure the long-term health, safety, and well-being and educational success of the youngest Oklahomans while preserving culture, family, and community. A key continuous quality improvement component is engagement of stakeholders and the input they provide in the improvements to the CW system. Oklahoma views engagement of those with lived expertise as essential in building a comprehensive prevention continuum by elevating an understanding of what families need and how to remove the barriers that prevent them from receiving effective supports and services. In addition, Oklahoma secured a partnership with Foster America to provide resources that support human-centered design methods to implement and institutionalize a framework and culture for the inclusion of youth, family, and tribal voice to promote and facilitate the co-designing of a child and family well-being network. Examples of this inclusion can be seen in the Parent Exit Survey which began in April 2021, the FMC survey process, and in the ongoing survey processes completed with youth as part of the Oklahoma Successful Adulthood program.

Since the CFSR Round 3, CWS and OSDH began holding Bi-Annual Collaborative Convening meetings, co-hosted by CWS and OSDH, along with prevention partners and stakeholders, to share data, efforts around systems transformation, and cross-systems coordination to align strategic priorities and strengthen collaborations. Additionally, this collaborative, comprised of various state agencies, system partners, stakeholders, and persons with lived experience, has been engaged to provide feedback on the CFSP in years past and into the statewide assessment this year.

The Oklahoma Advisory Task Force Board on Child Abuse and Neglect, comprised of key professionals from around the state with knowledge of and experience with the child welfare and criminal justice systems are included in the Bi-Annual Collaborative Convening meetings. This Task Force reviews and discusses the CFSP and yearly progress to align

established child welfare system improvement efforts with future planning of Children's Justice Act (CJA) activities. CJA funds and activities support the state in addressing the safety outcomes outlined in the CFSP. At each Task Force meeting, a CWS representative provides an overview of the CFSR process, including sharing the latest CFSR data on performance outcomes. Task Force members are encouraged to be a part of their community's stakeholder meetings to provide insight from their unique standpoint in efforts to improve practice for Oklahoma families.

D. Staff and Provider Training

Item 26: Initial Staff Training

Initial training, CORE, is a Strength in that it performs well in teaching new child welfare (CW) specialist's basic knowledge, skills and abilities, and can be demonstrated via on-the-job training (OJT), simulations, and Provisional Certification based upon the competencies for CORE. New curriculum and utilization of simulations has strengthened outcomes.

Initial Staff Training
CORE is a standardized comprehensive training program for new CW specialist that is designed around identified competencies, grounded in evidence based and trauma-informed practices, and rooted in Oklahoma needs and context that covers foundational level knowledge, skill competencies, and CWS rules. The training program consists of four weeks of facilitated classroom learning with three progressive skill-building social simulations, pre-requisite online learning, OJT, and Mock court. CORE utilizes a blended learning model of online learning including online curriculum and OJT experiences. Twenty-two days are allocated to complete both online content and OJT. Some CW specialists may need more or less time depending on when an OJT learning experience is available, however all OJT must be completed before the in-person portion of CORE and each of the five modules of CORE, for a total of 19 days.

Facilitation is provided by CWS Training program staff. The curriculum is heavily focused on a TOL process under CW supervisor guidance to reinforce in-person learning and shift more OJT planning to CW supervisors. This shift requires supervisors to plan ahead for learning activities and set aside time to assist the CW specialist with reflecting upon his or her learning experience to move it into practice.

All CW specialists are required to complete pre-CORE activities prior to attending CORE. Pre-CORE activities are designed for all CW specialists regardless of their program in CWS, and include a review of the Oklahoma Child Welfare Practice Model; monitoring online pre-CORE and module learning, and select articles on child safety and substantiation of child maltreatment and impending danger; online training related to human immunodeficiency virus (HIV) policy, report writing, and trauma-informed practice in CW; and a CW ethics video.

To ensure CORE is completed, each CW specialist is tracked by monitoring roster sign-in sheets for in-person, online and OJT training. Required activities are attested to by the CW specialist and his or her supervisor prior to attempting CW Specialist Provisional Certification and post-CORE practice prior to being eligible to participate in CW Specialist Provisional Certification. A CW specialist who does not complete CORE cannot participate in CW

Specialist Provisional certification, is not eligible to carry a caseload to perform his or her duties, and may not remain employed as a CW specialist. A CW specialist who misses part of CORE makes up that section in one of three ways: placement into another CORE cohort; by receiving individual training within the CWS Training program; or making up the missed day within another CORE cohort while on OJT. All CW specialists complete CORE and CW Specialist Provisional Certification prior to carrying a caseload. Figure 58 details the enrollment figures for the last three years.

Figure 58

4/1/2020-3/31/2023 Enrollment and Attendance

Reporting Period	CORE Cohorts During the Reporting Period	Number Enrolled	Number Enrolled Not Yet Assessed	Number Completed and Assessed	Percent Completed and Assessed	Number Left Agency During CORE	Percent Left Agency During CORE	Student/ Tribal
4/1/2022-3/31/2023	37	638	79	461	72.1	73	11.0	25
6/28/2021-3/31/2022	*19	385	91	251	65.0	41	11.0	N/A
4/1/2020-3/31/2021	23	465	53	379	82.0	33	7.0	4

*The 6/28/2021 through 3/31/2022 reporting period only captures nine months of in-person curriculum.

Training Time Frame

1. Hired CW specialist.

   The newly-hired CW specialist participates in pre-training and pre-CORE activities for two-to-four weeks while in the county office. This time provides the CW specialist the opportunity to begin: establishing relationships within the office; gaining an understanding of office cultures and expectations; and developing an understanding as to the position's nature and scope.

2. Prior to assuming a caseload.

   The CW specialist begins CORE, a generalized training program developed to provide the CW specialist with the foundational information needed to be successful in the position, regardless of his or her career program track within CWS: CPS, Foster Care, PP, FCS, and/or Adoptions. This information includes introduction to practice standards and development of core competencies. Generalized CORE is a nine-week program with four individual modules and two periods of OJT, and a final week that concludes with an assessment of the CW specialist's ability to demonstrate practice behaviors critical to outcome achievement through the CW Specialist Provisional Certification testing. The Provisional Certification includes an assessment of child safety (AOCS), KIDS (Statewide Automated Child Welfare Information System) navigation assessments, child interviewing, and adult interviewing. A CW specialist who receives a score of Meets Standards or Needs Improvement, is eligible to receive a graduated caseload of 50 percent following completion of Module 6 and post CORE required levels courses, depending upon the track. Each year CW programs staff evaluate the need for each class dependent upon program track and the preferred order of the classes.

The CW specialist, who receives a score of Not Yet Ready, must be reassessed. His or her assigned supervisor is expected to complete a 30-calendar day support plan with the CW specialist and reassess the CW specialist's abilities. Support plans focus on deficient skills identified during the CW Specialist Certification with a Not Yet Ready provisional certification outcome. Successful completion of the support plan results in the CW specialist progressing to post-CORE required levels courses. Any CW specialist not able to successfully complete the support plan is not provisionally certified and is unable to carry a caseload.

3. Upon being assigned a 50 percent caseload.
   The CW specialist begins his or her field work and continues with Level 1 training. Level 1 differs from CORE training in that the course materials generally build upon essential skills to enhance job performance.
4. Prior to being assigned a 75 percent caseload.
   The CW specialist continues with Level 1 trainings. After a period of 90-calendar days following assignment of the 50 percent caseload, the supervisor observes and coaches the CW specialist's performance and makes an evaluation that determines if the CW specialist is ready to be assigned a 75 percent caseload.
5. Upon being assigned a 75 percent caseload:
   The CW specialist continues his or her field work while participating in enhanced, Level 1 training.
6. Prior to being assigned a 100 percent caseload:
   After a period of 90-calendar days following assignment of the 75 percent caseload, the CW specialist is observed and coached again by his or her supervisor, who makes an assessment to determine if the CW specialist is ready to be assigned a 100 percent caseload.
7. Upon being assigned a 100 percent caseload.
   The CW specialist continues to complete Level 1 trainings by the end of 18 months with CWS. When the CW specialist fails to complete a course in which he or she is enrolled, the CWS Training program re-enrolls him or her. Quarterly reports are generated listing CW specialists who are delinquent with required trainings. When a CW specialist I is on the list, the immediate supervisor is notified and if he or she remains on the list for another quarter his or her supervisor is contacted again. When the CW specialist is not making progress, the supervisor and his or her immediate supervisor are notified and the situation is managed as a personnel issue.

The CWS Training program continues its work with collaborative partners assisting in evaluation and refinement of CORE. The University of Oklahoma (OU) Child Welfare training collaboration partners include the OU Center for Public Management (OU-CPM), OU National Resource Center for Youth Services, and OU School of Social Work (OUSSW). Together, the partners are tasked with assisting in the creation, assessment, and management of key elements of the CWS Training program. During this review period of the existing CFSP, the collaborative completed new curriculum and converted existing curriculum into a virtual format. To assist in conversion to virtual training, a semi-structured interview process was used to gauge employee opinions, perceptions, and beliefs about CORE in four areas: (1) online learning curriculum; (2) in-person and classroom facilitation and content; (3) OJT; and (4) simulation activities. The group was comprised of four CORE

cohorts of 98 CW specialists and their supervisors (N=74). Their feedback assisted the CWS Training program in learning which parts of the process work well virtually. Both strengths and challenges were explored.

Strengths noted include the online materials as one of the strongest components of the new CORE curriculum. Both CW specialists and supervisors found the online materials to be helpful in building knowledge and skills while also engaging them in a way of learning that created a positive experience. CW specialists found the materials interesting, valued the content, and indicated it helped them to think critically about children, families, and CW work. Online training allowed them to work at their own pace while also working on OJT activities. CW supervisors who had examined the online materials were also satisfied with the content and found the materials helpful in training a new CW specialist.

Challenges noted include several CW specialists who reported repetition in content between the online OKDHS Learning Management System (LMS) and in-person trainings that did not feel necessary. In-person training did not advance the online content. This was addressed by revisions to how CW specialists are asked to make connections to the online content at varied times to strengthen recall and connections between online and in-person content.

Modules can be long, and CW specialists prefer shorter online modules to help break up learning time. "Time to complete Module 4 is too much." In response, Module 4 content was redesigned to increase engagement and to refine content into shorter sessions.

CW specialists communicated frustration that CW supervisors did not understand the time commitment for completing online learning and did not give adequate time to finish modules in balance with OJT activities. This was addressed with CW supervisors through informational trainings in respective regions and for new CW supervisor training included within the Supervisor Academy. CW supervisors did not understand the actual time frames for completing the online materials and cannot recall getting information on what to expect for time-management. CW supervisors observed that some CW specialists will have completed online learning at significantly different time frames. Responses included (1) providing details to CW supervisors for the module time completion that is realistic for the different learning styles and attention spans of CW specialists and (2) an overview of CORE, focused on OJT expectations and how to support CW specialists learning.

For in-person training, CW specialists would like to have one CWS PFR who is assigned to them whom they can reach out to for questions or support. Response was met in multiple ways with the implemented Module 6 Support Sessions for each CW specialist in CORE. The purpose is to provide additional support and coaching to each CW specialist as they prepare for Module 6 Provisional Certification. The Support Session is voluntary and the CW specialist can elect any area for support. Additionally, a virtual meeting was added with the CORE coordinator to meet and learn how and when to connect when questions arise outside of the classroom. The role of the CORE coordinator is to manage enrollment, tracking of required online content completion, and other related duties.

In 2017, the OU Child Welfare Training Collaborative selected five states to survey, based upon suggestions of those knowledgeable in CW and/or the availability of information regarding those state's CW systems. Competencies from the states were provided, when

applicable. That information was compared to existing Oklahoma CW materials, and then used to create a list of draft competencies.

Using that information, a Qualtrics survey was made available to all 2,400 CW specialists across the state of Oklahoma, with 265 respondents. Additionally, OUSSW faculty conducted 20 focus groups throughout the state, with 201 participants. While both the electronic survey group (n=265) and focus groups (n=201) received the same survey questionnaire, the focus group participants had dedicated time to share their thoughts regarding the draft list of competencies, allowing for a deeper discussion of qualitative responses.

Thematic analysis was used to identify the most salient themes as expressed by online survey respondents. Themes focused on what feedback was most common, but also focused on feedback that was relevant but not frequent. Themes were then compared with focus group transcripts and focus group leaders' accounts of the groups to align all qualitative feedback into a coherent whole. Themes focused on three areas: behaviors that would be developed as a result of each competency, content that should be involved in the training of each competency, and suggested revisions/changes to each competency.

When the scores were summed and computed and the competencies were rank ordered, competency six "demonstrates ability to evaluate child safety throughout the life of the case" scored across all domains as the most important and applicable competency of the list. Also important to note, competency seven "demonstrates the knowledge, skills, and self-awareness to engage with different family types in a manner that is positive and culturally sensitive" and competency three "understands the cognitive, emotional, and social stages of child development, and recognizes the effects of trauma" also showed to be among the most important competencies on the list.

It should also be noted the quantitative data appears to suggest all eight competencies identified and discussed in the focus groups appear to score very well. While a few of the competencies consistently rise to the top, all of the competencies appear to make sense to those who provided feedback, and be viewed as highly important and applicable to the role of a CW specialist.

Oklahoma CW CORE 12 competencies are:

- Identifies as a child welfare specialist and understands the roles and responsibilities.
- Understands the scope of child welfare services in Oklahoma, and how federal law and regulations, Oklahoma Statutes, OKDHS policy and Instructions to Staff all guide child welfare practice.
- Understands the importance of and can employ trauma-informed and developmentally-sensitive practices.
- Exhibits a basic understanding of the juvenile court system and how it works.
- Demonstrates knowledge in the identification and causes of child abuse and neglect.
- Demonstrates the ability to assess safety throughout the life of the case, make safety determinations, and develop and implement appropriate safety plans with families when warranted.
- Demonstrates the knowledge, skills, and self-awareness to engage and assess all family types in a manner that is positive, strengths-based, and solution focused.

- Demonstrates knowledge, skill, and self-awareness to engage, assess, and provide effective service to adults, children, and families from diverse cultures, ethnicities, and backgrounds.
- Understands the urgency, the underlying philosophy, and the importance of stability, permanence, and well-being for children/youth.
- Exhibits awareness of potential stress factors associated with CW practice in one's self, in the agency and in workplace activities, and is able to develop self-care and other strategies to prevent emotional distress and burnout.

The final curriculum built upon the competencies was completed in February 2020 prior to the COVID-19 pandemic. Simulation was held virtually until CORE moved to in-person in July 2021. A third simulation was added to the curriculum in 2021.

As planned, Level 1 classes designed for new CW specialists have been aligned with CORE. Level 1 trainings significantly enhance CW specialist performance, but is more effective after a CW specialist has time to directly experience more field work.

As part of the new curriculum development, some Level 1 course content was pulled into CORE and the subsequent courses were designed to reach a higher level of knowledge and skill. An example was *CW2111 Early Childhood Development* which was incorporated into CORE and the resulting class *CW2111* currently under development advances the previous curriculum.

Training Evaluation

The CORE curriculum has been implemented for approximately three years. The CWS Training program continues to move forward in implementing a multi-faceted approach to training evaluation. A Comprehensive Evaluation Project is underway to refine an overall framework for the evaluation processes in CORE and certification phases 1-3. The first steps include reviewing historical data and identifying trends. Initial adjustments include adding engagement questions to the end of each module and adjusting the certification Phase 1 survey to be conducted immediately after specialists finish Module 6 to improve recall and completion percentage. The post-Module 6 survey covers four major areas of the training: CW competencies, overall readiness, simulations, and OJT.

Training goals ensure that training is intentional, presented with consistency, impactful, and enhances practice. Training should be measurable in its impact upon outcomes.

- Training fidelity is to be monitored by third-party observers for adherence to the scripted trainer's manual. This will minimize training drift and inconsistencies that currently occur with unscripted training. This function was for the new CORE curriculum and with level classes added when feasible.
- Post-tests/evaluations determine if knowledge transfer occurred as a result of the training. This assists in evaluating the quality of the content and/or trainer in material delivery.
- Supervisor feedback loops are crafted to allow supervisors to provide post-training feedback on practice behaviors and competency expressions related to specific trainings. This is completed through the use of surveys in post-CORE/Certification.
- Survey outcomes are measured for trainings to determine if the trainings have an impact on a CW specialist's perception of learning. When trainings do not appear to

be having an impact on overall outcomes, the trainings are assessed for improvement. To increase the return rate, the post-training surveys are completed as part of each training. All levels and CORE surveys are completed via a Quick Response code on each CW specialist's state-issued phone.

- Hybrid learning environments are implemented to enhance the overall experience and learning for a CW specialist. The intention is to increase information and skills retention. Hybrid learning allows for various platforms, such as e-learning, videos, in-person training, simulation or SIM labs where knowledge can be learned and skills practiced to reinforce the learning, OJT, micro-learning, and just-in-time learning.
- Pilot classes at each level are enhanced to ensure all programmatic staff is involved prior to implementation. The CWS Training program's personnel work with CWS Programs staff early in curriculum development to ensure competencies and practice behaviors align with policy and practice. CW specialists and supervisors from each CW practice track are selected to attend and provide feedback through survey to ensure the class meets the unique needs of their respective tracks of work before finalizing curriculum.

Prior to the COVID-19 pandemic, time was spent working with CW supervisors on reviewing CORE, OJT, and the supervisor OJT guidebook to facilitate CW specialist learning. After approximately six months CW supervisors were surveyed regarding their experience with supporting new CW specialists in CORE, focusing on usefulness of the CORE companion guide i.e., its usefulness and how often utilized to support OJT activities and barriers to supporting OJT, usefulness of observing simulations in CORE, and feedback regarding what would help them to complete OJT including simulation review consistently. 214 of 371 or 58 percent of CW supervisors responded. Additionally 43 CW supervisors agreed to participate in focus groups to allow for nuanced feedback. Initial results of the survey indicate most CW supervisors like the companion guide, most use it part of the time and recommend more check boxes for tracking required activities. Most CW supervisors review the simulations to assess their assigned CW specialist performance in CORE, especially the final simulation leading to provisional certification. The barriers most cited to supporting OJT are time constraints, the challenges of prioritizing, and scheduling in rural areas.

Plans are to conduct focus groups with CW specialists at varied intervals post CORE. At three months post CORE, new survey questions for CW specialists will include feedback regarding expectations for CORE, information related to CORE online content, and frequency of CW supervisor observations. Three months was chosen to capture the experience of CW specialists who tend to leave at this juncture of employment. Based on what is learned there may be further surveys at nine months (another time when an increase in specialists resign) or 12 months. Planned focus groups with CW specialists at the same junctures will allow them to reflect back on what they expected to learn in CORE, what they believe should be covered and the applicability of CORE the post CORE classes immediately upon completion of CORE.

The trainer's role is important as it may have a large effect on the training's outcome. Many CWS employees are promoted based on being a subject matter expert and may not have expertise in adult learning theory and principles and thus they do not have knowledge about how adults learn effectively. Training of Trainers (TOT) curriculum introduces agency personnel who provide training to the concepts and skills needed to effectively create and

facilitate learning. Trainers take a new role moving from a traditional subject matter expert didactic instructor to facilitator. Facilitation creates learning opportunities by providing a chance to teach back what they have learned. This aligns with research that indicates a primary didactic approach to learning is less effective than experiential or hands-on learning styles of course instruction. The TOT process occurs through two courses: *CW5033 Championing the Learner* and *CW5083 Experiential Design Instruction*. *CW5033* focuses on facilitation skills and experiential learning in the classroom and *CW5083* focuses on curriculum development based on adult learning theory. The courses emphasize how considerable learning takes place outside of training, which aligns with current efforts for CW supervisors to reinforce learning in an intentional way. Since Round 3 of the CFSR it is required that all CWS Programs PFRs attend these trainings which are held each year for new PFRs. In 2022, 35 employees completed *CW5033* and 36 completed *CW5083*.

CORE Training

In review of the last three years of certification, outcomes directly tied to the implementation of new in-person CORE content finalized on 3/1/2020 reflect steady improvements based on agreed upon competencies. The COVID-19 pandemic occurred during SFY 2021, resulting in the curriculum rapidly changing to virtual. Because the content was not designed for a virtual format, it was under frequent refinement. CORE now has both an in-person and virtual format. SFY 2023 is considered the baseline due to PFRs familiarity with the curriculum and two years of growth in their facilitation skills. During the last two years CWS Training program staff have worked on the Module 6 Assessment rating rubric in an effort to increase objective evaluation and to ensure the safety components were aligned with program track needs. As planned, work focused on increasing inter-rater reliability of the CWS Training program PFRs using the rubric assessment. During SFY 2023, the PFRs observed a recorded Module 6 interview and assessed the interview individually utilizing the Module 6 rubric. Two areas of clarification were completed as a result. Ongoing work to enhance the PFR's fidelity to the rubric for interviews provides confidence in the consistency of the growth in outcomes.

CW Specialist Certification Phase 1

An area of growth as it relates to certification in Round 3 of the CFSR, is now a strength. During Round 3, certification was assessed by CW supervisors who received training on the grading tool. Now the CWS Training program utilizes PFRs who provide an increased level of consistency and enhanced ability to utilize the tool with a higher level of fidelity and interrater reliability. During Round 3, the actors varied from CWS Programs staff to other various CWS employees, leading to inconsistencies in their performance. Currently the actors are standardized and receive training to mimic CW families' responses and receive ongoing assessment and coaching to provide consistency by OUSSW. Unlike Round 3, all of the interviews are recorded, allowing the CW specialist and his or her supervisor to observe the performance. This recording is what allows for evaluating and coaching to enhance performance.

CW Specialist Certification

CW Specialist Certification 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. CW specialists achieve successful completion of CW Provisional Specialist Certification once skills are demonstrated on all four components: child interview, adult interview, AOCS, and

KIDS navigation. The smaller number of trainers who facilitate certification allows the program to enhance fidelity to the assessment during certification.

The certification establishes a provisional certification conducted through the CWS Training program and allows the remainder to occur through observation, assessment, and coaching by CW supervisors. The provisional certification continues to occur at the completion of CORE and the assessments are conducted by the CWS Training program personnel. CW supervisors continue the certification process by observing a CW specialist's work with families on his or her caseload, thus providing an enhanced experiential process.

Certification is a three phase process. Upon successful completion of CORE, the CW specialist is assigned a graduated caseload, per the following schedule:

- Phase 1: Provisional Certification – 50 percent caseload upon successful completion of CORE;
- Phase 2: 75 percent caseload after six months of successful work; and
- Phase 3: 100 percent caseload after nine months of successful work.

All CW specialists are evaluated in the field by their supervisor or a supervisor approved by the field manager or district director. All evaluating CW supervisors must complete *CW4444 HOT for Supervisors* to ensure capability to utilize the grading tool. CW supervisors using the grading tool observe, assess, and coach specialists during certification. The observations are recorded with the amount depending upon the Phase i.e. 9 or 7 over three months. Documentation is submitted to and tracked by the CWS Training program.

Phase 1 Provisional Certification occurs over three periods in CORE. CWS Training program personnel conducts KIDS testing during CORE Module 6, AOCS during CORE Module 6, and Adult and Child Interviews during CORE Module 6.

Components I and II – Interviews
During this portion of the Provisional certification, the CW specialist conducts an interview with an adult actor playing a child or adult. The interview is based on the CW specialist's primary role within CWS. CWS Training program personnel briefed on the scenario observe the interview utilizing the grading tool and provide feedback on strengths and needed areas of improvement.

Component III – Safety Assessment
During this portion of the competency evaluation, a CW specialist receives an 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. Outcomes are either Meets Standards or Needs Improvement. This assessment feedback is provided to the CW supervisor to assist in ongoing assessment and development.

Component IV – KIDS Navigation
During this portion of the competency evaluation, the CW specialist is required to complete a navigation exercise. Outcomes and process mirrors those of the Safety Assessment.

Provisional Certification Results from Evaluation
Interviews – CW specialists receive one of the following scores from the trainer/grader:

- Ready: The CW specialist exhibits at least minimum expectations as a CW specialist. The CW specialist achieves provisional certification and can proceed to Phase 2, which includes eligibility to be assigned a caseload and to move forward in completing post-CORE level training.
- Not Yet Ready: The CW specialist needs more mentorship but the skill exists to be developed. The CW specialist has not achieved provisional certification and more structured mentoring is needed in areas identified by the trainers. The CW specialist can proceed to Phase 2, which includes eligibility to be assigned a caseload status of 50 percent and to move forward in completing post-CORE level training.

Once the CW specialist successfully completes the support plan, the CW specialist may be enrolled in CORE Post CORE level trainings.

KIDS and AOCS Results – CW specialists receive one of the following scores from the trainer/grader:

- Meets Standards – The CW specialist exhibits at least the minimum expectations to begin field work as a CW specialist.
- Needs Improvement – The CW specialist has the skill to be developed; more structured mentoring is needed in areas identified by the trainers.

Phase 1 – CW Specialist Provisional Certification Assessment Results

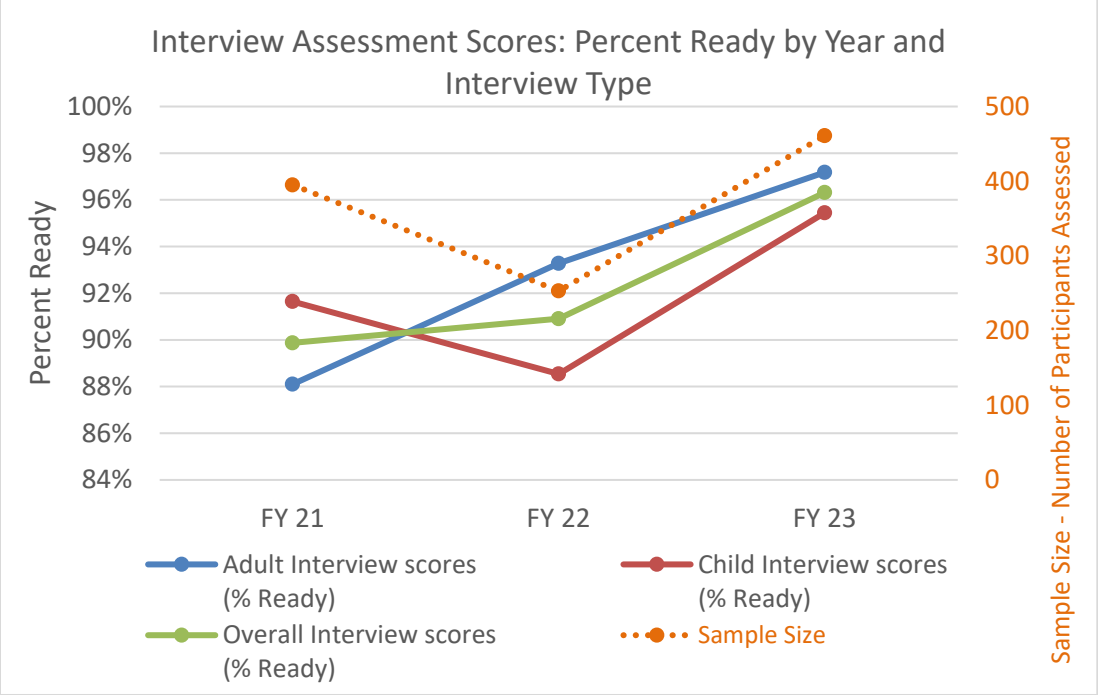
Described below in Figure 59 are the four skills-based components for all three years of the new curriculum structured to measure required competencies for all CW specialists, regardless of the type of work performed, which is linked to improving outcomes for children and families served.

Figure 59

4/1/2022-3/31/2023 Child and Adult Interview Results

	Number Ready	Percent Ready	Number Not Yet Ready	Percent Not Yet Ready	Total
4/1/2020-3/31/2021 Child	362	92.0	33	8.0	395
4/1/2020-3/31/2021 Adult	348	88.0	47	12.0	395
6/28/2021-4/1/2022 Child	224	89.0	29	11.0	253
6/28/2021-4/1/2022 Adult	236	93.0	17	7.0	253
4/1/2022-3/31/2023 Child	440	95.0	21	5.0	461
4/1/2022-3/31/2023 Adult	448	97.0	13	3.0	461

Figure 60



CORE successfully prepares new CW specialists for work with families. The trend for Adult Interviews and Child Interviews has indicated an increase in Ready scores. As seen in Figure 60 April 2022 through March 2023, the third year into the new curriculum and the largest sample size, indicate the current outcomes. No previous years have seen Adult Interviews higher than Child Interviews which was a long term goal to meet or exceed. Evidence of growth is that during the Round 3 CFSR, the interviews success rate were 84 percent for the Child Interview and 80 percent for the Adult Interview compared to April 2022 through March 2023 rates of 95 and 97 percent.

Figure 61

4/1/2020-3/1/2023 KIDS Assessment Totals

	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
4/1/2020-3/31/2021	212	94.0	16	6.0	228
6/28/2021-4/1/2022	366	97.0	13	3.0	379
4/1/2022-3/31/2023	443	95.5	16	3.5	459

CORE continues to prepare CW specialists to successfully navigate KIDS. Figure 61 indicates the three year trend remains consistent despite employees engaging in telework and presumably have less interactions with peers to learn and practice navigation.

Figure 62

4/1/2020-3/31/2023 Assessment of Child Safety (AOCS)

	Number Meets Standards	Percent Meets Standards	Number Needs Improvement	Percent Needs Improvement	Total
4/1/2020-3/31/2021	303	72.0	120	28.0	423
6/28/2021-4/1/2022	199	79.0	52	21.0	251
4/1/2022-3/31/2023	372	81.0	89	19.0	461

CORE continues to successfully engage CW specialists in preparing them to being able to make safety assessments. The trend again reflects steady improvement, as shown in Figure 62. Notable again is the larger sample size for April 2022 through March 2023 which provides greater confidence for outcomes.

All CW specialists and their supervisors complete a 12 question survey tied to the CORE competencies after CORE/Provisional Certification. 74 percent of 1,032 CW specialists completed the survey, of which 91 percent rated Confident or Very Confident in their ability to demonstrate the CORE competencies. The high return rate and confidence scores collected from the survey questions indicate that CORE prepares CW specialists with the knowledge and skills to perform their work. This also provides evaluative data that key learning and skill development objectives were met.

Figure 63

CORE Competency Survey – Specialist

CW Specialist	Surveyed	Survey response	Specialist Response Rate	Percent Confident/Very Confident
4/1/2020-3/31/3021	331	207	63.0	91.0
6/28/2021-4/1/2022	251	212	84.0	92.0
4/1/2022-3/31/2023	450	333	74.0	91.0
Total	1,032	562	74.0	91.0

Figure 64

CORE Competency Survey – Supervisors

CW Supervisor	Surveyed	Survey response	Percent of Supervisor Response Rate	Percent Confident/Very Confident
4/1/2020-3/31/3021	331	76	23.0	81.0
6/28/2021-4/1/2022	251	48	19.0	91.0
4/1/2022-3/31/2023	450	152	34.0	91.0
Total	1,032	276	25.0	88.0

Figure 64 depicts over the three year period, 25 percent of 1,032 CW specialists who completed the survey relayed confidence that 90 percent of CW specialists completing

CORE can demonstrate knowledge and skills to perform their work. The alignment between both the CW specialist and the supervisor provides feedback that CORE meets expected goals.

During the Round 3 CFSR, the survey questions post CORE from CW supervisors provided less defined feedback. For example, questions focused on critical thinking skills, ability to utilize KIDS, and preparation for Hands-on Training, the then named certification. Currently the survey focuses on competencies deemed critical to work with families.

Figure 65

4/1/2022-3/31/2023 CW Specialists Post-CORE Survey Response

Please think about the following statements and rate yourself based on your own ability to do the following:	Average Response (1=No Confidence, 5=Very Confident)	Percent Very Confident or Confident	Percent Change from Previous Year
Engage clients in empathic and non-judgmental relationships	4.48	97.0	-1.0
Interact with clients with cultural sensitivity	4.44	96.4	+0.4
Approach clients with developmental appropriateness	4.36	94.0	-1.0
Understand and can work with family decision-making	4.34	95.5	+1.5
Assess safety and risk to children	4.33	93.4	-1.6
Assess well-being needs of the child and family	4.34	94.9	-2.1
Assess permanency for the child and make decisions that support permanency	4.16	86.7	-3.3
Testify in courts	3.73	65.5	-2.5
Remain strengths-based in assessing and planning with clients	4.32	93.1	-1.9
Understand the stages of child development	4.22	88.3	-4.7
Apply trauma informed principles to working with children and families	4.27	90.6	-3.4
I was prepared to complete the provisional certification process	4.26	90.7	-0.3
I am confident I can be effective in my job in child welfare	4.31	91.6	-0.4
Total	**4.27**	**90.6**	

Figure 65 depicts an average of 90.6 percent of CW specialists complete CORE feeling Confident or Very Confident about their knowledge, skills, and abilities to perform their work as CW specialists. Testifying in court is the only outlier scoring lower than 87 percent. Testifying in court is a skill that is learned over time and confidence in one's ability to testify may be connected to the frequency in which one is required to testify. The statement is better served to delineate between preparation for court and performance such as testifying. The lack of clarity on this statement limits the ability to make further changes. The statement has been changed to separate the two skills in the survey which may provide greater clarity.

Other survey questions relate to simulation by surveying CW specialists for confidence and/or ability before and after simulation. CORE simulations consist of scenario-based Adult and Child Interviews with a standardized actor. All simulations are video recorded and are viewable by the supervisor and the specialist in Learning Space. Simulations occur in

Modules 2, 3 and 6. Each simulation focuses on the CW specialist introduction and rapport, with successive simulations including other advanced skills such as engagement skills and safety assessment, which are program specific.

Figure 66

4/1/2020-3/31/2023 Simulation Results

	Survey Total	Percent Prior To	Percent Afterward	Percent Differential
4/1/2020-3/31/2021	331	67.0	97.0	30.0
6/28/2021-4/1/2022	312	63.0	95.0	32.0
4/1/2022-3/31/2023	450	65.0	95.0	30.0

Overall, simulation survey results indicate CW specialists' confidence in developing interviewing skills increases after participating in the simulation experience. As simulations are the final assessment leading to culminating CORE and are the best indicator outside of surveys, there is confidence that simulations provide a learning opportunity to master skills. The exposure to three simulations, practice, and the coaching, which occurs afterward by the PFR's and their supervisor, provides valuable feedback toward the CW specialists' progress through CORE.

Overall, simulation utilization provides benefits to new CW specialists and as an assessment tool for coaching by CW supervisor and helps to prepare for Module 6. The three year trend remains stable with little movement. Comparing the increase in the Adult Interview outcomes leads credence to CORE overall and its utilization of simulations. Simulations are a strength of the CORE curriculum based on CW specialist and supervisor feedback.

Figure 67

4/1/2022-3/31/2023 Simulation Results

Indicate your level of agreement about your learning	Average Response (1=Poor, 5=Excellent)	Percent Excellent, Very Good, or Good	Percent Change from Previous Year
How would you rate your level of skill on this topic BEFORE you interviewed the client in the simulation lab?	2.88	62.3	-1.65
How would you rate your level of skills on this topic AFTER you interviewed the client in the simulation lab?	3.90	94.9	-0.12
How would you rate your CONFIDENCE using the skills from training BEFORE you interviewed the client in the simulation lab?	3.10	68.7	+0.67
How would you rate your CONFIDENCE using the skills from training AFTER you interviewed the client in the simulation lab?	3.93	94.9	+1.88

Figure 68

4/1/2020-3/31/2023 OJT Survey Results

OJT Experience	Survey Total	Percent Strongly Agree or Agree
4/1/2020-3/31/2021	331	88.0
6/28/2021-4/1/2022	312	87.0
4/1/2022-3/31/2023	450	88.0

Feedback from CW specialists who complete OJT indicate that it contributes to knowledge and skill development. OJT is a strength of CORE as it provides opportunity for making grounded connections with the knowledge-based and simulation portions of CORE toward a plan for how to integrate into their respective practice.

During April 2022 through March 2023 informational trainings with CW supervisors by CWS Training program personnel at their respective regional trainings occurred. The trainings were a modified version of a new training in the Supervisor Academy. The intent was to assist CW supervisors in supporting CORE and focused on the OJT experience. Emphasis was placed on enhancing preparation for and processing the OJT experience and connecting with future practice. CW supervisor feedback has been positive regarding the training, specifically gaining a greater understanding in the value of and how to prepare CW specialists for an OJT experience, how to enhance context of an OJT activity, and how to use the CORE companion guides suggested questions to ascertain TOL and coach toward implementation. Any changes in outcomes via certification cannot be attributed to this training.

Figure 69

4/1/2022-3/31/2023 OJT

	Average Response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Percent Change from Previous Year
The OJT experiences increased my knowledge of this topic.	4.26	88.6	-0.4
The OJT experiences helped me develop new skills	4.26	86.7	+1.7
The OJT experiences provided me with opportunities to learn about other programs and resources within Child Welfare, DHS, and the community.	4.29	88.3	+1.3
Total	**4.27**	**87.9**	

As seen in Figure 69, 87.9 percent of CW specialist either Strongly Agree or Agree that OJT contributes to CW specialist development, preparing them to effectively work with families. Specifically, CW specialists assessed OJT as instrumental in increasing their knowledge, skills, and learning about other CWS programs and resources within CWS and their respective communities.

Figure 70

4/1/2022-3/31/2023 Supervisors Post-CORE Survey

Please rate your level of agreement with the following statements.	Average Response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Percent Change from Previous Year
The Child Welfare Specialist's attitudes and/or ways of thinking about clients had a desirable change during the CORE process.	4.02	75.0	-1.0
The Child Welfare Specialist's skills improved during the CORE process.	4.21	86.8	-3.2
The Child Welfare Specialist's knowledge improved during the CORE process.	4.28	90.8	-2.2
The Child Welfare Specialist's ability to assess safety improved during the CORE process.	4.18	88.2	-2.8
Coaching (supervisor or the mentor) improved the Child Welfare Specialist's knowledge of the job.	4.36	94.1	-3.9
Coaching (supervisor or the mentor) improved the Child Welfare Specialist's competency on the job.	4.32	94.1	-4.9
The Child Welfare Specialist connects the OKDHS Quality Standards and Child Welfare Practice Standards to daily practice.	4.21	89.5	-2.5
The specialist had enough time to complete OJT activities.	4.23	91.4	-2.6
The OJT activities provided me (the supervisor) with opportunities to discuss the specialist's experience, understanding of, and relevancy to the specialist's job duties.	4.13	87.5	-3.5
The OJT activities provided the specialist with a broader understanding of OKDHS and Child Welfare Services.	4.10	86.8	-4.2

Post-CORE Survey

All specialists and their supervisors complete a 26 question survey tied to the CORE competencies, general competencies simulation, and OJT after CORE/Provisional Certification. CW supervisors indicate CORE as effective in specialists learning during CORE and the role of coaching as a component of CORE are viewed as highly contributable to their development.

Phase 2 Certification Results

- Before a CW specialist moves to a caseload of 75 percent, he or she is evaluated over a 90-calendar day period.
- During this evaluation period, the CW specialist is evaluated by his or her supervisor or a supervisor approved by the CW field manager or district director. The CW specialist must successfully complete two out of three Adult Interviews and two out of three Child Interviews before moving to a status of 75 percent caseload.
- When the CW specialist is unable to successfully complete two out of three interviews, he or she is given a modified coaching plan and a maximum of an additional 30-calendar days during which he or she is re-assessed and evaluated a second time. The coaching plan for the additional days is focused on deficient skills identified by his or her supervisor during the CW Specialist Certification applying only during Certification Phases 2 and 3. If the CW specialist is not showing improvement, the CW supervisor may want to use another mentor or CW supervisor and modify the coaching plan to best support the CW specialist. When the CW specialist continues to show signs of difficulty and/or no signs of improvement, the CW supervisor consults

with his or her immediate supervisor, field manager or district director.

- The CW specialist must successfully complete two out of three interviews before moving forward in the process.
- When the CW specialist completes only one set of interviews, the modified coaching plan focuses on the remaining skill set. The CW specialist receives credit for what was completed consistent with the assessment from his or her CW Specialist Provisional Certification.
- When the CW specialist successfully completes two out of three interviews, the Certification process resumes.

Figure 71

4/1/2020 to 3/31/2023 Certification Phase 2 Specialists Surveys

	Survey Total	Percent
4/1/2020-3/31/2021	67	89.0
6/28/2021-4/1/2022	25	94.0
4/1/2022-3/31/2023	76	94.0
Total	**168**	**92.3**

13 out of 15 questions relate to CORE competencies and the CW specialists confidence in the early stages of work with clients. The return average is 51 percent. This survey entails approximately the three months after CORE and post-CORE required courses after being assigned a caseload. 92.3 percent of CW specialists indicate Very Confident or Confident.

Figure 72

4/1/2022-3/31/2023 Certification Phase 2 Specialist Surveys

Please think about the following statements and rate yourself based on your own ability to do the following:	Average Response (1=No Confidence, 5=Very Confident)	Percent Very Confident or Confident	Percent Change from Previous Year
Engage clients in empathic and non-judgmental relationships	4.55	98.7	-1.3
Interact with clients with cultural sensitivity	4.53	100.0	+4.0
Approach clients with developmental appropriateness	4.42	100.0	0.0
Understand and can work with family decision-making	4.41	97.4	-2.6
Assess safety and risk to children	4.51	98.7	-1.3
Assess well-being needs of the child and family	4.45	97.4	-2.6
Assess permanency for the child and make decisions that support permanency	4.39	94.7	+10.7
Testify in courts	3.74	69.7	-6.3
Make adaptations to work with families	4.33	93.4	
Remain strengths-based in assessing and planning with clients	4.37	96.1	+0.1
Understand the stages of child development	4.27	94.7	+2.7
Apply trauma informed principles to working with children and families	4.28	92.1	+8.1
I was prepared to complete the provisional certification process	4.25	93.4	+1.4
I am confident I can be effective in my job in CW	4.43	94.7	-5.3

Figure 73

4/1/2020-3/31/2023 Transfer of Learning (TOL)

	Survey Total	Percent Strongly Agree/Agree
4/1/2021-3/31/2021	67	97.0
6/28/2021-4/1/2022	25	98.0
4/1/2022-3/31/2023	76	97.0

Figure 73 depicts the three year average is stable and reflects new CW specialists' confidence in broader terms than the previous survey focused on CORE competencies.

Figure 74

4/1/2022-3/31/2023 TOL

Rate your level of agreement with the following statements:	Average Response (1=Strongly Disagree, 5=Strongly Agree)	Percent Strongly Agree or Agree	Percent Change from Previous Year
I can apply my training to be effective in my job tasks	4.38	97.4	-2.6
My skills for competent child welfare practice have continued to improve	4.51	100.0	0.0
My knowledge of competent child welfare practice has continued to improve	4.49	98.7	-1.3
I am confident that I can manage my caseload	4.28	89.5	-2.5
I can connect the OKDHS Quality Standards and Child Welfare Practice Standards to my daily practice.	4.47	97.3	+1.3

The challenges experienced with this data are related to return rate and quality of intended data. The survey return rate, while acceptable at an average of 51 percent for the three years, has room to improve. The second challenge is the timeliness of the survey.

Oklahoma's Round 3 CFSR Program Improvement Plan identified CW supervision consistency and quality as an area needing improvement. The certification observations support the TOL for new CW specialists. As a part of the plan to ensure quality work, the CW Training program developed and implemented a coaching plan to be utilized by CW supervisors and designated key CWS Programs staff to ensure knowledge transfer from CW supervisors to specialists through a consistent coaching process. The CWS Training program was cited for lack of compliance in the Round 3 CFSR related to not offering coaching during a specified period. Currently, all CW supervisors and mentors receive training in coaching as a part of their preparation for their respective roles. Additionally, all classes for CW supervisors now include a component focusing on the TOL of the advance knowledge/skills obtained in their course via coaching. The lack of observations decrease work against this goal. The observations of certification also count toward those required as a part of the Supervisory Framework. The framework is imbedded into CW Supervisor Academy, thus many new CW specialists are presumably not receiving observations and coaching toward improved practice. Coaching may be occurring telephonically or during case staffing’s primarily.

Item 27: Ongoing Staff Training

Ongoing Staff Training

Ongoing level trainings perform well for CW specialists in ensuring that CW personnel receive support in increasing CW specialist knowledge, skills, and abilities and is therefore considered to be functioning as a Strength in CWS.

Level trainings are offered to CW specialists upon completion of the initial comprehensive CORE program based upon their specialized job function with Level 1 and Level 2 course offerings. Level 3 focuses more on escalated and mentor related learning with Level 4 providing CW supervisory level learning. Level 5 is a general area of various topics.

Enrollment for elective classes has been low for most courses, requiring CWS Training program staff to send requests for CW staff to enroll and ensure courses could be held. Each quarter CW staff receive a list of upcoming courses. Follow-up e-mails usually result in sufficient enrollment, however cancellations 24-48 hours prior to the trainings result in approximately 50 percent attendance. Level 1 and 2 classes have the highest cancellation rate. New CW specialists learning to manage a full caseload continue to struggle attending classes.

Level 1 trainings provide specific instructions building on existing skills and experiences for CW specialists in the first year after CORE training. Level 2 training is specific to the CW specialist's job duties, building on CORE and Level 1 training. Level 3 training is for experienced CW specialists and offers a variety of trainings addressing the evolving needs and interests of CW specialists, such as advanced sexual abuse or advanced substance abuse. Mentor training is required training for a CW specialist III to prepare them for a primary role of coaching CW specialists. The trainings educate and prepare specialists for a future in CWS leadership. Supervisor training is for CW supervisors to increase knowledge and skill needed in the field of CW.

As planned, Level 1 classes designed for new CW specialists are aligned with CORE. Level 1 trainings significantly enhance CW specialist performance but is more effective after a CW specialist has time to directly experience more field work.

Based upon surveys tied to the learning objectives for these classes, ongoing training performs well in achieving increased knowledge and skill and are deemed sufficiently valuable to plan to implement into their work with families.

The CW specialist, after completing CORE and Provisional Certification, which encompass the first process for new CW specialists, is enrolled by the CWS Training program in Level 1 classes. CW specialists are required to complete 40 hours of level courses per year. Any employee can utilize LMS to review their training record. CW supervisors are required to review training records annually for purposes of compliance tracking. Each year CW supervisors are notified of the required training for CW specialists by program type as well as how to access training records, this information also resides on the CWS Training program website. CW staff can access their training record as hours are tracked via LMS by his or her immediate supervisor through yearly performance evaluation.

Additional job-specific training is provided during the next two years, Level 2, that builds on existing skill sets and experiences. The CW specialist does not enroll in Level 3 trainings until completing all required Level 1 and 2 trainings. After three years of mandatory training, an experienced CW specialist selects advanced trainings along with his or her supervisor to meet needs, specific to his or her job responsibilities. CW specialists are enrolled in Level 3 required training, however they are not able to proceed until any previous required classes are completed.

Of the required 40 hours training per year, a CW supervisor completes 12 hours of management training. A supervisor appointed to his or her first supervisory position must complete 24 hours of management training within 12 months of assuming the position, which is accomplished by completing the Supervisor Academy. While the academy can also be tracked via LMS, the Supervisor Academy, is also tracked by the CWS Training program to ensure completion in the same manner as all courses. Each supervisor is tracked by monitoring roster sign-in sheets for in-person or online training. A new supervisor is enrolled in the Supervisor Academy at the direction of his or her immediate supervisor. When a supervisor does not complete a module of the Supervisor Academy training, he or she is placed into the next Supervisor Academy. The Supervisor Academy is 15-business days and provides a general orientation to management, focusing on supervisory skills and personnel practices. In addition, all supervisors participate in quarterly programs-related training as identified by CWS field or programs staff as needing additional attention.

Each class contains a pre- and post-evaluation with seven questions that measure a CW specialist's understanding of the material, professional relevance, applicability, and commitment to institute.

Training Evaluation

The CWS Training program primarily uses surveys to evaluate training, as it provides quantifiable data that can be utilized for evaluation and analyzing trends across all trainings. Self-assessments ask CW specialists to rate their learning and confidence with the objectives before and after the individual courses. The strength of this data is as a measurement of Kirkpatrick Level II learning. In this manner the CWS Training program can measure knowledge and confidence gained and provide a data source if specialists collectively struggle with a particular element. Behavioral assessments, as it relates to practice, are observed and evaluated primarily through the CWS Certification process. Training is competency-based and evaluations are built throughout the Certification process for all levels. It is crucial CW specialists develop a sense of competence in the training content and a level of comfort in using the skills. However, changes in knowledge, attitudes, and behaviors do not always follow training, which further justifies the need for an assessment of behavioral manifestations of training to anchor and enhance training. There is a need for acquisition of training and for the environment to support the transfer of knowledge.

In an attempt to shorten the amount of survey questions, Level 1 and 2 classes use an abbreviated version of what is utilized in Level 3-5 trainings, though next year, after evaluating the questions, they will all have the same questions. To standardize the evaluation survey for enhanced trainings, the CWS Training program selected seven questions from Dale Curry's Transfer Potential Questionnaire (TPQ). The survey was constructed to identify factors affecting CW specialists' TOL and predict the use in

practice. The TPQ has an established relationship for later transfer and thus is utilized as proxy and an outcome indicator itself. This allows the CWS Training program to report aspects of what is not directly observable that would occur in the field. Based on research of seven TPQ items, the CWS Training program extracted the items dealing with training usefulness, extent of learning new knowledge and skills, and intent to apply the material. These are similar to items used in other research. As a shortened scale, the CWS Training program is able to utilize the items following each training's completion in addition to a few other specific questions. The survey provides useful information regarding effective TOL. The survey feedback assists trainers with more effective training, lessens the time spent by CW specialists completing the survey, and fits into the schedule set aside during training for completion.

The best way to think about the seven survey questions is how the questions relate to:

- Perceived learning: Is there an increase in knowledge/skill in the content, self-efficacy, and judgement in the CW specialist's ability to perform new tasks?
- Changing attitudes: Do attitudes about the topic change? Attitude change is viewed as a precursor to change. For example, there may be an increase between a pre- and post-test with no changes to attitude or behavior. This result could be attributed to a lack of support in his or her office or a decrease in openness to experience gained by exploring, accepting, and adopting new skills.
- Relevance and applicability: Does the CW specialist perceive the new knowledge and skills as a relevant aspect of his or her work? Adults learn better when they see a close relationship between the training content and the tasks assigned for transferring skills. For example, "the class was interesting but not applicable to what I do."
- Motivation to transfer/application planning: Does the learning capture the CW specialist's intent to utilize the new knowledge and skills to his or her work and was it found to predict actual TOL?

Level 1 Trainings

There are currently 17 Level 1 courses covering various topics such as substance abuse, child sexual abuse, child development, medical aspects of child abuse, and program specific areas.

Figure 75

4/1/2020-3/31/2023 Level 1 Surveys

Level 1 Surveys	Survey Total	Percent Strongly Agree/Agree
4/1/2020-3/31/2021	651	89.0
6/28/2021-4/1/2022	1,520	90.0
4/1/2022-3/31/2023	2,509	95.0
Total	**4,680**	**91.3**

Level 1 classes have a three year average survey return rate of 91 percent providing confidence in generalizing outcomes. Figure 75 shows their performance is a strength as survey results indicate an overall average score of 91.3 percent Strongly Agree or Agree that

CW specialists are learning and intend to use training received with families. The trend has increased each year.

The evaluation of level classes also includes a post-course self-assessment, further strengthening the ability to assess outcomes. Each class contains a post-course self-assessment that asks about understanding and application from a perspective of before the course and after the course.

Testing Results
Level 1 Post-Course Self-Assessment

Figure 76

Learning Objectives – Summary

Level 1 Training	Average level of agreement that the respondent could meet training-specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW 1002	3.63	4.63	1.00	27.0	164
CW 1004	3.34	4.49	1.14	34.0	235
CW 1005	3.91	4.58	0.67	17.0	265
CW 1006	3.71	4.52	0.81	22.0	273
CW 1007	3.75	4.65	0.90	24.0	106
CW 1009	4.00	4.54	0.54	13.0	130
CW 1016	2.75	4.47	1.72	63.0	81
CW 1017	3.95	4.68	0.72	18.0	66
CW 1020	3.77	4.65	0.88	23.0	35
CW 1024e	3.47	4.65	1.19	34.0	223
CW 1027	3.73	4.84	1.11	30.0	73
CW 1057	2.98	4.60	1.62	55.0	86
CW 1070	3.44	4.56	1.12	33.0	87
CW 1077	3.53	4.64	1.11	31.0	59
CW 1100	3.55	4.68	1.13	32.0	47
CW 1115	3.53	4.57	1.04	29.0	201
CW 1200	4.13	4.91	0.79	19.0	35
Total				**29.0**	**2,166**

This is the first year to offer self-assessment questions for Level 1 and 2 courses. After providing insight for CORE they were integrated into other level classes. Survey results indicate an overall increase of 29 percent for all classes, reflecting CW specialists' perceived learning from their beginning baseline to the end of the class a growth on knowledge and skill. An area which needs strengthening is a full spectrum of training over the development course of children's lives. *CW1100 Early Childhood Development* does not meet the full needs of CW specialists and thus a workgroup to identify competencies for courses covering pre-adolescence and adolescence are underway.

Upon beginning the CW specialist's second year with CWS, the CW specialist begins to enroll in Level 2 courses and may begin specialized training with 5000 level courses. Level 2 trainings serve as a brief refresher to build upon past information, provides updates to information that changed in the past year, and improves capacity by offering new information to enhance skills that were learned, practiced, and reinforced. Specialized training allows a CW specialist to individualize a career path and professional development plan by self-selecting trainings that add to the ability to provide quality services to children and families. A CW specialist II, the only other level which may have required trainings, has three years after completing CORE to complete required trainings. Tracking of required courses continues to be tracked by the CWS Training program as well as by any CW supervisor who can access progress via LMS. Currently only two Level 2 classes are required.

A quarterly delinquent list is generated and those delinquencies are sent to each CW specialist, supervisor, and his or her immediate supervisor. Delinquent trainings remain on the list until completed. Local administrators address CW specialists who are delinquent through disciplinary means. The CW specialist does not enroll in Level 3 trainings until all required Level 1 and 2 trainings are completed.

Level 2 Trainings

Figure 77

4/1/2020-3/31/2023 Level 2 Surveys

Level 2 Surveys	Survey Total	Percent Strongly Agree/Agree
4/1/2020-3/31/2021	0	0.0
6/28/2021-4/1/2022	154	84.0
4/1/2022-3/31/2023	198	95.0
Total	**352**	**89.5**

During April 2020 through March 2021, no surveys were offered as Level 2 classes were not converted to a virtual format during the COVID-19 pandemic. The two 2022 and 2023 averages increased significantly and averaged 89.5 percent in Strongly Agree and Agree. The increase demonstrates that these level classes are meeting the goal of increasing the knowledge and skills needs based on their competencies.

An area of growth is the expansion of the number of courses offered at this level. The planned addition of Motivational Interviewing, building upon skills acquired in CORE, and the National Adoption Competency Mental Health Training, a 23-hour online curriculum with a strong TOL component which will be implemented this year, will provide a more robust quantity of trainings.

Figure 78

4/1/2022-3/31/2023 Level 2 Post-Course Assessment

Questions:	Average Agreement (1-5 scale)	Percent Agree or Strongly Agree	Percent Change From Previous Year	Response Count
Question 1: As a result of this course, I increased my level of skill on this topic.	4.58	95.5	+7.0	199
Question 2: I am confident that I will use this training on the job.	4.62	97.5	+10.0	199
Question 3: The online materials prepared me for class.	N/A	N/A	N/A	N/A
Question 4: The group activities facilitated learning and added value to the training.	4.25	89.6	+3.0	67

CW specialists continue to reflect Level 2 trainings meet their learning needs with gains across all the questions and an overall 95 percent Strongly Agree/Agree rate.

Figure 79

4/1/2022-3/31/2023 Level 2 Post-Course Self-Assessment

Training	Average level of agreement that the respondent could meet specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Survey Response Count
	Before class	After class	Difference	Percent Increase	
CW 2005	4.03	4.62	0.59	15.0	51
CW 2025	3.60	4.71	1.11	31.0	53
CW 2111	3.95	4.56	0.61	15.0	23

Each class contains a post-course self-assessment that asks about understanding and application from a perspective of before the course and after the course.

Surveys reflect an overall percent increase of 20 percent for all Level 2 classes combined. *CW2025*, which has received updates, showed the largest gain. *CW2025 Medical Aspects of Child Abuse* was the subject of an evaluation via a survey. The goal was to determine if the curriculum for *CW2025* is currently meeting the needs of CW specialists and to identify if there is a need to expand the curriculum related to the topics covered during the in-person class. A survey was sent to all CW specialists who completed the course during 2021 or 2022. An additional survey was sent to the supervisors of these CW specialists to gain insight from the supervisor's perspective. Thirty-nine CW specialists responded to the survey with 36 completing all questions asked. Nine CW supervisors responded; however, one did not answer all questions. CW specialists were asked to indicate the extent to which they agree that this course provided them with effective skills, knowledge, and practices in assessing the safety of the children and families in 10 areas. Overall, the surveys indicate that the course is meeting the majority of the CW specialist's needs. There are three areas that did not meet more than 82 percent of the CW specialist's needs as reported by the specialists. The course will be observed with this data in mind to assess if adjustments can be made to the current curriculum to better meet the CW specialists' needs. The small sample size makes generalizing difficult. This survey was sent out by a contractor and had the CWS Training program front loaded the process by notifying and soliciting support for a survey, it is anticipated an increase in responses would have occurred. Additionally, the

CWS programs administrator for Nursing will be included to provide a perspective from direct practice observations based upon ongoing consultations with CW specialists/supervisors.

Level 3 Trainings

After three years of mandatory training, experienced specialists select advanced trainings, in conjunction with their supervisors, to meet needs specific to their job responsibilities. These trainings are designed to build on existing skillsets and experiences. Upon becoming a CW specialist III, they are enrolled into mentor certification as it is required.

The Mentor Certification process consists of the following required trainings:

- *CW3029 Introduction to Coaching* (online training)
- *CW3032 Motivational Interviewing*
- *CW3300 Coaching for Mentors*
- *CW3042 Follow Up to Motivational Interviewing*
- *CW3444 Mentor Certification Preparation*
- *CW3445 Mentor Certification*

For *CW3300 Motivation Interviewing*, the same coaching curriculum is facilitated for all CW trainings. Coaching is a piece of the Mentor Certification and the Supervisor Academy, and the same facilitators are used.

Level 3 Survey Results

Figure 80

4/1/2020-3/31/2023 Level 3 Survey Results

Level 3 Surveys	Survey Total	Percent Strongly Agree/Agree
4/1/2020-3/31/2021	193	98.0
6/28/2021-4/1/2022	244	98.0
4/1/2022-3/31/2023	466	98.0
Total	**903**	**98.0**

Level 3 classes are stable, averaging consistently the same survey response rate yearly. New CW specialist III's continue to indicate a high level of confidence that they are learning and developing new skills, and plan to use them in their work. April 2022 through March 2023 is the only year Level 3 classes included anything other than those designed for mentor certification. Level 3-5 courses utilize the full seven TPQ questions. 1,014 specialists were surveyed with 903 responses resulting in a three year average of 98 percent. The continued high return rate provides confidence in the ability to measure in this format.

April 2022 through March 2023, 136 enrolled in the Mentor Certification process, 113 completed the first step in *CW3032 Motivational Interviewing*, and 23 were no show or incomplete. Fifty-five completed *CW3444 Mentor Certification Preparation* and are pending testing completion. Thirty-nine tested and completed the program. There was a renewed effort to work with CW specialists from previous reporting periods to continue with enrollment

into certification. Additionally, a push to remind CW supervisors that certified mentors could assist with new CW specialist certification caused an increase in enrollment.

4/1/2022-3/31/2023 Level 3 Survey Response

The seven TPQ survey questions measuring knowledge acquired, skills acquired, and intended application of knowledge and/or skills are asked of all specialists. A total of 466 CW specialists completed the survey for a return rate of 84 percent. *CW3029 Introduction to Coaching* had 69 course completions. This is an online course and is not surveyed.

Figure 81

4/1/2022-3/31/2023 Level 3 Post Course Assessment

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.9	466	98.0	-2.0
Question 2: As a result of the training, I have developed new skills.	4.34	466	100.0	+2.0
Question 3: The training has affected some of my attitudes concerning this topic area.	4.35	466	98.0	-1.0
Question 4: The training was relevant to my job duties.	4.2	466	100.0	0.0
Question 5: The information I received from this training can definitely be used with my clients.	4.58	466	98.0	+3.0
Question 6: I have a plan to implement this training.	4.58	466	97.0	+1.0
Question 7: I am very confident I will use this training on the job.	4.61	466	98.0	-1.0

Survey results based on the TPQ indicate CW specialists continue to view the training as relevant with a commitment to implement into their practice with a 98 percent Agree/Strongly Agree response. The survey provides useful information regarding effective TOL. Of interest are the scores for the highest correlation of transfer. In order are Question 7, 2, and 1, which are all 98 percent or higher. The Mentor Certification based on the survey performs strongly and is a strength in that from the perspective of the CW specialist, prepares them for their role as a mentor for new CW specialists.

Level 3 Post-Course Self-Assessment

Self-assessments for the following Level 3 classes, *CW3222 Understanding the Dynamics and Intervention with Sex Offenders* and Mentor Certification courses which include *CW3032 Motivational Interviewing*, *CW3042 Follow-Up to Motivational Interviewing*, and *CW3300 Coaching for Mentors*, reflect CW specialists' overall knowledge level prior to the course and following the course in Figure 82.

Figure 82

4/1/2022-3/31/2023 Level 3 Post-Course Self-Assessment

Training	Average level of agreement that the respondent could meet training-specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Survey Response Count
	Before class	After class	Difference	Percent Increase	
CW 3222	3.37	4.71	1.34	26.0	115
CW 3032	3.95	5.42	1.47	24.0	113
CW 3042	4.56	6.07	1.51	49.0	83
CW 3300	4.78	6.35	1.57	35.0	79

Surveys reflect an overall average increase for each class of 34 percent in CW specialists' confidence. *CW3032* is Motivational Interviewing which demonstrated a strong gain. *CW3042* is the follow-up course to reinforce gains and enhance skills from the previous course. Due to the complexity of this curriculum and the need for practice, *CW3042* remains valuable.

Level 4 Trainings

Level 4 classes are for CW supervisors and vary by year. All courses have a focus to support the implementation of the state coaching curriculum designed to ensure knowledge transfer from CW supervisor to specialists through a consistent coaching process.

For April 2022 through March 2023, Level 4 trainings were comprised of *CW4289 Intergenerational Supervision*, *CW4389 Sociology of Child Poverty*, *CW4504 Clinical Team Training*, *CW4021 Change Management*, *CW4209 Excellent Customer Service*, and *CW4013 Supervisor Refresher–Annual Updates*. Figure 83 reflects specialists' overall knowledge level prior to the course and following the courses. The three year survey return rate is 99 percent.

Figure 83

4/1/2020-3/31/2023 Level 4 Survey Results

Level 4 Survey	Survey Total	Percent Strongly Agree/Agree
4/1/2020-3/31/2021	149	99.0
6/28/2021-3/31/2022	171	98.0
4/1/2022-3/31/2023	234	100.0
Total	**554**	**99.0**

Level 4 classes continue to remain stable with a high level of agreement that CW supervisors are learning and plan to implement skills and knowledge with CW specialists. All 554 of the CW supervisors report a 99 percent confidence in their acquisition of knowledge and skills as a part of the CW supervisor course offerings.

4/1/2022-3/31/2023 Post-Course Self-Assessment

Self-assessments were introduced to Level 4 classes in 2022 and reflect CW specialists' overall knowledge level prior to the course and following the course. This is the first year for

Level 4 trainings to utilize self-assessments for the following Level 4 classes: *CW4289 Intergenerational Supervision*, *CW4389 Sociology of Child Poverty*, *CW4504 Clinical Team Training*, *CW4021 Change Management*, *CW4209 Excellent Customer Service*, and *CW4013 Supervisor Refresher–Annual Updates*, reflect CW supervisors overall knowledge level prior to the course and following the course in the tables below.

Figure 84

4/1/2022-3/31/2023 Post-Course Self-Assessment

Training	Average level of agreement that the respondent could meet specific learning objectives (1-5 scale where 1=Strongly Disagree and 5=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW 4289	4.07	5.66	1.59	33.0	3
CW 4389	4	4.86	0.86	35.0	24
CW 4504	3.96	5.13	1.17	19.0	45
CW 4013	4.09	5.78	1.69	11.0	39
CW 4209	4.13	5.41	1.28	33.0	34
CW 4021	3.91	4.79	0.88	25.0	9

Survey results indicate an overall average increase of 26 percent for all classes. *CW4013 Supervisor Refresher–Annual Updates* had the lowest score and was led by CWS Programs staff. Initial observations reflected that less experiential learning design was incorporated, which may be a factor. Several classes had a low participation rate making extrapolation challenging; however, each course demonstrated gains.

Supervisor Academy

All new CWS supervisors attend a 15-day academy covering various topics pertaining to management skills, coaching skills, and a varied overview of CWS relating to their supervisory role. The Supervisor Academy is divided into four modules with a mix of contracted trainers and OKDHS personnel. The full academy program is comprised of four multi-day learning experiences spread over the course of seven months. A new one-day course, *CW4551 Supporting Your Specialist in CORE and Certification*, was added in May 2023 to cover the role of the supervisor in supporting specialists who are in CORE and certification trainings.

Prior to attending Module 1, at the time of initial registration and during the month before actual participation, the supervisor receives information and books to begin a process of targeted pre-reading.

This training targets CW supervisors because of the critical role they play in promoting positive casework outcomes. CW supervisors must monitor and reinforce the CW specialist's practice skills linked to positive outcomes. The surveys are 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 CWS Training program. Though CW supervisors are usually not providing direct services that promote these positive outcomes, they are responsible for ensuring CW specialists utilize appropriate skills for these outcomes. As part of a strategy

following the Round 3 CFSR PIP, the Supervisory Framework was fully implemented into initial and ongoing training for CW supervisors including the CW Supervisor Academy curriculum. To support implementation, coaching occurs twice during the academy, once early in the process and again at the end in *CW4020 Follow-Up Coaching*. This allows CW supervisors the opportunity to practice concepts learned early in the academy and to receive specific personalized feedback.

Figure 85

4/1/2020-3/31/2023 Supervisor Academy Survey Results

Supervisor Academy Survey	Survey Total	Percent Strongly Agree/Agree
4/1/2020-3/31/2021	59	99.0
6/28/2021-4/1/2022	39	99.0
4/1/2022-3/31/2023	72	99.0
Total	**170**	**99.0**

The composite of Modules 1-4, using TPQ, continues to indicate a high level of satisfaction with each module, averaging 99 percent each year.

Supervisor Academy Survey Response Rate by Module 4/1/2022-3/31/2023

Figure 86

Module 1 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.48	72	99.0	-1.0
Question 2: As a result of the training, I have developed new skills.	4.48	72	100.0	+2.0
Question 3: The training has affected some of my attitudes concerning this topic area.	4.5	72	99.0	0.0
Question 4: The training was relevant to my job duties.	4.48	72	99.0	0.0
Question 5: The information I received from this training can definitely be used with my clients.	4.54	72	99.0	0.0
Question 6: I have a plan to implement this training.	4.48	72	100.0	0.0
Question 7: I am very confident I will use this training on the job.	4.48	72	99.0	-1.0

Overall, the survey continues to indicate a high level of satisfaction with Module 1 of Supervisor Academy. Survey results indicates miniscule fluctuations or stayed the same. The seven questions continue to produce 99 to 100 percent Strongly Agree/Agree positive scores.

Figure 87

Module 2 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.55	62	100.0	0.0
Question 2: As a result of the training, I have developed new skills.	4.65	62	98.0	-1.0
Question 3: The training has affected some of my attitudes concerning this topic area.	4.77	62	99.0	-1.0
Question 4: The training was relevant to my job duties.	4.39	62	99.0	+2.0
Question 5: The information I received from this training can definitely be used with my clients.	4.32	62	99.0	-1.0
Question 6: I have a plan to implement this training.	4.64	62	100.0	0.0
Question 7: I am very confident I will use this training on the job.	4.8	62	100.0	0.0

Overall, the survey indicates a high level of satisfaction with Module 2 of Supervisor Academy. The seven questions continue to produce 98 to 100 percent Strongly Agree/Agree scores.

Figure 88

Module 3 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.23	63	98.0	-2.0
Question 2: As a result of the training, I have developed new skills.	4.8	63	100.0	+2.0
Question 3: The training has affected some of my attitudes concerning this topic area.	4.12	63	99.0	-1.0
Question 4: The training was relevant to my job duties.	4.7	63	100.0	+2.0
Question 5: The information I received from this training can definitely be used with my clients.	4.69	63	99.0	-1.0
Question 6: I have a plan to implement this training.	4.2	63	100.0	0.0
Question 7: I am very confident I will use this training on the job.	4.2	63	100.0	0.0

Overall, the survey continues to indicate a high level of satisfaction with Module 3 of Supervisor Academy. Six of the seven questions continue to produce 98 to 100 percent Strongly Agree/Agree positive scores.

Figure 89

Module 4 Overall Survey Response

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic	4.43	50	99.0	0.0
Question 2: As a result of the training, I have developed new skills.	4.6	50	100.0	0.0
Question 3: The training has affected some of my attitudes concerning this topic area.	4.63	50	99.0	-1.0
Question 4: The training was relevant to my job duties.	4.29	50	99.0	0.0
Question 5: The information I received from this training can definitely be used with my clients.	4.34	50	99.0	-1.0
Question 6: I have a plan to implement this training.	4.42	50	99.0	0.0
Question 7: I am very confident I will use this training on the job.	4.63	50	99.0	-1.0

The survey indicates a steady level of satisfaction with Module 4 of Supervisor Academy. Survey results decreased slightly or stayed the same in Strongly Agree/Agree.

Figure 90

4/1/2022-3/31/2023 Module 1-4 Post-Course Self-Assessments

Training	Average level of agreement that the respondent could meet specific learning objectives (1-7 scale where 1=Strongly Disagree and 7=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW 4550 M1	4.99	6.01	1.02	13.0	57
CW 4550 M2	4.15	5.37	1.22	35.0	62
CW 4550 M3	4.8	6.71	1.91	50.0	63
CW 4550 M4	4.31	5.34	1.03	29.0	39

Self-assessments for this course reflect supervisors' overall knowledge level prior to the course and following the course in the tables below.

Overall Survey Results

The survey results indicate a consistently high level of satisfaction with Supervisor Academy. Previous years also reflected a fluctuation in satisfaction, congruent with this report. The reason for this shift is CW supervisors begin Supervisor Academy when they have already been practicing as a supervisor and will need other trainings related to role and systematic procedures more immediate in order to successfully supervise those under their leadership.

Supervisor Simulation Experience

Prior to attending the instructor-led training, CW supervisors complete a structured, self-assessment, focusing on their use of open questions, affirmation, reflective listening, and,

summary reflections; Managing Discord; Evoking Change Talk; and using the Spirit of Motivational Interviewing (MI). During the training, CW supervisors, in an MI simulation lab with a standardized client, practice their skills and are recorded. An annotated copy of the simulation video is reviewed by OUSSW staff and the CW supervisor's peers attending the same session. CW supervisors review their videos as a group and debrief together. They also share their self-assessment results and the trainer's assessment. To introduce an inter-rater reliability process, the group watches videos of individuals practicing MI and share reactions in a large group. Differences in ratings are discussed to encourage learning through critical thinking. The Indirect Trauma Sensitive Supervision (ITSS) focuses on the importance of CW supervisors using learned skills to monitor for signs of trauma, recognize the effects of trauma, and provide ongoing support using specific strategies with CW specialists. CW supervisors participate in a simulation where they can practice ITSS, a simulation setting with actors prepped in ITSS scenarios. Simulation and scenarios need to include an emphasis on reflection, empathy, and assessing CW specialist strain. The desired outcome of this simulation is for CW supervisors to be able to offer meaningful support and help CW specialists prevent, minimize and process stressful/trauma experiences. Concepts of Hope are being aligned with the curriculum to better support implementation and to sharpen the focus of CW supervisor's role in support of CW specialists.

Figure 91

4/1/2020-3/31/2023 Survey Results

Simulation Experience Survey	Survey Total	Percent Strongly Agree/Agree
4/1/2020-3/31/2021	11	100.0
6/28/2021-4/1/2022	40	99.0
4/1/2022-3/31/2023	59	100.0

Overall, the survey utilizing the TPQ indicates a high level of acquisition of information, skill development and a commitment to implement with CW specialists within the role of supervision. The Supervisor Simulation Experience provides a safe avenue to practice skills.

Survey results remain consistent and continue to indicate CW supervisors find the content relevant and applicable to their daily role; and, have a plan to use the new knowledge and implement the skills learned with their clients. This will support other goals and objectives with OUSSW to bring more learning and developmental opportunities to CW supervisors. Specifically, a Supervisor Follow-up Simulation course would give CW supervisors an opportunity to boost their skills through classroom practice, peer and trainer feedback, and receive coaching to improve skills. This course will provide feedback on the ability of CW supervisors to retain and refine skills learned as well as gaps in implementation

Level 5 Trainings

Level 5 trainings offered from April 2022 through March 2023 include *CW5205 CSM Facilitator Training, CW5208 Annual Facilitator Training*, *CW5042 Setting the Foundation for LGBTQ+ Inclusion in Child Welfare,* and *CW5052 Best Practices Serving LGBTQ+ Youth & Adults*.

Figure 92

4/1/2020-3/31/2023 Level 5 Survey Results

Level 5 Surveys	Survey Total	Percent Strongly Agree/Agree
4/1/2020-3/31/2021	28	100.0
6/28/2021-4/1/2022	88	99.0
4/1/2022-3/31/2023	137	98.0
Total	**253**	**99.3**

Level 5 classes remain consistently high scoring among the varied staff who are eligible to attend courses, scoring a 99.3 percent average of Strongly Agree/Agree. The three year average for survey return rate is 100 percent.

Figure 93

4/1/2022-3/31/2023 Survey Results

Questions:	Average agreement (1-5 scale)	Response Count	Percent Agree or Strongly Agree	Change from Previous Year
Question 1: As a result of the training, I substantially increased my knowledge on the topic.	4.23	137	98.0	-2.0
Question 2: As a result of the training, I have developed new skills.	4.22	137	97.0	-2.0
Question 3: The training has affected some of my attitudes concerning this topic area.	4.31	137	100.0	+1.0
Question 4: The training was relevant to my job duties.	4.58	137	99.0	0.0
Question 5: The information I received from this training can definitely be used with my clients.	4.59	137	99.0	-1.0
Question 6: I have a plan to implement this training.	4.71	137	98.0	-2.0
Question 7: I am very confident I will use this training on the job.	4.71	137	98.0	-2.0

137 specialists completed Level 5 trainings with a return rate of 100 percent.

The survey indicates a steady level of satisfaction with Level 5 trainings. Courses offered vary each year for this level. Survey results varied slightly or stayed the same in Strongly Agree/Agree.

Level 5 Post-Course Self-Assessment

Level 5 classes include self-assessments with all occurring in April 2022 through March 2023.

Self-assessments for Level 5 classes, *CW5005 Child Fatality*, *CW5042 Setting the Foundation for LGBTQ+ Inclusion in Child Welfare,* and *CW 5052 Best Practices Serving*

LGBTQ+ Youth & Adults, reflect CW specialists' overall knowledge level prior to the course and following the course in the tables below.

Figure 94

4/1/2022-3/31/2023 Post-Course Self-Assessment

Training	Average level of agreement that the respondent could meet specific learning objectives (1-7 scale where 1=Strongly Disagree and 7=Strongly Agree)				Response Count
	Before class	After class	Difference	Percent Increase	
CW 5005	3.93	4.77	0.84	22.0	27
CW 5042	4.49	5.96	1.47	24.0	36
CW 5052	4.73	6.3	1.57	31.0	20

Self-assessments reflect an overall average increase of 26 percent perceived learning with all courses performing well.

Item 28: Foster and Adoptive Parent Training

This Item is currently functioning as a Strength in that OKDHS with the assistance of the NRCYS-resource family training (RFT) contractor have expanded training opportunities to support foster, kinship, and adoptive parents in acquiring their pre-service and in-service training.

Since the CFSR Round 3, CWS has worked to improve initial and on-going training. CWS has added online-blended and Zoom pre-service training formats to compliment the classroom training already provided to meet the needs of applicants. In 2018, a work group consisting of representatives from CWS, resource family partner (RFP) contracted agencies, and NRCYS compiled in-service training resources and created a verification form. The verification form assists foster, kinship, and adoptive parents log their training and summarize what they learn. To receive ongoing training credits, they submit the form to the CW specialist assigned to the child residing in their home. Network support groups, supported by CW staff and NRCYS, give resource parents support and in-person training opportunities in their community. In 2020, those support groups moved to an online format to help support families during the COVID-19 pandemic. Use of the online format has continued for resource families that prefer that option and families that are outside of the area where in-person support groups exist. The Enhanced Foster Care (EFC) program, which began in March 2021 and provides services to resource families who care for children with high level needs, requires that kinship and foster families complete 15 hours of Pressley Ridge training. These trainings focus on topics to help resource parents care for these children in a home-based environment rather than group or residential care.

Functioning of provider training is monitored by CW staff. The monitoring process ensures training occurs 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 addresses the skills and knowledge base needed for these caregivers to perform their duties for foster and adopted children.

Resource Homes

Initial and on-going training needs are assessed through the RFA process. The RFA process allows the CWS Resource specialist and RFA contractor to assess the family's capacity to make contributions to a child's overall safety, permanency, and well-being. The RFA is completed using OKDHS Form 04AF003E, Resource Family Assessment Guidelines. Under the training section, the following information is addressed and documented:

- household members who are required to complete training;
- the CWS 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;
- other training received that is relevant to being a resource family including the title, dates, and hours completed; and
- discussion with the family about training needs to help them care for a child in OKDHS custody.

Pre-Service Training (Initial)

OKDHS policy OAC 340:75-7-14 (training requirements) details the requirements for pre-service (initial) training. Applicants and adult household members who will care for a child in OKDHS custody are required to complete a prescribed course of training, prior to resource approval. The training incorporates the reasonable and prudent parent standard and addresses the values and guiding principles essential to care for a child, who is a victim of maltreatment. Each applicant completes required CWS-approved training. An exception may be given when an individual is determined to possess required values and guiding principles as a result of prior foster care training and experience. Pre-service training is required prior to the approval of all resource homes, including all adoptive homes. All RFA requirements, including pre-service training, must be completed before approval of the home.

Per OKDHS policy OAC 340:75-7-18 Instruction to Staff (ITS) 11, the RFA requirements must be met within 60-calendar days after the receipt of the Resource Family Application, OKDHS Form 04AF001E. This part of ITS also states that in order for RFA approval, the applicant must meet all training requirements.

There is not a report that tracks whether an applicant has obtained the necessary pre-service training. To assure referenced information and data are accurate and of good quality, training requirements are assessed as part of the review process completed by the CWS Programs CPR team as detailed in Item 33. Only fully approved resource homes who have a pre-service completion date entered into the KIDS system can receive foster care reimbursement payments.

The RFT is provided through a contract with the NRCYS. The RFT program, within NRCYS, is funded through a contract with OKDHS 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 trauma-informed training curriculum for pre-service training is Guiding Principles for Oklahoma Resource Families. This curriculum has been revised to reflect the changing needs of resource parents and CWS. Recent changes include additional content on the

Indian Child Welfare Act and revisions to the Family Time section. The information about family time was updated to reflect the shift that OKDHS made from visitation to Family Time. The curriculum is currently undergoing an update. Pre-Service training is offered in three formats, in-person, online blended, and Zoom. The online blended format was added to the training options at the beginning of the third quarter of SFY 2017. In the third quarter of SFY 2023, pre-service training via Zoom was added to the options for resource families.

NRCYS-RFT produces a year-end report that provides statistical data on the number of participants and what they gained from the training. The year-end report is a recap of the most relevant information captured during the year from KIDS reports, NRCYS databases, event pre/post survey results, and training evaluations. Quarterly reports are also provided to CWS throughout the contract year. From July 2021 through March 2023, resource parents participated in 110 in-person trainings offered in all five CWS regions. Figures 95 and 96 provide a breakdown of the participants who completed their pre-service training requirement via the in-person and online blended training formats:

Figure 95

In-Person Training July 2021 – March 2023

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	1074	78
Foster	227	1
Adoptive	51	5%
Tribal	20	1

Data Source: National Resource Center for Youth Services
Reporting Period: 7/1/2021 – 3/31/2023

Figure 96

Online Blended Training July 2021 – March 2023

Participant Resource Type	Number of Participants Statewide	Percentages
Kinship	2078	76
Foster	490	18
Adoptive	55	2
Tribal	94	4

Data Source: National Resource Center for Youth Services
Reporting Period: 7/1/2021 – 3/31/2023

Evaluations are gathered by NRCYS trainers at the conclusion of every training. The evaluations reveal that 99 percent of resource parents participating in in-person training Strongly Agree or Agree that the training prepared them to meet the needs of children in out-of-home care. Of the participants who completed training, 99 percent rated the training as Good to Excellent. Evaluations for online training reveals similar data. Evaluation data is used to determine areas where the curriculum is delivering the content effectively and areas where improvement in either content or delivery by the trainer is needed.

Although NRCYS evaluation data rated the training as Good to Excellent, it was determined the Guiding Principles curriculum needed an update. NRCYS started the curriculum update with focus groups. A total of four focus groups were held in October and November 2022, two in-person and two virtual. The fifty-six participants were comprised of current and former

foster parents, CWS Resource and Permanency Planning specialists, and agency partners, such as RFP agencies. Group discussions included:

- Foundational beliefs currently found in Guiding Principles training;
- Important skills expected of the resource parent by children/youth in care;
- Content of training;
- Format for training; and
- Presentation of training.

After the focus groups, NRCYS developed a proposal for curriculum development and a time line. A research and writing team composed of subject matter experts has been identified as well as a panel of reviewers who will review, edit, and proofread content, which includes the curriculum and training tools.

In addition to OKDHS resource families trained by NRCYS, RFP agencies are required to use the same curriculum in training their resource families. OKDHS's contract with NRCYS requires them to provide four Training of Trainers (TOTs) on the curriculum each fiscal year. In SFY 2022, due to travel, social distancing, and masking restrictions posed by the COVID-19 pandemic, three of the four TOTs were offered via Zoom. These TOTs offered a modified training format emphasizing the skills needed to provide the online version of the training. In the fourth quarter of SFY 2022 NRCYS conducted a complete in-person TOT. A total of 42 participants attended the TOTs in SFY22. In the first three quarters of SFY 2023 three TOTs were offered with a total of 23 RFP employees attending.

On 5/16/2023, a survey was sent by email to all CW specialist I-IVs. Within the survey, two questions regarding pre-service training for resource families were asked of the Resource specialists with scales of (1) Very effective, (2) Somewhat effective, (3) Moderately effective, (4) Somewhat ineffective, (5) Very ineffective:

1. How effective is the initial resource parent training in preparing new resource parents to care for children placed in their home?
2. How effective is initial resource parent training in educating new resource parents about the rules and regulations that pertain to foster parents?

A review of the 178 responses reveal that 82 percent of Resource specialists reported they find the training to be in the effective range in these two questions. No follow-up questions were posed within the survey regarding pre-service training.

In-service Training (Ongoing)

OKDHS policy requires each resource parent complete 12 hours of continuing in-service training per year of service to enhance his or her skills as a provider. Resources to assist families in meeting this requirement are provided through the contract with NRCYS. These resources include access to online training courses through FosterParentCollege.com®, which provides evidence-based training, and Foster Care & Adoptive Community Training at no cost to the families. These two sources provide courses using audio, visual, and interactive elements on topics relevant to the needs of children in out-of-home care. From July 2021 through March 2023, 1,593 resource parents completed online courses offered through FosterParentCollege.com®, and 1,518 resource parents completed online courses offered through Foster Care & Adoptive Community Training.

Additionally, NRCYS provides at least 10 webinars and other trainings each fiscal year to meet families' in-service training needs. The webinars are recorded and available to

resource parents on the NRCYS website. Topics covered included *Fear Made Me Do It, Sexual Development from Infancy through Adolescence, and Problematic Sexual Behavior*. NRCYS also offers additional opportunities for families to obtain training through both in-person and virtual support groups. Prior to onset of the COVID-19 pandemic in March 2020, there were 32 functioning in-person Support Network Groups statewide that offered eight in-person meetings each year, during which in-service training was provided. When the in-person support groups stopped meeting to adhere to social distancing guidelines, virtual support groups were added for resource parents. While this online option continues to be offered, NRCYS, in collaboration with CW staff, are in the process of rebuilding the in-person Support Network Groups. At present there are three functioning Support Network Groups serving five counties. The virtual Support Network Group offers training virtually statewide 10 months of the year. These trainings are recorded and available to those who cannot attend the virtual events.

CWS prepared a survey about on-going in-service training. NRCYS assisted in sending the survey to resource parents attending the foster and adoptive support groups. The survey was presented to 137 support group attendees, 37 people participated. The survey had two questions regarding in-service training. The following questions were asked with scales of (1) Always, (2) Most of the Time, (3) Sometimes, (4) Rarely, (5) Never, (6) I do not know:

1. I complete 12 hours of in-service training each year as required by OKDHS policy.
2. Does in-service training promoted by OKDHS address the needs you have as a foster parent?

In reference to the first question, 95 percent resource parent respondents reported that they complete their 12 hours of in-service training every year. When responding to the second question, 62 percent of the respondents stated that OKDHS offers training to meet their needs "Most of the time" and "Always" and 30 percent relayed they trainings "Sometimes" meet their needs. No follow-up questions were posed with the survey.

The KIDS WebFOCUS YI021 Resource Family Re-Assessment Report can be used by CWS Resource staff, supervisors, and field managers to track completions and approvals of resource Annual Updates. There is not an actual report that tracks whether an applicant has obtained the necessary in-service training. Resource specialists gather training verifications from their assigned resource homes during the ongoing assessment process of monthly contacts, quarterly visits, and the Annual Update. The training is then documented by the Resource specialist in the resource case file located in KIDS.

A resource home is required to have 12 hours of in-service training annually. OKDHS policy OAC 340:75-7-94 ITS 1 states that a resource home is considered to have an unfinished annual update if any of the items listed in the noted policy are incomplete. The Resource specialist who works with the resource home is required to staff any lacking item(s), including incomplete in-service training hour requirements, with their supervisor to determine the action to take which can include filing an exception request that would need completed within 30 calendar days, not placing an additional child in the home until requirements are met, and placing an alert on the home to help the family met the requirements. If the lacking items are not completed within 30 days, a Written Plan of Compliance (WPC) may be placed on the home outlining the required steps to bring the home back within full compliance. In the event none of these measures bring the home back to following annual requirements, a resource home can be closed per OKDHS policy OAC 340:75-7-94 ITS #7.

The focus is on the safety of the children placed in the resource home and ensuring foster families have the tools needed. During the Annual Update interviews between the assigned Resource specialist and the foster family, in-service training is discussed to allow the Resource specialist to help the family find the training that would best serve their areas of need as well as those that will help them with any behaviors or developmental milestones for the children placed in their home.

EFC

OKDHS policy OAC 340:75-7-301 ITS 2 states:

(1) Child-specific EFC resource parents complete the 15 hours of Pressley Ridge Training within the timeframe outlined in the EFC Service and Support Plan.
(2) Additional child-specific training may be required dependent upon the child's individual needs. The regional EFC program staff work with specialized programs and the Child Welfare Services (CWS) Clinical Team to ensure the family is connected to the necessary training. The EFC Service and Support Plan outlines the child-specific training requirements.
(3) EFC resource homes complete 15 hours of Pressley Ridge Training before taking a placement.

In January 2022, the NRCYS and CWS EFC Programs staff began a collaborative effort to design and implement a training process for foster care families receiving EFC services. EFC families are traditional foster care parents who have children in their homes that have been assessed and identified as having needs which require a higher level of care. Rather than move the child, families are equipped with more knowledge and skills to meet the needs of the child while the child remains in their care.

To support traditional and kinship resource homes as they provide therapeutic care to children in OKDHS custody, CWS identified Pressley Ridge, a treatment parenting training curriculum, as a training resource for EFC families. Pressley Ridge Training is a 12-module competency and evidence-based curriculum designed for therapeutic foster care (TFC). Because resource families receive 27-hours of pre-service foundational training in the Guiding Principles curriculum, CWS identified 15 additional hours of ongoing skills-based training specifically for EFC families. By utilizing selected training modules such as *Therapeutic Communication, Understanding Behavior, Changing Behavior, Conflict Resolution and Understanding and Managing Crisis*, families receive real-time hands-on skills which can be applied immediately.

NRCYS provides a year-end report that outlines statistical data on the number of participants and what they gained from the training. The report is a recap of the most relevant information captured during this reporting period from KIDS, NRCYS databases, event pre/post-survey results, and training evaluations. EFC also receives quarterly reports throughout the SFY from NRCYS per their contract with OKDHS.

NRCYS piloted EFC training courses from April through June 2022. They fully implemented training for EFC families on 7/1/2022 that is ongoing. For both the pilot and the full implementation, 15 hours of the Pressley Ridge Training curriculum was used to train families

in a virtual format. Requirements for EFC training have remained the same from the pilot through implementation. This training will continue in the virtual format.

The number of participants in EFC training is dependent on the number of children assessed and identified as needing EFC. From July through December 2022, 784 children received EFC services.

The following data was collected for families attending the 15 hours of Pressley Ridge training. This data is inclusive of the fourth quarter of SFY 2022 through the first three quarters of SFY 2023. There was a total of 717 enrollments in training. Overall, this resulted in:

- Completions – 313
- In-progress – 74
- No-shows – 128
- Cancellations – 48

NRCYS requires that attendees complete evaluations of the training when they have completed their training hours. They provided OKDHS with a summary of their April 2022 through March 2023 evaluation results. The following question was asked with scales of (1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree:

Question: The tools and skills I learned and practiced in Crisis Intervention will assist me in managing crisis situations better in my home.

- Strongly Agree – 188
- Agree – 119
- Disagree – 2
- Strongly Disagree – 2

In February 2023, NRCYS implemented in-service training for EFC Families. In-service training provides on-going information and training topics as identified by EFC families through training evaluation. In-service training is provided once a month for 90 minutes in a virtual training format. The topics offered were: *Creating Connections with Children and Young People and Understanding Trauma and Its Effects on the Brain*.

Future topics for upcoming virtual training are: *Effective Discipline, Caring for Teens Diagnosed with Autism, Enhance Foster Care Resources, How to Help Children Succeed in School, and How to Manage Secondary Traumatic Experiences*.

State Licensed/Approved Facilities

Contracted group home providers train their staff consistent with OKDHS Division of Child Care Licensing (CCL) standards, OHCA policies, and OKDHS CWS contract requirements.

CWS requires contracted group home provider agency staff receive orientation within 30-calendar days of employment in accordance and as mandated by CCL. Orientation includes, but is not limited to, training in the areas of: confidentiality; resident grievance process; fire and disaster plans; suicide awareness and protocol; emergency medical procedures; organizational structure; program philosophy; personnel policy and procedures; mandatory child abuse reporting; and administrative policy and procedure regarding behavior management. CCL requires full-time child care personnel to obtain at least 24 hours of

professional development courses annually. In addition, staff must receive instruction on behavioral intervention techniques within 90-calendar days of employment.

Group homes must document orientation and professional development hours for each training and staff member, which must be available for CCL to review. Documentation includes personnel names attending, course titles and descriptions, dates, hours attended, and trainer or facilitator names. CCL conducts monitoring visits documenting compliance with requirements. Required yearly monitoring visits include two unannounced and one announced visit to residential programs. When a non-compliance with a CCL requirement is discovered, a plan of correction is initiated immediately. Completion dates are included in the overall plan. CCL staff follow up with the group home to ensure the plan of correction has been met.

In addition to the training required and monitored by CCL, CWS contractually requires additional ongoing training. The contract reads, staff "shall receive initial and ongoing training, at a minimum annually, in procedures for reporting suspected child abuse or neglect and treatment approaches based in positive youth development and behavioral support that includes prevention and early intervention strategies and non-pain producing passive physical techniques when intervening in crisis situations." The contract further states, "Contractor's clinical staff and residential child and youth care professionals may choose from the following topics: youth- guided/family driven practice, 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 chemical dependency disorders; and group activities."

In partnership with group home providers, CWS developed and instituted new group home contracts that are consistent with the Family First Law, requiring each provider to be a Qualified Residential Treatment Provider (QRTP). Through this change each group home became accredited by the commission on Accreditation of Rehabilitation Facilities or the Council on Accreditation. QRTPs are now contractually required to reflect Substance Abuse and Mental Health Services Administration Principles of Trauma-Informed Care in their policies and procedure. Each provider must promote family engagement and family-based aftercare support. Each provider must also have a nurse available 24 hours a day.

The CPR team conducts annual audits with all group home providers. During the reviews beginning 8/1/2022 and ending 5/17/2023, the CPR team discovered that trauma training was lacking in one group home. There were no trends regarding training or the lack thereof for contracted group homes across Oklahoma.

CWS does not track the trainings of each group home; however, they do monitor that required training is completed by each employee. A new duty was added to a CWS Specialized Placements and Partnerships Unit (SPPU) staff. This new duty will augment the CPR team's annual audits by monitoring contract compliance including training requirements on a quarterly basis. When an area of non-compliance is found, SPPU works with the facility

to develop a plan of correction. If the group home fails to complete the plan of correction, negative consequences can be issued such as a Notice to Comply, placement holds, reduction in funds, or contract termination. The assigned program liaisons, along with the SPPU safety team, assess safety and staff response in crisis situations. Should a concern arise, the SPPU team implements a Corrective Action Plan or Facility Action Step to address any concerns around staffs understanding and implementation of trauma responsive approaches when working with youth.

CWS contracts with the NRCYS to develop and provide trainings to the group home providers. NRCYS will be introducing a NRCYS LMS so that several courses can be on-line and accessed by group home staff at any time. The NRCYS LMS will support tracking and completion data and is expected to launch in August or September 2023.

TFC

The TFC and Intensive Treatment Family Care (ITFC) training adequately equips both providers and staff to serve the needs of children and youth through the completion of the normal requirements for foster families and the additional 27 hours of training specific to caring for the needs of emotionally and behaviorally challenged youth. All families who provide TFC/ITFC care for children and youth in OKDHS custody are managed through contracted provider agencies. Training completion data and ongoing continuing education are managed by the contracted agency provider and oversight is completed through contract performance review process with each agency. Ongoing contracted provider agency feedback since the last review that was completed in June 2023 leads to the basic conclusion that the training and support provided to TFC/ITFC families is sufficient in both scope and efficacy to meet the needs of provider agency staff. TFC/ITFC homes are not considered to be QRTP placements.

The limitation to this is that since the data regarding training and ongoing support is primarily managed through the CPR process there is potential for delayed analysis of ongoing trends and skewed or biased reporting on both scope and efficacy of the training and support modality. Since there has not been a data-driven or contractual reason to significantly adjust or change the training process for how TFC/ITFC providers are approved and supported after training is completed, the process continues to work as it has previously.

TFC and ITFC provider agency contracts require specific pre-service training for potential applicants beyond what is required for traditional foster care families. Prospective TFC and ITFC parents are required to complete 27 additional hours of Presley-Ridge training which addresses the supports and interventions needed to provide quality care for youth and children in OKDHS custody who meet both the medical necessity criteria for TFC/ITFC as determined by the OHCA and require more intensive behavioral health services than available in traditional or supported foster care family settings, when additional supports are not available or have failed to stabilize the child in a lesser restrictive placement; and does not require 24-hour supervision by an adult who is not sleeping per OKDHS policy OAC 340:75:8-1.

Annually, each TFC or ITFC home must complete 18 hours of additional in-service training as compared to the 12 hours required in traditional level foster care. This allows for TFC/ITFC provider agency contractors to develop individual training plans for homes based

on their specific needs if needed. Typically, families with each contractor get the same annual training which is provided in monthly group meetings by the provider agency contractors. Each individual agency is responsible for ensuring all pre-service training is completed prior to certification and annual training hours are confirmed during the annual re-assessment of the home.

CWS TFC Programs staff do not track the trainings of each TFC provider agency home but do monitor to verify that trainings were completed through review of the various audits conducted by the CPR process, state and federal IV-E audits, CCL audits, and OHCA audits. This practice has proven sufficient to show that TFC and ITFC families have met their required initial and ongoing training requirements. Any deficiencies in training of contracted TFC and ITFC families are addressed individually with the contracting agency. Would-be families who do not complete the required pre-service training for TFC and ITFC are not certified as TFC and ITFC homes and do not receive placement of children needing these services. If a child is already in placement the determination on whether to certify the home is made by CWS TFC Programs leadership after review.

E. Service Array and Resource Development

Item 29: Array of Services

The service array and resource development system in Oklahoma is currently functioning as a Strength. For the past two decades Oklahoma has invested a great deal of resources to safely reduce the number of children entering foster care. This decline is the direct result of strategies aimed at serving families preventatively and those designed to reduce barriers to children reaching permanency. The selection and sequence of strategies to be deployed over the next several years will be critical to continuing this momentum, particularly in light of the state ranking 40th in the nation for child well-being according to the Annie E. Casey Foundation Kids Count 2022 and also among states with the highest levels of adverse childhood experiences (ACEs) according to several national data points. Oklahoma's collective efforts are focused on preventing ACEs from occurring, and where trauma has occurred, utilizing the science of hope and trauma-informed practices as tools to elevate hope and promote resiliency and well-being. Oklahoma is committed to creating a hope-centered, trauma-informed child and family well-being network.

Over the past two years, OKDHS has focused on redefining what it means to be a public human service organization. This involves everything from how OKDHS designs service delivery with an intentional inclusion of client voice and human-centered design, where offices are physically located in service to families, and how opportunities are leveraged to blend funding sources. OKDHS leadership continues to be committed to finding pathways to come alongside communities to identify ways to serve and invest in a comprehensive continuum of prevention and community-based supports and resources for children and families to meet the unique needs as defined by the communities themselves. The strategic framework and investments in evidence-based, trauma-informed programs that appropriately and effectively improve child safety, ensure permanency, and promote child and family well-being are helping to reshape the CW system into a child and family well-being network as part of Oklahoma's broader vision of child and family strengthening and well-being.

Partners within the CW system have been working towards ensuring the services and treatment provided to children and families are culturally-relevant, community-based, and accessible. This includes ensuring the services are aligned with an integrated, broader prevention continuum, sufficient to keep children safe, and to meet the children and families' needs. CWS capacity to serve children and families for whom services are needed are being increased through:

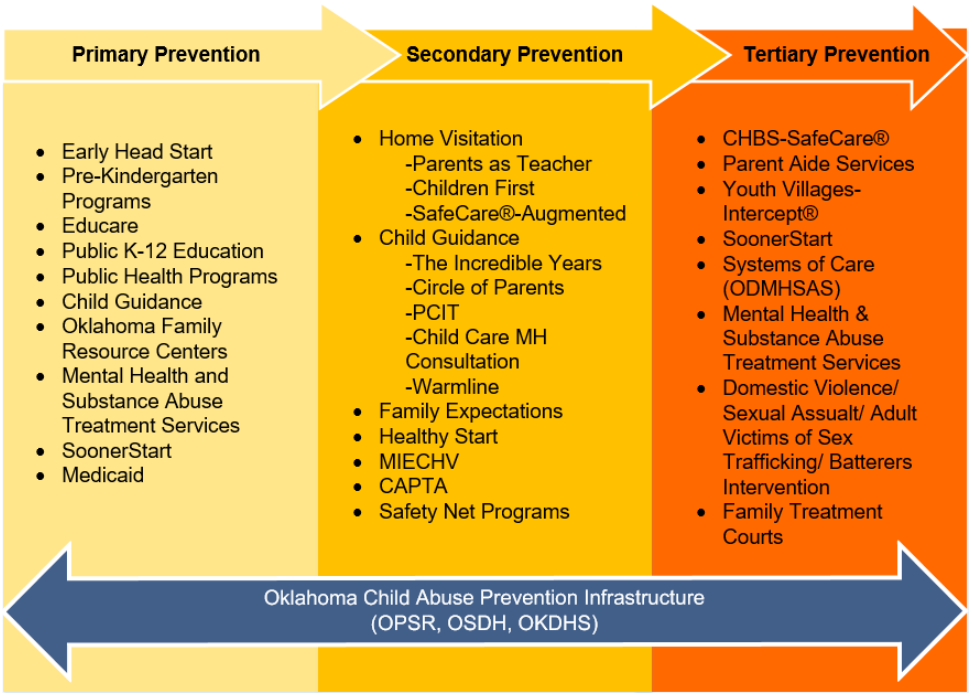
- strong family-centered practices that focus on understanding and treating safety needs, trauma, and strengthening parental protective capacities;
- a hope-centered, trauma-informed systems approach;
- training and structured and supportive supervision; and
- system transformation to a child and family well-being network.

Strong family-centered practices and a hope-centered, trauma-informed systems approach establish the direction, expectations, and values from which the workforce operates, thus resulting in more empowered employees. CWS envisions this will lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. Further, community capacity is increased by capitalizing on partnerships to meet child and family needs through the availability of effective services. The goals, objectives, and strategies outlined in the Oklahoma CFSP 2020-2024, through a CW system focusing on trauma-informed, family-centered care, has ensured the practice, procedures, and policies in place will continue to be enhanced and create sustainable, desired outcomes for Oklahoma children and families and promote child well-being, safety, and permanency, and enhance the service array.

OKDHS continues to make a comprehensive and systematic transformation of the CW system through strategies aimed at improving CW practices toward a CW prevention-focused practice model and developing tertiary prevention services and reducing entries into foster care, as well as those designed to increase the speed of exits from foster care by improving the likelihood of reunification and reducing delays for adoption or guardianship when reunification is not possible. The established infrastructure and pathways for families to receive a continuum of evidence-based primary, secondary, and tertiary prevention services, within an integrated, broader prevention continuum, as illustrated in Figure 97, is helping to support and strengthen families, prevent child maltreatment, and ensure the long-term health, safety, well-being, and educational success of Oklahomans.

Figure 97

Oklahoma Child Abuse Prevention Network



The Oklahoma Title IV-E Prevention Program Plan is helping CWS further advance efforts toward decreasing the need for foster care as an intervention and enhance a hope-centered, trauma-informed organization by expanding capacity in prevention support and services for children at-risk of entering the CW system and by creating a child and family well-being network. Oklahoma's Title IV-E Prevention Program Plan was approved and began on 10/1/2021. Strengthening parents' capacities and preventing child maltreatment requires a system of care that demonstrates commitment to helping all parents through both collective and individual supports. Oklahoma has implemented and sustained multiple well-established evidence-based programs and services available to children and families that support and strengthen safe and healthy children and families. These services are aligned with an integrated, broader prevention continuum, sufficient to keep children safe, to meet the children and families' needs, and help children in OKDHS custody achieve permanency.

Direct services are performed by a combination of state agencies and community-based contract provider agencies. OKDHS Family Support Services funds are awarded to local organizations and agencies that serve families with children in their communities by providing community-based infrastructure to support efforts to promote the health, safety, and wellness of Oklahoma's children and families. Contracts for federal, state, and OKDHS funds are awarded by the Oklahoma OMES and are based on a fixed-rate or competitive bidding process in accordance with state law. Bids are generally awarded based on best value for OKDHS, proven records of providing quality services in the community that assist and support parents in their role as caregivers, and in alignment with the individual family strengths and needs. Each request for proposal specifies the communities and/or population targeted for services, emphasizes the use of and collaboration with community services, whenever possible, and includes outcomes and/or deliverables specific to the community and/or population's identified needs.

Strengths and Needs Assessment of Children and Families

A family's entry into the CW system is through the Oklahoma OKDHS Hotline. The referrals are screened and a disposition is made as to the CPS response. CWS' purpose is to identify, treat, and prevent child abuse and neglect ensuring reasonable efforts are made to maintain and protect the child in the their own home. When this is not feasible, CWS provides a placement that meets the child's needs. The infrastructure for how children and families are served in the CW system includes services administered through targeted case management and receipt of Medicaid compensable targeted case management services that assist a child's access to needed medical, educational, social, and other services delivered by external partners. CW specialists are key in connecting children and families involved with the CW system with necessary prevention and intervention-related services and ensuring a child's safety, permanency, and well-being.

The CPS safety evaluation and investigation process is the first opportunity the CW system has direct involvement with the family. The CPS safety evaluation and investigation process is the manner in which CW specialists gain information surrounding six key questions from the family to assess their strengths, identify their needs, and provide services, either directly or indirectly, that protects children and assists the family. The AOCS tool formally documents the AOCS process which identifies and articulates:

- safety information gathered through six key questions;
- the protective capacities of the parents and how they impact child safety;
- the presence or absence of safety threats as measured against the five areas of the safety threshold; and
- the safety decision and level of intervention.

The safety evaluation process allows for the most accurate safety decision possible and determination of the most appropriate level of intervention. CWS, where appropriate, identifies prevention and intervention-related services available in the community and arranges for services to be provided to the family when an assessment or investigation indicates the family would benefit from services or OKDHS may provide services directly. When CPS, after the completion of an assessment or investigation of child abuse and neglect allegations, determines ongoing service needs for the family requires continued direct involvement with CWS and the child(ren) can remain safely in the home, a FCS case is opened.

FCS are preventive and pre-placement services to children and families aimed to focus on the child's safety and preserve and strengthen protective capacities of the person responsible for the child to keep the child safely in their own home. FCS provide comprehensive services that engage the family and target the family's therapeutic, supportive, and concrete needs. When a child is determined unsafe and is placed into OKDHS custody and foster care, a PP case is opened. CWS administers FCS and PP to children and families via case management. The CWS case management structure and activities allow for CWS to assess the family's needs, provide ongoing case management and supports to ensure the child's continued safety, pathways to enhance family functioning, and link through referral, access to prevention and intervention-related culturally-relevant, community-based services. Case management services include:

- assessing the child's needs;
- coordinating the delivery of appropriate services as defined in the assessment;

- assisting the child and family in accessing appropriate services;
- monitoring the child and family's progress by making referrals, tracking appointments, following up on services rendered, and reassessing the child's and family's needs;
- advocating on behalf of the child and family;
- consulting with service providers or collateral contacts to determine the status or progress of the child's and family's plan;
- arranging for crisis assistance, such as coordinating needed emergency services; and
- continually assessing for safety.

After a case is transferred from a CPS specialist to an FCS or PP specialist a FM is held to collaboratively create an ISP that effectively addresses the child's safety, permanency, and well-being. The AOCS completed by the CPS specialist, the ongoing AOCS, along with input from the child and family team, helps in the ISP development and referring the parents or kin caregivers to the most appropriate services that will elicit behavioral change. The ISP documents:

- the interventions needed to correct the conditions that resulted in CWS involvement;
- a course of action to be taken by the CW specialist and family to achieve the planned changes;
- services associated with specific outcomes available to the child and parents or kin caregivers;
- the behaviors and conditions that require change;
- specific measures to facilitate family change;
- the time requirements for the family, CW specialist, and other providers to complete the action steps;
- the alternative plan in the event protective capacities are not enhanced and the parent or kin caregiver is unable to manage the safety threats;
- the expected length of time services are needed in the case; and
- a crisis management plan to address contingencies, such as a parent's relapse or regression, domestic violence, or environmental or other emergent conditions.

The FCS or PP specialist provides support to the family, referrals for services, and oversight of services while the family works with CWS to eliminate safety threats and improve parental protective capacities. The FCS or PP specialist ensures the child's safety and monitors case plan progress through FCS or PP specialist contacts with the child, parent or kin caregiver, and service providers, and through the ongoing AOCS. The AOCS tool is utilized to document the assessment process throughout the life of a case. CW specialists are continually gathering information with the child, their parents, collaterals, and professionals, and any supporting evidence to make the most accurate safety decision and to determine the most appropriate level of intervention and case planning goals. The AOCS tool and the six key questions within it help tell the complete family story, supporting the current state of safety threats, protective capacity and behavior, the underlying causes, addressing each safety threshold element for every threat, and promoting engagement with the family towards successfully achieving family goals.

CWS has sustained the Child Behavioral Health Screener (CBHS) that was developed and implemented through the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC) project, a five-year demonstration grant through the Administration on Children

Youth and Families, Children's Bureau, "Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare" (HHS-2012-ACF-ACYF-CO-0279) awarded in 2012. The CBHS is a screening and functional assessment that is psychometrically sound and systematically tracked to capture data to: (1) screen; (2) connect needs to services; (3) evaluate the children's well-being over time in FCS or PP cases; (4) inform outcomes at the client level; and (5) monitor changes in the service array at the system level. The CBHS is administered monthly during caseworker visits with children to ensure continued identification of children's needs and access to services. The CBHS outcomes evaluation from data collected May 2015 through 3/31/2023 consisted of 423,861 screeners, which were administered across 44,530 children. Repeated administrations of CBHS reveals information about how a child is functioning over time and assesses improvement or regression in functioning. The data reflects, of the children screened, over half had scores which warranted a referral for a clinical assessment, and of those over half were already receiving behavioral health services. CW specialists assigned to children and youth with four consecutive screeners warranting a referral for services are contacted directly by the EFC team to offer support through EFC services. In addition to the CBHS, CWS has contracted with the University of Oklahoma Health Sciences Center (OU-HSC) as a third-party assessor to implement the Child and Adolescent Needs and Strengths (CANS) assessment to use in conjunction with the CBHS to aid in level-of-need recommendations and placement decision-making. The CANS is administered as part of the initial and ongoing placement process for children at all levels of care above traditional/kinship foster care to assess the strengths and needs of children in OKDHS custody and to help foster care achieve permanency. The CANS assessment is aimed to be embedded into the initial and ongoing placement process for EFC, TFC, ITFC, and QRTPs by November 2023.

In addition to the utilization of the AOCS, CBHS, and the CANS assessment to assess the strengths and needs of children and families, the CW staff have available the consultation support from the CWS Nursing program, mental health consultants (MHCs), Clinical staff within the CWS Clinical Team, along with the Education Services and Developmental Disabilities Program (ESDDP) liaisons within the SPPU. The Clinical Team consists of a child and adolescent psychiatrist, pediatric psychologist, registered nurses, statewide coordinator of adoption preservation services, and MHCs who are contracted with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). In addition, there are formal contractual and data sharing relationships with the OHCA, the OU College of Pharmacy, Oklahoma State University Center for Health Sciences, and OUHSC. The Clinical Team provides case staffing support as well as guides CWS as it continues to develop a stronger continuum of placement and service, and the move toward the Family First Prevention Services Act (FFPSA) QRTP requirements. The team members are available to CW specialists for consultation about both physical and mental health treatment for their assigned child in out-of-home care, including behavioral supports and medication. These consultations occur regularly and are available to all CW staff if and when they have a question pertaining to a child's physical and mental health treatment. A review of prior history and medication trials is also available. In addition to these individual consultations, the Clinical Team members are available for treatment team meetings with the child's treating clinicians to discuss care and make referrals for children in out-of-home care. Additionally, with an emphasis and focus on collaboration, CWS and the OHCA began a joint project, SPARK, in December 2021. SPARK's purpose is to improve outcomes for at-risk children

and youth with complex behavioral needs. The parallels between EFC and SPARK include a shared commitment to positive outcomes, a focus on prevention of a higher-level placement, and interaction with the child or youth's treatment team. Children or youth served in this program are not receiving services from an ODMHSAS-contracted provider. Children and youth who meet criteria are assigned a SPARK behavioral specialist to provide care coordination, connect with resource families twice monthly, and help locate and navigate an effective service array. SPARK has one behavioral specialist for each CWS region. In April 2022, SPARK began serving their first clients which includes EFC and post-adoptive children and youth. EFC and SPARK staff continue working closely together regarding children and youth served by private providers.

The primary focus of the CWS Nursing Program is assisting CW specialists with understanding disease and risk as it relates to safety decision-making; however, the nurses also serve as a liaison between CWS, families, foster families, and the medical community. Additionally, the CWS nurses:

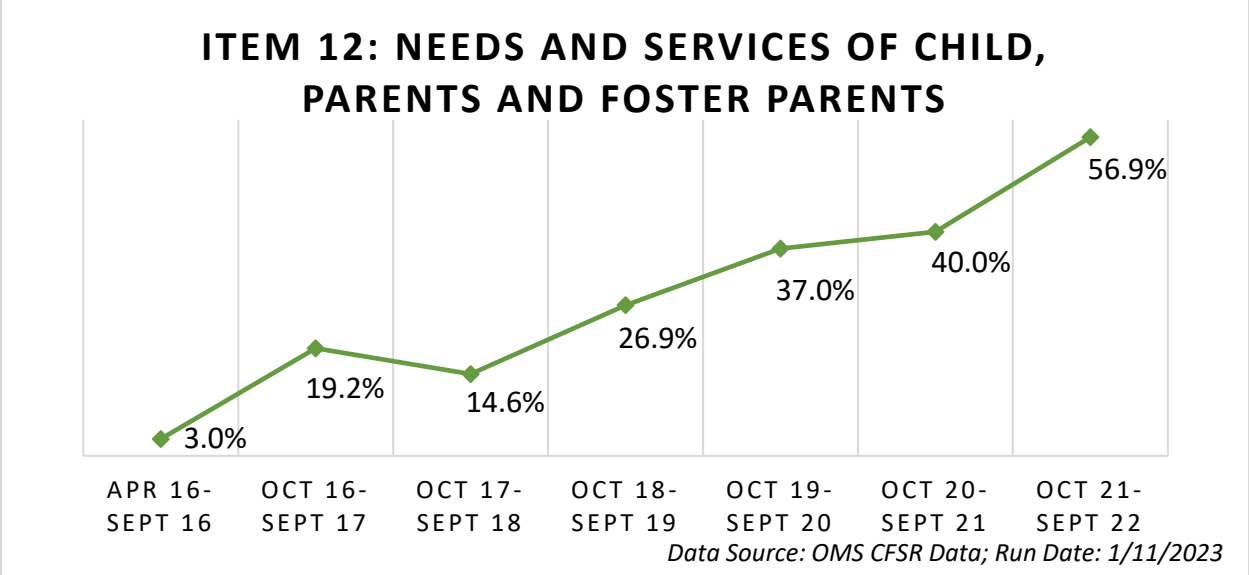
- assist in helping CW specialists understand medical needs and risks of youth who decline to follow recommended treatment;
- are available for home visits for high and moderate at-risk cases;
- provide medical representation at statewide multidisciplinary team staffings;
- assist CW staff in safety plans regarding medical care of at-risk youth; and
- help connect families and CW specialists with medical resources.

MHCs continue to be used as liaisons between CWS, community-based service providers, and regional Oklahoma Systems of Care (SOC) sites and Community Mental Health Centers. MHCs provide linkage and referrals to community-based mental health and substance abuse services and resources; education to caregivers, resource and adoptive parents, and CW staff; and are involved in multiple meetings to assist in meeting the complex needs of children and families. ESDDP liaisons are available to CW specialists to consult on children who have a diagnosed or perceived developmental disability, medical issue, or both and to support in information and service referrals for the child and family who are involved with the CW system.

The quality of CW staff engagement with the family in assessing strengths and needs, joint case planning, and identification and provision of appropriate services is critical in shaping each case's ultimate outcome.

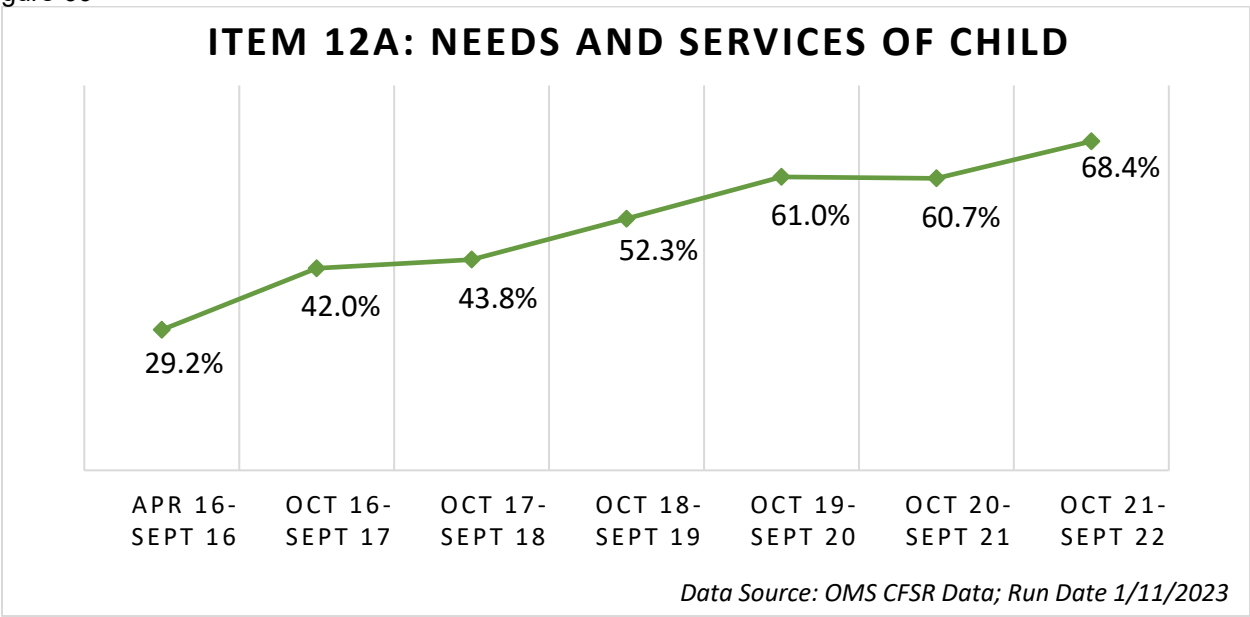
According to CFSR case reviews conducted from 2016 through 2022, the overall assessment of needs and provision of appropriate services for the child, parents, and foster parents has steadily increased over the last six and a half years ending at the highest rate of strength at 56.9 percent as seen in Figure 98. While significant progress has been made, this item continues to be impacted by the frequency and quality of caseworker contacts with parents and children, resulting in times that CWS does not always identify the services necessary to achieve case goals or adequately address the issues relevant to the CWS' involvement with the family.

Figure 98



For the assessment of needs for the child and efforts to provide appropriate services to meet those needs, as reflected in Figure 99, CWS has steadily increased over the last six and a half years, ending at the highest rate of strengths at 68.4 percent for assessment of needs and services for children.

Figure 99



A deeper look at age groups and race indicate that the population with multiple races has fewer strengths than other groups. Additionally, youth age 17 had the lowest number of strengths. Figures 100 and 101 are compiled from the same CFSR OMS data from 2016 through 2022.

Figure 100

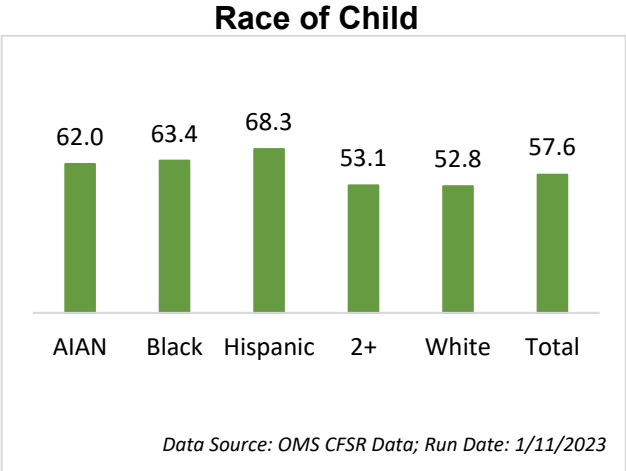
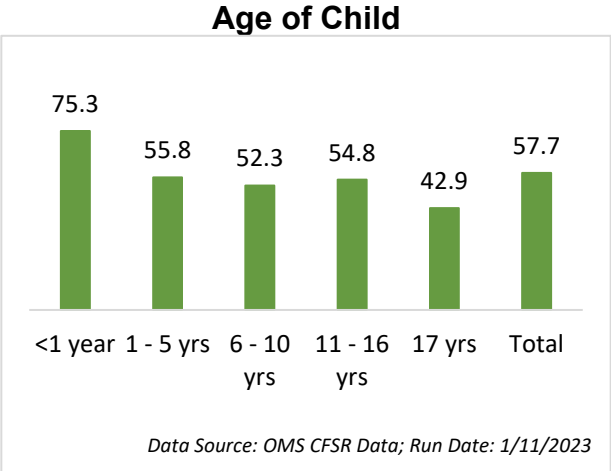
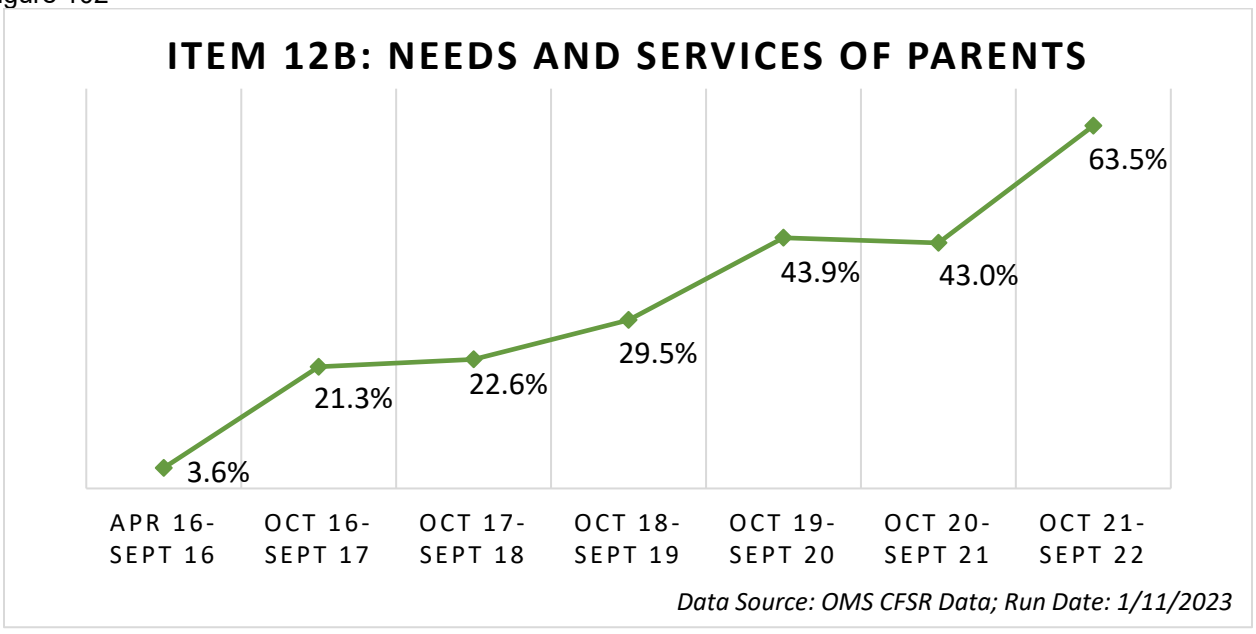


Figure 101



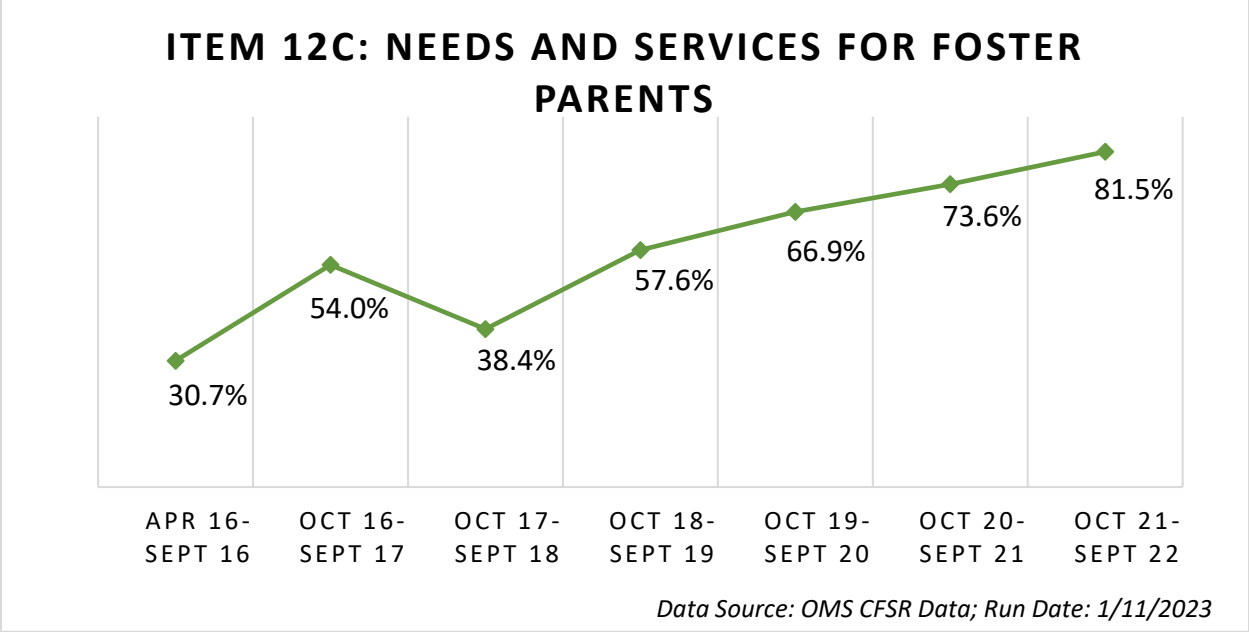
The assessment of needs for the parents and efforts to provide appropriate services to meet those needs, as reflected in Figure 102, has steadily increased over the last six and a half years, ending at the highest rate of strength at 63.5 percent.

Figure 102



For the assessment of needs for the foster parents and efforts to provide appropriate services to meet those needs, as reflected in Figure 103, CWS has steadily increased over the last six and a half years, ending at the highest rate of strengths at 81.5 percent.

Figure 103



Empowering families involves engagement at all avenues throughout the life of a case. Focusing on improving parent, child, and foster parent assessments impacts parent, child, and foster parent engagement, child safety, and placement stability as well as enhancing parental protective capacities; thus, reducing repeat maltreatment and improving timely permanency. Focused strategies continue toward improving child, parent, and foster parent engagement to further positively impact this outcome.

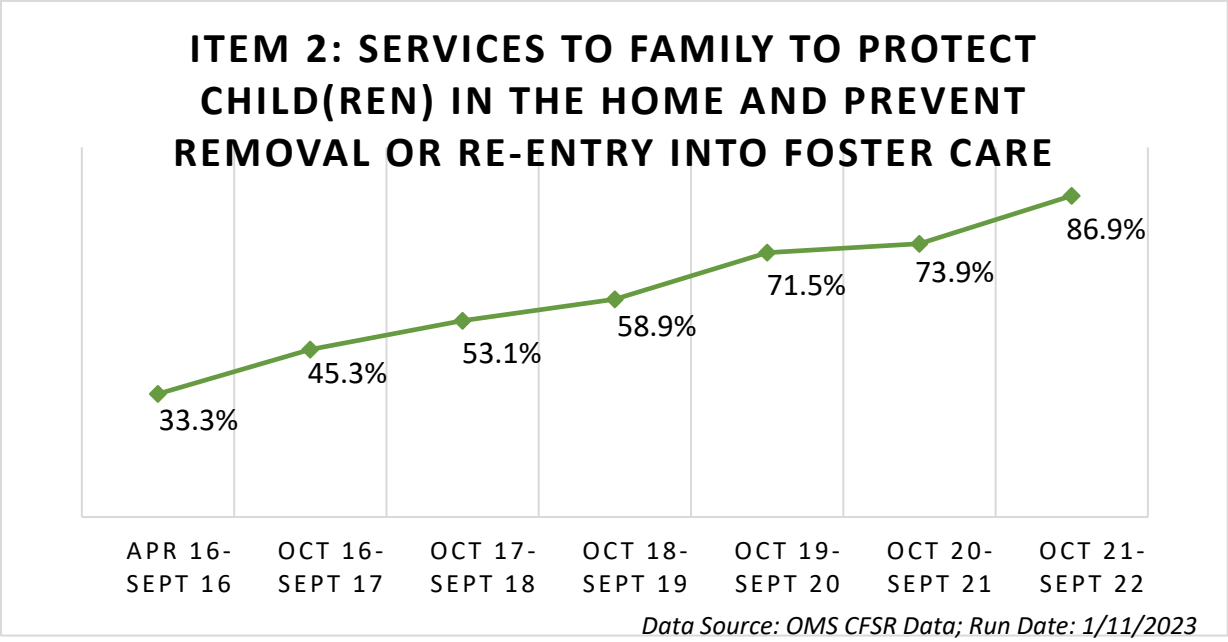
Services that Address the Needs of Families and Children

OKDHS is the state agency designated to also administer the federal safety net programs. Support programs and services that are currently provided statewide in 77 county offices include Temporary Assistance for Needy Families (TANF), Medicaid (SoonerCare), Supplemental Nutrition Assistance Program (SNAP), Aging Services (AS), Developmental Disabilities Services (DDS), Child Care Services (CCS), and Child Support Services (CSS). These services help provide concrete services and supports that meet a family's basic needs and can help address some of the complex root causes of poverty, such as lack of work, insufficient education, addiction, and post-incarceration barriers. Investment in these programs help improve the overall well-being of families and children and can lead to improved safety and permanency outcomes for children and families involved in the CW system. One example in how CSS is uniquely utilized to support families is that CSS does not require child support payments for children in out-of-home care which allows parents to utilize their resources in support of making the changes necessary to allow for children to return to their own home. In 2021 OKDHS started the TANF Investment Strategy from reserved TANF dollars that is focused on deepening the availability of community resources and services to improve outcomes of Oklahoma families. Strategic priorities include supporting basic needs of families, prevention through upstream services, economic independence, pregnancy prevention, and youth supports. CWS interfaces with the other divisions within OKDHS to help link families and ensure access to these safety net programs to meet a family's basic needs.

In addition to the safety net programs available to meet a family's basic needs, CWS has access to the CarePortal, an online platform that meets the tangible needs of families, kinship, and foster and adoptive families. CarePortal is a partnership with local non-profit the 111Project and with Global Orphan Project which owns the technology platform of CarePortal. OKDHS contracts with both 111Project and Global Orphan allowing statewide access to both OKDHS CWS, partners, tribes, and school-based workers. Each CarePortal request is submitted by a CW specialist who ensures the request will keep a child safe, remove a barrier to permanency, or enhance a child's well-being. Requests are then approved by CW supervisors or other CWS leadership before being sent to the community. 111Project leads the way by training churches to be on the platform ready to answer requests that come. Based on the success of the project, in 2022, CWS entered into contract with 111Project to strengthen its infrastructure to expand statewide within three years. Since the contract, an additional 18 counties have been launched making CarePortal now active across 49 counties. Based on community readiness in identified counties, CWS will continue to aggressively spread CarePortal statewide. In 2022, 4,052 requests were sent out to local community churches by CW specialists across the state, and 2,752 or 67.9 percent of those requests were met, of which 97 percent of those met requests were for families involved in prevention and foster care. These met requests impacted 5,494 children for a total estimated economic impact of $2,323,337. For comparison, in 2021, of the 2,055 met requests, 4,072 children were positively impacted with an estimated economic impact of $1,741,825.

As previously stated, CWS utilizes targeted case management to help connect children and families involved with the CW system with necessary prevention and intervention-related services to ensure a child's safety, permanency, and well-being. CWS continues efforts towards preventing unnecessary family separation by keeping families safe, healthy, and together whenever possible before remedial efforts become necessary. These efforts are evident by the decreasing number of children that have entered out-of-home care within the last five years and as seen in Figure 104.

Figure 104



CWS continues efforts to safely achieve permanency for children and serve families preventively, whenever possible and appropriate through services to the family to protect children in the home and prevent removal or re-entry into foster care. CWS has steadily increased over the last six and a half years, ending at the highest rate of strength at 86.9 percent. A deeper look at age groups and race indicate the Hispanic population has fewer strengths than other races. This could be from language barriers and fewer services for this population in rural areas. Additionally, the age group of 1-5 year-olds had the lowest number of strengths. Youth age 17 reflect a 0 percent strength, but they did not have any applicable cases. Figures 105 and 106 are compiled from the same CFSR OMS data from 2016 through 2022. CWS remains committed to focusing on completing quality safety assessments to ensure the right safety intervention is made with the family and appropriate services are provided. As the population of children entering care decreases, CWS is committed to enhanced efforts to support timely permanency of children in OKDHS custody.

Figure 105

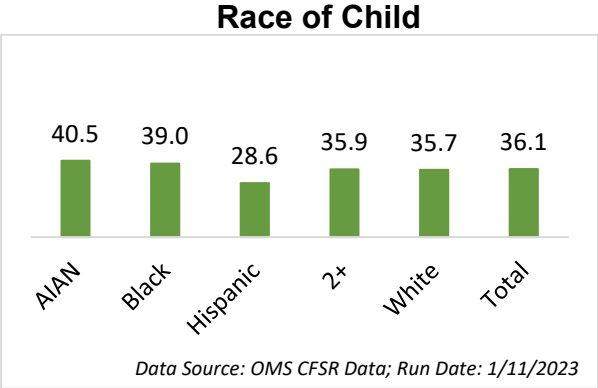
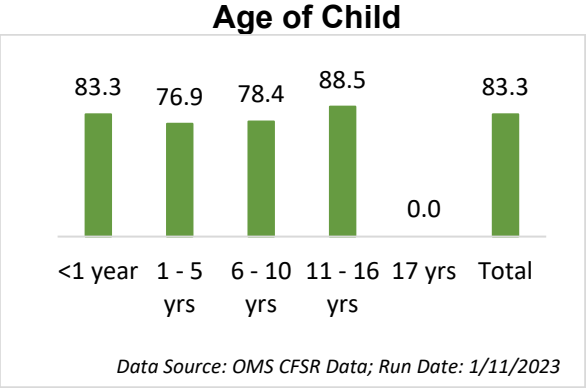


Figure 106



PP services are provided to develop an appropriate plan with families to address a child's immediate and long-term needs for safety, permanency, and well-being. PP services are initiated immediately following the child's removal from the home and continue until the child is safely returned to the home or other safe, permanent placement is finalized. Services are provided on the basis of the individualized needs of the child and family to ensure stability in foster care placement and achieve permanency. Permanency Safety Consultations (PSCs) remain a primary strategy for CW specialists to continually assess parents' protective capacities and behaviors, and implement the use of safety plans and/or direct services so the child may return home as soon as possible. From October 2021 through September 2022, 7,488 children had a PSC completed at least once while their case was open.

Kinship foster care placement services are continuous 24-hour care and supportive services provided for a child requiring out-of-home placement provided by a relative, step-parent, or other responsible adult who has a bond or tie with the child or a family relationship role with the child's parent or the child prior to the child's entry into foster care. CWS continues to value the importance of placing children with both relative and non-relative kinship families to provide placement stability for the child which directly impacts a child's safety, timely permanency, and overall well-being. Ongoing diligent search services for family or kin connections remains a key component of the PP services provided for children, reflecting in 53 percent of children being placed with kin for their first placement.

CWS further supports stability in foster care placement through the services provided through the Kinship Navigator Program, called Family KINnections (FamKIN). This program was developed and implemented in 2012 through the five-year Family Connection grant award under CWS/TANF collaboration in Kinship Navigation Programs (HHS-2012- ACF-ACYF-CF-0510). There were a couple of years lapse in operations due to the federal funding ending, but it was re-initiated in 2017 through a private foundation funding award and is currently sustained under Title IV-B, subpart 2 kinship navigator grant award. FamKIN's purpose is to increase the stability and permanency of kinship foster care and develop effective partnerships among formal and informal community supports for kinship families. FamKIN provides home-based services aimed at assisting kinship caregivers to reduce stress, meet a variety of service needs, and improve stability for foster children. FamKIN is available to kinship families in the most populous county in the state, Oklahoma County. It is currently being evaluated to build the evidence base to achieve an approval rating through the Title IV-E Prevention Services Clearinghouse to be able to expand access to additional counties in the state.

Foster family care is a planned, goal-directed service that provides full-time substitute care and supportive services to children in an approved foster family home pending permanency. Foster family care is considered the least-restrictive setting outside of the child's own home, a kinship home, or the home of tribally-defined extended family members. Foster care maintenance payments cover the cost of food, clothing, medical care, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In the case of institutional care, foster care maintenance payments include the reasonable costs of administration and operation of such institution. On any given day an average of 6,800 children and youth in the care and custody of the OKDHS CWS receive this service.

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-based 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 eligibility is determined through assessment by a licensed clinician. TFC homes are present in less than half of Oklahoma's 77 counties, with the greatest number 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. The ITFC program was implemented in June 2019 in an effort to successfully discharge children into less restrictive placement and/or to permanency. The providers for both TFC and ITFC are the same. There are currently five TFC/ITFC providers with 233 approved beds. There continues to be a waitlist for children who qualify for this level of care due to the limited number of TFC/ITFC homes. However, strategies are in place to improve the TFC program, including working with the OHCA and

TFC private agencies to improve the authorization and placement decision-making to be child-focused. CWS continues to build a robust continuum of care (COC) through ongoing efforts to improve and expand the utilization of TFC and ITFC. The TFC Programs staff have continued to develop partnerships with agency providers focused on recruitment and retention of foster families skilled and ready to provide care to children with additional behavioral health, and developmental needs.

In an effort to support the complex needs of children in family-based settings and supplement the TFC homes within TFC Programs, EFC Programs was developed and implemented in December 2019. EFC is intended to support children who are having difficulties that could result in placement instability, as well as children who have already experienced placement instability who may be on a waitlist for TFC or other higher levels of care. EFC also supports children ready to step down to a family-based placement from congregate care settings. CWS believes that providing EFC services and supports to children and families at the first sign of stress and need will prevent unnecessary moves to higher levels of care and will also support placement stability. With the creation of the EFC program, all children on the TFC waitlist are automatically referred to the EFC program to determine if it is possible to provide the necessary support in their current or a new kinship or traditional foster home. In SFY 2022 the EFC program served 914 children, a substantial increase from the 651 total children served in SFY 2021. Of the 914 children served by EFC in SFY 2022, 60 percent were placed in traditional foster homes, 36.3 percent were placed in kinship homes, 2.3 percent were in another type of foster care, and 1.3 percent were in trial adoption.

As shown in Figure 107, children ages five and younger represent the largest age group of children served in the EFC program during SFY 2022, followed by the next youngest age group of children ages six to nine. This data shows that CWS is seeking to identify and meet the behavioral health needs of children as early as possible. Expansion of EFC Programs, as well as the TFC/ITFC Programs, will continue in an effort to ensure homes are better equipped to meet the behavioral needs of the children in OKDHS custody and are available for placement.

Figure 107

Children Served in EFC by Age at Start of EFC: July 2021 – June 2022								
Age Group	**Region 1**	**Region 2**	**Region 3**	**Region 4**	**Region 5**	**State Office**	**Total**	
5 years and Younger	41	52	51	69	74	6	293	32.1%
6 years - 9 years	58	53	44	48	63	3	269	29.4%
10 years - 12 years	38	40	21	29	44	1	173	18.9%
13 year - 15 years	20	29	22	30	28	3	132	14.4%
16 years and Older	8	14	3	11	11	0	47	5.1%
Total	**165**	**188**	**141**	**187**	**220**	**13**	**914**	
Data Source: YI145; Run Date: 7/15/2022								

Other substitute care settings that are not family-based care includes congregate care, psychiatric hospitals, Office of Juvenile Affairs (OJA) placements, and shelter care. Community-based residential care (CBRC) programs serve children whose treatment needs cannot be met in a family-based setting, but whose treatment needs do not require inpatient

psychiatric care. OKDHS contracts for different levels of CBRC placements that vary according to the intensity and individualized treatment needs of children. Contracted residential intensive treatment services are available to provide crisis stabilization interventions to children, ages eight to 18, who are experiencing a behavioral health or psychiatric crisis. Intensive treatment services are available to avoid admission to psychiatric care and enable the child's return to CRBCs. CBRCs and psychiatric hospitals are not geographically located in all jurisdictions within Oklahoma. For FFY 2022, 935 children received some form of CBRC service and 868 children received services in other institutions.

A needs assessment was completed in November 2019 in an effort to better understand the needs of children in out-of-home care, improve connections to services, and inform the development of an improved COC. CWS utilized the information obtained from the needs assessment to address system changes for the full population of children and youth in OKDHS custody in determining their needs and the array of services to meet those needs. The analysis that was completed confirmed that CWS must continue efforts to address gaps within levels of placement and service array to create opportunities for children with complex needs to thrive in family-based settings and committed to completing an annual system wide, population-level needs assessment. Based on the previously completed needs assessments, OKDHS has begun to build a COC, relying most significantly on the EFC program, to meet the varying levels of child placement needs in the least restrictive setting. CWS is collaborating closely with OHCA, ODMHSAS, and the OJA to address systemic barriers impacting outcomes and have developed internal processes and staffing structures to identify earlier in a child's case their individual mental health, behavioral, and other treatment needs and the appropriate placement along a COC.

When children cannot be safely reunited with their families, CWS Adoptions and Post-Adoption Services 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 child care if eligible. Some of the services provided by Post-Adoption Services include adoption assistance, CHBS or Intercept® when warranted, respite vouchers, disclosure of information after adoption finalization, mutual consent voluntary registry, and confidential intermediary search program. Approximately 95 percent of families receive an adoption assistance monthly payment, 14 percent of families receive child care subsidy, 5 percent of children receive Medicaid only, and another 11 percent receive difficulty of care payments. Post-Adoption Services receives approximately 500 inquiries a year for respite vouchers. Pre- and post-adoptive families have access to online trainings, webinars, and support groups. There are other services that are in the process of being developed with the assistance of the CWS Clinical Team, but are not fully implemented to date. All services to families and children are based upon their individual needs as determined by CWS and contracted staff or community provider assessment and are available statewide.

Children placed in OKDHS custody are required to receive an Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) screening upon removal and ongoing as needed. EPSDT is a preventive health program under SoonerCare, Oklahoma's Medicaid program that provides for comprehensive medical services designed to ensure the availability of, and access to, required health care resources of Medicaid-eligible children and adolescents. The

EPSDT exam is required to be completed within 21-calendar days of entering OKDHS custody to evaluate the child's physical, developmental, medical, mental health, and educational needs, including health problems requiring immediate treatment, diagnosis of infections and communicable diseases, and an evaluation of injuries or other signs of abuse or neglect. The schedule of frequency for EPSDT provides: six-health screenings during the child's first year of life; two screenings in the child's second year of life; one screening yearly for the child age two through five; and one screening every other year for the child age six through 20. More frequent screening services are allowed when a medical condition is suspected. A child in his or her own home eligible for Medicaid is also eligible for EPSDT services. Eligibility, based on the parent(s)' income and resources, varies with each family's specific circumstances. The receipt of an identified EPSDT screening makes the member eligible for all necessary follow-up care. EPSDT covers services, supplies, or equipment that are determined to be medically necessary for a child or adolescent, and which are included within the categories of mandatory and optional services in Section 1905(a) of Title XIX, regardless of whether such services, supplies, or equipment are listed as covered in Oklahoma's Medicaid State Plan. Figure 108 illustrates the utilization of the EPSDT for children removed in the period 22B through 23A and Figure 109 illustrates the utilization for those children under age six served in the period 22B through 23A.

Figure 108

Utilization of EPSDT for Children Removed in the Period

Period	Children Removed and in Care at least 21 Days	Number with a Medical Visit	Percent of Children Removed with a Medical Visit	Number with a Medical Visit within 21 Days of Removal	Percent of Children Removed with a Medical Visit Timely	Number with a Medical Visit Routine Child Check	Percent with a Medical Visit Routine Child Check	Number with a Medical Visit Routine Child Check within 21 Days	Percent with a Medical Visit Routine Child Check Timely
22B - 23A	3,253	2,609	80.2%	1,650	50.7%	405	12.5%	57	1.8%

Data Source: KIDS Data (Period 22B - 23A covers 4/1/2022 – 3/31/2023)

Figure 109

Utilization of EPSDT for Children Under Age 6 Served in the Period

Period	Children Served in Period	Number with a Medical Visit	Percent of Children with a Medical Visit	Number with a Medical Visit Routine Child Check	Percent with a Medical Visit Routine Child Check
22B - 23A	1,909	1,746	91.5%	162	8.5%

Data Source: KIDS Data (Period 22B - 23A covers 4/1/2022 – 3/31/2023)
Population includes any child under the age of 6 that was in care the entire review period

SoonerStart is Oklahoma's early intervention program for infants and toddlers through age three who have disabilities and developmental delays. SoonerStart is Oklahoma's Part C of Individuals with Disabilities Education Act (IDEA) program. The lead state agency is the OSDE. This agency provides case management with all other services provided through a contract with the OSDH. SoonerStart authorizes screening to determine qualification for

early intervention services for developmental delays, particularly in areas of physical development. The instrument for the routine screening is the Ages and Stages Questionnaire. CWS policy requires CW staff to refer children younger than age three who are victims of substantiated child abuse or neglect to SoonerStart. Findings from the SoonerStart evaluation allow the CW specialist and person(s) responsible for the child to ensure that the child's developmental needs are met through service referrals.

Approximately 45 percent of Oklahoma's population of children in out-of-home care at any given point in time are under age five. CWS utilizes multiple methods of identifying and tracking children under age five and their service needs. CWS uses AFCARS data files, state WebFOCUS reports, and Chapin Hall Multi-State Foster Care Data Archive reports. These different reports provide multiple data viewpoints, such as point-in-time entry and exit cohorts. These data assist in targeting efforts to ensure the needs of all vulnerable children are met, including their developmental needs. As reflected in Figure 110, the racial make-up of children under age five in out-of-home care on the last day of the FFY has decreased for children identified as White from FFY 2020 to FFY 2022. However, the number of children identified as Indian, Black, and Multi-Racial has increased over the last three FFYs.

Figure 110

Children Under 5 By Race - In Care Last Day of Federal Fiscal Year					
Year	**White**	**Indian**	**Black**	**Asian/Pacific Islander**	**Multi-Racial**
FFY 2020	45.9%	13.2%	11.5%	0.2%	29.1%
FFY 2021	44.2%	14.2%	12.0%	0.3%	29.4%
FFY 2022	42.7%	15.1%	11.0%	0.2%	31.0%
Data Source: AFCARS Data Files					

In Figure 111, the percentage of children under age five on the last day of the FFY with an indicated disability has steadily increased over the last five FFYs with a large increase in FFY 2022.

Figure 111

Children Under 5 With Disability Indicated In Care Last Day of Federal Fiscal Year			
Year	**Children Under 5 Years of Age**	**Disability Indicated**	**Percentage**
FFY 2020	3,580	350	9.8%
FFY 2021	3,413	350	10.3%
FFY 2022	3,096	440	14.2%
Data Source: AFCARS Data Files			

The data provided in this section underscores the continued need for CWS' emphasis on service development for this child population, as children younger than age five remain almost half of the population of children in out-of-home care with a steady increase of identified disabilities.

OKDHS has collaborated with the ODMHSAS on the Safely Advocating for Families Engaged in Recovery (SAFER) initiative. The SAFER initiative focuses on five main areas of child development:

1. Pre-Pregnancy: Promote awareness of effects of prenatal substance use.

2. Prenatal: Screen pregnant women for substance use and the need for further assessment, initiate enhanced prenatal services including treatment services.
3. Birth: Screen newborns for substance exposure; screen or test mother when indicated.
4. Postnatal/Neonatal: Ensure infant and mother's medical needs are met, ensure Plan of Safe Care is developed for both infant, mother and caregiver/family.
5. Childhood: Identify and respond to the needs of the infant, preschooler, child, or adolescent and their family.

The SAFER initiative has four key strategies to reduce barriers and restore hope for families by implementing Family Care Plans, enhancing supports, reducing stigma, and designing a robust data collection and evaluation to inform practice and policy. An implementation framework was created and led by an In-Depth Technical Assistance team which includes training for providers, hospitals, and OKDHS staff. Tulsa County was selected as a pilot site and began in November 2022 after staff were trained. The pilot will be extended until September 2023 to allow for data collection. The workgroup is in the process of discussing a second pilot site to tentatively kick off in September 2023. Sites will be rolled out in increments will full statewide implementation complete by July 2024.

To help with the rising number of children entering out-of-home care, especially young children under age five, the family treatment court (FTC) approach was implemented in a few select districts in Oklahoma. FTC is designed to address the needs of children and families impacted by parental substance use by using a holistic, family systems treatment approach delivered by a cross-systems, multidisciplinary team. FTCs seek to improve the historically poor outcomes derived from traditional family reunification programs for caregivers struggling with substance use. FTCs serve families struggling with substance use issues whose children were placed in OKDHS custody and where a deprived petition was filed on the parents. Through collaboration among ODMHSAS, county juvenile court systems, treatment and service providers, and OKDHS, FTCs seek to provide safe environments for children with intensive judicial monitoring, and interventions to treat caregivers' substance use disorders and other co-occurring risk factors. Vulnerable families require CWS' intensive, collaborative efforts, the deprived court, treatment providers, and other community members to meet their complex treatment and service needs. No single agency has the skill or capacity to meet all their needs but through continued systems collaboration, intensive quality support, and services can be offered to Oklahoma families through FTC. Currently, Oklahoma has seven active FTCs located in 10 counties. The courts implementing this approach are located in Custer, Washita, Kay, Oklahoma, Okmulgee, Tulsa, Creek, Johnson, Marshall, and Murray Counties.

CWS is responsible for both administering and supervising the state's Independent Living (IL) program, OKSA, as described in the Chafee program, the Education and Training Voucher (ETV) program, and in Section 477 of the Social Security Act to youth in the custody and care of OKDHS and tribal youth in the care and custody of federally-recognized tribes. Oklahoma's Chafee program and ETV program are a part of the continuum in the full service array provided by CWS to meet safety, permanency, and well-being outcomes. OKSA's focus is on youth and young adults ages 14 to 26 as they prepare for and begin transitioning to adulthood. The program provides the same resources and services to current and former youth in OKDHS and tribal custody. Beginning at age 14, youth receive a comprehensive

case assessment to determine eligibility for the program and to identify those youth who will need additional supports and services to achieve self-sufficiency. Eligible youth complete a self-report assessment related to the 7 Key Elements of Success. The assessment's centerpiece is the 40 Developmental Assets, which were incorporated with the written permission of The Search Institute. Developing a tool and process that appropriately evaluates the varying needs of youth ages 14, 15, 16, and 17 is a challenge. The life skills assessment is a work in progress. After completing the life skills assessment, youth then participate in the development and completion of his or her individual plan. Identified needs of each youth are supported by CWS, placement providers, OKSA, and community resources and services. A court review every three-to-six months for youth ages 14 to 18 monitors the plan's progress and appropriateness, and verifies that OKSA services are provided. The greatest strength of the OKSA program service array is that resources and services are available statewide, easily accessible, and offer flexibility and creativity in supporting the youth's plan. Life skills events, seminars and conferences, resources, educational supports, and wraparound youth development funds are the major Chafee services. The events, seminars, and conferences are activities planned to reach an audience of youth and young adults ages 14 through 21.

In efforts of further informing this systemic factor with regard to the service array accessed by youth involved in the OKSA program, a survey was administered to 222 young adults, between ages 18 to 20, upon leaving foster care and entering aftercare services with OKSA. Twenty-nine percent of young adults said OKSA supports were one of the most helpful supports they received while in care, and 26 percent responded that counseling or therapy was the most helpful service. One youth stated "My CASA worker was really helpful. Having some adults listen to me and understand my point of view." Most young adults expressed they needed more assistance with learning basic skills to prepare them for leaving care: financial management, learning to drive/finding transportation, medication management, and finding/maintaining housing were among the top items. When asked what they felt least prepared to do on their own, over 20 percent of the young adults responded with some form of "live on my own". Statements ranged from "turning 18 in general causes anxiety" or "I know almost nothing about adulting".

Within the broader service array are statewide core services provided by a number of provider agencies to children and families. These services are available to all children and families residing in Oklahoma to both prevent entry into the CW system as well as to provide ongoing support while in foster care and at the time of reunification to prevent re-entry into care. These core services include in-home parent skill-based programs, mental health and substance abuse prevention and treatment services, domestic violence and sexual assault intervention programs, batterer's intervention programs, and sexual abuse treatment services.

Oklahoma provides a variety of voluntary home-based family support programs that deliver services to both expectant parents and families with children younger than age six aimed at increasing protective factors to reduce child maltreatment, prevent family separation, and increase well-being. Home-based family support programs (home visiting) support parents and caregivers to provide safe, stable, and nurturing environments for their children. As a two-generational approach, both adults and children benefit from in-home visits. Home visiting programs also have been shown to improve caregivers' financial stability and reduce

substance abuse, while reducing taxpayer costs due to CW involvement. Oklahoma's investment in an early childhood care and education system through state appropriations, and increased federal investments through the Maternal, Infant, and Early Childhood Home Visiting Program, has helped support and sustain home visitation programs. Oklahoma continues to invest in three evidence-based models of home visiting: Parents As Teachers (known as Start Right), Nurse-Family Partnership (known as Children First), and SafeCare®-Augmented with varying levels of service intensity targeted to meet specific family needs and risk factors. This statewide early childhood care and education framework allows rural and urban communities to meet their unique needs. Home-based family support programs are delivered through OSDH, county health departments, and contractually through community-based non-profits. To maximize available resources, most services are targeted toward particular subpopulations that are most in need. These priority populations include: single mothers, low-income families, parents with low education, families with a history of substance abuse or child maltreatment, and children with developmental delays or disabilities. As depicted in Figures 112 and 113 shows declining numbers due to the COVID-19 pandemic and decreased funding.

Figure 112

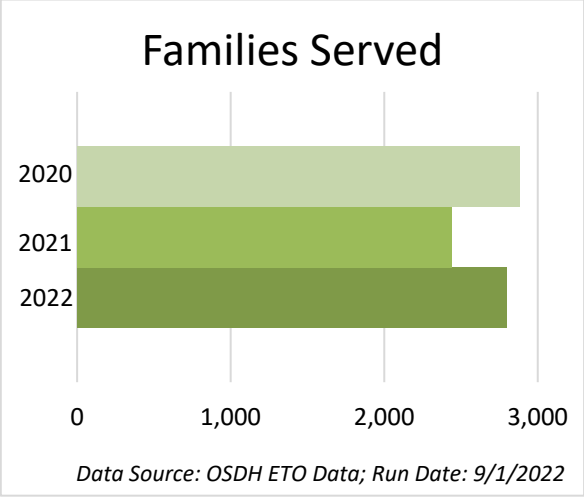
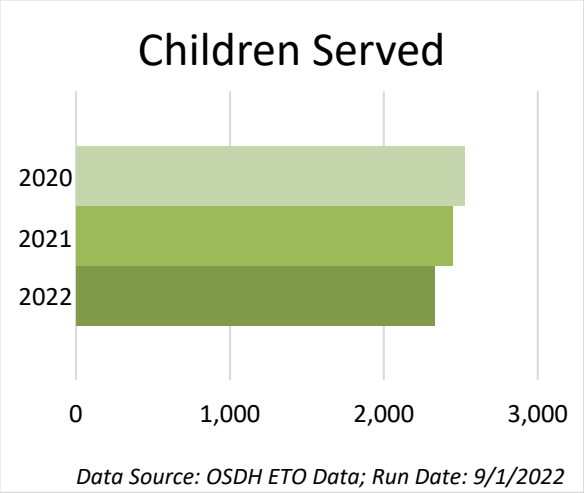


Figure 113



The challenges of the COVID-19 pandemic and funding has caused uncertainty among service providers, creating costly turnover resulting in fewer funds available to serve families, provide quality assurance and improvements, and deliver technical assistance and supervisions, all of which are vital to a well-functioning family support system. However, the investment of TANF funding as a result of a TANF Investment Strategy created by OKDHS to nonprofit organizations with family stability as a component of their mission at the end of 2021 has increased access to SafeCare®. The Evidence-Based Home Visiting Sustainable Implementation Committee, which includes members from multiple state agencies, tribes, nonprofit agencies and the OUHSC and the OSU, stays abreast of the latest research and evaluation findings, identifies current and potential sources of funding, develops strategies for marketing and messaging to facilitate accurate understanding about evidence-based home visiting, and supports expanded participation of families, with a focus on engaging fathers. During SFY 2022, the Sustainable Implementation Committee worked with communities to identify their needs with the goal of helping guide Oklahoma's use of the American Rescue Plan Act funds.

Additionally, through federal and private funds Oklahoma supports two evidence-based home visiting models designed to help caregivers with a substance use disorder: the Modified Attachment Biobehavioral Catch-Up (mABC) Model, and the Parent-Child Assistance Program (PCAP). The mABC model is paired with prenatal substance use disorder services through the Substance Use Treatment and Recovery Prenatal Clinic at the OUHSC in Oklahoma City. The goal is to increase the well-being of and to improve the permanency outcomes for children and families affected by or exposed to opioids and other substance use. The PCAP provides intervention for pregnant and parenting women with substance use disorders to improve the well-being of Oklahoma children, families, and communities. The PCAP goals are to help mothers with substance use disorder obtain treatment and stay in recovery, link mothers to community resources that will help them build and maintain healthy, independent family lives for themselves and their children, and prevent future drug and alcohol use during pregnancy. PCAP is a three-year intensive case management and home visiting program for pregnant and parenting mothers with problematic substance use during pregnancy. This project is evaluating PCAP in Oklahoma with a five-year randomized control trial in two sites – Oklahoma City and Tulsa and their surrounding areas. The goal of this evaluation is to establish PCAP as evidence-based and scale up and sustain the program.

OKDHS also invests in two evidence-based models of home visiting: SafeCare® and Intercept®; which are the two approved Title IV-E prevention services in the Oklahoma Title IV-E Prevention Program Plan. The SafeCare® model offered through the CHBS provision of the OCS for families involved in the CW system is distinct from the SafeCare® Augmented model available for families not involved in the CW system through secondary prevention home-based family support programs. These home visiting models are administered through the OCS, a statewide, community-based, contracted services program authorized by Section 1-9-110 of Title 10A of the Oklahoma Statues, aimed towards the development and implementation of a diverse array of prevention and remedial community-based services and care for children who are alleged or adjudicated deprived.

OCS, the single largest service contract serving families whose needs encompass voluntary preventive services, reunification, services to maintain placements, offers services designed to help ensure and enhance the safety, well-being, and social functioning of the child and the child's family. Figure 114 depicts the number of referrals received and those served with CBHS. Figure 115 depicts the number of referrals received and those served with Intercept services.

Figure 114

CHBS Service Referrals Period Ending March 2021 - March 2023						
CHBS SERVICE TYPE	4/1/2020 - 3/31/2021		4/1/2021 - 3/31/2022		4/1/2022 - 3/31/2023	
	Referrals	Served	Referrals	Served	Referrals	Served
CHBS-PREVENTION	1,451	1,214	1,298	1,192	1,045	3,333
CHBS-REUNIFICATION	754	690	621	611	572	1,832
CHBS-MAINTAIN PLACEMENT	84	75	52	47	46	162
TOTAL	**2,289**	**1,979**	**1,971**	**1,850**	**1,663**	**5,327**

Figure 115

Intercept Service Referrals Period Ending March 2021 – March 2023						
Intercept SERVICE TYPE	4/1/2020 - 3/31/2021		4/1/2021 - 3/31/2022		4/1/2022 - 3/31/2023	
	Referrals	Served	Referrals	Served	Referrals	Served
Intercept-PREVENTION	89	71	127	93	107	80
Intercept-REUNIFICATION	196	128	172	143	157	112
Intercept-MAINTAIN PLACEMENT	80	78	126	93	228	194
TOTAL	**365**	**277**	**425**	**329**	**492**	**386**

In addition to the two in-home parent skill-based programs approved through the Title IV-E Prevention Program Plan, under the OCS Programs umbrella are two additional home-based services supported by OKDHS for families involved in the CW system. Parent Aide Services (PAS), completed by a paraprofessional, is available to families involved in the CW system. PAS is an in-home, non-therapeutic service designed to encourage parenting skill development and differs from CHBS in target population and complexity of service delivery. PAS are provided to parents of children who have experienced lower levels of safety threats, and have been determined to be safe, and the circumstances of abuse or neglect did not require the removal of the children from their families. Families referred to PAS are usually young or first-time parents whose children are at lower risk of abuse or neglect. PAS are designed to provide basic in-home instruction for parent education and skill development, financial stability, and improved home management provided by trained paraprofessionals. Paraprofessionals become a role model to parents who need help in dealing with life's daily challenges. Services include the modeling of parenting skills, problem solving techniques, housekeeping, home management, budgeting, obtaining medical, health and education services, and teaching parents the developmental stages and needs of children. Figure 116 depicts the number of referrals served with PAS.

Figure 116

Parent Aide Services (PAS) Referrals Period Ending March 2020 - March 2023						
PAS SERVICE TYPE	4/1/2020 - 3/31/2021		4/1/2021 - 3/31/2022		4/1/2022 - 3/31/2023	
	Referrals	Served	Referrals	Served	Referrals	Served
PAS	274	197	254	169	199	107
TOTAL	**274**	**197**	**254**	**169**	**199**	**107**

Intensive Safety Services (ISS), which was developed and implemented through Oklahoma's Title IV-E Child Welfare Waiver Demonstration, continues to supplement the service array to allow children who are at imminent risk of removal into out-of-home care to remain safely in their homes. ISS is a home-based, short-term, therapeutic service offered to families when there is a determination that a child is unsafe (and after a predictive risk model (PREMISS) determines them to be eligible) and if an appropriate safety monitor can be identified, to receive the services they need without taking the child into OKDHS custody. ISS are designed to assist parents in initiating longer term services to address safety threats including but not limited to domestic violence, substance abuse, and mental health. The initial evaluation outcomes showed the intervention to be able to safely serve children who are at imminent risk of entering foster care by assisting with sustainable behavior changes in caregivers to eliminate or reduce the reoccurrence of child abuse and neglect and entry into foster care; however, continued evaluation is needed and ongoing to achieve an approval rating through the Title IV-E Prevention Services Clearinghouse in the future. Figure 117 depicts the number of referrals served with ISS.

Figure 117

ISS Service Referrals Period Ending March 2020 - March 2023						
ISS SERVICE TYPE	4/1/2020 - 3/31/2021		4/1/2021 - 3/31/2022		4/1/2022 - 3/31/2023	
	Referrals	Served	Referrals	Served	Referrals	Served
ISS	176	176	194	194	201	201
TOTAL	**176**	**176**	**194**	**194**	**201**	**201**

OCS Programs services continue to meet the complex needs of families being served preventively. The OCS Programs services are available statewide in every CWS region, but can be limited due to capacity with periodic waitlists. The immediate availability of services has continued to be affected by the COVID-19 pandemic due to the workforce shortage and turnover within CWS and service provider agencies. As depicted in the tables above the CHBS and PAS have both declined in the number served over the last three years with a slight increase in the number served by Intercept® and ISS. 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 contracts to assist in children being able to remain safety with their parents and for children in foster and adoptive placements achieve permanency. OKDHS CWS, as a partner of and through The Partnership, continues to collaborate with OSDH on primary and secondary prevention efforts and ODMHSAS toward a unified and integrated system of care for all Oklahoma's children, youth and families with or at risk for mental, behavioral, and substance abuse disorders to increase the access to mental health and substance abuse treatment services, including the availability and capacity of those mental health services for infants and young children.

Oklahoma's mental health and substance abuse treatment services, jointly funded and administered through ODMHSAS and OHCA, which is the state's Medicaid authority, has implemented and sustained multiple well-established, evidence-based programs and services that support and strengthen safe and healthy children and families. ODMHSAS is the state's safety net mental health and substance abuse treatment services system with treatment services to include inpatient hospital and outpatient community-based mental health treatment services, residential treatment and outpatient services to address substance use dependence and addition, in addition to targeted services designed to address the needs of high-risk populations. ODMHSAS also provides prevention services at the state and local levels, in partnership with area health providers, schools, law enforcement, veteran's groups, and other community stakeholders. Data provided by ODMHSAS reflects 18,854 total customers, of which 41 children and 1,085 adults were referred by OKDHS, engaged in substance abuse treatment from April 2022 to March 2023, which is up 35 percent from customers who engaged in the same services in 2019 through 2020. In addition, 6,437 customers, of which 4,662 children and 1,801 adults were referred by OKDHS, were referred to mental health treatment during the same time span, which is up 20 percent from 2019 through 2020. During April 2022 through March 2023, ODMHSAS served 2,169 clients through the CWS TANF Substance Abuse contract, which was a 56 percent decrease from those served in SFY 2021. This contract has since been terminated; however, the Medicaid Expansion that went into effect in July 2021 increased access to needed medical and behavioral health services for families. Unfortunately, the provision of services under Medicaid does not include drug testing for substance use disorder treatment, but the OHCA created a payment solution by creating the Child Welfare Drug Testing billing code for providers.

Additionally, ODMHSAS administers the SOC, a statewide collaborative network involving members of local communities, organization, agencies, facilities, centers and groups that serve the needs of children, youth, and young adults. The programs within SOC include: wraparound/coordinated services, transition aged youth, infant and early childhood, and school-based services. ODMHSAS continues efforts to strengthen Oklahoma's early childhood SOC through multiple efforts that fit within the goals outlined in their state plan for Infant Mental Health that:

1. Promote awareness of the significance of infant and early childhood mental health.
2. Enhance the capacity of the infant and early childhood mental health work force to effectively meet the needs of infants, children under age six, their families, and caregivers.
3. Develop and expand programs for early identification and treatment of infants, toddlers, and children under age six exhibiting mental health concerns and their families.
4. Utilize research, evaluation, and performance measurement data to drive planning and implementation of effective mental health programs, services, and systems serving infants, toddlers, and children under age six.

These goals remain the focus of all of the work ODMHSAS does within their grants and community engagement efforts. CWS refers children involved with the CW system for in-home cases as well as for children in out-of-home placement and in OKDHS custody to improve placement stability and overall well-being. During April 2022 through March 2023, there were 1,400 children served through SOC to support and provide resources and services to assist in preventing maltreatment and unnecessary family separation. From April 2022 through March 2023, SOC had 1,400 clients enrolled. Of those clients, 25.8 percent were enrolled in Tier 1 and Tier 2 services, which are for clients with lower levels of care needs and can include therapy, medication management, and rehabilitation; 40.4 percent were enrolled in Tier 3 service coordination; and 33.9 percent were enrolled in Tier 4 Wraparound services. As shown in Figure 118 the largest age group to be served by SOC continued to be children ages six through 11.

Figure 118

Enrollment by Age and Gender			
	Males	**Females**	**Total**
Aged 3 and Under	43	27	70
Aged 4-5	139	107	246
Aged 6-11	355	301	656
Aged 12-15	153	181	334
Aged 16-18	41	53	94
Data Source: ODMHSAS; Run Date: 5/17/2023			

SOC is the provider assigned to families who are approved for EFC as part of the COC strategy efforts. Four hundred and twenty-one EFC clients were enrolled in SOC services for the time period of April 2022 through March 2023. Additionally, SOC's Youth Crisis and Mobile Response Stabilization received 6,435 calls from April 2022 through March 2023. Eighty-two percent of the total mobile responses resulted in placement stability where the child remained in their existing living situation. There were 633 calls with the child in OKDHS

custody, and 78 percent of those mobile responses resulted in placement stability where the child remained in their current foster home or living situation.

The gaps in services, both for outpatient mental health and 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. The availability and capacity of mental health services for infants and young children is limited. Oklahoma continues to work toward increasing the workforce and those trained in evidence-based programs and services for infants and young children through ODMHSAS and OSDH. OKDHS CWS, as a partner of and through The Partnership, continues to collaborate with ODMHSAS and OSDH toward a unified and integrated system of care for all Oklahoma's children, youth and families with or at risk for mental, behavioral, and substance abuse disorders.

The domestic violence and sexual assault intervention programs are administered through the Office of the Oklahoma Attorney General (AG) Victim Services Unit, as authorized by Title 74 § 18p-1 *et seq.* of the Oklahoma Statutes. The Victim Services Unit supports crime victims and their families through certification of domestic violence or sexual assault programs and may provide other services, including counseling, case management, and referrals. In addition, the AG's office provides certification of batterer's intervention programs. The AG's office is the grantee for the Family Violence Prevention and Services Act (FVPSA) funds to provide victims of domestic and dating violence and their children with shelter, safety planning, crisis counseling, information and referral, legal advocacy, and additional support services. Figure 119 depicts the services provided and those served through the FVPSA grant funds over the last three years. This information does not include those served through tribal programs. An Oklahoma Native Alliance Against Violence representative reported no centralized data system records services provided by each tribal program. Oklahoma Native Alliance Against Violence identifies 27 Tribal domestic violence programs that provide services to tribal members.

Figure 119

FVPSA Performance Report Period Ending September 2021 - September 2023			
SERVICE TYPE	**10/1/2020 - 9/30/2021**	**10/1/2021 - 9/30/2022**	**10/1/2022 - 9/30/2023**
Crisis Hotline Calls	25,751	22,465	23,575
Clients Served in Shelter	5,496	5,088	4,894
Women Served in Shelter	3,090	2,627	2,884
Children Served in Shelter	1,926	1,460	1,898
Clients Served with Non-Shelter Services	17,297	16,530	19,107
Children 12yrs or Younger Served	2,362	2,136	2,204
Children Received Crisis Intervention Services	1,673	1,234	1,512
Children Received Victim Advocacy Services	1,363	1,251	1,631
Children Received Individual or Groups Counseling Support	1,177	863	1,558
Data Source: FVPSA Performance Progress Report, FFY 2023			

CWS facilitates the Child Welfare and Domestic Violence Statewide Collaborative, which continues to meet quarterly to address statewide trends and promote support between CWS, community partners, and service providers. Tulsa County and Muskogee County continue collaborations for their specific areas and actively participate in the statewide collaboration. Pottawatomie County has a domestic violence multidisciplinary team that meets monthly. The Child Welfare and Domestic Violence Statewide Collaborative continues to provide a valuable opportunity for the participating agencies to come together and support each other, especially as the pandemic impacts decline. The Child Welfare and Domestic Violence Statewide Collaborative identified a need in the lack of service providers that advertise domestic violence services for the LGBTQ+ community. The group is currently developing a list of agencies that serve the LGBTQ+ community to be shared with the Child Welfare and Domestic Violence Statewide Collaborative and other programs around the state.

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.

Sexual abuse treatment services are administered by OKDHS as authorized by Section 1-7-103(f) of Title 10A of the Oklahoma Statues (10A O.S. § 1-7-103(f)) through contracted, community-based providers to provide services to children and families who are involved with the CW system and are at-risk for child sexual abuse, or in which sexual abuse has occurred. These services are administered through individual, family, and group counseling format and are specialized and comprehensive to victims of child sexual abuse and their families. The interventions are designed to assist parents and adolescent offenders to effectively manage thoughts, feelings, attitudes, and behaviors associated with their risk to reoffend and for non-offending parents to recognize at-risk situations and provide appropriate, protective parenting. These services are available in all five CW regions. In FFY 2022 sexual abuse treatment services were provided to 486 families, and 298 children.

Parent Assistance Services, centered-based parent education services are available for families and children involved in the CW system through a CPS referral or ongoing prevention and intervention-related services through FCS and PP. These services are also administered by OKDHS as authorized by Section 1-7-103(f) of Title 10A of the Oklahoma Statues (10A O.S. § 1-7-103(f)) through contracted, community-based providers. These services provide education, support, and child care while parents attend education and counseling sessions in a group format. These services are available in all five CW regions. In FFY 2022 parent assistance services were provided to 1,268 families and 314 children.

As this time, there is not an evaluation of the sexual abuse treatment services or the parent assistance services. However, there are specific requirements outlined in the service provider's contracts that are monitored through monthly invoicing and quarterly program reports. These services are available statewide in every CWS region, but can be limited due to capacity. The immediate availability of services has continued to be affected by the

COVID-19 pandemic due to the workforce shortage and turnover within CWS and service provider agencies.

A continuum of care and service array for children and families through a community-based approach to ensure connection to, and utilization of, the formal and informal community-based resources available is a priority in Oklahoma. Community capacity increases by capitalizing on partnerships to meet child and family needs through the availability of effective services. Evidence-based or evidence-informed services continue to be identified and/or developed at a community level to promote child well-being, safety, and permanency, and enhance the service array. In addition, Medicaid expansion in Oklahoma has allowed for more children and families to have access to an array of services that meet the needs of the children and families OKDHS CWS serves. However, the overall dearth of mental health services in Oklahoma is also experienced nationally. There appear to be structural issues, such as the number of providers that participate in the Medicaid program, that make the issue of service shortages one that will continue to be a challenge until additional improvements are made. Options to consider to expand service capacity include increasing rates to attract more providers into the Medicaid program and creating new billing codes that make it easier for private providers to participate in some of the important CWS program components like Family Continuum Meetings that are currently not billable. A new billing code that allows therapists to provide parent coaching to foster parents may also attract more providers to programs such as EFC. Oklahoma intends to award managed care contracts for its Medicaid program in 2023, including a specialty program for children and youth in the state's custody. As such, it is possible that network adequacy requirements for the incoming managed care organization could result in an expanded provider pool to be able to meet the identified needs of children and families served by the CW system.

In efforts of further informing this systemic factor with regards to the service array accessed by children and families, a statewide survey was deployed to social service professionals and parents/caregivers in collaboration with OSDH and the Oklahoma Commission on Children and Youth (OCCY), along with separate surveys deployed to parents/caregivers involved with the CW system and CW staff by OKDHS. The statewide survey had 1,006 responses, 707 professionals and 304 parents, and the OKDHS surveys had 333 parent/caregiver responses and 487 CW staff responses. The results indicated the top referred services are mental health, substance abuse, domestic violence, and parenting/home visitation programs, which correlates with the most frequent type of substantiated allegations of abuse or neglect of Neglect-Substance Abuse and Neglect-Exposure to Domestic Violence. In the statewide survey respondents were asked if they had referred to (for the professionals) or are aware of/used any (for the parent/caregiver) of the following programs: Home-Based Programs; Parent Support Programs; Resource Programs; Mental Health and Substance Abuse Treatment Programs; Employment Programs; Education Programs; Insurance and Health Care Programs; Disability Programs; and Child Care Programs. The majority of the responses were either unaware of these programs or aware, but have not referred clients to them (for the professionals) or utilized them (for the parent/caregiver). The respondents were also asked what the most significant barriers to accessing these programs are with the top reasons being unaware of what is available, lack of local providers, transportation, waiting lists, family's work schedule, and cost. These barriers to accessing services were the same noted in the surveys deployed by OKDHS. Additionally, the parent/caregiver respondents were asked what the most effective

resources and services are most effective in meeting their needs with the top responses being SoonerCare, schools and after-school programs, church, and safety net programs; and the least effective being courts and community mental health. The professional respondents indicated schools, home visiting programs, and family resource centers as the biggest strengths or resources in their community.

Item 30: Individualizing Services

Individualizing services outlined in Item 29 above, to meet the unique needs of children and families in Oklahoma is observed to be a current Strength in Oklahoma. Designing a child and family well-being network that strengthens families through the delivery of prevention and intervention-related, culturally-relevant services and enhancing protective factors is expected to help decrease disparities in outcomes and create a system where all families can thrive. The unique needs of children and families are determined through assessments completed by both CW specialists and contracted providers. The assessments help the CW specialist determine what services are needed and link through referral to the appropriate services to assist in correcting the unique conditions and/or behaviors that led to the abuse and/or neglect of the child(ren). The services outlined above in Item 29, and subsequently below for Item 30 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 as help to meet the individual needs of children and families.

Practice areas impacting this outcome include initial and ongoing assessment of needs and provision of appropriate services to children, parents, and foster parents; family involvement in case planning; and sufficient frequency and quality of caseworker visits with children and parents. FCS and PP policies require the development of all plans in collaboration with the family and further require active efforts to locate both parents and involve them in case planning. In addition to the parents, FCS and PP procedures require the caseworker to encourage the participation and involvement of other family members and substitute care providers in ISP development. CFSR case review data, Well-being Outcome 1, Item 13, reflects Oklahoma has steadily increased over the last six and a half years, ending at the highest rate of strength at 68.6 percent. This outcome is impacted by quality and frequency of CW specialist visits with children and parents.

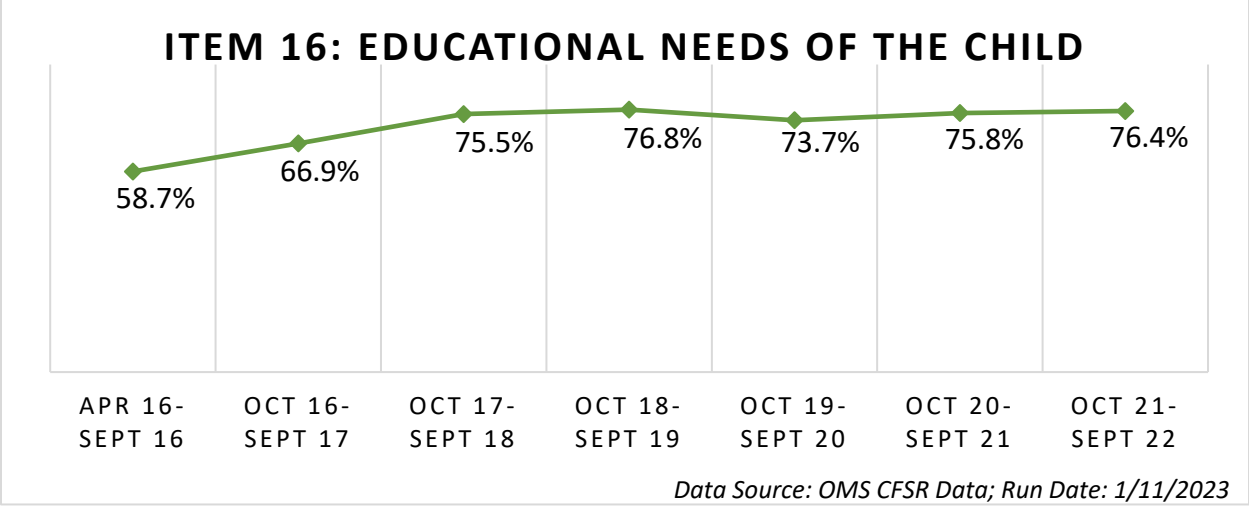
FCS policies and procedures require weekly visits with children during the initial provision of in-home services. Based on case circumstances, the number of visits may be reduced to twice monthly. PP policy requires caseworkers to visit each child in custody at least monthly with no more than 31-calendar days between visits. Additionally, both policies require that the frequency of visits increase as needed based on individual case circumstances. During the visit, CW specialists gather information surrounding child functioning, discipline, parenting, and adult functioning from all individuals residing in the home. CW specialists also discuss the permanency plan and ongoing efforts to achieve permanency including services provisions, visitation with the person(s) responsible for the child, and any additional supports the foster family needs. The CBHS is utilized during the monthly contact to screen for behavioral and trauma-related symptoms that may require a need for referral to services for the child. In November 2019, CWS significantly expanded the monthly visitation guide which now requires that CW specialists address four questions and provides detailed

descriptions of the types of issues, conditions and family dynamics that should be assessed in answering each question, which are then required to be documented in the KIDS system, to enhance efforts to ensure the unique needs of the children served are being met and improve the outcomes of safety (including maltreatment in care), permanency and well-being. The questions are listed in every monthly contact entry in KIDS as follows:

- **Child Functioning:** How does every child in the home function on a daily basis?
  - Describe vulnerability, special needs, physical and emotional health, child development status, school performance, peer/social/sibling relationships, role within the family, attachment to [foster parent(s)], mood and behavior, age-appropriate functioning, response to CW intervention, fearfulness, supports, and sexual reactive or acting out behavior, and verbal and social skills. Ensure sleeping arrangements are safe and appropriate.
- **Discipline:** Describe the disciplinary approaches used by the [foster parent(s)] and under what circumstances?
  - Describe methods of discipline used, frequency and purpose of discipline by including examples of appropriate purposes such as providing direction, managing behavior, and/or teaching, emotional state of each [foster parent] when disciplining, each child's perception of discipline methods, [foster parent(s)] agreement on discipline, each [foster parent's] view of his or her own discipline experience, cultural implications and if the discipline is based on reasonable expectations of the child and whether it works.
- **Parenting:** Describe the overall family values and cultural influences with the family and the overall typical and pervasive parenting practices used by the [foster parent(s)].
  - Discuss each [foster parent(s)] knowledge and expectations related to child development and parenting, each [foster parent(s)] perceptions of each child, and the tolerance and interaction between each [foster parent] and each child. This includes a description of the protective capacities of each [foster parent] and whether or not they are sufficient to keep the child safe.
- **Adult Functioning** (Document each [foster parent] separately): How does the adult(s) function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent on a daily basis?
  - Describe how the [foster parent] feels, thinks, and acts on a daily basis with focus on functioning and coping skills. Describe the [foster parent's] coping and stress management abilities, self-control in relationships, problem solving abilities, judgment and decision making, home and financial management, employment history, domestic violence, behavioral and physical health and capacity, social and familial support, and cultural norms.

CW staff engagement with children in assessing strengths and needs, and identification and provision of appropriate services is critical in ensuring a child's safety, permanency, and well-being. Case review data, Well-being Outcome 1, Item 14, reflects Oklahoma has steadily increased over the years, but has dropped in this area over the last two years. Case review data, Well-being Outcome 2, Item 16, as reflected in Figure 120, Oklahoma has steadily increased over the last six and a half years, with a slight decrease over FFY 2021-2021, ending at the highest rate of strength at 76.4 percent for assessment of children's educational needs.

Figure 120



Per CFSR case review data, Well-Being Outcome 3, Item 17 and 18, as reflected in Figures 121 and 122, Oklahoma has increased over the last six and a half years, ending at the highest rate of strength at 64.2 percent for assessment of children's physical health needs and 61.4 percent for assessment of children's mental/behavioral health needs.

Figure 121

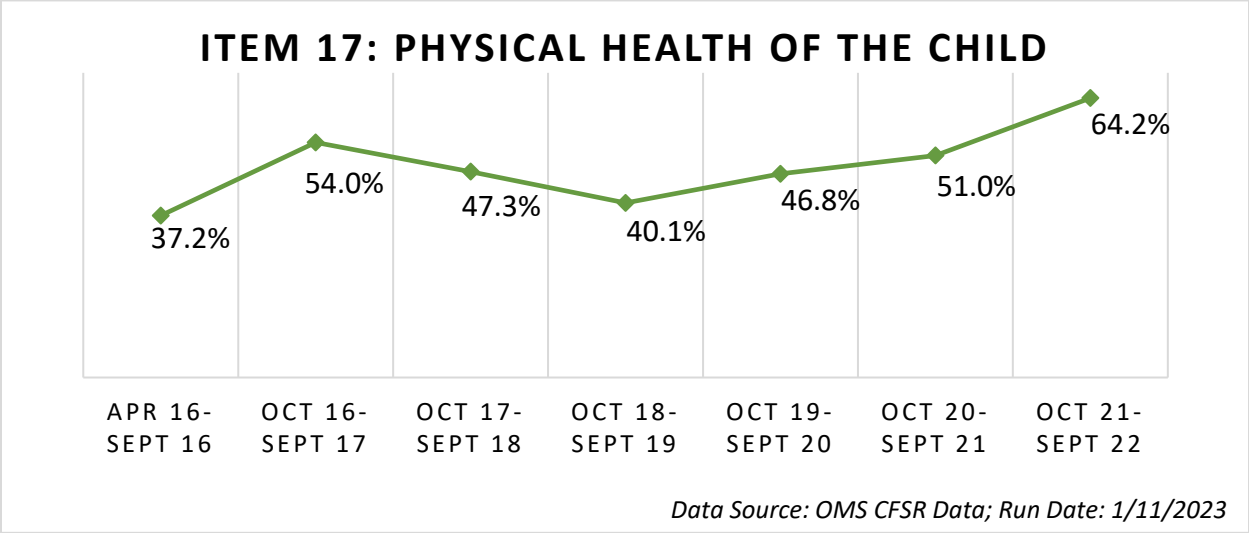
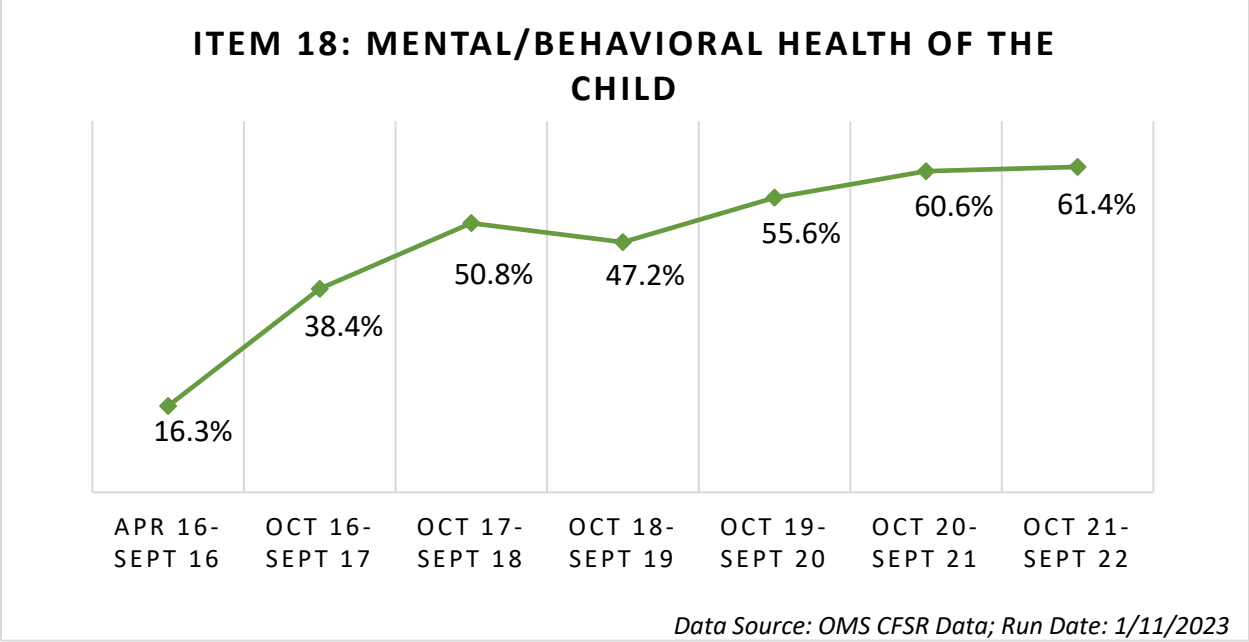


Figure 122



In addition, CWS has focused efforts on older youth in care achieving permanency. CWS has focused on gaining a better understanding of various factors (structural, practice and child characteristics) that impact permanency for older youth and developing additional efforts to achieve better outcomes. Most of the youth who age out of care have a disability and significant higher-level needs. Through analysis, CWS found that multiple factors impact youth achieving permanency, but three elements stood out as having a stronger influence, decreasing the likelihood of youth achieving permanency prior to their 18th birthday. These factors are identified as youth who have a removal reason of abandonment, a disability, or a mental health diagnosis. From April 2020 to March 2022, CWS saw an increase of children and youth placed into OKDHS custody due to abandonment by their biological or adoptive parents. Though the number of these abandoned youth only account for 20 to 30 percent of the overall population of youth, they have a much higher likelihood of exiting care without permanency. CWS has also seen an increase in the number of youth with a diagnosed disability or mental health condition over these same two years. As a result, these youth are experiencing more frequent and longer stays in psychiatric facilities. These two factors also show a strong impact on the likelihood of youth achieving permanency. CWS has seen a steady decline in the number of children and youth served over the last seven years. Though there are fewer children and youth served in out-of-home care each year, those who are in out-of-home care have a higher frequency of mental health diagnoses and documented special needs than past populations served. CWS has implemented strategies to improve outcomes with a (1) focus on youth who enter OKDHS custody who are at the greatest risk of aging out of foster care without permanency, and (2) an increased effort to lift and listen to the voices of children and youth in OKDHS custody.

As CWS continues toward system reform, CWS has continued to assess families served and to implement strategies and activities that can assist with the current population of children and youth in OKDHS custody. One example is the implementation of My Meetings in September 2022. Youth who receive a My Meeting include those who do not have an identified path to permanency, have a removal reason of abandonment, receive

developmental disabilities services, and are age 17.5. These intentional case staffings involve the youth and two support people the youth choose. Another example is CWS is working with the DDS division on systemic and/or process changes to help improve legal permanency outcomes for youth who have an identified developmental disability and who have a DDS family committed to providing them ongoing care.

In addition to a focus of older youth with an identified developmental disability, CWS collaborates with Sooner SUCCESS, a statewide program under the OU College of Medicine Department of Pediatrics' Child Study Center, established in 2002, to help make services more widely known and accessible to families of children with special healthcare needs. The needs may be behavioral, developmental, and/or medically related. Often, the needs are multiple or overlapping, making coordination of services potentially more complex. Sooner SUCCESS Coordinators assist children, families, and services providers by providing:

- individualized resource and referral information that providers can pass directly to individuals in need;
- monthly opportunity to meet with other providers for sharing, collaboration, and networking;
- supporting local efforts to draw new resources and services into the county;
- local training workshops for professionals on special topics;
- developing and organizing disability awareness programs and information across the counties to support the inclusion of students with special needs;
- connecting providers with parents willing to participate in advisory boards and offer the family perspective in planning meetings; and
- participating in community groups focused on children's issues to advocate for the child with special needs perspective.

The OUHSC SafeCare Coaches, who OKDHS contracts with to train the contracted CHBS and ISS providers on the SafeCare® model, benefited from a training Sooner SUCCESS provided through a federal grant through the Oklahoma Developmental Disability Council to develop a train the trainer model for professionals from CWS, mental health agencies, and healthcare agencies, to name a few. After the initial training, it has since been made available statewide through the CHBS program and continues to provide the education to service providers to enhance their ability to serve families who have an identified developmental disability.

OKDHS has a well-established partnership with the Latino Community Development Agency (LCDA) and contracts with the agency to provide culturally-relevant services to the Latino community. LCDA was established in March 1991 as a result of a United Way task force formed to address the needs of the Latino community in Oklahoma County. LCDA serves the Latino community through:

- enhancing the quality of life in the community through education, leadership, services and advocacy;
- work towards enhancing children's physical, cognitive, social, and emotional development;
- to assist parents in their role as caregivers and first teachers of their children; and
- to help parents meet their own goals, including economic independence.

LCDA operates 26 programs in areas of child development, health, prevention, and treatment. LCDA provides home-based parent and support programs through the Parents as Teachers and SafeCare® models. LCDA provides treatment through eleven evidence-

based programs ranging in topics of mental health, substance abuse, and domestic violence. LCDA is currently only established in Oklahoma County and has plans to establish a location in Tulsa County, but this was delayed due to the COVID-19 pandemic. In addition, CWS actively seeks bilingual professionals, provides professional development for CW specialists in cultural competencies, and ensures staff have language interpretation services available to assist them in working with families involved with the CW system.

CWS remains focused on utilizing the AOCS and understanding protective capacities as a way to identify individualized services for parents, as well as engaging with the parent on an ongoing basis to ensure the services are of quality and effective in meeting the parent's needs. During visits, CW specialists gather information surrounding child functioning, discipline, parenting, and adult functioning from all individuals residing in the home. CW specialists also discuss the permanency plan and ongoing efforts to achieve permanency including services provisions, visitation with the PRFCs, and any additional supports the foster family needs.

Parent engagement is paramount; it is what drives a case to a successful outcome. It starts from day one and must continue for the duration of the case. CWS has implemented strategies over the last three years focused to improve practice in this area, starting with ensuring that CW specialists complete monthly visits with birth parents as required. Face-to-face caseworker visits with parents are required at a minimum of once per month. To maintain focus on this practice that is fundamental to parent engagement, a 95 percent completion rate of these monthly contacts was established. Three times a month CWS generates and shares a Parent Visit Report with supervisors, district directors, and regional leadership that includes summary charts of statewide, regional and district level data on the percentage of all parents visited and the percentage of cases with all parents visited. The Parent Visit Report shows a total percentage of all documented parent engagement efforts, including attempted and completed visits, as well as parents with documented contact exceptions. While completing contacts with parents is the desired goal, attempted contacts are included in the total percentage to monitor all efforts to engage a parent, including efforts to identify, locate and visit parents. From October 2021 through March 2022 the average total efforts toward the 95 percent target was 93.7 percent. This includes 58.2 percent of parent/worker visits completed and 23 percent of parent/worker visits attempted. Case review data, Well-being Outcome 1, Item 15, reflects Oklahoma has steadily increased visits with parents over the last six and half years, ending at the highest rate of strength at 53.2 percent.

CWS is also focused on the quality of parent/worker visits through delivery of guidance to strengthen parent engagement. CWS updated its KIDS data system and designated a field in a child's case record where CW specialists are required to summarize their monthly contacts with parents. CWS completed this update to the data system in October 2021. CWS also developed and implemented a review tool to guide supervisors through supervision with their assigned CW specialist, to review the quality of their monthly parent/worker visits.

Beyond the required monthly visits with the child's parents discussed above, CWS requires CW staff to convene various meetings with parents after a child's removal. Some meetings must occur within days, some within weeks, and some further out, all at regular intervals.

These meetings, along with the monthly required visits, are intended to allow CWS, in collaboration with a family, to assess the safety concerns that must be addressed; identify the family's service and support needs; and ensure that a workable service plan is in place that supports the family's timely progress toward reunification when possible. To support quality discussions and collaboration with parents during family meetings, CWS designated and trained facilitators with a goal of having every family assigned the same facilitator who will establish an understanding of a family's dynamics. CWS' FMC is intended to help parents be successful and timely in their efforts to reunify and establish a safe, stable, and thriving environment with their children. As such, CWS worked with the OU to develop a hope-centered approach to family meeting practice. As part of this effort, CWS created A Hope-Centered Family Meeting Continuum guide for use by everyone (families, family supports, and CW staff) who participate in family meetings with a focus on two key components to a family's success: Pathways and Willpower. The family is the expert, identifying strengths, supports, and mutual accountability. The guide further proffers that when families react with anger, despair, or apathy, it represents a lack of hope. On the other hand, the guide explains, with tips included, that when hope is nurtured through a trauma-informed practice, families can begin to believe that their "future will be better than today and [they] have the power to make it so." Reinforcing with CW staff that they must help create the pathway for families to timely reunification and that they can help inspire hope and willpower in parents to achieve reunification is an important effort to elevate case practice and to improve permanency outcomes moving forward. At the end of June 2022 all FMC facilitators and supervisors were trained in hope-centered language and parent engagement. These opportunities include: bringing more of a strength-based perspective to the discussions; providing more support to parents; including parents as part of the team; and including more of the family's support system.

Oklahoma has 38 federally-recognized tribes and through tribal state agreements and partnership OKDHS collaborates to coordinate services and provide Title IV-E and IV-B funding, including the Promoting Safe and Stable Families (PSSF) program funds to qualifying tribes. American Indian children in tribal custody are provided with services consistent with children in OKDHS foster care. The services are outlined in tribal state agreements and consists of foster care and adoption services, OKSA services, Interstate Compact on the Placement of Children, and post-adoption and guardianship subsidies. Additionally, CWS provides training to tribal and CW staff on Indian Child Welfare Act practice.

The Indian Country Child Trauma Center (ICCTC) offers a training program to provide specialized training to mental health and behavioral health professionals working in Indian Country. ICCTC was established to develop trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically designed for American Indian and Alaska Native (AI/AN) children and their families. ICCTC incorporated both common and tribal-specific Native cultural perspectives and traditions, focusing on the principles of current evidence-based models, and accommodates the significant individual-to-individual variability in cultural identity among AI/AN people. ICCTC provides, for a fee, training in the following models: *Honoring Children, Mending the Circle* (cultural adaptation of TF-CBT), *Honoring Children, Making Relatives* (cultural adaptation of PCIT), and *Honoring Children, Respectful Ways* (cultural adaptation of PSB).

OKDHS is committed to enhancing collaboration and partnership between CWS, the Oklahoma Indian Child Welfare Association, and Oklahoma tribes in developing a child and family well-being network within an expansion of culturally-relevant prevention and intervention-related services to promote safe, healthy, and culturally strong environments for Indian children, their families, and their tribes. CWS will continue cross-system collaboration and coordination with OSDH and ODMHSAS to ensure the unique needs of children and families served by CWS are addressed to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in resource and adoptive placements achieve permanency.

CWS Programs and services are designed to produce change at two levels: the child and family level and the system level. CWS continues to utilize multiple strategies toward improving safety decision-making and increasing positive outcomes for children and families while also building capacity to accurately identify safety threats, provide appropriate services to eliminate safety threats, and improve parental protective capacities. The continued focus on family-centered practice improvement and a hope-centered, trauma-informed systems approach is expected to result in both positive outcomes for children, youth and their families, and positive functioning within CWS. Evaluation and analysis provide essential evidence for CWS to understand how, for whom, and under what circumstances its programs work. CWS builds evidence through evaluation and analysis to inform decisions in budget, legislative, regulatory, strategic planning, program, and policy arenas. Given the breadth of work supported by CWS, many evaluations and analyses are conducted each year. These efforts range in scope, scale, design, and methodology, but all aim to understand the effect of programs and policies and how they can be improved. The established CWS Continuous Quality Improvement/Quality Assurance administrative structure and processes continue to provide the continued monitoring, data collection, and analysis of family-centered practices and the broader service array available to all children and families that both prevent entry into the CW system as well as to provide ongoing support upon exit. The analysis of this data identifies gaps between the needs and the effectiveness of the services at a child and family level and are provided to CWS programs staff for program improvement and appropriateness of the services array. In addition, as reported in Item 29, direct services are performed by a combination of both state agencies and community-based contract provider agencies. Oversight provided by CWS programs and contract staff in the form of monthly reports received by the contractors, quarterly site visits, contractor meetings, and through the annual contract renewal process continue to ensure the services are meeting the needs of the families served.

F. Agency Responsiveness to the Community

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

OKDHS has long recognized effective cross-system collaboration between other public state agencies and those with a vested interest in the CW system, including providers, tribal partners, courts, families, and youth, is necessary towards improving safety, permanency, and well-being of children served by the CW system and is considered to be a strength of the OKDHS CWS division. OKDHS continues to build upon its ability to leverage diverse voices by strategically fostering relationships with other agencies, community partners,

service providers, tribes, and those with lived expertise. The current governor has enacted a vision of cross-agency collaboration that involves shared goals for the people served, deconstructing barriers that prevent Oklahomans from receiving the supports they need, and innovating across sectors to leverage combined resources. CWS believes commitment to collaboration and partnership, support for this unified vision across all levels of the existing system, and the resources to connect existing strategies in a meaningful way are the key elements to the transformational evolution of Oklahoma's child and family well-being network. Oklahoma continues to build upon a framework and culture for inclusion of youth, family, and tribal voices to promote and facilitate the co-designing of a child and family well-being network that elevates an understanding of what families need and how to remove barriers which prevent them from receiving effective supports and services.

In May 2019, CWS hosted a large 2020-2024 CFSP stakeholder meeting in order to partner with all entities responsible for outcomes of families involved in Oklahoma's CW system. Approximately 100 internal and external stakeholders participated in the meeting including, but not limited to: tribes, courts, ODMHSAS, education, domestic violence providers, medical, primary prevention, OSDH, biological parents, youth, foster parents, and many other valuable stakeholders. This platform not only allowed stakeholder engagement in the 2020-2024 CFSP, but also allowed for an overview of the CFSR Round 3 Program Improvement Plan (PIP) progress to be shared, and an introduction to the Family First Prevention Services Act (FFPSA). Proceeding that stakeholder meeting, CWS began engaging stakeholders in the planning and development of the Oklahoma Title IV-E Prevention Program Plan through the development of an external steering committee to provide a mechanism for cross-system collaboration to provide guidance and input to the Family First – State Implementation Team on the key components of Family First. The Family First External Steering Committee, comprised of representatives from key state level agencies and community partners, guided the development of the Title IV-E Prevention Program Plan and has continued to support and ensure alignment with the overall state vision of child and family strengthening and well-being, and transformation of Oklahoma's child and family well-being network through participation in implementing the provisions of the CFSP, developing related Annual Progress and Services Reports (APSRs), and the CFSR. The key partners that made up the Family First External Steering Committee included:

Figure 123

External Partners	Roles
Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS)	Single state authority responsible for publicly-funded substance abuse and mental health prevention and treatment services for Oklahoma.
Oklahoma Health Care Authority (OHCA)	State Medicaid authority.
Oklahoma State Department of Health (OSDH)	Primary public health protection agency in Oklahoma responsible, through its system of local health services delivery, for protecting and improving public health with strategies that focus on preventing disease.
Oklahoma State Department of Education (OSDE)	State education agency charged with determining the policies and directing the administration and supervision of the public school system of Oklahoma.
Oklahoma Office of Juvenile Affairs (OJA)	State juvenile justice agency responsible to manage the state's juvenile affairs; providing prevention, education, and treatment services for at-risk youth or involved in the juvenile justice system.

Oklahoma Commission on Children and Youth (OCCY)	Established through state statute to provide accountability and oversight of children and youth service systems and is responsible to facilitate joint planning and coordination among public and private agencies, provide independent monitoring of the children and youth service system for compliance with established responsibilities, enter into agreement to test models and demonstration programs for effective services, and develop and approve the State Plans for Services to Children and Youth and the Office of Child Abuse Prevention State Plan.
Oklahoma Juvenile Court; Court Improvement Program (CIP)	Oklahoma CIP provides for system improvement to judicial processes and foster care and adoptions laws aimed to provide for the safety, well-being, and permanence of children at-risk of entering or in foster care and collaborate with the child welfare system to improve outcomes for children.
Oklahoma Partnership for School Readiness (OPSR)	Established through state statute to lead Oklahoma in coordinating an early childhood system that strengthens families and ensures all children are prepared upon school entry.
Oklahoma Tribes	Oklahoma has 38 federally-recognized tribes and through tribal state agreements and partnership through the Tribal State Workgroup (TSW) and the Oklahoma Indian Child Welfare Association (OICWA), in which all tribes are invited to participate, OKDHS collaborates to coordinate services, Title IV-E and Title IV-B funding and training to tribal and CW staff on Indian Child Welfare Act (ICWA) practice. Additionally, OKDHS coordinates and monitors the state Promoting Safe and Stable Families (PSSF) program funds to qualifying tribes and provides ongoing support to tribal PSSF staff.
Service Providers	Direct services are performed by community-based contract provider agencies in combination with state agencies and are available to all children and families in Oklahoma to both prevent entry into the CW system as well as to provide ongoing support upon exit. These contracted community-based services support the promotion of health, safety and wellness of Oklahoma's children and families and were thus invited to participate in this collaborative committee.
Foundations	Public-private partnerships, through strategic investment, support system transformation and enhance capacity to increase access to social services and basic needs to strengthen children, families, and communities and improve the well-being of all Oklahomans.
Universities	Research faculty with state and national expertise in CW program and outcome evaluation.
Family and Youth Voice	Participate in co-designing a child and family well-being network to elevate an understanding of what families need and how to remove barriers that prevent families from receiving effective supports toward more meaningful and equitable program and services.

Through the established Family First External Steering Committee, CWS continued to collaborate with stakeholders and leveraged the existing Bi-Annual Stakeholder meetings the OSDH held on their State Plan for the Prevention of Child Abuse and Neglect 2019-2023 to collaborate further with prevention system partners. OKDHS CWS and OSDH began Bi-Annual Collaborative Convenings in October 2020 and continue to utilize them as a mechanism for cross-systems coordination with stakeholders to align the health and human services systems and strengthen collaborations toward developing a Child and Family Well-Being Network. The convenings provide a platform, in addition to established councils, advisory boards, taskforces, committees, parent and youth groups, and surveys to support ongoing consultation with stakeholders from tribes, services providers, foster care providers, juvenile court, child-serving state agencies, other public and private child- and family-serving agencies, and those with lived expertise. The convenings are opportunities to share feedback and discuss strategies to design pathways and remove systemic barriers to

address the needs and ensure a comprehensive continuum of more adequately culturally-relevant, community-based supports and services. The OCCY was added as a key partner to continue efforts in redesigning service delivery in Oklahoma to promote the health, safety, and well-being of children, youth, and their families. All three agencies are focused on the development of a comprehensive, statewide service array that keeps children safe and strengthens families while preserving culture, family, and community.

In addition, OKDHS continues to leverage the Partnership for Infant's, Children's, Youth's, and Young Adult's Mental, Emotional and Behavioral Health (The Partnership) with the eight child-serving state agencies, the larger stakeholders representing agencies, advocacy groups, and family members through the State Advisory Team (SAT), and the Children's State Advisory Workgroup (CSAW), the working arm of SAT, to provide a mechanism for cross-system collaboration to ensure access to effective behavioral health support, resources, and services and support the execution of shared goals that support children, families, and communities. The Partnership membership includes the commissioners and directors of the eight child-serving state agencies OKDHS, ODMHSAS, OSDH, OHCA, OJA, OSDE, OCCY, and the Oklahoma Department of Rehabilitation Services (ODRS), alongside the directors of the Oklahoma Family Network and the National Alliance on Mental Illness (NAMI) Oklahoma and family members, youth, and young adults. The Partnership was established through a Memorandum of Understanding (MOA) in 2004 to ensure the creation and efficient operation of a unified and integrated system of care for all Oklahoma infants, children, youth, and young adults, with or at-risk for mental, emotional, and behavioral disorders. This includes an array of prevention, education, outreach, service, and support, for them and for their families.

A larger, more diverse group of stakeholders representing agencies, advocacy groups, and family members serve on the SAT and guide the development of the SOC networks broad array and continuum of services and supports, while ensuring to uphold the values and principles of SOC. The CSAW is a collaborative of leaders from child-serving organizations that have mechanisms to connect and leverage resources across multiple systems. CSAW is charged to develop, enhance, coordinate, and integrate systems that assist with identification of behavioral health goals to increase hope and resilience for children and families. CSAW's vision is to increase hope in children and families by creating early and easy access to effective behavioral health support, resources, and services to remain safely and successfully in their own home and community. Additionally, CSAW was identified as a critical working group to execute shared strategies from goals created by the executive level leadership from child-serving agencies that support children, families, and communities. The CSAW and SAT meets monthly and The Partnership meets one to two times yearly to receive reports and give approval for actions and initiatives from the CSAW and SAT.

The OCCY provides accountability and oversight of Oklahoma's child and youth service systems. The OCCY Commissioners, representing the child-serving state agencies, statewide association of youth services, statewide court-appointed special advocate association, business/industry, children's agencies and residential enterprises, post adjudication review boards, district attorneys council, metropolitan juvenile bureaus, a member with a vested interest in improving children services who is not employed by a state agency or private organization that receives state funds, the juvenile justice oversight advisory committee, bar association, a member representing a community partnership

board, and a parent of a child with special needs, meet every couple of months to approve strategic plans, coordinate efforts between agencies, and make recommendations to the governor, legislature, and child-focused agencies.

In 2019 the OCCY also established the Parent Partnership Board (PPB) with the aim to connect individuals with lived expertise with OCCY Commissioners for the purpose of advising OCCY and its partnering agencies in improving Oklahoma's child-serving systems. The state child-serving agencies views engagement of those with lived expertise as essential to improving policies, programs, and helping address specific needs of parents, children, youth, and communities. OCCY recognizes that there are parent and family advisory boards and councils already in existence across the state and the goal of the OCCY PPB is to serve as a hub and connect all boards and councils in much the same way as the OCCY Commissioners connect agencies and other stakeholders to increase cross-sector collaboration. The PPB serves as the platform to increase access with informed policies, public-private funding with statewide coalitions, cross-sector training with local community coalitions, coordinating services at family resource centers, building leadership skills with advisory councils, and amplifying diverse family voices with lived expertise. OKDHS has leveraged the PPB, along with other parent boards and groups, to provide insight and feedback from those with lived expertise in the CFSR process, CFSP, and APSRs.

Engagement with families, children and youth, tribes, courts, and other partners is ongoing and occurs regularly through varies established councils, advisory boards, taskforces, committees, parent and youth groups, and surveys. OKDHS not only has utilized these system collaborative meetings and workgroups to engage stakeholders, but have utilized these platforms as feedback loops with stakeholders to ensure that they could see how guidance and recommendations from workgroups, surveys, and other sources influenced the CFSP, the CFSR PIP, APSRs and now the CFSR Round 4 Statewide Assessment. OKDHS has provided opportunity for stakeholders to have input into the goals and objectives developed within the CFSP and have through the various platforms listed above garnered their feedback towards ensuring these goals and objectives continue to address their concerns and provide them opportunities to continue to share their input. In the CFSR Round 4 Statewide Assessment, CWS engaged stakeholders through various existing forums, focus groups, and surveys that were Statewide Assessment -specific. The culmination of these efforts and activities represent a diverse and representative population of stakeholders and partners able to provide and receive feedback and perspective into performance, contributing factors, underlying causes of areas in need of improvement, and ultimately possible solutions for CWS to collaboratively engage in future system improvements. In efforts of further informing this systemic factor with regard to the agency responsiveness to the community system functioning with family and youth specifically, multiple surveys and focus groups were deployed. A statewide survey was deployed in collaboration with OSDH and OCCY that received over 300 responses from caregivers across all 77 counties; and, when asked if they have had the opportunity to give feedback to agencies they have engaged with for services, 45 percent indicated they have had the opportunity to provide feedback. A CWS specific parent survey was sent to parents directly involved with the CW system that received over 300 responses across all CWS jurisdictions who reported being supported by their CW specialist at 58 percent, felt involved in the development of their individualized service plan (ISP) at 60 percent, and indicated the services in their ISP were appropriate at 66 percent. Additionally, a foster youth specific

survey was completed with 222 young adults, ages 18 through 20 upon leaving foster care and entering aftercare services with OKSA, and respondents reported they were actively heard by their CW specialists. Young adults expressed the desire to "Be more involved in cases" and made statements such as "Hear what the youth is saying and actually listen," "I felt like I had a property of OKDHS stamp on my forehead," and "Foster kids are not taken seriously." As the CFSR process moves forward and additional information is gathered through case reviews and other methods, qualitative information will be able to shed insight as to the effectiveness of the collaborations that are ongoing, the results of communication occurring between service providers and CWS, and most importantly, the access and quality of services provided to children, youth, and families.

The CWS Community Partnership program that was established through the Pinnacle Plan, the state improvement plan from the 2012 class action lawsuit, DG vs. Yarbrough, moved from under the CWS division to the OKDHS agency-wide Community Partners unit under the Office of Strategic Engagement. This has allowed for a broader approach to serve everyone in both the metro and rural areas of the state as well as distributed resources where needed the most. The OKDHS agency-wide Strategic Engagement unit continues to collaborate and provide assistance to CWS for building and maintaining relationships with key stakeholders, community and faith-based engagement, and related projects or initiatives that ensures services and supports for all children and families, and a broader approach to serve statewide and distribute resources where needed the most. Strategic engagement with community partners requires OKDHS to be both responsive to partner inquiries wanting to partner with the agency and based on the needs identified by local CWS leadership where community resources could be beneficial. This is completed by engaging in several activities: CarePortal, new CWS spaces as part of the real estate modernization plan, Service First,

- As reported in Item 29, the CarePortal meets tangible needs of biological, kinship, foster and adoptive families through the CarePortal network which is a faith-based engagement with a local nonprofit and churches across the state.
- New trauma-informed CWS only spaces are being opened up across the state and community partners have stepped forward to meet the needs identified by local leaders to help the space be safe, welcoming, and inclusive.
- Service First is partnership with community partners across the state that provide space to CWS for families to meet, staff to work, and family visitation in neutral locations.
- Individual groups (collaborative, non-profits, or a single contact) can work with the Strategic Engagement unit on identifying what the community partner feels is a local need and how they envision meeting that need. Teaming up with local CWS leadership and creating a unified vision with the partner, developing a formal MOU, agreeing to data sharing if needed, and seeing supports come from grass roots efforts, the team assists in meeting the needs of local communities.

OKDHS has been undergoing a real estate modernization. Service First, a statewide initiative to expand partnerships in a way that allows OKDHS to meet customers where they are, has been the first phase of the real estate modernization. In collaboration with local CWS leadership and community partners a MOU is established with identified partners for usage of their space for confidential staff workspace, conference rooms to hold various family meetings, and play areas for family time. OKDHS currently has 83 MOUs with 81 partners

across the state. The second phase of the real estate modernization has been intentionally designed and strategically located trauma-informed CWS facilities that allow for tailored services for children and families and have basic necessities that meet families' needs. Built to serve the needs of the workforce and the families served; these spaces will be critical in the ongoing development of a collaborative family strengthening system that ensures childhood well-being and safety. These spaces will empower biological and foster parents with the tools they need to be successful. These spaces will feature kitchen areas, showers, washers and dryers, family meeting rooms, and areas for family time. These spaces will also include workstations, meeting rooms, and conference areas for staff. The first location was opened on 1/12/2023 and additional locations will be identified, leased, renovated, and opened throughout 2023 and 2024.

The Strategic Engagement unit also collaborates with local non-profits, community collations, and other community groups, having both formal and informal community partners across the state. These partners offer services or goods to families, help support Holiday Hope, the CWS annual Christmas gift program, and other community needs. Additionally, OKDHS continues to support Be A Neighbor, a statewide technology platform that connects Oklahomans with resources across local communities. "Neighbors" are non-profits, faith-based groups, and community organizations that are meeting local needs through mentorship and resources. There are approximately 6,000 Oklahomans who have signed up to help connect and volunteer with location organization to support families in need.

The CWS School-Based Services program, a contractual and collaborative partnership between OKDHS and local school districts, continues to expand within school districts across the state to provide outreach services to at-risk students and families in the schools by increasing awareness of available OKDHS and community resources. The school-based specialists maintain collaborative initiatives to strengthen the well-being and educational outcomes of children and youth through targeted and effective school-based prevention services. In addition, the specialists advocate for students in OKDHS custody in out-of-home care to help stabilize and sustain placements; and, they serve as liaisons to improve any communication gaps between the school system and care providers. The program has grown during the 2022-2023 school year to 50 school-based specialists statewide, serving 26 partnering school districts.

CWS Programs staff continues to partner with the Court Improvement Program (CIP), along with other community partners, service providers, district judges, and district attorneys. This opportunity allows all parties at the table to collaborate in understanding the fundamental importance of scheduling timely court and permanency reviews, and eliminating identified barriers that prevent timely permanency for children in out-of-home care. The collaboration with CIP has allowed for the development of court improvement strategies that focus on enhancing CWS' skill set and ability to engage judicial partners. These strategies also focus on creating common language around values and desired outcomes by developing key court performance indicators and increasing intentional communication and collaboration with court partners.

The ICWA Partnership, comprised of CWS, OICWA, and the CIP, was developed in 2016, as an evolution of previous partnerships, and is committed to working together to strengthen ICWA practice with a shared, stated goal to "improve safety, permanency, and well-being of

American Indian children and families through improved communication, training, and accountability of child welfare and court systems as it applies to ICWA". Through the ICWA Partnership grant an ICWA court was established in Tulsa, as well as projects in Pottawatomie and Kay Counties. Additionally, case file reviews were completed to determine ICWA compliance in the court.

In collaboration with CIP and Casey Family Programs, a web-based judicial dashboard was developed that includes the following: time to reunification, first placement hearing, time to permanency exit, and termination of parental rights. The judicial dashboard is directly available to judges and other court partners. The key focus of the judicial dashboards is to provide performance data for each jurisdiction. In addition to the dashboards, CWS also annually presents current safety, permanency, well-being, and miscellaneous data information at the Statewide Judicial Conference facilitated by CIP. Training consists of safety measurements, importance of family engagement, timely permanency practices and outcomes, and any other information that supports stakeholders in the court case review system.

CIP and CWS began collaboration in late June 2021 for a second five-year joint project that targets increasing permanency within 12 months. District data was compiled to show timely permanency within 12 months for periods ending in March 2020, September 2020, and March 2021. The data indicated which districts performed below or above the statewide average for each measurement period. The results were presented to a small workgroup of CIP partners and CWS programs representatives to make a recommendation for the selection of three districts for the joint project. The agreed-upon districts are Cleveland, Lincoln, and Bryan Counties. Round two of the CIP joint project officially started on 10/1/2022 and will measure outcomes for children removed during a six-month period ending 3/31/2023. CIP has also started a new evaluation project called Judicial Court and Attorney Measures of Performance. This project will look at specific measures that will be used to gather court data in up to five areas: family engagement, due process, quality legal representation, safety of children, and permanency. The purpose of the measurements is to support continuous quality improvements within the court system.

CWS will continue to partner with CIP in ensuring biological parents receive high quality and adequate parent representation in court proceedings. Currently, CWS is supporting CIP in the development of a standardized contract for attorneys representing parents and children in juvenile proceedings. Statewide, individual court contracts vary in such a way that it makes it difficult to ensure attorneys are motivated to move court cases through the system. As Title IV-E agencies now are be able to claim Title IV-E administrative costs for independent legal representation by an attorney for a child who is a candidate for Title IV-E foster care or in foster care and his/her parent to prepare for, and participate in, all stages of foster care legal proceedings, CWS will continue to work closely with the courts, tribes, and other stakeholders to ensure and support the expansion of quality legal representation for children and parents. During the 2022-2023 Oklahoma legislative session a High-Quality Legal Representation bill was introduced, passed, and will go into effect 11/1/2023. The Oklahoma Administrative Office of the Courts will request proposals for a non-profit to house the Central Office that will work with regions across the state to train attorneys, manage caseloads, improve compensation and lend support to ensure high-quality representation for children and parents involved in deprived court hearings.

State Engagement with Tribes

Under the direction of the OKDHS Director's leadership, an agency-assigned Tribal liaison is a support to the CWS division aimed to ensure tribal collaboration and voice to promote and facilitate the co-designing of a child and family well-being network. The TSW was formed over a decade ago, and has been enhanced through the Oklahoma ICWA partnership to provide an infrastructure for the state and tribes to strengthen partnerships and collaborate on practice improvements and ICWA compliance with CWS. This partnership agreement was formalized in a MOU between the OKDHS and the OICWA. All 38 federally-recognized tribes are invited to participate in the TSW which is co-chaired by OKDHS CWS and Indian Child Welfare (ICW) leadership creating a platform in which multiple voices and perspectives are shared. The CWS Tribal Programs Unit provides the tribes a direct contact with CWS ensuring ICWA compliance and enhancing partnerships; ensuring continued collaboration and coordination with all 38 federally-recognized tribes. Oklahoma's commitment to partnering effectively with tribes is further demonstrated in Oklahoma being one of only three awardees for the five-year federal ICWA Partnership grant, and not only was Oklahoma the largest, but was the only one whose primary state partners was the CW agency. A statewide Tribal Convening was hosted in November 2020 by the state in collaboration with members of the TSW and Casey Family Programs aimed to improve coordination and collaboration with tribes on Family First planning. The convening was a platform to share with tribes what Family First is and how it can impact tribes, and facilitate small group discussion on opportunities towards continued engagement with tribes in the planning and implementation of Family First. This led to the OICWA establishing a subcommittee designated for Family First to support the collaboration and coordination of creating a comprehensive continuum of prevention and community-based supports and resources for children and families that includes culturally-relevant prevention services to promote safe, health, and culturally strong environments for Native children, their families, and their tribes. The OICWA Family First subcommittee was formed and is committed to enhancing collaboration and partnership between OKDHS and OICWA, and Oklahoma tribes toward developing a child and family well-being network. The OICWA Family First subcommittee within and through the OICWA infrastructure and individual tribes has been utilized in the implementation of the Oklahoma's Title IV-E Prevention Program, and toward a broader continuum of culturally-relevant, community-based array of prevention services and support that can meet the unique needs of American Indian (AI) children, their families, and their tribes.

Two tribal units have been established within CWS to collaborate with and support ICWA and the Oklahoma federally recognized tribes. The CWS Tribal Programs unit is comprised of a programs supervisor and four tribal coordinators. The Tribal IV-E unit is comprised of a programs manager, four programs field representatives, and two custody specialists. The CWS Tribal Programs unit is responsible for oversight of OKDHS CWS ICWA compliance, and each tribal coordinator is assigned specific tribes and regions of the state. The Tribal IV-E unit is responsible for tribally approved foster homes and services for tribal custody children in compliance with the Tribal/State IV-E agreements. Each tribal unit provides training to both CWS and tribes in their specific areas of responsibility, as well as developing positive working relationships with tribal partners. The CWS Tribal Programs unit also oversees the provision of Title IV-B PSSF funds to tribes.

The CWS Tribal Programs units engage with tribes through the TSW quarterly meetings, which are co-chaired by a state leadership representative and a tribal representative. All 38 federally recognized tribes in Oklahoma are invited to attend. These meetings provide an opportunity for state leadership and tribes to communicate openly and freely on issues, receive updates, and work together for the safety, well-being, and permanency for AI/Alaska Native (AN) children. Concerns are noted during the meeting and distributed to attendees following the meeting. If concerns persist they are brought up for discussion at future meetings. Both CWS tribal units have been invited to participate in the OICWA, joining the various committees and working closely on training, substitute care, legislative issues, the OICWA annual convention and other special projects. The CWS Tribal Programs units also attend quarterly OICWA meetings and provide updates on OKDHS CWS initiatives.

The CWS Tribal Programs unit is actively involved in tribal child protective teams (CPTs) across the state, the court improvement project, and collaboration with the tribes in training CW staff. The tribal coordinators participate in community initiatives that serve Oklahoma tribes, such as Family T.R.E.E. and regional multidisciplinary teams. In addition, the CWS Tribal Programs unit assists in the development of and provides the ICWA training for new CW supervisors as part of CWS Supervisor Academy. Supervisor training on ICWA was expanded to a full-day training and Tribal ICW staff are invited regularly to assist in the presentations. The CWS Tribal Programs unit also completes random case reviews to identify issues with ICWA compliance. The focus is on notification to tribes, verification of tribal enrollment, and documentation in the KIDS database. WebFOCUS reports are also used to identify specific areas for compliance and improvement, such as correct documentation of tribal verification. Individual reports are generated as well and provided to specific tribes by request to provide information on all referrals to OKDHS in the previous month identifying the requesting tribe.

The 38 tribes were contacted individually in April through May 2023 to request their participation in a Qualtrics survey focused on collaboration between CWS and the tribes. The survey was provided to the tribes in order to provide opportunity for the tribe to include staff and leadership at their discretion. Survey results were collected on 5/15/2023. The qualitative data results may or may not reflect input from all 38 federally recognized tribes, as the survey did not include identifying information. This was for anonymity purposes. Ninety-two responses were received. Open-ended questions were included and answers were assimilated into consistently noted areas per responses.

Survey results are shown in Figures 124, 125, 126, 127, and 128. An explanation of the findings is included with each figure. The results were grouped into categories where two or more responses were similar in nature. The survey was comprised of questions which are shown on the corresponding graphs. Ungrouped random individual responses are included as "Other".

Figure 124

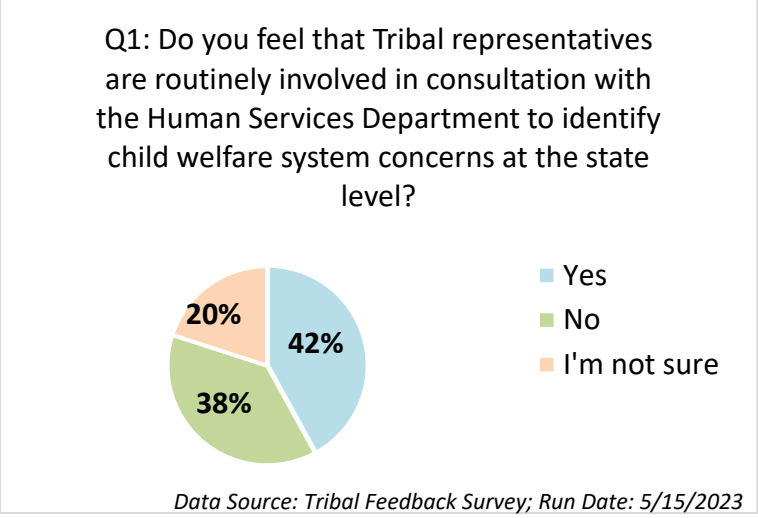


Figure 124 shows the percentage of responses to the question Q1. The data indicates a slight positive with 42 percent of respondents answering Yes. State level consultations are generally limited to the TSW and OICWA quarterly meetings. The meetings are attended by upper level management such as the CWS Director and Assistant CWS Directors. The OKDHS Legal division often attends as well. The CWS Tribal Programs units attend the meetings and provide updates. These meetings are open to all federally recognized tribes in Oklahoma, providing the opportunity for them to be involved in consultation with CWS at the state level.

Figure 125

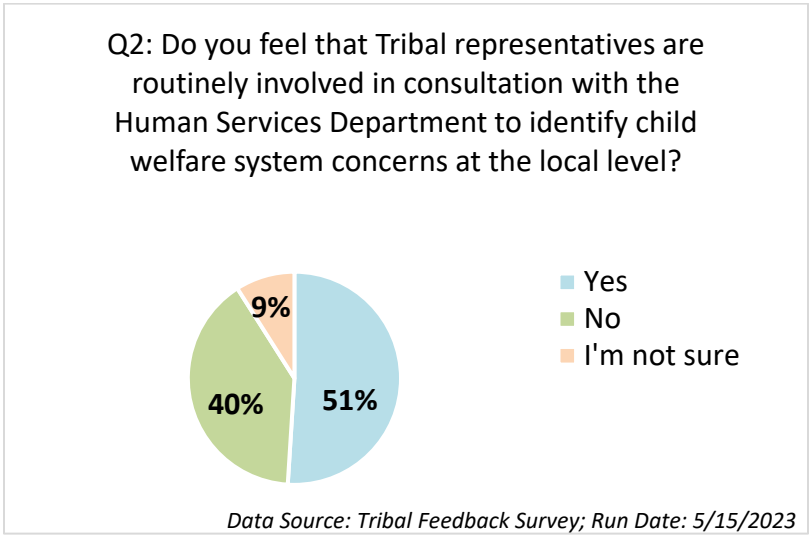


Figure 125 indicates the responses to question Q2. The percentage of Yes responses is higher at the local level than at state level. Concerns are addressed at the various CPT's, OICWA committee meetings, and OICWA quarterly meetings, which include tribes, CWS regional and district staff, and CWS Tribal Programs units. Specific OICWA committees address issues including out-of-home or substitute care; training; legislative issues, and special projects such as the CIP. These venues all provide opportunities for engagement between the tribes and CW staff and are the communication route for tribes to voice their

concerns. The No responses may be indicative of the inability of local CW staff to address CW system concerns at the local level when those concerns require decision-making at the state level. However, CWS needs to continue to improve statewide collaboration and communication efforts to include more frequent and consistent inclusion of tribes in case planning and decisions at the local level. The engagement at the local level, based on answers to the open-ended questions in Figures 4 and 5 may be met more fully with increased communication between CWS specialists and the tribes they work with on a case-by-case basis.

Figure 126

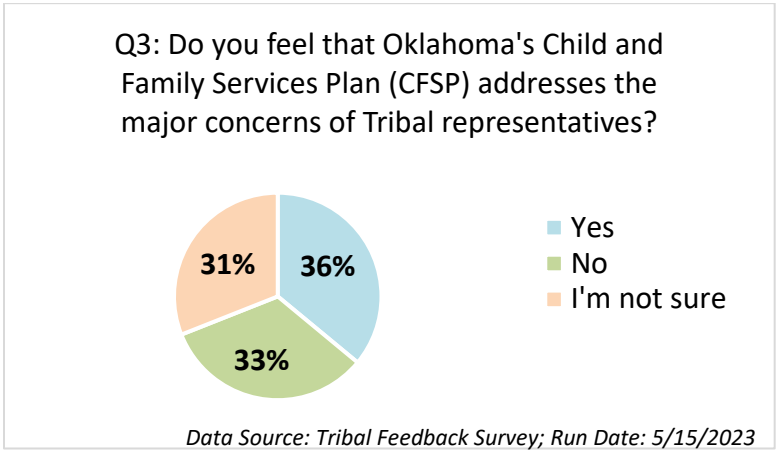


Figure 126 data is based on survey question Q3. The responses are fairly evenly divided by percentage. It is evidenced by answers to Q3 that many Tribal staff do not know what is in the CFSP. There is significant turnover in tribal ICW staff which may contribute to the lack of knowledge of the state CFSP.

Figure 127

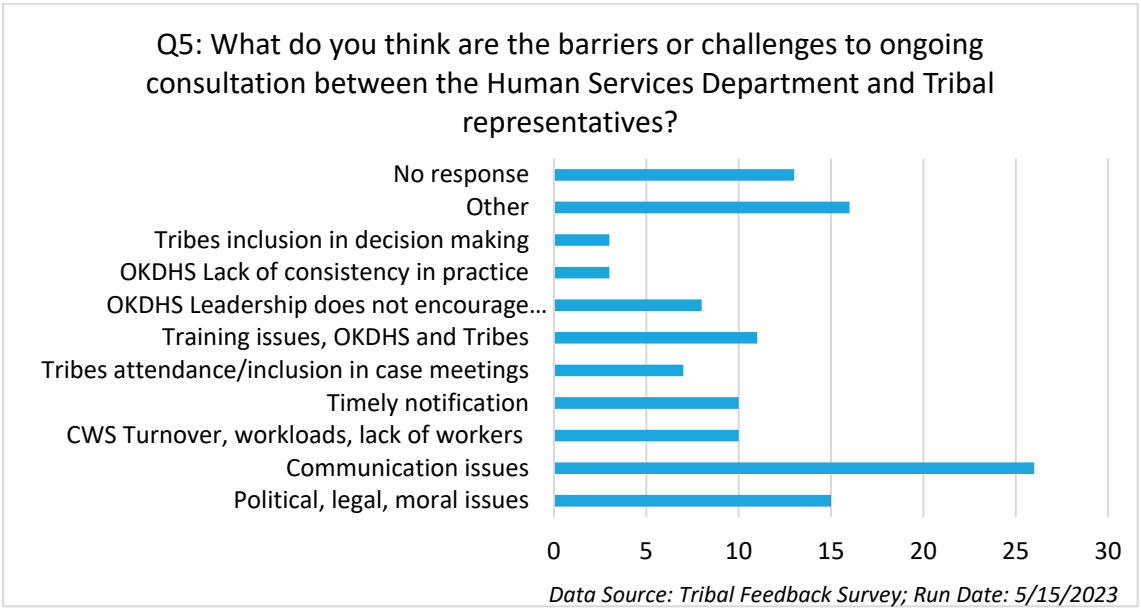


Figure 127 indicates the answers to question Q5: As indicated within the figure, the answers were grouped by subject matter in order to show the general areas of information. There

remained a substantial number of No responses. Statements made less than twice fall under Other. Communication was mentioned numerous times as the primary barrier/challenge to consultation. Training was a significant barrier, as the tribes referred to lack of training on ICWA law, tribal culture, and historical trauma. Timely notification was a significant concern, and connected back to various elements such as the lack of CWS caseworkers and high turnover.

Figure 128

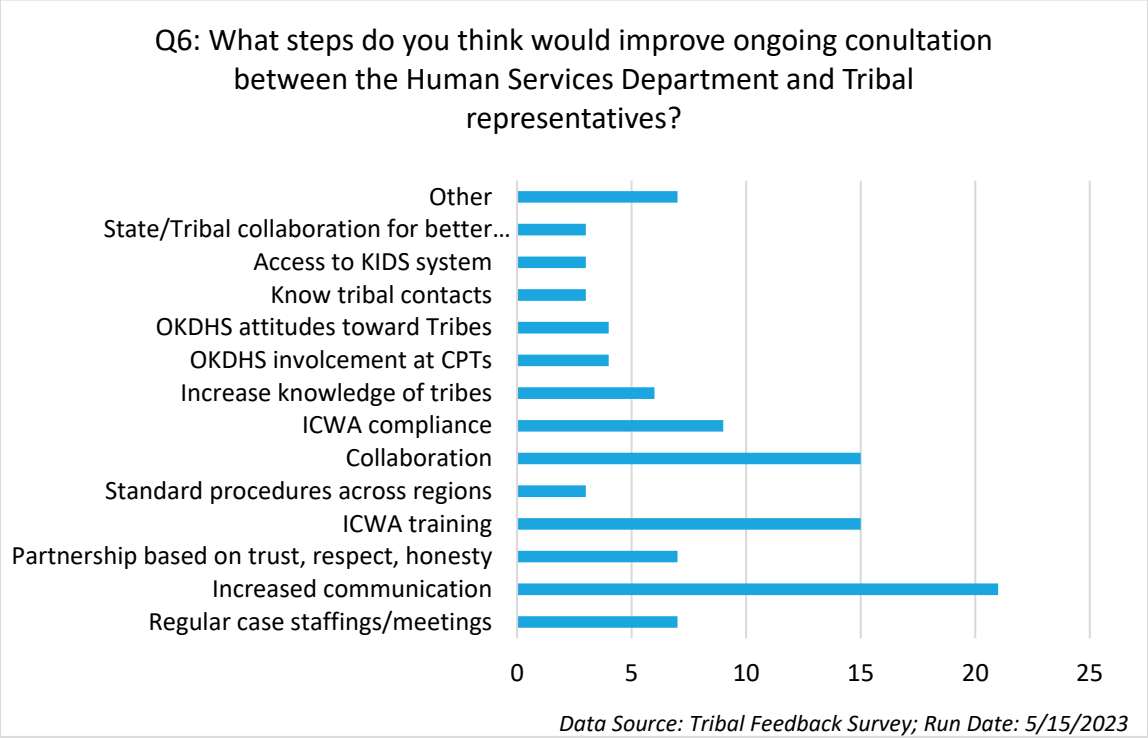


Figure 128 indicates the responses to survey question Q6. The majority of responses were indicative of systemic issues such as the lack of standard procedures on ICWA compliance in cases statewide. Increased communication suggestions include regular weekly or monthly meetings between CWS regional and district staff and tribes on specific cases, notifications, and increased involvement between the CW specialist and tribal ICW staff. The tribes desire to be involved in ICWA training across the state. The CWS Tribal Programs unit involves tribal representatives in various trainings and OICWA is involved in providing statewide trainings to CWS as well. Increased collaboration draws attention to the need for CWS specialists to involve tribes at every step of an ICWA case. The CWS Tribal Programs units do a good job of maintaining involvement in the various organizations, regional meetings, and tribal meetings throughout the state but it appears the tribes are looking for increased involvement between Tribal ICW staff and local CW staff.

Item 32: Coordination of CFSP Services With Other Federal Programs

Oklahoma's CW services under the CFSP are well coordinated with services or benefits of other federal or federally assisted programs serving the same population and should be considered a Strength. Almost all of the services described in Item 29, Array of Services, and Item 30, Individualizing Services, receive both state and federal funds. OKDHS is the

state agency designated to administer Title IV-B and Title IV-E program, Title I – the Child Abuse and Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Program for Successful Transition to Adulthood as well as the federal safety net programs. OKDHS is an umbrella agency that provides support programs and services to families statewide. CWS involved families are referred to agencies and services that receive federal funding through Titles IV-A, IV-B, and IV-E of the Social Security Act. As reported in Item 31, CSAW is the broad statewide cross-systems collaboration entity identified to execute shared strategies from goals created by the executive level leadership from child-serving agencies, in collaboration with those with lived expertise, that support children, families, and communities and create coordinated community investment in preventing child maltreatment, strengthening families and communities, and ensuring the overall well-being of Oklahomans. OKDHS, in partnership coordinates the state's services under the CFSP, with services and support of other federal or federally assisted programs serving the same population through the cross-systems infrastructure of CSAW; helping to create and enhance networks of community-based supports and align government resources to provide a full continuum of services and supports that strengthens community protective factors and parental protective capacities and mitigate associated risk factors.

The Stephanie Tubbs Jones CWS Program (Title IV-B, subpart 1) provides funds for OKDHS CWS programs directed toward the goal of keeping families together. The programs include preventive intervention so that, when possible, children are not removed from their homes. When this is not possible, children are placed in foster care and reunification services are available to encourage the return of children who were removed from their families. CWS utilizes these funds to provide the following services all of which are available statewide: CPS, foster care maintenance, and adoption subsidy. Promoting Safe and Stable Families Program (Title IV-B, subpart 2) is an important funding stream for OKDHS CWS and provides the ability to better collaborate and work with tribes; to search for relatives or kin as placement options for children unable to safely live in their own home; to work with families of children that have been removed from their home; and to support local services and placements to keep children close to their home of origin, which can lead to more effective and timely reunifications. PSSF is also used to facilitate pilot projects that help decrease the time to reunification; to provide funding to overcome any barriers or obstacles to reunification; and to provide funding for services that divert families from court involvement. PSSF grant monies are used to fund multiple services including contingency funds, tribal programs, family courts, diligent searches, ISS, CHBS, FCS, and adoption respite for families. FamKIN, Oklahoma's kinship navigator program, is also sustained under Title IV-B, subpart 2 kinship navigator grant award. OKDHS CWS, through interagency collaboration with child-serving agencies utilize the existing cross-systems collaboration platforms through councils, advisory boards, taskforces, committees, and parent and youth groups to coordinate the PSSF program and how best to allocate the funds; which includes shared data, goals, and state plan alignment with the agencies shared vision for children and families in Oklahoma.

As reported in Item 29, CWS interfaces with the other divisions within OKDHS to help link families and ensure access to safety net programs to meet a family's basic needs, child care, and job training. As well as through the TANF Investment Strategy (TIS) from reserved TANF dollars, families are able to access community resources and services awarded through the TIS that meet the identified strategic priority and TANF goals. This multi-year investment project aims to identify and support community-based agencies and other entities that

provide services and/or benefits that fulfill TANF goals (3:) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies and (4:) encourage the formation and maintenance of two-parent families. The TANF funding has provided awards for 16 nonprofits to infuse the dollars into their family stability programs, aimed to meet the fourth federally defined goal of TANF, for the first round and the second round provided awards for 13 nonprofits to infuse into their youth support programs, that provided supports to children and youth between the ages of nine through 18. The family stability programs could include, but were not limited to, fatherhood engagement, family counseling, parenting skills, violence prevention, and promoting health relationships. The youth support program awards were aimed to be utilized for children in the home of a grandparent, relative caretaker, and other vulnerable populations where children reside in the home; programs providing a structured out-of-school time, used as a means of preventing high-risk behavior from youth who might not have a safe afterschool environment. Additional funds will be awarded through the identified strategic priorities: supporting basic needs of families, prevention through upstream services, economic independence, pregnancy prevention, and youth supports. In addition to these strategic priorities, OKDHS awarded funding to organizations that are implementing fatherhood-specific services across the state, including in rural areas. Aimed at increasing men's involvement in family life, the agency seeks to increase fathers' parenting knowledge and skills, enhance fathers' relationship skills and co-parenting relationship quality, and improve economic stability for fathers and families through these programs. By prioritizing organizations that are already embedded in the community and using evidence-based programming, this funding will be able to immediately help programs scale and expand the already amazing work they are doing.

The Social Services Block Grant (SSBG) funds, authorized under Title XX of the Social Security Act, provided through the Office of Community Services, Administration for Children and Families, United States Department of Health and Human Services and managed by OKDHS, support social services for vulnerable children, adults, and families. These services supports economic self-support to prevent, reduce, or eliminate dependency; prevent or remedy neglect, abuse, or exploitation of children and adults; prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and secure referral or admission for institutional care when other forms of care are not appropriate. SSBG is a flexible funding source that allows states to tailor social service programming to their population's needs. OKDHS coordinates this program with the CFSP in CWS leveraging SSBG to fund and support field staff working investigations and activities that are not supported by Title IV-E and targeted case management.

The Community Services Block Grant (CSBG) provided through the Office of Community Services, Administration for Children and Families, U.S. Department of Health and Human Services and managed by the Oklahoma Department of Commerce, provides core funding to local agencies to reduce poverty, revitalize low-income communities and to empower low-income families to become self-sufficient. The Oklahoma CSBG network consists of 18 Community Action Agencies (CAAs) that create, coordinate and deliver programs and services to low-income Oklahomans in all 77 counties. CCAs are local nonprofits working to improve the lives of low-income residents through increased self-sufficiency and community participation. The SSBG program enables rural Oklahoma communities to finance a variety of public infrastructure and economic improvement and helps promote job growth as a result

of these improvements. CAAs were established under the Economic Opportunity Act of 1964 and utilize CSBG funds to address specific local needs through services and programs that address one or more core domains: employment, education and cognitive development, income, infrastructure and asset building, housing, health and social behavioral development, and civic engagement and community involvement. Examples of services provided include community coordination such as neighborhood and community organization, information, and referrals; child and young adult education such as Head Start, summer education programs and college-readiness preparation/support; adult education programs such as adult literacy classes and financial literacy education; employment training such as job training and placement; transportation services; utility payments; emergency services such as food pantries, energy assistance, homeless shelters, natural disaster assistance, and food banks; health care such as health clinics, prescription assistance, transportation to health care assistance, treatment for substance abuse; and housing such as rental assistance. These services are coordinated at the local level through cross-sector collaboration with the CAAs and within established councils, advisory boards, taskforces, committees, and parent and youth groups; involving communities in the design and delivery of services that support economic and concrete needs for all families in Oklahoma, including those involved with the CW system.

Part C of the IDEA through the U.S. Department of Education authorizes assistance to States to support the provision of special education and related services to children with disabilities and the provision and coordination of early intervention services for infants and toddlers with disabilities and their families, respectively. As described in Item 29, SoonerStart is Oklahoma's Part C of IDEA program. The lead state agency is the OSDE. The OSDE provides case management with all other services provided through a contract with the OSDH. Any child younger than age three who is the victim of substantiated child abuse or neglect are referred to SoonerStart, as well as when a party in an ongoing CWS FCS or PP case and a subsequent need is identified.

The OSDH is the primary public health protection agency in Oklahoma that provides the kind of broad-based prevention strategies that encompass not only direct services to families, but also includes public education efforts to change social norms and behaviors, family and community engagement, as well as the policies and institutions that help support a strong prevention system. The OSDH is comprised of 68 county health departments and a central office located in Oklahoma City. The OSDH is based around three major health service branches: Community Health that encompasses all Family Health and Personal Health Services; Quality Assurance and Regulatory that encompasses all Protective Health Services; and Health Preparedness that encompasses Emergency Preparedness and Response, Acute Disease, Sexual Harm Reduction, Health Statistics and Vital Records. These branches are responsible for protecting, maintaining, and improving the public's health status. Each of these service branches provide technical assistance, guidance, and consultation to all 68 county health departments, two independent city-county health departments in Oklahoma and Tulsa Counties, as well as contractors and partners located statewide. OSDH also serves as the state lead responsible for administering the Community-Based Child Abuse Prevention (CBCAP) funds and providing oversight to funded programs. The service area within the OSDH that is responsible for administering CBCAP funds and providing oversight to funded programs is the Family Support and Prevention Service (FSPS) division within the Family Health Services (FHS) branch. Other service divisions located

within the FHS branch include Maternal and Child Health Service; Allied Health Service; Women, Infants, and Children; Dental Health Service; and Screening and Special Services. In addition to the CBCAP funding, the other federal funding sources of the FSPS include Title V – Maternal, Infant, and Early Childhood Home Visiting, and Sexual Risk Avoidance Education. CBCAP funding helped support Family Resource Centers, parent advisory committees, primary prevention – home visiting models (Nurse-Family Partnership, Parents as Teachers, and SafeCare®), Circle of Parents®, Parent Child Interaction Therapy, The Incredible Years, and many other partner agencies, programs and services. OKDHS CWS through interagency collaboration with OSDH coordinate these programs with the programs within the CFSP to ensure a unified and integrated system of care for children, youth, and families in Oklahoma; which includes shared data, goals, and state plan alignment with the agencies shared vision for children and families in Oklahoma.

Oklahoma's mental health and substance abuse services are jointly funded and administered through ODMHSAS and OHCA. ODMHSAS is supported through Substance Abuse and Mental Health Block Grants through the Substance Abuse and Mental Health Services Administration (SAMHSA): Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Services Block Grant, Medicaid and the Children's Health Insurance Program. ODMHSAS has also received multiple federal grant awards outside of the Block Grants. ODMHSAS has received funding through SAMHSA for the State Opioid Response Grant and State Opioid Stimulant Initiative which serve individuals and their families affected by opioids and/or stimulant use disorder and the Oklahoma Pregnant and Postpartum Women and expands comprehensive treatment, prevention and recovery support services for women, their children, and other involved family members. ODMHSAS received funding through the Office of Juvenile Justice and Delinquency Prevention for FTC which were awarded in: 2017 for Coronavirus Aid Relief Economic (CARE) Grant; 2018 for Communities Organizing to Promote Equity (COPE) Grant; 2018 for Rural Innovation Stronger Economy (RISE) Grant; two implementation grants in 2018 – Kay County and 2019 – Custer/Washita County; and 2018 for Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) and Oklahoma Multi-Site Family Drug Court Model Standards Study (OKMSS). The CARE, COPE, and RISE grants were to enhance services for individuals involved in FTC with children ages birth to five. The implementation awards were to establish and implement a FTC. The QIC-CCCT grant goal is to improve outcomes for substance using pregnant and parenting women, their infants, and families by appropriately implementing the provisions of the Comprehensive Addiction and Recovery Act of 2018 through the use of Plans of Safe Care and expanding collaborative efforts to enhance care coordination and case management across systems. This was implemented in Oklahoma, Okmulgee, and Tulsa Counties. The OKMSS grant is to significantly advance FTC implementation research. OKDHS CWS, through interagency collaboration with ODMHSAS, coordinate these programs with the programs within the CFSP to ensure a unified and integrated system of care for children, youth, and families in Oklahoma; which includes shared data, goals, and state plan alignment with the agencies shared vision for children and families in Oklahoma.

ODMHSAS has also received several rounds of the Regional Partnership Grants through the Children's Bureau over the years, with the most recent awards being in Round 4 for the Oklahoma Partnership Initiative (OPI-3) and Round 6 for Substance Use Treatment & Access to Recovery Supports (STARS) Program. The OPI-3 project has focused on substance use

disorder impacted CW families within Oklahoma County with children birth through 48 months, who are at risk of removal or currently placed in foster care with a case plan goal of reunification. The goal of OPI-3 is to increase the well-being of and improve the permanency outcomes for substance affected CW families with children. The STARS program is aimed for pregnant women with substance abuse issues and infants who are substance affected and are at-risk of removal. The overarching goal of the STARS program is to increase the well-being of and to improve the permanency outcomes for children and families affected by or exposed to opioids and other substance use. OKDHS CWS through interagency collaboration with ODMHSAS coordinate these programs with the programs within the CFSP to ensure a unified and integrated system of care for children, youth, and families in Oklahoma; which includes shared data, goals, and state plan alignment with the agencies shared vision for children and families in Oklahoma.

The Title XIX – Medicaid Program, SoonerCare, is jointly funded by the federal government and states. Oklahoma's Medicaid State Plan is administered through the OHCA. SoonerCare covers pharmacy, behavioral health, specialty and regular doctor visits for children in OKDHS custody and placed in out-of-home care.

The Children's Justice Act (CJA) grants to States falls within the CAPTA and is administered through OKDHS. This grant program authorizes the annual award of funds to states that submit a plan and maintain a multidisciplinary task force on children's justice for programs that improve the investigation and prosecution of cases of child abuse and neglect. CJA funds are administered and monitored by OKDHS CWS, coordinated through the Oklahoma Task Force on Child Abuse and Neglect and outlined in the three-year plan. Trainings and activities supported by the CJA funds assist the state by addressing safety outcomes outlined in the CFSP. Trainings are geared toward improving child maltreatment investigations and child abuse prosecution concentrating on topic areas of domestic violence, human trafficking, and engaging children and parents who may be developmentally delayed; and as such, help ensure children are first and foremost, protected from abuse and neglect. The Oklahoma Advisory Task Force Board, established in 1990, is a multidisciplinary team of individuals from across Oklahoma who are committed to reviewing current practices in the child protection system and funding programs designed to impact change and to make training and policy recommendations in each of three categories: investigative, administrative, and judicial handling of cases of child abuse and neglect. The Task Force aligns their planning of CJA activities with the vision and goals of the CFSP through ongoing collaboration with OKDHS CWS on the CFSP, APSRs, and CFSR process; and through quarterly Task Force meetings reviews performance reports from the grantees.

The state CIP provides federal funds through three grant opportunities to state courts to improve court efficiency and the quality of legal representation in achieving stable, permanent homes for children in foster care; a basic grant for assessment work; a grant for data collection and analysis; and a grant to increase training of court personnel, including cross training with agency staff. The program provides state courts flexibility to design assessments that identify barriers to timely and effective decision-making, highlight practices which are not fully successful, examine areas they find to be in need of correction or added attention, and implement reforms, which address the state courts specific needs. State courts are required to collaborate with the state CW agency and tribes in this work, which is operationalized through a multidisciplinary task force in which OKDHS CWS is a member

and that meets on a quarterly basis to coordinate the CIP program and ensure alignment and integration into the CFSP. The Oklahoma CIP mission is to provide safety, permanency, and well-being outcomes for Oklahoma's deprived children through efficient court practices and computer technology. Oklahoma's CIP goals are to:

- help CW systems address the CFSR outcomes of safety, permanency, and well-being;
- produce better outcomes for children and families that are tangible, measureable, and time specific; and
- allow courts to address fundamental problems by improving legal and judicial training and developing and improving court data systems.

The specific CIP projects in collaboration with CWS are detailed in Item 31.

State Title IV-B subpart 2 funds are provided to the qualifying tribes based on a tribe's total allotment received from federal Title IV-B subpart 1 and subpart 2. The tribe's total federal allotment must not exceed $35,000 to qualify for state funds. The funds are provided per agreement and application in the amount determined using calculations including tribal population. The funds provided through the state to the tribes are only provided as a mandated pass-through of federal PSSF funds. The tribes are responsible for their individual applications which include information on how they plan to use the funds. There is no direct coordination between the individual tribe and OKDHS regarding the goals or plans of each tribe and no data is shared, but rather the tribes are free to use the funds as they determine in accordance as the funds they are provided directly from the federal applications. The CWS Tribal programs is the contract monitor for the PSSF funds and provides necessary training and support for the tribes as needed. Contract monitoring is only to the extent that the funds are used appropriately under PSSF federal guidelines, are within the budgeted amounts, and as outlined in the signed agreement with the state. The agreement outlines timelines for submission of requests for funds and other contractual elements required by state. The tribes receive the funds in quarterly amounts, based on the SFY. The tribes generally use the funds for salary and fringe benefits for staff for the PSSF grant; direct client services; supplies for families and adoption services. Generally 12 to 15 tribes are served annually. OKDHS operates the grant with support from the federal Region 6 Children's Bureau program staff.

Oklahoma is fortunate to have multiple funding streams for prevention and intervention-related services and supports for children and families and through cross-systems collaborations braid funding and not supplant programs, but to expand the reach of programs through coordination and alignment of state plans and a unified state vision. Oklahoma has a long history of state investment in the infrastructure of early childhood education as well as primary and secondary prevention efforts. OSDH provides broad-based primary prevention services and through ODMHSAS and OCHA, mental health and substance abuse services are jointly funded and administered. Oklahoma has implemented and sustained multiple well-established evidence-based programs and services available to children and families that support and strengthen safe and healthy children and families through a community-based approach to ensure connection to and utilization of, the formal and informal community-based programs available. The increase in evidence-based treatment to address identified needs has reduced problematic behaviors, thereby increasing child well-being. The resulting increase in child well-being created favorable conditions for reductions in placement changes/disruptions, reduced re-entry rates, and quicker decisions around family

reunification or adoption. Focused CW staff training increased the quality of decision-making and case planning. Use of KIDS provided immediate data to CW staff to initiate and monitor services and to better inform all levels of decision-making, thereby driving improvements in the broader CW system. This infrastructure and pathways for families ensure they and their children receive a continuum of evidence-based primary, secondary, and tertiary prevention and intervention-related services.

Systemic barriers in the CW system are a challenge in developing strategies to address service and quality gaps. This includes the dissemination of evidence-based practices to community settings outside of ODMHSAS-contracted community mental health providers. Barriers to the adoption of evidence-based practices in community settings include inadequate training, organizational policies, procedures, and complex systems. Geographic variances, including population density, driving distances, and availability of local services are barriers in the delivery of the highest quality and most effective services available statewide, particularly in the western panhandle region of the state. In addition, the impact of the COVID-19 pandemic has continued to impact service coordination. Many of the OSDH workforce was diverted to the public health emergency and many coordination activities and meetings were shut down and/or moved to a virtual platform, along with an overall workforce deficit and capacity for agencies to remain open. This, coupled with the end of the public health emergency declarations that provided waived/modified requirements for Medicaid and other safety net services and supports for families, and the increase in mental health disorders and long-term effects of the social, economic, and psychological issues brought on by the COVID-19 pandemic, will continue to be a challenge.

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

Item 33: Standards Applied Equally

The foster and adoptive parent recruitment, licensing, and retention system is functioning statewide. Detailed policy ensures the 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. In addition, required training on policy and conducting continual quality assurance reviews and audits is an effort towards equity and high standards throughout the state. The policy and the training are continuously reviewed for improvement.

This Item functions as a Strength overall by meeting or exceeding federal requirements and by providing detailed instruction through policy and statewide trainings. KIDS-generated WebFOCUS reports further support this item by providing data about the status of foster and adoptive home assessment processes as well as their approval status. This item is continuously reviewed as new bottlenecks in the foster care and adoptive home assessment process are discovered, reviews and audits identify areas of concern, and OKDHS CWS leadership or field staff make recommendations.

Since the CFSR Round 3 Oklahoma Statewide Assessment, policy has been updated and enhanced to add more detailed instructions for CWS specialists to assess foster and adoptive home applicants in a more fair and accurate manner statewide. Documents and practices developed by individual regional and county offices were removed to ensure equity in the foster and adoptive home assessment process across the state. Foster and adoptive

assessment related documents were updated to reflect current policy. Electronic document storage was improved through movement to OnBase, a new data storage pathway. Previously, documents were not saved with consistent titles which caused confusion and uncertainty if the correct paperwork was completed and stored. With OnBase, all documents are saved under specific form titles which ensures that staff upload required documents correctly. All policy training has been updated to reflect these changes. The training is required for all new staff and tenured staff receive updates through email. Additionally, a CPR team was created to provide audits and quality assurance reviews of newly approved foster and adoptive homes throughout the state to monitor accuracy and safety accountability.

Resource Homes

CWS utilizes the standards outlined in policy. To strengthen that understanding, all CW staff who assess foster and adoptive homes are trained in this policy initially, and they can take the course at any time after the first training as a refresher. This is a Level 1 training required by all CW staff within their first year of employment and is monitored by the CWS Training program. Any changes to policy are communicated clearly to CW staff via email and, where appropriate, through training in-person, online, or through instructional videos. CW staff are also advised if they have any questions regarding policy or any procedures, to email the CWS FC&A Programs email box to have it answered. Training and access to answers help to ensure the equal application of all standards in foster and adoptive homes.

Contracted RFP agency staff are not required to complete the same list of Level 1 and 2 trainings as CW staff, though they are allowed to complete any Level 1 training at their discretion. To ensure consistency internally and externally, RFP agency staff are required to take the following trainings taught by CWS FC&A Programs staff: *Resource Family Assessment, Annual Update Process*, *Background Checks*, *Maltreatment in Care*, and *Maltreatment in Care 2*. These trainings are listed as a requirement for their license, and they have a level of autonomy within their agency leadership for ensuring the training is completed. CWS can request to review their records whenever needed and will on occasion ask for these records during CPS audits. Additional required trainings are *Transfer of Learning* training courses over *Written Plans of Compliance*, *Policy Violations*, *Prudent Parenting*, *Problematic Sexualized Behaviors*, and *Enhanced Foster Care*. All RFP agencies are required to have a child placing agency license issued through OKDHS Child Care Licensing as well as CPR reviews which are conducted to ensure case file compliance for foster care and adoption policy requirements.

Foster Care policy OAC 340:75-7-10.1 and Adoption policy OAC 340:75-15-84 and OAC 340:75-15-87 provide directions for the screening process and requirements for prospective foster and adoptive families. Specifically, policy states, "Requirements described in OAC 340:110-5 serve as the framework for families and OKDHS in the mutual assessment process used to select the most suitable home for the child in OKDHS custody in need of foster care." The requirements for foster homes are enumerated in this policy and Figure 128 lists each requirement and how it is applied equally.

Waivers and variances to some policy requirements are requested after FC&A supervisors and specialists determine a barrier to approval exists. Current tracking is completed by individual regional field managers and the supervisor groups that report to them. Upon an

applicant's or CW specialist's request, CWS leadership, at its discretion, may grant a waiver of specific rules or standards that do not compromise a child's safety or well-being and does not violate federal or state statutes for kinship resource homes only, such as not having current pet vaccinations initially or a temporary sleeping arrangement. These may be granted, provided adequate standards affording protection for the health, safety, and welfare of the child exist and are met in lieu of the exact requirements of the rule or standard in question. For traditional resource homes, CWS, at its discretion, may grant a variance of specific rules or standards that do not compromise a child's safety or well-being and do not violate federal or state statutes, with the two most common being (1) behavioral health references that are several years old or the therapist has left the agency or in cases there is no response from the agency who provided the counselling and (2) adult child references in cases where the adult child does not respond to communication attempts. All exceptions are reviewed and approved on a case-by-case basis by a regional field manager, a deputy director, an Assistant Director of CWS, or the Director of CWS. The level of leadership approval is based on the specific case details involved and the nature of the request. For screening process exceptions, the requirements listed in the following policies and ITS OAC 340:75-7-15 regarding fingerprinting exceptions and 340:75-7-18 regarding waivers and variances. These requirements are reviewed regularly for any needed changes or modifications. Currently there is no singular statewide tracking system for waivers and variances.

Figure 129

Foster Home Requirements

Requirement per Policy OAC 340: 75-7-10.1 Issued 9-17-18	**How applied/assessed in RFP homes**	**How applied/assessed in OKDHS foster/adoptive homes**	**Comments**
(a) **General**. The requirements in Oklahoma Administrative Code (OAC) 340:110-5 serve as the 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 care. Each child in DHS custody has the right to a safe affirming, and family-like placement. As a result, resource parents: (1) are responsible, mature, healthy adults capable of meeting the needs of the children in DHS custody; (2) apply the reasonable and prudent parent standard; (3) demonstrate a capacity for setting realistic expectations for behavior and performance based on the ages, abilities, and unique needs of the children; (4) have stable relationships and a living arrangement whether married, single separated, or divorced; and (5) ensure all members of the household are informed of and agree to accept the child into their homes.	04AF001E Resource Family Application 04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment 04AF018E Child Needs Information List These documents are completed by the individual RFP agencies.	04AF001E Resource Family Application 04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment 04AF018E Child Needs Information List The RFA is completed by one of six agencies contracted through OKDHS, one agency per region plus an overflow.	These documents address the family's agreement and understanding of the assessment process, specifically the guidelines noted in 04AF002E Guidelines for Resource Family Assessment, which help gauge the family's understanding of reasonable and prudent parenting as well as

			realistic expectations of children in OKDHS custody and their needs.
(b) **Age.** A resource parent must be at least 21 years of age. Per Section 1-4-705 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-4-705), when a potential resource parent meets the minimum age required per this Section, DHS may not use the age of an otherwise eligible individual as a reason for denial of placement.	04AF001E Resource Family Application Completed by the individual RFP agencies.	04AF001E Resource Family Application	Exceeds national licensing standards.
(c) **Income and employment.** Resource parents must have sufficient income to meet their needs and ensure the security and stability of the household without relying on the foster care maintenance payment.	04AF010E Resource Family Financial Assessment Completed by the individual RFP agencies.	04AF010E Resource Family Financial Assessment	Meet national licensing standards.
(d) **Foster principles.** A resource parent commits to demonstrating to each child in DHS custody basic fostering principles that include: (1) understanding and meeting the child's unique needs; (2) actively supporting each child's connections and ongoing relationships with family, kin, culture, and community; (3) understanding the impact of separation, grief, loss, and trauma the child has suffered; (4) partnering with the child's professional team to focus on his or her safety, permanency, and well-being; (5) recognizing that foster care is a planned, temporary placement for a child whose goal is family reunification or other permanency plan; (6) actively mentoring the parent to help improve the parent's ability to safely care for the child, when safe to do so; and (7) recognizing the impact of secondary traumatic stress and the importance of the resource parent's self-care.	04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment Completed by the individual RFP agencies.	04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment The Resource Family Assessment (RFA) is completed by one of six agencies contracted through OKDHS, one agency per region plus an overflow.	The completed RFA document and the preceding Guidelines for Resource Family Assessment help to gauge the family's understanding of these principles by asking specific guided questions as well as second and third level questions that may come from these discussions. Training is provided to the RFP agencies on the RFA process, how to ask next level questions, and how to use the guidelines to

			get the best understanding of the family possible. Meet national licensing standards.
(e) **Relationship with DHS.** The resource parent acknowledges, cooperates, and agrees to abide by applicable statutes and DHS rules regarding the child in care that include, but are not limited to: (1) DHS, as the legal custodian of the child, has the right to move any child from any resource home at any time, when in the child's best interests and, per statutes governing movement of the child in DHS custody; (2) 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 resource home closure and termination of the foster care contract; and (3) 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.	State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Regular Foster Care Contract State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Kinship Foster Care Contract	State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Regular Foster Care Contract State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Kinship Foster Care Contract	In addition to signing all of the assessment documents, the Resource Family Application (04AF001E), and the finalized Resource Family Assessment (04AF003E), the Contract for Out-of-Home Care Fixed Rate (Regular or Kinship as applicable) lists out the various steps a resource family agrees to comply with as well as noting their rights as foster parents.
Requirement per OAC 340: 75-7-10.1 Instructions to Staff (ITS) Revised 6-13-22	**How applied/assessed in RFP homes**	**How applied/assessed in OKDHS foster/adoptive homes**	**Comments**
1. Response by resource recruitment and Foster Care and Adoption Support Center staff to resource parent inquiries. (1) When Child Welfare Services (CWS) staff receives an inquiry from a person interested in being a resource parent, he or she: (A) obtains the potential applicant's name and phone number, provides him or her with the contact information for the regional resource recruitment specialist and regional resource recruitment supervisor; and			This section outlines the initial entry points to apply to be a foster parent within Oklahoma. The gateways to the assessment process for traditional foster families are the Foster

(B) emails his or her contact information to the regional resource recruitment specialist and regional resource recruitment supervisor for follow-up. (2) All general inquiries are referred to the Foster Care and Adoption Support Center. (3) CWS resource recruitment or Foster Care and Adoption Support Center staff: (A) documents each inquiry in the KIDS Pre-Resource by noting the referral source; (B) discusses with the potential applicant, the: (i) basic responsibilities and requirements expected of a resource parent; (ii) children in Oklahoma Human Services (OKDHS) custody requiring out-of-home placement; and (iii) elements of the application and training process; (C) responds within two-business days of the inquiry by sending an information packet to the potential applicant; and (D) makes phone contact within five-business days after sending the information packet and, at two-week intervals, until the potential applicant's interest is determined.			Care and Adoption Support Center, OKFosters website/portal, and the OKDHS or RFP foster family recruitment teams. Kinship families are identified by Child Protective Services (CPS) and/or Permanency Planning (PP) specialists at the time a child is placed in OKDHS custody, during Child Safety Meeting (CSM), Initial Meeting (IM), Family Meeting, and/or interview.
2. (a) Application. Any person who is at least 21 years of age may apply to become a resource parent by completing Form 04AF001E, Resource Family Application. When other adults reside in the potential resource home, each adult completes and signs Form 04AF043E, Resource Family Application Other Adults in the Home. (1) The application is considered complete when the applicant submits the required documents and completes the actions as detailed on Form 04AF001E, within 20-calendar days after he or she signs the form. (2) The required documents include: (A) Form 04AD003E, Request for Background Check, and fingerprint submissions completed by each applicant and each adult household member. All names, including maiden names, used by the applicant and each adult household member is documented on Form 04AD003E;	Using the forms listed in this section, the initial assessment of the family is documented. CWS RFP liaisons conduct Oklahoma State Bureau of Investigation (OSBI), Department of Public Safety (DPS), Fingerprint Systems (FPS) checks, and Oklahoma child welfare history checks. The RFP agencies complete the public searches portion of the background checks. All other documents	Using the forms listed in this section, the initial assessment of the family is documented.	The forms are unified across the assessment process to ensure standards are being applied equally while meeting the requirements set forth in OKDHS policy. Utilizing a standardized denial form with clear reasons noted is an effort to ensure standards are applied

(B) Form 04AF010E, Resource Family Financial Assessment; (C) income verification; (D) Form 04AF017E, Resource Parent Health History, completed for the applicant and each adult household member; (E) Form 04AF008E, Medical Examination Report, completed for the applicant and each adult household member; (F) Form 04AF039E, Child(ren)'s Health Statement, for each child in the household who is not in OKDHS custody, and a: (i) copy of each child's immunization record; or (ii) Form 08TA017E, Immunization Certificate of Exemption, when the child is not immunized; (G) copies of each applicant's driver license, state-issued identification card, or current military identification for active military members and spouses; (H) copies of vehicle insurance verification; (I) copies of each applicant's Social Security Administration card; (J) a copy of a current marriage license or other evidence of marriage as indicated by the Oklahoma State Courts Network (OSCN) or similar network of another state; (K) a copy of all divorce, marriage dissolution, legal separation, or annulment documents for each applicant; (L) a copy of animal vaccination records; (M) copies of the Certificate of Degree of Indian Blood (CDIB) card and tribal membership cards; (N) a copy of DD Form 214, Certificate of Release from Active Military Duty, for each applicant, when applicable; (O) alternate caregiver contact information; and (P) other OKDHS-requested documents or actions. (3) Denial of the application may occur at any point during the process. When denied, the reasons for denial are discussed with the applicant. OKDHS sends Form 04FC020E, Notice of Denial to Resource Applicant, to an applicant setting out the basis of the denial. OKDHS makes the final determination of application denial.	listed are completed by the individual RFP agencies. *RFP agencies cannot deny a home on their own, they have autonomy to review and assess, yet are required to follow OKDHS policy when assessing and denials involve a CWS RFP liaison.		equally. Denials are based on safety concerns as supported by OKDHS policy. Exceeds national licensing standards regarding age. Physical/mental health both exceeds and meets. Meets national licensing standards on all other sub points in this section.
2. (b) Resource parent requirements. Each applicant must: (1) agree when he or she becomes a resource parent that he or she will not	In addition to the forms noted above in 2. (a), the following forms are	In addition to the forms noted above in 2. (a), the following	This section further outlines steps to be taken by

accept a child into the resource home from any other source without OKDHS CWS resource staff or the resource family partner (RFP) approval; (2) provide appropriate sleeping arrangements for each child placed; (3) provide verification all household members are in sufficiently good physical and mental health to provide for the individual needs of each child placed; (4) submit to a search of all OKDHS records, including child welfare records; (5) ensure each household member, 18 years of age and older at the time of application, and when a household member becomes 18 years of age, submits fingerprints for state and national criminal history records searches; (6) submit to a Juvenile On-line Tracking System (JOLTS) records search for any child of the applicant or child of an adult household member, who is 13 through 17 years of age, at the time of application; (7) not allow a person with a conviction for any sexual offense to reside in the household; (8) immediately notify OKDHS when the applicant or any household member is, or becomes, the subject of any: (A) criminal charges, criminal investigations, arrests, or illegal or alleged illegal activity; or (B) proceeding for a protective order filed by, or against the applicant, or any household member; (9) notify the resource specialist within 24 hours of any change in the household including, but not limited to: (A) the address or the home's location, including emergency home displacement; (B) any significant change in the home that impacts the family's day-to-day living; (C) health of any household member; (D) income; (E) new or terminated relationships; or (F) individuals moving into, or out of, the home for any reason; (10) participate in the resource family assessment; (11) agree not to use tobacco products, such as cigarettes, cigars, pipes, or electronic smoking devices that include, but are not limited to, e-cigarettes, vape pens, or vaporizers in: (A) the resource home when a child in OKDHS custody is placed in the home; and	used for this section: 04AF004E House Assessment 04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Regular Foster Care Contract State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Kinship Foster Care Contract	forms are used for this section: 04AF004E House Assessment 04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Regular Foster Care Contract State of Oklahoma Department of Human Services – Service Contract for Providers for Out-of-Home Care Fixed Rate Kinship Foster Care Contract	staff to ensure the family has understanding and will remain in compliance with 340: 75-7-10.1. These steps are taken to ensure children in OKDHS custody are in a safe and nurturing environment while in foster and adoptive care. Applying these steps across all homes reviewed also helps to ensure standards are being applied equally across every home assessed. Meet national licensing standards.

(B) a vehicle when transporting a child in OKDHS custody; (12) provide references; (13) complete pre-service training; (14) agree to complete 12 hours of in-service training for each year of service, when approved as a resource parent; (15) provide a clean and safe home; (16) cooperate in the completion of a house assessment; (17) identify an alternate caregiver to provide support and child care for the child in OKDHS custody other than, or in addition to, OKDHS-paid, licensed child care; (18) submit verification of employment or participation in formal education or training when requesting OKDHS-paid, licensed child care services for the child in foster care; (19) agree that as an applicant, and when becoming a resource parent, to notify OKDHS when any member of the resource family is seriously ill or hospitalized; (20) agree to provide a physician's statement, when approved as a resource parent: (A) regarding any hospital stay; (B) regarding ongoing outpatient medical or behavioral health care, including psychological counseling; or (C) upon request from the resource specialist; (21) agree to work with OKDHS staff as a member of the child's professional team to develop a permanency plan for each child placed in the resource home; (22) agree to participate in an initial meeting with each child's parent, when requested; (23) agree to share parenting of the child in OKDHS custody with the child's parent, who may have different values and lifestyles than the applicant; (24) be willing to actively mentor the parent to help improve the parent's ability to safely care for the child, when safe to do so; (25) agree to maintain all information regarding the child and family as confidential, only sharing information necessary to obtain services for the child; (26) be willing to accept sibling placements; (27) agree to participate in the development of an effective parent and child visitation plan, when safe to do so,			

including contact with the siblings when siblings are separated; (28) agree to comply with OKDHS rules regarding discipline of children; (29) agree to meet and maintain requirements necessary for continued approval as a resource including annual updates and reassessments; (30) agree to participate in the evaluation of CWS programs and services; (31) 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, special activity fees, allowances, and recreational opportunities; (32) agree to comply with all statutes relating to the care and support of minors that prohibit the use of tobacco, alcohol, and sharing medications not prescribed to the child; and (33) agree to use the reasonable and prudent parent standard and to consider the child's age, maturity, and development level when making decisions about the child's participation in extracurricular, enrichment, cultural, and social activities.			
3. Exceptions to requirements. Upon the applicant's or resource specialist's request, OKDHS may, at its discretion, grant an exception of specific rules or standards that do not compromise a child's safety and does not violate federal or state statutes, per Oklahoma Administrative Code (OAC) 340:75-7-18. (1) The resource specialist submits Form 04AF042E, Request for Exception to Resource Requirements, to the resource supervisor for an exception to the requirements listed in OAC 340:75-7 Part 2. (2) When the resource supervisor agrees with the exception request, he or she sends Form 04AF042E to the field manager for review. (3) The field manager approves or denies the exception request and signs Form 04AF042E. A Foster Care and Adoptions deputy director is consulted when needed. Form 04AF042E is scanned into KIDS Resource document management system (DMS). (4) The resource specialist documents the request and response in KIDS Resource Contacts.	04AF042E Request for a Waiver or Variance to Resource Requirements RFP agencies are required to process this form through their CWSRFP liaison who will work with the RFP agency and CWS leadership. Variances and waivers are not granted by RFP agency leadership.	04AF042E Request for a Waiver or Variance to Resource Requirements	Variances and waivers are requested and approved as above. Form 04AF042E is a standardized form designed to outline steps for consistency for variances and waivers. It contains sections for a summary of the request, the ways in which safety will not be compromised or violate federal statutes and a timeframe the variance or waiver is anticipated to be needed.

			Meet national licensing standards.
4. Evaluating applicant eligibility. To meet eligibility requirements, all adult household members must be fingerprinted, unless a fingerprint exception is granted, per OAC 340:75-7-15 Instructions to Staff.	RFP agencies are required to follow the same process as CWS.		Fingerprint exceptions are requested through the OKDHS Office of Background Information (OBI) who approves or denies the request. Meet national licensing standards.
5. Special circumstances for consideration. (1) Foreign exchange students. Approval is required for an applicant or a resource family to host foreign exchange students while providing care for a child in OKDHS custody. The applicant or resource family provides the resource specialist with the foreign exchange student's packet that includes all background information provided to the family by the student's sponsoring agency. When a foreign exchange student will reside in the home in excess of 30-calendar days, the foreign exchange student is required to have all applicable background information searches including: (A) JOLTS; and (B) when 18 years of age and older: (i) an Oklahoma State Bureau of Investigation name-based search; and (ii) fingerprints completed, per OAC 340:75-7-15. (2) Temporary Assistance for Needy Families (TANF) recipients. When a TANF recipient inquires about becoming a resource parent, the assessment process includes a determination of the TANF recipient's ability to provide for the child's needs pending, and during receipt of, the foster care maintenance payment. (3) OKDHS employees. An OKDHS employee interested in becoming a kinship or traditional resource parent submits Form 04FC019E, OKDHS Employee Request to be a Resource Family, to his or her supervisor. When the employee is assigned to CWS, Form 04FC019E is sent to the reviewing CWS supervisor.	RFP agencies are required to follow OKDHS policy regarding these circumstances.		This section deals with special circumstances and the various steps required to assess and evaluate each one. Meet national licensing standards.

(A) Request review. Each request is reviewed on a case-by-case basis. The employee's direct supervisor and reviewing supervisor discuss the: (i) employee's role as an OKDHS employee and as a resource parent and the potential for a conflict of interest; (ii) types of leave the employee is required to request when taking the child in OKDHS custody to appointments, such as family visits or court; (iii) employee's understanding that OKDHS employment is not used as a means to obtain information about the child's case or to gain services; and (iv) employee's understanding that he or she is required to work with an RFP agency, unless the employee is providing kinship care. (B) Written request. The reviewing supervisor submits a copy of Form 04FC019E to the applicable RFP documenting the discussion and places a copy in the employee's personnel file. (C) Assessment. The RFP may proceed with the family assessment process after receiving Form 04FC019E from the reviewing supervisor. (D) Placement considerations. When an OKDHS employee is approved as a resource parent: (i) a child currently assigned to the employee's caseload is not placed with the employee for foster care; (ii) a child, currently assigned to a child welfare specialist in the same county as the employee's work assignment, is not placed with the employee except when there is a kinship relationship; (iii) his or her resource case is assigned to a resource specialist in a district outside of his or her assigned work location; and (iv) the employee's resource and the child's case are restricted in KIDS.			
6. Previous non-OKDHS foster care experience with a tribe, private child-placing agency, or another state. The applicant who previously served as a foster parent with a tribe, private child-placing agency, or in another state, must provide or authorize release of all previous foster home records including, but not limited to, home studies, foster home assessments, reports, and training records from a tribe, private child-placing agency, or another state for consideration as an OKDHS resource parent. The resource specialist:	Efforts are made to obtain and review all prior assessment, approval, and denial documentation applicable to previous non-OKDHS foster care experience.	Efforts are made to obtain and review all prior assessment, approval, and denial documentation applicable to previous non-OKDHS foster care experience.	This section outlines requirements to obtain past related experience to assist in the assessment process. This information is combined with the current assessment of the family to

(1) uses Form 04MP001E, Consent for Release of Confidential Information, to request and secure a copy of the applicant's foster home assessment, related information, and training record from a tribe, private child-placing agency, or another state, when applicable, per OAC 340:75-7-14; (2) provides the information to the resource family assessment (RFA) contractor, when applicable; and (3) utilizes Form 04AF002E, Guidelines for Resource Family Assessment, and the information obtained from the tribe, private child-placing agency, or another state to complete Form 04AF003E, Resource Family Assessment, with the supporting documentation.			create a more well-rounded understanding of the family and their lived experiences. Meet national licensing standards.
7. Re-opening a resource. A person must re-apply to re-open as a resource. (1) Upon application receipt, the resource specialist reviews the past resource records to determine the former resource parent's history. The performance review includes, but is not limited to, assessing: (A) each identified concern or OKDHS policy or contract violation; (B) any written plan of compliance outcome and recommendations regarding continued use of the resource; and (C) the training record, ensuring pre-service and in-service training were completed, as required and documented, per OAC 340:75-7-14. (2) Within 10-calendar days of the application date, the resource specialist and resource supervisor review and determine whether to deny the application or proceed with the assessment. The field manager is consulted as needed. (3) When the resource is closed for less than 12 months, the resource may be opened with an approved annual update within 30-calendar days of the disposition date, per OAC 340:75-7-94. When the resource is closed for more than 12 months but less than five years, the resource may be opened with an approved reassessment within 30-calendar days of the disposition date, per OAC 340:75-7-94. (4) When the resource is closed for more than five years, a new RFA is completed, processed, and approved or denied within 60-calendar days of the disposition date. (5) Re-opening a resource requires: (A) re-opening as:	If the home was a previous RFP agency home, all prior RFP foster family documentation and history is obtained and reviewed during the initial assessment process of a home being reopened. If the applicant was a foster family with another RFP agency all prior documentation is requested of that agency through the CWS RFP liaison. If the applicant was a foster or adoptive family with CWS, all prior documentation is requested through the CWS RFP liaison.	If the home was a previous CWS home, all prior CWS foster and/or adoptive family documentation and history is obtained and reviewed during the initial assessment process of a home being reopened. If the applicant was a foster family with an RFP agency all prior documentation is requested of the agency through the CWS RFP liaison.	This section addresses the steps that are required to be taken when reopening a foster or adoptive home. By detailing the review and assessment of the past information, it helps to ensure standards are applied equally to all former applicants and works to prevent positive or negative bias against previously approved families. Meet national licensing standards. Exceeds national licensing standards in regard to age to reopen as a

(i) the same type of resource, such as a traditional resource re-opening as a traditional resource. The closed resource is re-opened as pending in the KIDS Resource Status screen and a final resource approval line for the reassessment or annual update is entered; or (ii) a different type of resource, such as a kinship resource re-opening as a traditional resource. A new resource is opened as pending in the KIDS Resource Status screen and a final resource approval line for the reassessment or annual update is entered; and (B) a new contract. Upon approval, the resource specialist: (i) obtains each applicant's signature on the new contract; (ii) attaches copies of each applicant's current driver license or state identification card and Social Security card to the new contract; (iii) discusses payment options, per OAC 340:75-7-52. When the resource parent was previously issued a debit card, the same card number is used; and (iv) submits the contract to obtain the new contract number. (6) When the resource is denied, the resource specialist phones the applicant about the application's disposition, sends a notice of denial, Form 04FC020E, Notice of Denial to Resource Applicant, and scans it into the DMS, and when the resource is a relative, files with the court Form 04MP056E, Notice to the Court of Relative Denied Placement.			foster parent (as they would have exceeded for their previous approval), and exceeds regarding required medical examination document for all adults in the household.

To ensure standards are applied equally to all foster and adoptive homes, OKDHS completes a RFA that reviews whether all the requirements are met. For CWS homes, the foster and adoptive home assessments are completed by contract agencies and then are submitted to CWS FC&A staff to review and approve within five-business days. This process ensures that assessments are thorough and that resource applicants meet all the standards set forth in policy. By having the assigned FC&A specialist and their supervisor read the RFA, this review process allows the specialist to review for inconsistencies or add new information obtained from the family, as they have been involved with the family during the entire assessment process, while the supervisor checks for content errors or safety concerns. When a RFA is incomplete, it is sent back to the contractors to readdress any issues with the family. For RFP agency homes, most of the agencies write their own RFAs and the few that do outsource to a single individual, he or she works solely with the RFP agency for the RFA writing process.

The purpose of the RFA, and pursuant to Section 1-7-111 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-7-111), is to conduct 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 OKDHS custody requiring foster care. Additionally, CWS assesses the prospective resource applicant's ability to parent and provide a safe environment for a child which has experienced trauma and may have additional needs. Upon completion of the RFA, a decision regarding approval or denial is made after assessing all information gathered. CWS may approve or deny an 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. Policy regarding the RFA is in OAC 340: 75-7-18, and further detailed in the ITS section. Regarding the RFA process, the OKDHS policy meets national licensing requirements for all aspects of the process noted in Figure 129 below, and exceeds in regard to the number of in-home/on-site visits in that OKDHS requires a minimum of two in-home visits as well as an additional visit in-home to review and sign the RFA.

Figure 130

Resource Family Assessment Requirements

Requirement per Policy OAC 340: 75-7-18 Revised 2-1-22	**How applied/assessed in RFP homes**	**How applied/assessed in OKDHS foster/adoptive homes**	**Comments**
(a) **RFA.** Per Section 1-7-111 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-7-111), the Oklahoma Human Services (OKDHS) or RFA contractor conducts an assessment of the applicant's and each household member's background and other circumstances and conditions to determine if the home is suitable and provides a safe environment for the child in OKDHS custody requiring foster care.	04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment	04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment	The RFA provides the opportunity to assess a home with a standardized set of requirements towards the goal of assessing all homes equally while ensuring safety and stability for any child in Oklahoma custody placed in an approved home.
(b) **Mandate to conduct background information search.** 10A O.S. § 1-7-111 and the Oklahoma Child Care Facilities Licensing Act, 10 O.S. §§ 401 et seq. mandate that a national criminal history records search based on the submission of fingerprints and a child abuse and neglect information system check be conducted for each applicant and each household member 18 years of age and older that is not a foster child. The applicant and each adult household member complete and sign Forms 04AF001E, Resource Family Application, and 04AD003E, Request for Background Check to authorize OKDHS to conduct a search into the applicant's and adult household member's criminal history records and OKDHS records.	04AF007E Records Check Documentation CWS RFP liaisons conduct OSBI, DPS, FPS checks, and Oklahoma child welfare history checks. RFP agencies complete the public searches of background checks. All other documents listed are completed by the individual RFP agencies.	04AF007E Records Check Documentation CWS FC&A Resource specialists conduct the background searches of public and non-public criminal history as well as Oklahoma child welfare searches. OBI completes the fingerprint searches. Further details of the background check	By completing background checks the same across CWS and RFP homes, it provides the best opportunity of assessing homes equally regardless of their history.

		process can be found in Item 34.	
(c) **Form 04AF004E, House assessment.** • 2 An in-home evaluation of the applicant's residence is conducted to assess the location, condition, and capacity to accommodate the child in OKDHS custody who requires foster care. Form 04AF004E includes an assessment of (1) through (13) of this subsection. (1) The home's location. The home is accessible to school, medical, and recreational resources. (2) The home's and property's condition. The home is clean and safe and any structures on the property that are accessible to a child are in a safe condition. The home and surroundings are evaluated regarding possible safety concerns and addressed with a plan of supervision, when applicable. (3) Available play space. Adequate and safe indoor and outdoor space for play activities is available. Outdoor recreational equipment on the resource home's grounds, such as swing sets, riding toys, trampolines, or tree houses are clean and are maintained in good repair. (4) Age-appropriate equipment. Age-appropriate child care equipment, such as beds, high chairs, or toys are available, clean, and in good repair. (5) Phone communications. An operable phone is available in the home when a child is present. (6) Transportation. (A) The applicant: (i) maintains a vehicle in safe working order that is capable of transporting children and: (I) carries the statutorily mandated vehicle liability insurance; (II) possesses a valid driver license; and (III) has a current, valid vehicle license tag; or (ii) provides an acceptable transportation plan for the child in OKDHS custody. (B) The applicant is advised that proper passenger restraints are used at all times when a child in OKDHS custody is riding in a vehicle. (C) The applicant agrees to transport all children and adults in compliance with applicable state law, per 47 O.S. § 11-1112. (7) Sleeping arrangements and privacy.	RFP agencies complete this document and process during their initial documentation gathering process as well as a thorough review during the RFA writing process.	CWS completes this document and process during their initial documentation gathering process as well as a thorough review during the RFA writing process.	While reasonable and prudent parenting is a requirement for foster parents, and reviewed during the initial assessment process as well as during the RFA process, there are many specific safety concerns that are addressed in this document. Examples of these safety areas include assessing storage of household chemicals/medications/weapons, reviewing the inside and outside of the home for safety concerns (steps, smoke detectors, fireplaces, pets, evacuation plan, vehicle safety, sleeping areas, etc.) Any item noted as a safety issue is listed at the end of the document including when it will be corrected and when the specialist reviewed the correction was made. This document is not meant to be all inclusive and will initiate conversations with foster parents during the assessment process and throughout the life of the family's case.

(A) The applicant's home provides a separate bed for each child, with the exception of siblings younger than 6 years of age who exhibit a need for mutual support. (B) A separate bedroom is provided for a child who acts out sexually. (C) Preferably, no more than two children share a bedroom. Primary consideration is given to related children according to age and emotional needs. (D) The applicant's home provides separate bedrooms for children 7 years of age and older of the opposite sex. (E) A child in OKDHS custody, with the exception of an infant who is younger than 12 months of age, does not share a bedroom with an adult in the household. Under no circumstances is a child of any age authorized to sleep with an adult. (F) The applicant's home provides space for the child's personal possessions and for a reasonable degree of privacy. (G) The applicant may not designate a room, such as the living room, utility room, den, dining room, pantry, or unconverted garage as a bedroom for a child in OKDHS custody unless the room is specifically designed as a bedroom. (8) Infant sleeping arrangements. A crib, port-a-crib, or playpen with a firm, waterproof mattress or pad is used for each child younger than 12 months of age. (A) Cribs, port-a-cribs, and playpens with more than two and 3/8 inches between slats or between the side and end panels are not allowed. (B) Cribs with decorative cutout areas in crib-end panels or tall decorative knobs on the corner posts that may entrap a child's head or catch the child's clothing are not allowed. (C) Cribs with drop-side latches must have the manufacturer-provided kits to lock the crib side in the upright position due to safety hazards. (D) Mattresses are tight-fitting with no more than one inch between the mattress and crib, port-a-crib, or playpen. (E) Mattress and crib sheets fit snugly. (F) Soft sleeping surfaces, such as soft mattresses, waterbeds, sofas, pillows, beanbag chairs, and inflatable mats are prohibited. (G) Pillows, quilts, comforters and blankets, sheepskins, stuffed toys, bumper pads, breathable bumper pads,			

and other soft products are not permitted in the infant's crib, port-a-crib, or playpen. (H) Infants birth through three months of age may be swaddled with an infant-sized, thin fabric, such as a receiving blanket. (I) When placed for sleeping, items, such as pacifiers, teething necklaces, and bibs, are not attached to the infant or his or her clothing. (J) An infant is immediately moved to a crib, port-a-crib, or playpen when he or she falls asleep in other equipment. (K) Mobiles may be securely attached or hung above the crib provided no part of the mobile is within the infant's reach. (9) Infant sleep positions. (A) To reduce the risk of Sudden Infant Death Syndrome (SIDS), the infant younger than 12 months of age is placed on his or her back for sleeping, unless there is a medical reason documented by a health care professional that the infant must not sleep on his or her back. • 3 (B) The infant who is able to turn himself or herself over is placed initially on his or her back for sleeping but is allowed to sleep in the position he or she prefers. (10) Water safety. (A) Form 04MP061E, Water Safety Agreement, is completed for all applicants. (B) The definition of a water structure or water mass includes, but is not limited to: (i) swimming pools; (ii) decorative ponds; (iii) farm ponds or streams; (iv) fountains; (v) wading pools; (vi) hot tubs or spas; and (vii) waterfalls. (C) Any activity that involves a child in OKDHS custody wading or swimming is supervised at all times. (D) All applicable laws, ordinances, rules and regulations, and insurance requirements for pools are followed. (E) A hot tub is equipped with a hard cover designed for a hot tub. (F) The use of portable wading pools is monitored at all times. The wading pool is emptied at the end of each use. (G) A water safety plan is developed and each adult identified to provide supervision for the child during water activities signs the water safety plan. • 4 The water safety plan includes appropriate measures to ensure the child's safety. Appropriate measures may include, but are not limited to:			

(i) fencing. A water structure or water mass is fenced to prevent unsupervised access. There is a sturdy fence: (I) at least four feet high that cannot be easily climbed; or (II) that connects to the top of an above-ground pool and extends two feet above the pool or follows other specified safety guidelines; (ii) pool covers. A child-safety pool cover is placed over the water area each time the pool is not in use. Pool covers are completely removed prior to pool use; (iii) locked doors. All doors and gates leading to the water structure, are locked; (iv) pool alarms. Pool alarms are installed and operating when the pool is not in use; (v) removable ladders. Removable ladders are removed from the water structure when not in use; (vi) safety devices, such as lifejackets or rings; (vii) swimming lessons; or (viii) training, such as cardio-pulmonary resuscitation and first aid. (11) Animal and household pet safety. • 5 (A) Animals are in good health, do not show evidence of carrying disease, and do not present a threat to the health, safety, or welfare of children. Appropriate supervision is required when the child in OKDHS custody is in the presence of the family's animals. (B) The applicant or parent provides documentation of current rabies vaccinations for applicable animals. (C) When an animal bites a child, the applicant or parent obtains appropriate and immediate medical treatment and contacts the assigned child welfare (CW) specialist as soon as the child's safety is secured. (12) Weapon safety. (A) An applicant or parent is responsible for ensuring the safety of a child in OKDHS custody who comes within close proximity to: (i) a firearm or other weapon; or (ii) an individual in possession of a firearm or other weapon. (B) Any firearm or weapon in the home must be maintained, along with any ammunition, in a secure container, cabinet, or closet or otherwise be inaccessible at all times to children who are in the home. (C) No firearm or weapon is transported in any vehicle in which a child in OKDHS			

custody is riding unless the firearm or weapon is safely secured or inaccessible to the child. (D) A law enforcement official is exempt from (B) and (C) of this paragraph when conditions of employment require ready and immediate access to his or her weapon. (E) An applicant or parent licensed to carry a handgun, whether concealed or unconcealed, per 21 O.S. §§ 1290.1 et seq., the Oklahoma Self-Defense Act, may maintain the firearm in a holster secured to his or her person, per 21 O.S. § 1290.2. When the firearm is not holstered and secured to his or her person, it must be maintained as required in (A) through (C) of this paragraph. (F) Any activity the child in OKDHS custody participates in that involves a weapon must have appropriate adult supervision at all times. The applicant or parent obtains pre-approval for the child's participation in a weapons activity from the child's assigned CW specialist or CW supervisor. • 6 (13) Disaster plans. Disaster plans are reviewed with each newly-placed child and periodically with all children in the home. The family disaster plan includes: (A) a list of emergency phone numbers posted in an accessible and conspicuous place. The list includes: (i) 911; (ii) doctors' names and phone numbers; (iii) health professionals or clinics; (iv) fire and police departments; (v) an ambulance service; and (vi) the name and phone numbers of the alternate caregiver; (B) access to a phone at all times when a child in OKDHS custody is present; (C) an evacuation plan in the event of a fire, tornado, earthquake, flood, ice storm, or other natural, state, or national disaster; (D) first aid procedures and supplies; (E) a planned source of available medical care, such as a hospital emergency room, clinic, or health care professional; (F) a plan of whom to contact when there is an accident, an incident involving the child in OKDHS custody, or he or she runs away or is abducted; and (G) a plan of whom to contact and community resources to access when the child in OKDHS custody has behavioral problems.			

(d) **Number of children in the home.** OKDHS determines the number and ages of children placed in each resource home. (1) **Maximum number of children allowed to reside in the resource home.** The total number of children in OKDHS custody placed in a resource home does not exceed five. The total number of children in the resource home does not exceed six, which includes biological, adoptive, foster, and other children not in OKDHS custody. Approval to exceed these limits may be given to allow: (A) a parenting youth in foster care to remain with his or her child; (B) siblings to remain together; (C) a child with an established meaningful relationship with the family to remain with the family; or (D) a family with special training or skills to provide care to a child who has a severe disability. (2) **Maximum number of children younger than 2 years of age allowed in a resource home.** No more than two children younger than 2 years of age including the resource parent's own children may reside or be placed in the resource home. (3) **Child in OKDHS custody placed in a tribal home.** The number of children in OKDHS and tribal custody allowed to reside in a tribal resource home is determined by the applicable tribe. When a child in OKDHS custody is placed in a tribal home and placement exceeds six children, overfill procedures are followed. • 7 An Indian child in OKDHS custody is placed in compliance with the placement preferences of the Indian Child Welfare Act, per Oklahoma Administrative Code (OAC) 340:75-19.	RFP agencies follow the same policies as listed in OKDHS policy.		This section mandates all homes are evaluated according to the same standards and exist to protect both the safety of custody children and the safety and well-being of the foster and adoptive family. The families are able to set the maximum number of children they are able to provide care for (based on their abilities and the size of their home) as long as it remains lower than the numbers noted in policy. When a home wants to increase the number of children they accept in placement, conversations are held with the family, PP/CPS specialists, FC&A specialist and supervisor assigned, and CWS leadership to determine if this change will be in the best interest of the children as well as that of the foster or adoptive family.
(e) **Authorization to check applicant's references.** The applicant grants OKDHS and RFA contractors permission to contact the applicant's references by signing Form 04AF001E, Resource Family Application. Information obtained from the references is confidential and can only be released upon order of a court with competent jurisdiction. • 8 & 9	References obtained: 04AF016E Resource Family Personal Reference Letter 04AF015E Resource Family	References obtained: 04AF016E Resource Family Personal Reference Letter 04AF015E Resource Family	Forms used are the same for CWS and RFP agencies and are used for foster and adoptive families.

	Reference Letter for Adult Children 04AF014E Resource Family Reference Letter for School Personnel 04AF025E Resource Family Reference Letter for Home Schooling 04AF011E Resource Family Reference Letter for an Employer 04AF013E Resource Family Assessment Reference Letter for Behavioral Health Professionals 04AF012E Child's Behavioral Health Reference Letter	Reference Letter for Adult Children 04AF014E Resource Family Reference Letter for School Personnel 04AF025E Resource Family Reference Letter for Home Schooling 04AF011E Resource Family Reference Letter for an Employer 04AF013E Resource Family Assessment Reference Letter for Behavioral Health Professionals 04AF012E Child's Behavioral Health Reference Letter	
(f) **Assessment of applicant's marital and relationship history.** The applicant must have stable relationships whether married, single, separated, or divorced. The applicant's ability to develop and sustain stable relationships is assessed and documented. • 10	04AF001E Resource Family Application 04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment	04AF001E Resource Family Application 04AF002E Guidelines for Resource Family Assessment 04AF003E Resource Family Assessment	This section notes that applicants are not judged on their relationship status but on the stability of any relationships they may have with significant others, friends, and family.
(g) **Household income.** The applicant completes Form 04AF010E, Resource Family Financial Assessment, and provides documentation of employment, income, and expenditures as an assessment component. The applicant provides verification that he or she can manage personal and household financial needs without relying on the foster care maintenance payment. The applicant must have sufficient income or community resources to meet the needs of an additional child placed in his or her home until the foster care maintenance payment			Form used is the same for CWS and RFP agencies and is used for foster and adoptive families.

for the child in OKDHS custody is received.			
(h) **RFA disposition.** • 11 Upon completion of the RFA, a decision regarding approval or denial is made after assessing the information gathered. (1) The assessment process is completed and the determination regarding approval or denial is made no later than 60-calendar days after receipt of completed Form 04AF001E. (2) OKDHS may approve or deny an applicant as a resource when the applicant or the home meets or does not meet requirements, per OAC 340:75-7. (3) OKDHS makes the final determination of application denial, which may occur at any point during the process.	RFP agencies cannot deny a home on their own, they have autonomy to review and assess, yet are required to follow OKDHS policy when assessing and denials involve a CWSRFP liaison.		While denial may occur at any time during the assessment process, after the RFA disposition is a time to determine new or contradictory information that would create a concern for the safety and wellbeing of any child placed in the home, or, it is determined the applicant family's own health or well-being would be compromised. Denials at this stage are part of a final review.
(i) **Exceptions to assessment guidelines.** • 12 Upon the applicant's or CW specialist's request, exceptions may be granted by OKDHS, provided adequate standards affording protection for the health, safety, and welfare of the child exist, per (1) and (2) of this subsection. (1) For kinship resource homes only, OKDHS may, at its discretion, grant a waiver of specific rules or standards that do not compromise a child's safety and does not violate federal or state statutes (2) For traditional resource homes, OKDHS may, at its discretion, grant a variance of specific rules or standards that do not compromise a child's safety and does not violate federal or state statutes	04AF042E Request for a Waiver or Variance to Resource Requirements RFP agencies are required to process this form through their CWS RFP liaison who will work with the agency and CWS leadership. Variances and waivers are not granted by the RFP agency.	04AF042E Request for a Waiver or Variance to Resource Requirements	Any exception to the items in this table/policy are requested through variances and waivers. The higher level of leadership reviewing the request will then approve or deny the request. Form 04AF042E is a standardized form to ensure process is followed consistently for all variances and waivers. It contains sections for a summary of the request, the ways in which safety will not be compromised or violate federal statutes, as well as a timeframe the variance or waiver is anticipated to be required.

(j) **Application denial.** When a decision is made to deny an applicant as a resource parent, the applicant is provided an explanation regarding the reasons for the denial. When the denial pertains to a kinship resource home, the child in OKDHS custody is immediately moved from the applicant's home. Reasons for denying an application may include, but are not limited to: (1) a lack of stable, adequate income to meet the applicant's own or total family needs, or the poor management of available income; (2) the physical facility is inadequate to accommodate the addition of the child in OKDHS custody into the home, or presents health or safety concerns; (3) a household member that has a history of alleged or confirmed child abuse, neglect, or both, per OAC 340:75-7-15; (4) a household member that has a history of arrests or convictions, per OAC 340:75-7-15; (5) any household member's health, behavioral health, or any condition that impedes the applicant's ability to provide appropriate care for a child; (6) relationships in the household that are unstable and unsatisfactory; (7) references that are guarded or have reservations in recommending the applicant; (8) the applicant fails to complete the application, required training, or verifications in a timely manner as requested, or provides incomplete, inconsistent, or untruthful information; (9) the home is determined unsuitable for the child requiring placement; (10) the applicant applied for a child that OKDHS reasonably believes may not be available for placement; or (11) one or more factors concerning any household member or conditions in the home, as described in the denial letter, renders the applicant or home environment inappropriate as a resource home.	04FC020E Notice of Denial to Resource Applicant RFP agencies cannot deny a home on their own; however, they have autonomy to review and assess. They are required to follow OKDHS policy when assessing and denials involve a CWS RFP liaison.	04FC020E Notice of Denial to Resource Applicant	Utilizing a standardized denial form with clear reasons noted is an effort to ensure standards are applied equally. Denials are based on safety concerns as supported by OKDHS policy.
(k) **Authority to approve or deny resource home and Interstate Compact on the Placement of Children (ICPC) assessments.** OKDHS determines the final disposition of each resource home and ICPC assessment completed by OKDHS or RFA contractors.			

(l) **Changes in the household.** • 13 The applicant or parent must notify the resource specialist or RFA contractor: (1) immediately of any: (A) charges, arrests, or any alleged illegal activity committed by the applicant or any household member; and (B) proceeding for a protective order filed by or against the applicant or any household member; and (2) within 24 hours of any change in the household including, but not limited to: (A) the address or the home's location, including emergency home displacement; (B) any significant change in the home that impacts the family's day-to-day living; (C) the death or serious illness of a resource parent; (D) health; (E) income; (F) individuals moving in or moving out of the home for any reason; or (G) new or terminated relationships			This section is the same for RFP agencies and CWS. The goal is to ensure the RFA is up-to-date and as accurate as possible at the time of completion which requires the any new information be provided immediately.

FC&A Quality Assurance

An internal review process is in place to help ensure policy is followed and standards are applied equally to all foster and adoptive homes. The CWS CQI Programs, CPR team took over responsibility for resource reviews 4/1/2020. The CPR team's overall approach to transitioning the quality assurance process highlighted the following goals:

- Streamline the overall process and establish a fixed number of resources to be reviewed on a quarterly basis;
- Focus the review on safety and quality of the assessment, with less focus on compliance;
- Create a tool for ease of use and ability to enter the scored information into a Qualtrics survey to provide data; and:
    - A section to review record checks such as state records, public records, out-of-state checks, and court records.
    - A section to review history approval to ensure appropriate levels of approval were obtained.
    - Sections to review reference checks, physical setting of the home, and other adults in the home had all required checks, and medical history.
    - A review of the RFA document checking quality and that all sections were completed.
- Establish a feedback loop and process for regional and district leadership to ensure all needed follow-up occurs.

The CPR team conducts reviews for newly approved traditional and kinship resources from each region on a quarterly basis. This provides both regional and statewide feedback on a frequent basis. This process was streamlined to a single review type that provides a look at current, overall FC&A field practices for newly approved traditional and kinship resource homes.

Each of the five PFRs of the CPR team are assigned to one of the CWS regions within the state and are responsible for completing the quarterly review of the region's cases. The sample of resource reviews is comprised of nine cases per region for a total of 45 statewide reviews each quarter. The total number of these types of homes varies with homes opening and closing, with there being approximately 3,200 homes at the time this report was written, per the YI023 Open Resource Homes (Approved and Unapproved) report. The current review breakdown for resource homes from each region is: two traditional foster care homes, three kinship non-relative, and four kinship relative homes. Random quarterly samples drawn from the YI023 report of newly approved traditional, kinship relative, and kinship non-relative homes were selected throughout the year. A tool was created to measure the quality of each home approval along with the application of OKDHS policy and procedure was applied. Reviewers utilize KIDS and OnBase to review the resource home files and records.

The CPR team conducted quarterly reviews of newly approved RFP agency homes in the early stages of this process; however, these reviews were dropped at the request of the RFP agencies. In lieu of the quarterly reviews these are now completed during the annual RFP agency contract reviews, which are scheduled and completed by the CPR team.

Following completion of the reviews, the CPR programs supervisor meets with the CPR team members and an internal review debriefing is conducted. This debriefing helps to ensure consistency and collaborative development of the statewide report on all findings at the end of each review cycle. One area of consistency is that by reviewing areas of concern and items identified in each region, which are then compared to the other regions, it allows a determination if it is a statewide concern or a localized regional concern.

After this internal CPR team meeting, case specific findings are provided to the regional FC&A field manager and supervisors by the assigned CPR team member to ensure awareness of all known strengths and deficiencies within the individual resource files selected for the quarterly review. The CPR team also periodically reviews current results to those of previous quarters and years since this process began.

The FC&A quality assurance reviews have utilized two primary methods to gather information around trends and data collected from a rudimentary trends table and a Qualtrics survey as identified earlier. Over the course of the past three years the reviewers have consistently identified a few areas that plateaued or have made incremental improvement. This allows FC&A leadership to follow up through training and written communication to regional and district staff.

The CPR team and FC&A leadership meet within a few weeks after the completion of each quarter to review trends, data, and practices. These meetings allow an opportunity for the leadership teams to update the reviewers on changes and messaging to maintain consistency between programs and the regional and district staff. The relationships between the CPR reviewers, regional and district staff management, supervisors, and FC&A leadership has been key in the successful partnership over the past three years. This information has been utilized to enhance and improve forms and provide training for CW staff. Two forms updated by programs staff were the house assessment and the water safety agreement. Within the house assessment form, wording was added about whether outbuildings were viewed and clarified some pieces on where cleaning supplies and

medication were stored. The water safety agreement form was updated to remove the safety plan checkbox because it was already listed in the agreement section and was therefore redundant. Developing the Records Check Training was also a result of quality assurance reviews. Areas of improvement identified during reviews included completing the house assessment more thoroughly, obtaining appropriate references, ensuring they are quality references, and focusing on follow-up questions both in CW staff and RFP agency training.

These quality assurance reviews overall can glean a considerable amount of information from the electronic files; while at the same time, there are limitations.

- Sample size, particularly within the traditional foster homes, is sometimes limited due to the number of homes approved within each region during the quarter.
- Information provided for the review of each home is based on the documentation contained in each resource home file. This, at times, has been impacted by caseworkers who leave without completing their documentation.

Internal debriefings are held on a weekly basis throughout the review quarter to ensure consistency of scoring.

The CPR team has completed 11 full quarters of quality assurance reviews from April 2020 through December 2022. Two methods for drawing down data come from a basic trends table and results from a Qualtrics survey. The team has reviewed a total of 575 resource homes, held countless internal debriefings, and met with field managers and supervisors for their respective regions to provide feedback and insight.

- Throughout 2023, traditional home approvals have had minimal to no negative scoring to such a degree that these will no longer be reviewed every quarter.
- Completing background searches on all known names and documenting all known names has shown steady improvement and provides assurance that public record search results are thorough and comprehensive.
- CW and criminal history approvals at the field manager level has maintained well over the past six quarters.
- Obtaining criminal and CW checks from out-of-state is consistently met.
- Juvenile Online Tracking System (JOLTS) checks only showed one or two times as an occurrence in a resource home since the reviews began. A JOLTS check is a record search for any juvenile criminal history as maintained by the Oklahoma Office of Juvenile Affairs. A JOLTS check is done for any child age 13 through 17, living in the home.
- Obtaining health history and medical exam reports consistently scores out well.
- Completing Addendums to the RFA, which denotes any updates or changes to the RFA and overall assessment process prior to approval, was added to the review tool beginning July 2023. Reviewers were identifying issues during the earlier quarters and then, during recent quarters saw a marked improvement in clarifying information through the addendums.
- The most impactful change to the overall quality assurance process was bringing the CW supervisors on board to participate in the feedback loops. This offered them the opportunity to hear from the reviewer about best practices, noted trends, opportunities for improvement and to have a voice on how they wanted to respond to noted deficiencies.

CWS has available information and data on homes approved and pending various requirements. The YI023 report is available to all CW staff as a KIDS-generated Web-FOCUS 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 members under age 18
- Total children in the home
- Resource type
- Alternate caregivers
- Open date
- Family assessment status
- Family assessment date
- Household OSBI 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

This data pulls from the KIDS Resource screen on every resource home that is entered into KIDS. It is an electronic management report that assists FC&A staff in reviewing which homes have missing requirements and is a guide for them to update and complete missing information. This report is current as to the date run, documents point-in-time results, and is available on demand. The YI023 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;
- 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 entire assessment process, including fingerprints, the RFA, and training are complete, and it has been supervisor approved. Approved applies to:

- CW Foster Family Care (CWFC),
- CW Foster Family Care/Kinship/Relative (CWFC/KIN/REL), and
- CW Foster Family Care/Kinship/Non-Relative (CWFC/KIN/NON-REL).

The following do not require an Approval:

- 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);
- Therapeutic Foster Care (TFC Home); and
- Contracted Foster Care (CFC Home).

In addition to the IV-E audits, the RFP agencies are reviewed annually by the CPR team. The review primarily focuses on contract compliance and the safety, permanency, and well-being of children in the RFP home.

Policy regarding the assessment and approval process used by OKDHS CWS is clearly outlined and supported through documentation during the assessment process. Since the CFSR Round 3, it has evolved to be more defined and offers less room for interpretation by FC&A specialists, and RFP agencies. This structure allows for more accurate and consistent reviews across the state.

A survey was issued to CW staff in May 2023 through Qualtrics to assess their perception and experience regarding various aspects of their daily job duties broken into an all staff section as well as sections for each division within CWS throughout the state. One question asked if CW staff felt resource parent licensing standards are applied equally statewide. Of the 176 CW staff who responded to this question 16 percent Strongly Agreed, 26 percent Agreed, 26 percent Neither Agreed Nor Disagreed, 22 percent Disagreed, and 10 percent Strongly Disagreed. Follow-up communication with CW staff would be needed to determine what reasons supported the selections made by staff.

Staff were then asked if they felt these standards are applied equally when comparing region to region between the five regions of the state. The results from this secondary question were similar with 12 percent Strongly Agreed, 27 percent Agreed, 42 percent Neither Agreed Nor Disagreed, 12 percent Disagreed, and 6 percent Strongly Disagreed. For the response of Neither Agreed Nor Disagreed there was a noted increase in this compared to the previous question as it was 16 percent larger. In a review of the additional comments entered by 177 staff for this response there appears to be a perception that each region assesses homes differently. Follow-up communication with staff will be completed to highlight work to remove extraneous forms used in select regions as well as changes to the process that have been implemented to remove any region-specific practices with the goal of having a single process statewide.

State Licensed/Approved Facilities

There are 94 licensed residential facilities in Oklahoma. This includes children's shelters, residential childcare facilities, and residential treatment facilities. This is a reduction of 18 programs since the CFSR Round 3 Oklahoma Statewide Assessment Report. All 94 licensed facilities have specific licensing requirements to follow, regardless of what type of funding with which they operate. These licensing requirements include but are not limited to: personnel qualifications; employment requirements; square footage of the physical plant; construction; supervision of youth; etc. These are monitored throughout the year by OKDHS CCL staff, who complete one announced visit and two unannounced visits per year with additional visits made as needed. Every facility received their required visits culminating in CCL staff completing approximately 282 visits during the last calendar year. When a non-compliance with licensing requirements is noted, a plan of correction is initiated immediately, and completion dates are included in the plan. CCL staff follow-up with the facility to ensure

that the plan of correction has been completed. A notice to comply is completed with the program during the CCL visit and date of correction is determined.

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. CCL monitors the licensing and relicensing process during their visits to the programs. Once a licensed is issued, they are non-expiring.

There are additional processes if a facility or agency fails to complete a plan of correction. The facility or agency may 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 the facility or agency, which may affect their license. No office conferences have occurred within residential facilities since CFSR Round 3 Oklahoma Statewide Assessment Report.

The CWS SPPU team works closely with group home treatment providers to support the program in providing quality treatment to youth. This is evidenced through the SPPU assigned program liaison who is onsite at each program a minimum of four hours per week. If a program is struggling with staffing, youth behavior, programming, etc. SPPU will support the program by holding empty beds for a short time, bringing the NRCYS onsite for hands-on training, offering supportive ideas that have proven successful in other programs and utilizing the CWS Clinical Team to individually staff youth who are struggling in the treatment program. NRCYS provides workshops to help the residential programs meet the professional development needs of their staff. These workshops include but are not limited to: *Using Games and Activities*; *Alternatives to Levels Systems*; *Talking Sex: Taboo Says Who?*; *Youth Thrive: Protective and Promotive Factors for Healthy Development*; and *Promoting Successful Adulthood through Emotional Intelligence*. They also offer training of trainer and trainer certification courses for Managing Aggressive Behavior, Systematic Training to Assist in the Recovery from Trauma, and Residential Child and Youth Care Professional curriculum.

Item 34: Requirements for Criminal Background Checks

This Item functions as a Strength overall as it provides a detailed and thorough process to complete background checks on foster and adoptive parent applicants. The ability to access partial searches outside of regular business hours for kinship applicants provides further support of this strength. CW staff have access to current information regarding the background search process for all applicants via WebFOCUS reports which pull data directly from KIDS and compile it in an easy-to-read format. Training is provided to all CW staff, with Level 1 training being required by all new staff and monitored by CWS Training program.

In comparison to the CFSR Round 3 Oklahoma Statewide Assessment, the OKDHS Office of Inspector General Division, Office of Background Investigations (OBI) Unit has become a fully staffed unit that conducts checks for multiple OKDHS programs across the state as well as providing after-hour checks for kinship foster homes. Similar to Item 33, updates and refinements have occurred within OKDHS policy that supports this section in efforts to ensure background checks are completed accurately and in the same manner across the state. The

CPR team reviews a sample of foster and adoptive resources throughout the state on a regular basis for accuracy and safety accountability.

The foster and adoptive parent licensing, recruitment, and retention system is 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. OKDHS policy OAC 340:75-7-15 and Oklahoma Statute §10A-1-7-111 details the requirements for criminal background checks for prospective resource applicants and all adult household members:

- Applicants must consent to criminal history records searches being conducted.
    - an Oklahoma State Bureau of Investigation (OSBI) name and criminal history records check;
    - an FBI national criminal history records search (per Section 1-7-111 of Title 10A of the Oklahoma Statutes §10A-1-7-111;
    - a search of the Oklahoma Sex Offender Registry;
    - a search of the Mary Rippy Violent Offender Registry;
    - a Department of Public Safety (DPS) report;
    - a search of the Oklahoma State Courts Network (OSCN) and Oklahoma District Court Records (ODCR) to determine if the applicant, or household members, is, or was, a party in any court action;
    - a search of the Oklahoma Department of Corrections (DOC) offender information;
    - a search of all OKDHS records including CW records;
    - a search of the Restricted Registry;
    - a search of Nontechnical Services Worker Abuse Registry maintained by the Oklahoma State Department of Health;
    - a search of the Community Services Worker Registry;
    - a search of all applicable out-of-state child abuse and neglect registries for the applicant and adult household member who has not lived in Oklahoma continuously for the past five years per §10A-1-7-111; and
    - a search of JOLTS records for any child not in OKDHS custody, age 13 through 17, living in the home.

These requirements are readily available online to all FC&A staff. Specifically, fingerprints are required on all applicants prior to IV-E payments. When a criminal history records search is needed for a kinship applicant after normal business hours, or on a holiday, CWS uses the OBI to perform a name-based state and federal criminal history records search per Section 901 et seq. of Title 28 of the Code of Federal Regulations. When OBI is not operational, OKDHS may elect to contract or otherwise collaborate with law enforcement agencies to perform a name-based state and federal criminal history records search followed by fingerprint verification. Fingerprint verification must be completed within five-business days immediately after the child enters emergency placement, per §10A-1-7-111. However, if a kinship applicant has not lived in Oklahoma for the last five years, an equivalent criminal name-based search must be completed in the state(s) where the applicant previously resided. All CWS and RFP agency resource homes require the fingerprint results, as well as all other background searches, prior to the placement of children.

This policy outlines the process for reviewing relevant criminal history and is designed to ensure that history is reviewed and assessed consistently statewide. Included are 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 provides directions for the documentation of the information found for the case record and KIDS along with the storing of the hard copy of the fingerprint results. OKDHS policy can be found publicly online at OAC-340 (oklahoma.gov) and this specific policy is found at 15. Background information search and assessment of results (oklahoma.gov).

In addition to OSBI and fingerprint results, the OSBI Record of Arrest and Prosecution (RAP) Back service and the procedure to check on additional arrests and prosecutions on an annual or as needed basis is noted. Once a foster or adoptive parent is fingerprinted, the RAP Back system will notify the assigned CWS specialist and supervisor if the foster or adoptive parents, or any adult over age 18 in the home, has been fingerprinted for a crime. Once the RAP Back email is issued to staff, they review the information, interview the adult with the new criminal history, and determine a resulting action which can include a resource Alert, written plan of compliance (WPC), policy violation, CPS referral, and/or closure of the home, all of which will be uploaded into OnBase. If a home that receives a RAP Back is closed, the information is uploaded into OnBase for the case for future review should the family request to reopen and is available for audits of the case file. The RAP Back service and protocol put in place is part of the process for addressing safety of foster care and adoptive placements for children in out-of-home care. This background check and review of criminal and CW history is the same for foster care and adoption homes. If a child becomes legally-free for adoption and their current foster home placement agrees to be the adoptive home, the foster care file is reviewed by an Adoptions specialist to ensure all documents are up-to-date, including reviewing and utilizing the same background check information that was obtained during the initial assessment of the foster home.

FC&A staff receive training during their first year of employment and is offered to any staff who want refresher training on how to correctly complete the background check process. This training, *CW1070 Records Check Training*, is a one-day, six-hour training presented by FC&A Programs staff. It outlines applicable state and federal law and policy regarding completing records checks, assessing criminal convictions, assessment of JOLTS history, CW history, the protocol to resolve concerns, and the completion of the *Records Check Documentation* (04AF007E). All training is tracked and available online through the OKDHS LMS for staff and the supervisors to review. All Level 1 trainings are monitored by CWS Training program staff. If any new employee misses a Level 1 training, it is reported to the employee and their supervisor.

CWS has information and data available on homes approved and pending FBI results. The KIDS-generated WebFOCUS YI023 Open Resource Homes (Approved or Unapproved) Report dates that each head of household members' fingerprint results was received and reviewed. Kinship homes require a name-based search through the OSBI prior to placement of a child in OKDHS custody. If a kinship applicant has not lived in Oklahoma for the last five years, an equivalent criminal name-based search must be completed in the state(s) where the applicant previously resided. All foster and adoptive homes, including RFP agency homes require fingerprint results prior to the placement of children. The receipt and approval of fingerprints is reviewed prior to the home being approved, including documented as such

in KIDS, which then in turn makes the home available for placement and payments. This review process includes the RFA, which requires background checks to be complete.

The YI023 pulls from the KIDS Resource screen on every resource home that is entered into KIDS. It is also a management report that assists staff in determining which homes are due for updated background checks. Training is provided to all staff regarding this and any WebFOCUS report. This report is current as of the run date, 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 (CWS and RFP agency homes), CW Foster Family Care/Kinship/Relative, CW Foster Family Care/Kinship/Non-Relative, Therapeutic Foster Care, Tribal Approved Foster Family Care, Tribal Approved Foster Care-Kinship/Relative, and Tribal Approved Foster Care-Kinship/Non-Relative. The criterion is all open resources as described above. Approved means that the RFA is designated approved, and it has been supervisor approved. Children in OKDHS custody are only placed in fully approved resource homes that display as available as the KIDS system programming will not reflect resource homes not fully approved. The exception is, per OKDHS policy OAC 340:75-7-24 and state statute 10A O.S. §1-9-106, children may be placed in the kinship resource home at initial approval and prior to completion of the RFA, national criminal history records check, and pre-service training. The home must meet initial approval through completion of: background checks including OKDHS CW history, three personal references, Initial Kinship Placement Agreement (04FC001E), Resource Family Application (04AF001E), House Assessment (04AF004E), Water Safety Agreement (04MP061E), Verification of Receipt of OKDHS Rules (04AF021E), and Initial Kinship Safety Evaluation and Assessment Tool (04AF052E). A kinship home will not receive foster care maintenance payments until KIDS reflects the home is fully approved. Kinship homes not fully approved within 60 days are further monitored by field managers who work with the assigned FC&A supervisor and specialist to determine what is lacking for the approval and how best to rectify the situation.

To assist FC&A supervisors during required monthly meetings with their staff, the KIDS-generated YI046 Kinship Timeliness Report shows the progress of the home assessment process, including the status of fingerprint results. Guidance is provided that during the monthly meetings the specialist updates the supervisor on any progress or delays in the fingerprinting process for new kinship homes. For all other non-kinship type foster homes and adoptive homes, a resource is not given final approval until specific criteria have been met, one of which is that fingerprint results have been received and reviewed. For homes that are reopened within less than five years of the closure date, the RAP Back process is utilized to follow up on any concerns since the most recent fingerprint results were received. For homes that are reopened greater than five years since the most recent approval date, the entire assessment process is completed anew including the fingerprinting process, and the home is not converted from a pre-resource to an available resource until they are received.

As noted in Item 33, an internal quality assurance process is in place to review the accuracy of FC&A staff in following the guidelines set forth in policy for the assessment process overall, which includes the review of background checks. These reviews primarily focus on the safety of children in the resource with an additional focus on compliance with policy regarding the assessment process and background reviews. In SFY 2021 and SFY 2022 combined, of the 180 homes reviewed, there were eight homes where records showed children were placed

prior to the completion of the background check. Data for SFY 2023 has not been completed yet. The CPR team uses two measuring systems whereby trends and practices are maintained and reported on after each quarter data collection. The first source comes from a Trends Table that captures the number of resources that have not met the expectations on a particular item on the approval tool. The other method is a Qualtrics Data Survey whereby outcomes are filtered through a dashboard which reflects the specific type of occurrences.

The reviewers provide feedback to the regional field staff and programs staff about trends that impact their scoring. Early in the reviews, completing background/criminal history and child welfare history was noted as an area needing improvement as to how staff follow the training and guidelines as set out by FC&A Programs staff. In subsequent reviews of SFY 2022, and the first two quarters of SFY 2023, there has been a notable improvement with room for more. Criminal and CW History approvals required by the field manager were also a positive marker as measured by the data outcomes. Two areas that have plateaued and are not yet showing marked improvement are (1) gathering support documents related to criminal background findings such as police reports, court reports, and protective orders, and (2) obtaining all required references for family resource assessments. Through continual feedback discussion among FC&A Programs staff, field managers, and supervisors, these areas offer opportunities for continued transfer of learning with staff.

The OBI conducts fingerprint and name-based background checks for multiple OKDHS purposes in accordance with state and federal requirements. In line with OKDHS' commitment to be efficient and transparent, OBI continues to update policy to comply with state and federal laws and regulations to enhance the frequency of detail of background checks.

Between 2020 and currently, OBI has processed 170,656 background checks:

- All fingerprint requests received by OBI are processed resulting in a completed check, closing a request out as incomplete as it was lacking information that was never received, or closed as the worker was no longer needing the results. Any request that is closed as incomplete may be resubmitted to OBI which could potentially result in two requests for one individual. Some of the total results count include results that are reissued when requested by a different worker needing a copy of the results.
- On average, OBI conducted approximately 3,753 name-based searches (OSBI) and 2,760 fingerprint based national criminal history searches each year. This number included background checks for Child Welfare purposes including foster care, adoption, trial reunification and guardianship.
- OBI conducts background checks for after-hours emergency placements. During this timeframe, an average of 703 emergency background checks were completed annually.
- In addition, OBI processed an average of 8,084 background checks for licensed childcare programs and 322 background checks for OKDHS staff and agency partners each of the three years.

OBI is committed to providing complete and accurate background checks as quickly as possible to ensure the safety, care, and timely placement of Oklahoma children. OBI utilizes a live scan vendor statewide to capture fingerprints electronically. OBI receives fingerprint results from the OSBI and FBI between eight hours and 48 hours after the fingerprints are

electronically submitted. The quick turnaround allows OBI to complete fingerprint background checks within five-business days.

As noted in Item 33 and in OKDHS policy, there are steps in place to review safety in an ongoing basis after the initial assessment and approval process. These steps are the same for both CWS foster and adoptive homes and RFP agency contracted homes with the exception that RFP agency visits, both monthly and quarterly, are to be conducted in the resource family's home. These steps include:

- Monthly contacts and quarterly visits per OKDHS policy 340:75-7-37.1 are required by FC&A staff on all open foster and adoptive homes. Monthly contact is conducted by phone unless conditions outlined in policy exist which would then require an in-home visit. FC&A staff are required to have at least one contact each quarter in the resource home. Both contacts are documented in KIDS and any documents completed are uploaded into the OnBase system, sorted by case.
- After a foster or adoptive parent has been fingerprinted there is a RAP Back system in place that will notify the assigned FC&A specialist and supervisor of the foster and/or adoptive home, via email, if the foster or adoptive parents, or any adult household member, has committed a crime that resulted in them being fingerprinted. This notification requires an update showing the crime, the input from the foster or adoptive parent, and the resulting action which could be a Resource Alert, WPC, policy violation, CPS referral, and/or closure of the home as well as this final information is to be uploaded into OnBase. If a home that receives a RAP Back is closed the information is uploaded to OnBase future review should the family request to reopen. It is available for audits of the case file.
- Annual updates are detailed in OKDHS policy 340:75-7-94 and are conducted annually from the foster or adoptive home's approval date reflected in KIDS. During the annual update process all new background and CW history is reviewed for the past year, is partially conducted in the home through face-to-face interviews, and additional forms are completed in conjunction with the *Annual Update Form* (04AF038E). Every fifth year, the annual update process includes a new *Medical Examination Report* (04AF008E), new *Resource Parent Health History* (04Af017E), and new *Resource Family Financial Assessment* (04AF010E). Upon completion of the annual update, that action is entered into KIDS for documentation and approved by the supervisor, the annual update and all associated documents uploaded into the OnBase system as well, sorted by case.
- Resource alerts are internal documentation, noted in KIDS, identifying potential concerns or needs the family may have regarding safety that does not rise to a higher level, such as a WPC. These alerts include all involved parties of the case as well as monitoring for the correction and support process to ensure it is completed in a supportive and cooperative manner with the resource family. This is used by all involved parties, but specifically is designed as a communication tool between the FC&A specialist assigned to the case and all PP specialists assigned to children placed in the home and is documented in KIDS.
- WPCs, screen-out consultations, and policy violations are varying safety concerns that meetings between all involved CW staff assigned to the case, which includes FC&A, CPS, PP, and Tribal workers, to review information provided in interviews and assessments with the involved foster and adoptive families, biological families (when applicable), and service providers to the children placed in the home. The WPC is

entered into KIDS initially, updated over the course of the established time frame, reviewed, and finalized in the system at the completion. A required training on the WPC and policy violation processes is provided to all FC&A staff, a guide is provided covering all steps, a WebFOCUS report highlights specific time intervals for both process, all visits during a WPC and/or a policy violation must be in the home, and FC&A Programs staff send a report monthly on WPCs and policy violations that are not timely.

To gather FC&A field staff feedback, a Qualtrics survey was recently conducted. FC&A field staff were asked if background checks were obtained prior to approving a resource home. Of the 177 staff who responded to this question, 124 selected Always, 38 selected Almost Always, eight selected Sometimes, one selected Almost Never, and six selected Never; which indicates 91.5 percent of the respondents indicated the checks were completed always or almost always.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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. CWS analyzes and utilizes the demographics of foster parents by using data and diligent, targeted recruitment plans.

This Item is currently functioning as a Strength in that:

- a larger number of foster homes are available as compared to ten years ago,
- recruitment plans have become more adaptable and flexible to change over the last three years, and
- new ways have been created to reach potential families, including the internet portal OKFosters.

Since the CFSR Round 3 Oklahoma Statewide Assessment CWS has made efforts to improve the ethnic and racial diversity of foster and adoptive homes available through recruitment efforts by utilizing data available on the diversity of children in out-of-home care. The recruitment plans became more detailed to better maximize staff efforts in identifying which events were successful and those that t needed to be changed or removed. Despite these efforts, the data notes little change in the percentage of each racial background of active foster parents.

Foster Care policy OAC 340:75-7-10 and Adoption policy OAC 340:75-15-82 provide direction for recruitment of foster and adoptive families. Specifically, policy states, "Resource family recruitment is a crucial component to provide a safe home environment for a child in Oklahoma Department of Human Services (DHS) custody requiring out-of-home placement due to child abuse, neglect, or other special circumstances. Diligent and targeted recruitment provides the child access to a resource family who:

- can meet the child's unique needs;
- allows the child to stay with siblings;
- reflects and understands the racial and ethnic diversity of the child in care; and

- lives in close proximity to the child's family."

Additionally, OKDHS impacts the availability and diversity of resources by implementing recruitment and retention activities that are defined by each district. Per Oklahoma State Statute 10A O.S. § 1-9-114, OKDHS:

- "shall make special efforts to recruit foster parents for children in their custody from suitable relatives and kin of the child, and
- Shall make diligent efforts to recruit foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed."
- "no person shall be denied the opportunity to become a foster or adoptive parent on the basis of the race, color, or national origin of the person, or of the child involved.
- No child shall be delayed or denied placement into foster care or adoption on the basis of the race, color, or national origin of the adoptive or foster parent, or of the child involved.
- Diligent efforts to recruit shall include, but shall not be limited to, contracting and working with community organizations and religious organizations, utilizing local media and other local resources, conducting outreach activities, and increasing the number of minority recruitment staff employed by the Department and the child-placing agency."

CWS FC&A Recruitment is comprised of nine units statewide led by the Recruitment field administrator. Statewide, performance-based contracts for any agency interested in recruitment, approval, and support of foster families are in place with 16 RFP agencies. A targeted goal is set each SFY for the number of new resource homes needed to meet the needs of children in OKDHS custody. All CWS Recruitment units and RFP agencies complete yearly recruitment plans once the targeted goals are determined. The recruitment plans are updated quarterly. These recruitment plans currently target, and will continue to target, both a general population of foster parents and those who will work with underserved populations including race, orientation, gender identity, and socio-economic backgrounds. The recruitment plans are developed specific to each region’s demographics and population. The recruitment plans specify what CW staff in each region have responsibilities for children in out-of-home care. The recruitment plans are developed with input from key stakeholders within the community, including resource families and CW staff. Data and knowledge of the children in OKDHS custody is used to develop each district’s specific profile. Needs assessments consider the:

- proximity of the children's families;
- languages spoken by families;
- racial and ethnic diversity of families;
- availability of Tribal resources to serve Indian children subject to the ICWA; and
- ability of potential resource families to provide care for sibling groups, older children, and children with special needs or behaviors.

The KIDS data team sends a monthly email to the CWS Recruitment Unit and the RFP agencies that details information designed to assist in the recruitment plan creation and subsequent updates to the plans. This information is specific to each region and can therefore be used to recruit foster homes in a particular county using the data. The email provides the data compiled across four reports: YI104 Child Information Report, YI768A Children Placed in State and Outside of County of Primary Worker, YI104 Permanency

Planning Child Information Report, and YI113 Siblings Separated in Foster Care. Race is determined by the primary race identified by the applicant with Hispanic being noted as ethnicity. Additionally, the KIDS data team sends out a running total of recruitment efforts broken down by individual RFP agency and each of the CWS five regions. This enables recruitment efforts to track for underperforming months and attempt to refocus efforts in subsequent months in the effort to reach the targeted goals.

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

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

- Recruitment staff regularly attend large family-oriented community events such as craft shows, car shows, farmers markets, and food truck settings.
- Recruitment staff developed a partnership with Autism Oklahoma and participated in their community events including the Autism PieceWalk in Oklahoma City and Tulsa, which are the largest autism events in Oklahoma, and the Sensory Pumpkin Painting event in October as well as the Sensory Santa event in December. Informational recruitment booths were held at all these events. Families, friends, teachers, professionals, businesses, civic clubs, and more are present to support Autism Oklahoma.
- Recruitment staff engage local libraries for recruitment events where they meet and greet applicants who are ready to begin the application process. Recruitment staff arrange for informational booths that remain set up several days in each location to attract the attention of library patrons.
- Recruitment staff join local public schools and universities for recruitment booths at special events, speaking engagements at parent teacher association meetings, and arranging Oklahoma Fosters yard signs to be displayed in afterschool pick-up lines. Rotary clubs, civic organizations, and Chambers of Commerce collaborate with CWS Recruitment staff in sharing information regarding the need for fostering in their communities and scheduling recruitment events within their communities.

CWS Recruitment and RFP teams work to blend in-person opportunities with newer digital options. Recruitment staff utilize the Oklahoma Fosters Facebook and Instagram accounts to keep a strong online presence. Interactions with the Oklahoma Fosters social media pages have increased since CWS Recruitment staff began creating site content. The new content allows CWS Recruitment to share the need for additional foster families, quickly disseminate information about upcoming events, remind current families about benefit partners, and provide important safety and health information. CWS Recruitment units recruit for all CWS and RFP agencies through their use of the Oklahoma Fosters website,

associated materials, and the site's social media platforms. The website directs prospective families to the Foster Care and Adoption Support Center to choose their preferred agency. Public service announcements for local radio stations are used across the state. Flexibility in opening foster homes, including providing virtual options and allowing electronic submission of necessary paperwork, is noted as essential by the Anne E. Casey Foundation in recruiting more foster families. CWS continues to provide these options successfully to families.

CWS Recruitment staff work with local businesses to increase the number of communities aiding resource families through discounted goods and services. Recruitment staff maintain responsibility for the maintenance of Oklahoma Fosters social media information. Through this avenue, Recruitment staff shares TFC/ITFC campaign information, articles with recruitment staff interviews, county specific statistics highlighting the need for additional resource homes, and lists of benefit partners. A post titled *Preparing for Your House Assessment* offered a series of slides detailing the house assessment process providing tips for those preparing for their first house assessment on what to expect. Other posts include information regarding the need for families willing and able to accept teenagers, with a link to the Foster a Teen section of the Oklahoma Fosters website; frequently asked questions; information related to eligibility; and details of fostering principles from the Resource Parent Framework. The team continues to search for innovative ways to relay realistic expectations of the current need for foster families to the public.

The RFP contracts include a requirement that each agency develop a comprehensive recruitment plan based on data provided by CWS. Plans are submitted to OKDHS within 30 days of the contract's effective date. The recruitment plan, which is required to incorporate the targeting of foster parents who reflect the diversity of the children in care, is then approved by OKDHS. Recruitment goals must be approved by OKDHS. RFP agencies are contracted to submit a quarterly recruitment plan update that provides specific outcomes for each goal listed in the recruitment plan. The contracts include requirements that RFP agencies will 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; and
- placement of children with medical needs.

Additionally, recruitment of the RFP homes will be data informed and will safely meet the needs of the children requiring placement. Placements will occur at all times of the day and will need to be as quick as possible, which requires responsiveness from both the agency vendor and OKDHS. The RFPs will support the placement to ensure the needs of the child(ren) and the foster family are being met. RFP agencies will not provide services, or be paid for services provided, prior to being licensed to provide the subject services.

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

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

A TFC/ITFC liaison group of Recruitment staff was established to streamline the recruiting process for prospective families and serves as a contact between Recruitment staff and the TFC/ITFC partner agencies. Several partner agencies and Recruitment staff have existing positive working relationships that involve regular collaboration. This teamwork has brought in an additional 23 TFC/ITFC homes over the last three years. Recruitment staff continues to promote TFC/ITFC resource needs in virtual meetings with prospective families and on social media pages, including the Oklahoma Fosters website.

CWS continues to utilize and support the agency's EFC program which is aimed at meeting the complex needs of children who may qualify for therapeutic care and are in a kinship or traditional foster home. An ongoing EFC initiative seeks to identify families with the skills and experience that can work with a child with a higher level of needs when supports are made available. There are multiple layers to the ongoing expansion of the EFC program; however, it is currently serving over 927 children in OKDHS custody. CWS hopes as the EFC program grows, it will help with placement stabilization and possibly provide another avenue for permanency for children that are unable to return home.

In child-specific recruitment, CWS continues its focus on placing children with kin when possible. CW staff inquires about possible kin at the time of removal, during the CSM and/or IM, and continuously throughout the family's involvement. In the fall of 2022 a KinFirst workgroup was created with the goal of improving family search and engagement as well as minimizing barriers to placing children with kin. This group includes internal CW staff as well as kinship parents with lived experience and meets monthly, with subgroups meeting more frequently.

One Church, One Child of Oklahoma is a nationally recognized recruitment program and licensed adoption agency in partnership with OKDHS to find homes for children, specifically

African American children who are in OKDHS custody. One Church, One Child has been involved in specialized recruitment since 1988. Staff recruiters and contracted presenters are assigned to the Oklahoma City, Tulsa, Lawton, and surrounding areas to identify churches and family-centered community organizations such as schools, cultural events and activities, fraternities/sororities, and more to recruit appropriate families who will provide safety and permanency for abused and neglected children. The yearly goal for One Church, One Child is to complete a minimum of 150 presentations, six awareness events, and maintain an online presence through the One Church, One Child website and on various social media outlets including Facebook and Instagram.

One Church, One Child also provides retention support to recruited families, including kinship families who accept the challenge to be foster/adoptive parents. Support to families is provided through monthly networking groups, the CarePortal, and resources contributed by community and church partners. The CarePortal is a non-profit organization created to connect families who need help with those who can help them. OKDHS has partnered with CarePortal for several. This online system ties agencies, specifically churches, with a child or family that requires help, or has a critical need, as noted by a child-serving professional. Once the information is vetted, the portal alerts churches and community members to the need to see that it is met.

CWS Youth Transition Services (YTS) continues to serve children and youth with a CPG of adoption, as well as youth with a CPG of planned alternative permanent placement (PAPP), adhering to the Wendy's Wonderful Kids (WWK) evidence-based model of focusing connection and permanency efforts specific to each child or youth and their individual situation. Over the past year, YTS has scaled back general recruitment efforts, employing heightened focus on finding permanency through building the natural network for each child and youth, as per the WWK model, with general recruitment efforts being used as a backup when matches through the youth's natural network are unsuccessful or time prohibitive.

For the last calendar year, a quarterly average of 52 youth who were assigned an YTS specialist experienced a quad change, and seven youth exited to care for reasons other than adoption, for example a guardianship or similar custody resolution or a child ages out of care. A quad is an internal CWS designation that denotes the progress towards permanency of a child in OKDHS custody:

- Quad 1 – child has identified placement and is legally-free
- Quad 2 – child has no identified placement but is legally-free
- Quad 3 – child has identified placement but is not legally-free
- Quad 4 – child has no identified placement and is not legally-free

YTS leadership strives to continually modify their program to better meet the needs of their assigned children and youth, while supporting all forms of legal permanency and recognizing the importance of relational permanency.

The KIDS-generated YI023 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, Contracted Foster Care, Tribal Approved Foster Family Care, Tribal Approved Foster Care-Kinship/Relative, and Tribal Approved Foster Care-Kinship/Non-Relative. Demographics of foster and adoptive

parents are included in this report that details the race(s) accepted by the foster family as well as the race of each resource that meets the criteria specified.

The YI1774 Adoption Resource Summary and Detail Report provides data regarding adoptive homes. The summary tab displays approved available resource totals by region, district, and county of the resource family location. Corresponding tabs display demographics of the resource families, assessment and quarterly visit data, and resource family characteristics. 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.

Figures 131, 132, and 133 show data for the racial diversity of children in OKDHS care, excluding children in Tribal custody, at a point-in-time for each of the last three years. The KIDS team provides this information to CWS and RFP recruitment teams prior to the creation of their individual recruitment plans at the start of each SFY, monthly, and for review quarterly throughout each SFY. The goal of providing this data is to help these teams identify areas of greater need in recruitment to work towards having a racial diversity of foster and adoptive families that better matches the children in out-of-home care.

Figure 131

Number of Children in Out-of-Home Care by Race Group

Resource Group	Data for Children in Care as of 3/31/2023						
	Asian/ Pacific Islander	African American	Native American	Multi Race	White	Total	Total
Kinship	5	258	253	1059	1229	2804	2804
Foster Care	7	257	168	703	891	2026	2026
TFC/CFC		16	15	49	64	144	144
Tribal Foster Care			38	55	1	94	94
Congregate		37	24	198	221	480	480
Adoptive Home	1	18	32	71	111	233	233
Trial Reunification	1	51	51	247	307	657	657
Other		8	2	36	39	85	85
TOTAL	**14**	**645**	**583**	**2418**	**2863**	**6523**	**100.0%**
% by Race Group	**0.2%**	**9.9%**	**8.9%**	**37.1%**	**43.9%**		

Data Source: Pinnacle Context Data; Run Date: 5/10/2023.

**Point-in-time date. Population excludes children in Tribal Custody. Resource Groups include the following resources: ACH/DDS Home-ACH or DDS Foster home; Adoptive home-Nonrelative; AWOL-Runaway; CFC-Contracted Foster Care; Foster Care-Traditional and Supported; Group Homes-DDS Group Home, Level B, D, D+, E, Non-OKDHS Operated, Nursing Home, Residential Maternity, and Specialized Community Home; Kinship-Relative and Nonrelative, Paid and Non-Paid; Medical Hospital; OJA/Detention; Other-No Placement updated or OKSA-Transitional Living; Residential-Acute Psychiatric, Residential Treatment, Crisis Stabilization; Shelter-Youth, Tribal, & Host Homes; Trial Reunification-Bio Parent or Terminated parent; Tribal Foster Care; Tribal Kinship-Relative and Nonrealtive Kinship; Tribal Residential Facility*

Figure 132

Resource Group	Data for Children in Care as of 3/31/2022						
	Asian/ Pacific Islander	African American	Native American	Multi Race	White	Total	Total %
Kinship	3	158	129	589	735	1614	21.5%
Foster Care	9	159	94	436	488	1186	15.8%
TFC/CFC		14	14	39	44	111	1.5%
Tribal Foster Care			28	44	1	73	1.0%
Congregate		36	14	169	186	405	5.4%
Adoptive Home	6	137	177	589	876	1785	23.8%
Trial Reunification	5	134	111	562	736	1548	20.6%
Other		13	1	48	55	117	1.6%
TOTAL	**23**	**651**	**568**	**2476**	**3121**	**6839**	**100.0%**
% by Race Group	**0.3%**	**9.5%**	**8.3%**	**36.2%**	**45.6%**		

Data Source: Pinnacle Context Data; Run Date: 5/10/2023.

**Point-in-time date. Population excludes children in Tribal Custody. Resource Groups include the following resources: ACH/DDS Home-ACH or DDS Foster home; Adoptive home-Nonrelative; AWOL-Runaway; CFC-Contracted Foster Care; Foster Care-Traditional and Supported; Group Homes-DDS Group Home, Level B, D, D+, E, Non-OKDHS Operated, Nursing Home, Residential Maternity, and Specialized Community Home; Kinship-Relative and Nonrelative, Paid and Non-Paid; Medical Hospital; OJA/Detention; Other-No Placement updated or OKSA-Transitional Living; Residential-Acute Psychiatric, Residential Treatment, Crisis Stabilization; Shelter-Youth, Tribal, & Host Homes; Trial Reunification-Bio Parent or Terminated parent; Tribal Foster Care; Tribal Kinship-Relative and Nonrealtive Kinship; Tribal Residential Facility*

Figure 133

Number of Children in Out-of-Home Care by Race Group							
Resource Group	Data for Children in Care as of 3/31/2021						
	Asian/ Pacific Islander	African American	Native American	Multi Race	White	Total	Total %
Kinship		129	94	435	438	1096	14.6%
Foster Care		88	53	298	265	704	9.4%
TFC/CFC		12	10	36	35	93	1.2%
Tribal Foster Care			13	28		41	0.5%
Congregate		27	12	148	164	351	4.7%
Adoptive Home	9	226	246	1002	1409	2892	38.5%
Trial Reunification	2	192	164	827	1015	2200	29.3%
Other		9	2	51	70	132	1.8%
TOTAL	**11**	**683**	**594**	**2825**	**3396**	**7509**	**100.0%**
% by Race Group	**0.1%**	**9.1%**	**7.9%**	**37.6%**	**45.2%**		

Data Source: Pinnacle Context Data; Run Date: 5/10/2023.

**Point-in-time date. Population excludes children in Tribal Custody. Resource Groups include the following resources: ACH/DDS Home-ACH or DDS Foster home; Adoptive home-Nonrelative; AWOL-Runaway; CFC-Contracted Foster Care; Foster Care-Traditional and Supported; Group Homes-DDS Group Home, Level B, D, D+, E, Non-OKDHS Operated, Nursing Home, Residential Maternity, and Specialized Community Home; Kinship-Relative and Nonrelative, Paid and Non-Paid; Medical Hospital; OJA/Detention; Other-No Placement updated or OKSA-Transitional Living; Residential-Acute Psychiatric, Residential Treatment, Crisis Stabilization; Shelter-Youth, Tribal, & Host Homes; Trial Reunification-Bio Parent or Terminated parent; Tribal Foster Care; Tribal Kinship-Relative and Nonrealtive Kinship; Tribal Residential Facility*

Lastly, the YI758 Resource Summary Report in Figure 134 notes the last four SFYs of approved foster care beds, by type, at the start of each SFY compared to the number of removed children for each SFY. The report shows how many homes were opened and closed during the SFY, and the total left at the end of each SFY. This chart allows the comparison of the total number of approved beds in available foster homes compared to the number of children in out-of-home care at the state and end of each SFY to help determine if the bed need is matching the beds available.

Figure 134

Resource Data for State	SFY20	SFY21	SFY22	SFY23
Removed Children				
# Removed at Beginning of SFY	7,942	7,757	7,343	6,710
# Removed at End of SFY	7,757	7,343	6,710	6,517
CW Foster Care				
# of Homes Open at the Beginning of the SFY	2,066	2,119	2,034	1,704
# of Homes Opened During the SFY	986	881	662	567
# of Homes Closed During the SFY	932	966	992	644
# of Homes Open at the End of the SFY	2,119	2,034	1,704	1,627
Approved Beds	**5,456**	**5,167**	**4,329**	**4,072**
CW Foster Kinship Relative/Non-Relative				
# of Homes Open at the Beginning of the SFY	2,275	2,271	2,270	2,080
# of Homes Opened During the SFY	2,352	2,279	2,137	1,912
# of Homes Closed During the SFY	1,636	1,567	1,571	1,387
# of Homes Open at the End of the SFY	2,345	2,333	2,243	1,974
Approved Beds	**3,664**	**3,602**	**3,328**	**3,109**
Therapeutic Foster Care				
# of Homes Open at the Beginning of the SFY	124	141	125	127
# of Homes Opened During the SFY	93	58	41	30
# of Homes Closed During the SFY	76	74	39	39
# of Homes Open at the End of the SFY	141	125	127	118
Approved Beds	**228**	**210**	**234**	**233**
Other Foster Care Homes				
# of Homes Open at the Beginning of the SFY	191	200	191	170
# of Homes Opened During the SFY	76	60	46	28
# of Homes Closed During the SFY	67	69	67	34
# of Homes Open at the End of the SFY	200	191	170	164
Approved Beds	**343**	**322**	**297**	**301**
Date Source: YI758; Run Date: 5/8/2023				

Over the last few years CWS has increased efforts to utilize kinship placements as a primary focus through OKDHS policy instructions to staff, updates to training, and in a KinFirst statewide workgroup. Success of these efforts is supported by the data in the above figures which show 14.6 percent of children in out-of-home care were in a kinship foster home in SFY 2021 with a dramatic increase to 42.9 percent of children in kinship foster care in SFY 2023. Continuing efforts are made statewide to increase the diversity of homes through providing demographic information on children and foster and adoptive families to CWS and RFP recruitment teams to help them create and update their recruitment plans. This data is provided during the creation of the yearly recruitments and updated monthly thereafter via reports provided by the KIDS data team.

222 young adults, between the ages of 18-20, were surveyed upon leaving foster care and entering aftercare services with the OKSA program regarding the sufficiency of the pool of foster and adoptive families able to meet the unique needs of youth who need homes. Eight

percent of youth reported a desire for more and better placements, especially those willing to take sibling groups or allow more family visitation. Several youth expressed a preference for placing youth in individual homes rather than shelters or group homes. Young adults made statements including "screen foster families better to ensure their values and the youth's values are in alignment," "do more background checks on foster families," "try not to put youth in group homes," "I feel like the shelters were a prison," and "look at places before you send kids to live there."

An annual survey is emailed to one fourth of current foster parents each quarter. Conducted through the OU-CPM, the survey results are analyzed as to why foster parents choose to stay and identifies trends that can be assessed and corrected. An annual report is then complied by OU-CPM with components that include a descriptive analysis, a logistic regression analysis, a Kruskal-Wallis analysis, and content analysis. OU-CPM has completed two annual reports to date. The third annual report, which will cover SFY 2023 and is due in the fall quarter of SFY 2023, will include trends identified with the goal of helping guide future initiatives to improve customer service satisfaction with foster and adoptive parents.

CWS has begun addressing two concerns identified in the first two reports. The first concern is the court system continues to be a struggle for resource parents. To address this CWS created a workgroup which involved participants from courts in all 77 counties of the state to attempt to develop some continuity in the juvenile court system process as well as creating a document for the resource family to complete, *Resource Parent Report to the Court (*04AF055E), which is presented to the court upon completion. Another concern is resource parents reporting a lack of information when a child is placed in their homes. A placement unit was developed in each of the five regions, which completes a document that includes all known medical and behavioral concerns of a child in custody and is presented to the resource parent at placement.

FC&A Programs staff are reviewing the annual survey to determine if it is producing information that can be used in a timely manner and if the data is more topical of FC&A overall rather than more effective point-in-time data gathering. There have been useful points obtained as noted in the preceding paragraph as well as that, on average, three-fourths of families would recommend fostering, along with communication between foster parents and their various assigned CWS specialists (CPS, PP, FC, and Adoptions) is an ongoing issue. Utilizing smaller, more direct, and time specific surveys could provide more specific feedback to better assist CWS in identifying the bottlenecks foster and adoptive families experience as well as point out system wide concerns from the perspective of these families.

In 2022, 3,087 annual surveys were successfully emailed by OU-CPM to eligible families. Of that total, 747 completed the survey partially or entirely, for a participation rate of 24.2 percent for the year. The participation percentage stayed consistent for each quarter, never varying by more than 1 percent approximately.

- **Are you a OKDHS or an agency home?**
    - OKDHS: 73.1%
    - Agency: 26.9%

- **Would you recommend fostering with OKDHS (or Agency) to a friend?**
  - Yes: 76.4%
  - No: 23.6%
- **How long have you been a foster parent?**
  - Less than 2 years: 51.6%
  - 2 to 4 years: 34.7%
  - 5 to 7 years: 7.2%
  - 8 to 10 years: 2.5%
  - More than 10 years: 4%
- **To what degree do you feel that you receive the recognition that you deserve?**
  - A lot: 25.7%
  - Some: 42.4%
  - Only a little: 17.3%
  - Not at all: 14.6%
- **In the past year, did you receive adequate support for your roles and responsibilities as a foster parent?**
  - Extremely adequate: 28.9%
  - Somewhat adequate: 42.4%
  - Neither adequate nor inadequate: 8.4%
  - Somewhat inadequate: 12.6%
  - Extremely inadequate: 7.7%
- **Can you get help when you ask for it?**
  - Always: 23.9%
  - Most of the time: 39.9%
  - About half the time: 12.5%
  - Sometimes: 21.2%
  - Never: 2.5%
- **Do the case workers listen to your input?**
  - Always: 31.5%
  - Most of the time: 32%
  - About half the time: 15.2%
  - Sometimes: 15%
  - Never: 6.3%
- **I am able to access after-hours support when I need it.**
  - Strongly agree: 21%
  - Somewhat agree: 30.6%
  - Neither agree nor disagree: 28.4%
  - Somewhat disagree: 10%
  - Strongly disagree: 10%
- **How much longer are you planning on being a foster parent?**
  - Not much longer: 35.4%
  - For at least until I receive my first child, or another child: 1.8%
  - For at least a year: 10.4%
  - For as long as I am able: 52.4%
- **The information that I receive from OKDHS or my agency about children or potential placements, such as medical, behavioral, developmental, and educational needs, is accurate.**
  - Strongly agree: 19.1%

  - Somewhat agree: 33.5%
  - Neither agree nor disagree: 16.6%
  - Somewhat disagree: 18.9%
  - Strongly disagree: 11.9%
- **I receive timely communications and information from OKDHS or my agency.**
  - Strongly agree: 26.8%
  - Somewhat agree: 35.8%
  - Neither agree nor disagree: 13%
  - Somewhat disagree: 17.6%
  - Strongly disagree: 6.8%
- **When I need to communicate information or ask a question I am able to reach the person that can help me.**
  - Strongly agree: 32.3%
  - Somewhat agree: 41.6%
  - Neither agree nor disagree: 11.5%
  - Somewhat disagree: 9.9%
  - Strongly disagree: 4.7%

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

This Item is currently functioning as a Strength for Oklahoma. Although improving timeliness of ICPC home study decisions continues to be an issue for Oklahoma and other states across the nation, timeliness associated with an ICPC request is only one factor when considering how well Oklahoma's CW system responds to the needs of children requiring use of ICPC to secure placements. The quality of the service rendered and ongoing support from the Oklahoma CWS ICPC unit to the requesting caseworker, the family being assessed, and the child being placed play an equally important role in determining whether an ICPC placement is likely to have a positive outcome for a child.

The CWS ICPC Programs unit is overseen by a programs administrator and consists of six program field representatives and one administrative assistant. Having adequate staff resources in place to address ICPC case needs has been a contributing factor to the engagement ICPC Programs unit has been able to achieve in their work with using ICPC to place children across state lines.

ICPC is a means to ensure protection and services to children who are placed across state lines. ICPC establishes orderly procedures for the interstate placement of children and affixes responsibility for those involved in placing the child. The legal basis for the compact is found in Article I, Section 10, Clause 3 of the United States Constitution and Section 571 of Title 10 of the Oklahoma Statutes.

OKDHS CWS policy OAC 340:75-1-86, 340:75-6-85, 340:75-6-85.2, and Oklahoma Statute, 10A O.S. §1-4-204 provides direction for cross-jurisdictional placements both statewide and out of state. These policies and statute address the placement of children out-of-state, placement considerations for the child's assigned CW specialist to consider, and affixes roles and responsibilities to CW specialists for the placement of children on their caseloads.

Oklahoma operates a statewide ICPC program serving all counties within the state of Oklahoma through one central state ICPC office.

The process for requesting an ICPC for a child in the custody of OKDHS is embedded within KIDS. For any outgoing ICPC request type, the child's primary CW specialist requests an ICPC action on behalf of that child. A child's primary CW specialist initiates and transmits the ICPC request from within the child's case in KIDS directly to the CWS ICPC Programs inbox. The supporting documentation that accompanies the request is saved in OnBase, the document management system used to store case-related documents. The CWS ICPC Programs unit reviews outgoing requests within two-business days of receipt, and if complete and deemed appropriate for transmission, prepares the ICPC request packet which is then transmitted via secure e-mail to the receiving state.

ICPC placements are child-specific. Generally the child or children considered for placement have a pre-existing kinship or fictive kinship relationship with the family subject to the ICPC placement assessment. Prospective out-of-state placements are often identified through ongoing efforts to identify kinship connections for children in OKDHS custody requiring family placement. Outcomes can be found in the data analysis section below.

YTS specialists assigned to work with legally-free children who do not have identified placements do have the ability to list children in the custody of OKDHS on AdoptUSKids and Raise the Future media sites when kinship and all other connections have been explored and exhausted for placement. The YTS team maintains the Child Media Index to track the children listed on AdoptUSKids and Raise the Future. If out-of-state placement inquiries are received for Oklahoma children, placement can be explored through a preliminary authorization and limited disclosure process, and if all parties decide to pursue the placement following that process, the ICPC process is then initiated through the child's case within the KIDS operating system. Only a small number of Oklahoma children have been impacted through these media sites and the use of ICPC. In SFY 2023, there were three internet inquiries that led to three children being authorized for adoptive placement, which ultimately resulted in the adoption finalization of all three of those children. In SFY 2022, there were a total of six internet inquiries that led to an authorization and trial adoptive placement. Of those six, three of those youth experienced an adoption disruption and three youth were adopted.

The CWS ICPC Program unit also serves children in tribal custody and children in the custody of private agencies or individuals with the authority to place who are required to use the ICPC for the purposes of placing children across state lines. In those instances, the CWS ICPC Programs unit will serve those cases after the requesting individual makes contact with the Oklahoma CWS ICPC Programs unit and provides the required documents for the ICPC via submission of an electronic ICPC request to the general email box for Oklahoma ICPC. The CWS ICPC Programs unit provides training to Oklahoma tribes, attorneys, or agencies regarding ICPC process as needed, or upon request. The CWS ICPC Programs unit has administered ICPC specific training approximately eight different times to various groups over the last SFY, consisting of both internal and external partners.

The process for receiving an incoming ICPC request into Oklahoma is handled via secure e-mail. Incoming ICPC requests are received by the Oklahoma CWS ICPC Programs unit

office via CWS.ICPC@okdhs.org. The CWS ICPC Programs unit will accept requests submitted via fax or regular mail; however, e-mail is the primary method by which incoming requests are received. When an incoming ICPC request is received, it is reviewed by the CWS ICPC Programs unit, and if complete, it is accepted for assignment within Oklahoma. At that point, the CWS ICPC Programs unit creates a field assignment within the KIDS system to request the home study type indicated in the request received and affixes an appropriate due date and the proper instruction according to the ICPC regulation type. Outcomes can be found in the data analysis section below

All incoming and outgoing cases are subsequently logged in the ICPC Access Database. The Access Database maintained by the CWS ICPC Programs unit was issued by the American Public Human Services Administration for use by ICPC Administrators in June 2001. The database captures pertinent information associated with ICPC requests to include: the dates received, dates sent for assignment, due dates, dates home study decisions returned, home study length, disposition, placement date, placement notification dates, and progress report dates. There are separate tables within the database for public cases and private cases. All tracking information associated with any ICPC request can be obtained through use of the ICPC Access Database, KIDS system, and OnBase.

Oklahoma has not yet joined the National Electronic Interstate Compact Enterprise (NEICE), which is the electronic system for exchanging all of the data and documents required by the ICPC. The Family First Act of 2018 requires that all states join NEICE by 2027. In January 2023, CWS began meeting with the NEICE/American Public Human Services Association (APHSA) teams to discuss connection methods. CWS is currently reviewing the MOU in preparation to sign the MOU within 2023 and anticipation of onboarding to NEICE via the Modular Case Management System by 2024.

Data related to timeliness alone cannot be the only factor considered when determining how well a state's ICPC program is functioning in the use of cross-jurisdictional placements. Each state has their own set of statutory requirements for foster/adoptive parent licensing. Per Regulation 2 of the Interstate Compact on the Placement of Children, "8. Decision by receiving state to approve or deny placement resource (100A) (a). Timeframe for final decision: Final approval or denial of the placement resource request shall be provided by receiving state Compact Administrator in the form of a signed ICPC-100A, as soon as practical but no later than one hundred and eighty (180) calendar days from receipt of the initial home study request. This six (6)-month window is to accommodate licensure and/or other receiving state requirements applicable to foster or adoption home study requests." Thus, factoring timeliness of ICPC decisions as the only indicator of success or strength for this area is significantly limiting.

Data Analysis

In order to evaluate how well the cross-jurisdictional use of foster, relative, and adoptive resource licensing, recruitment, and retention is functioning across the Oklahoma CW system, the data between incoming and outgoing ICPC cases was studied. Because Oklahoma has not yet joined the NEICE, data related to ICPC case processing was obtained from the Access Database.

Before calculating the number of home study requests, the database was filtered by:

- selecting all outgoing foster, relative, and adoption requests;
- removing 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;
- obtaining a list of all home studies referred out-of-state for the designated time period listed in the chart; and
- counting the total number of requests referred during that period. Any requests that were not yet due at the time data was pulled for this information have been excluded from the total number of requests sent, so studies referred after 3/6/2023 were excluded from the data pull for the 4/1/2022 through 3/31/2023.

The calculations for timeliness rate involved:

- counting the number of studies referred that were returned within 60-calendar days;
- counting those home studies completed within 61-75-calendar days;
- selecting home study decisions received within 60-calendar days divided by total studies referred out to arrive at the timeliness rate for home study decisions received within 60-calendar days of referral; and
- adding the number of studies completed within 61-75-calendar days to the total studies completed within 60-calendar days divided by total number of requests sent to arrive at the timeliness rate for home study decisions received within 75-calendar days of referral.

The timeliness of home study decisions from other states impacts permanency for Oklahoma children. The chart below shows the status of timeliness of home study decisions received by Oklahoma from other states over a six-year period. These are the ICPC decisions that impact permanency for children under Oklahoma's jurisdiction.

Only modest improvements in the timeliness of home study decisions received from other states can be seen below in Figure 135, with an obvious dip during the 2020-2021 reporting period, which coincides with challenges faced during the COVID-19 pandemic.

Figure 135

Period Under Review	Number of Home Study Requests Sent to Other States by Oklahoma	Number of Decisions within 60 days	Percentage of Decisions within 60 days	Number of Decisions within 75 days	Percentage of Decisions within 75 days
4/1/2022-3/31/2023	195	71	36.4%	20+(71)=91	46.7%
4/1/2021-3/31/2022	193	70	36.3%	19+(70)=89	46.1%
4/1/2020-3/31/2021	244	75	30.7%	30+(75)=105	43.03%
4/1/2019-3/31/2020	308	118	38.3%	17+(118)=135	43.8%
4/1/2018-3/31/2019	341	103	30.21%	40+(103)=143	41.92%
4/1/2017-3/31/2018	389	97	24.94%	44+(97)=141	36.25%

Of the 195 home study requests sent by Oklahoma during the current reporting period of 4/1/2022 through 3/31/2023, 96 of the ICPC requests have resulted in approved foster, relative, or adoptive resources, have which resulted in the placement of 100 Oklahoma children. This means that 49.2 percent of all ICPC relative, foster, or adoption requests sent for placement assessments for Oklahoma children to be placed out-of-state resulted in children being placed with those prospective placement resources.

It is important to note the data is incomplete for the number of approved ICPC foster, relative, and adoptive resources which resulted in the placement of Oklahoma children for the current

reporting period of 4/1/2022 through 3/31/2023 as home studies that were referred by Oklahoma (or received by Oklahoma) up to 3/31/2023 would not be considered "due" until 5/31/2023, and any approval received from a request referred during the period under review would be valid for placement for up to six months following the approval date on the ICPC 100A approval document. In order to get an accurate count for the full reporting period, an additional run of the data would be needed at least six months after 3/31/2023. Due to the timeframe available to states to place following an ICPC approval, Oklahoma cannot make a final determination on the placement rate of Oklahoma children placed through approved relative, foster, and adoptive placements for the 2022-2023 reporting period until at least October 2023. It is likely that the percentage of Oklahoma children placed through approved relative, foster, and adoptive ICPC resources will trend toward a percentage similar to those in previous years when the data is re-run at the appropriate point in time to review this particular ICPC data point.

When completing a review of data associated with previous reporting periods, the data reflects that for the reporting period of 4/1/2021 through 3/31/2022, there were 166 of 193 total requests sent that were approved foster, relative, and adoptive ICPC resources, in which 198 Oklahoma children were placed for a placement percentage of 86 percent. For the reporting period of 4/1/2020 through 3/31/2021, there were 174 of 244 total requests sent that were approved foster, relative, and adoptive ICPC resources in which 195 Oklahoma children were placed for a placement percentage of 71.3 percent. These numbers indicate that the large majority of approved ICPC placement requests do end up being used for placement of the identified children indicating that caseworkers using ICPC to place children are engaging in intentional case planning.

Oklahoma's ICPC timeliness rate to other states requests for home study decisions continues to be higher compared to the rate of timeliness at which Oklahoma receives home study decisions from other states.

The chart below shows the timeliness of home study decisions sent by Oklahoma to other states over a three year period. These are the ICPC decisions that impact permanency for children under the jurisdiction of other states across the nation when an ICPC home study request was sent to Oklahoma.

The data for the current reporting period of 4/1/2022 through 3/31/2023 reveals an 11.3 percent improvement in the timeliness of home study decisions issued by Oklahoma to other states within a 60-calendar day timeframe and an 8.7 percent improvement in the timeliness of home study decisions issued by Oklahoma to other states within a 75-calendar day timeframe. These are significant gains in the timeliness of home study decisions issued by Oklahoma over this reporting period.

As per Figure 136, of the home study decisions issued by Oklahoma during the current reporting period, 164 of the 305 ICPC requests resulted in approved foster, relative, or adoptive resources which resulted in the placement of 152 children from other state's jurisdictions. Approximately 53 percent of the incoming requests to Oklahoma resulted in placement.

Figure 136

Period Under Review	Number of Home Study Requests Received by Oklahoma from Other States	Number of Decisions within 60 days	Percentage of Decisions within 60 days	Number of Decisions within 75 days	Percentage of Decisions within 75 days
4/1/2022-3/31/2023	305	161	52.8%	23+(161)=184	60.3%
4/1/2021-3/31/2022	320	133	41.5%	32+(133)=165	51.6%
4/1/2020-3/31/2021	301	113	37.5%	38+(113)=151	50.2%
4/1/2019-3/31/2020	336	185	55.1%	25+(185)=210	62.5%
4/1/2018-3/31/2019	354	164	46.33%	52+(164)=216	61.02%
4/1/2017-3/31/2018	358	154	42.18%	41+(154)=195	54.47%

The data for the number of approved ICPC foster, relative, and adoptive resources which resulted in the placement of Oklahoma children for the current reporting period of 4/1/2022 through 3/31/2023 is incomplete as home studies that were received by Oklahoma up to 3/31/2023 would not be considered "due" until 5/31/2023, and any approval issued on a request during the period under review would be valid for placement for up to six months following the approval date on the ICPC 100A approval document. In order to get an accurate count for the full reporting period, an additional run of the data would be needed at least six months after 3/31/2023.

When completing a review of data associated with previous reporting periods, the data reflects that for the reporting period of 4/1/2021 through 3/31/2022, there were 190 of 320 total requests that were approved foster, relative, and adoptive ICPC resources, in which 192 children from other states' jurisdictions were placed for a 59.4 percent placement rate. For the reporting period of 4/1/2020 through 3/31/2021, there were 159 of 301 total requests that were approved foster, relative, and adoptive ICPC resources in which 146 children from other states' jurisdictions were placed for a 52.8 percent placement rate. The rate of placement on approved incoming ICPC resources is significantly lower than the rate of placement on approved outgoing ICPC resources, indicating that Oklahoma places children with approved ICPC placements at a rate higher than children are placed into Oklahoma through the same types of ICPC approvals.

In comparing Oklahoma's current performance to performance in the CFSR Round 3 Oklahoma Statewide Assessment, it is clear that Oklahoma has made improvements in the data that is collected regarding the use of cross-jurisdictional placements. The need to track timeliness has become just as important as tracking the number of approvals and resulting placements. In the CFSR Round 3 Oklahoma Statewide Assessment, Oklahoma could only produce limited data on the percentage of studies returned during a specified timeframe; thus that data did not do a thorough job of informing how well Oklahoma was using cross-jurisdictional placement resources. The data used in Round 3 did not report on Oklahoma's response to other states' requests sent to Oklahoma, did not report on the number of approvals or subsequent placements, and did not provide any level of detail regarding the overall functioning or purpose of the ICPC program as a whole and how the unit serves as a mechanism to secure placements for Oklahoma's children and to provide ongoing services and oversight to their cases.

The CWS ICPC Programs unit struggles to find methods to improve how timely other states respond to requests for home studies in other jurisdictions for the placement of other children as Oklahoma staff have no authority or control over how quickly those assignments are made or worked once they are sent to a receiving state for action. In addition, the response time

by a receiving state will also depend on that receiving state's overall functioning at each level involved in the processing of ICPC cases once the case arrives at the intended destination. In these situations, as a sending state, Oklahoma has very little ability to make an impact on improving how quickly another state can complete an assessment of a family and issue a placement decision through the use of the ICPC.

Regardless of the reason for the improvement in the timeliness of the home study decisions issued by Oklahoma over this reporting period, improvement is always encouraging. While the timeliness rate for the current period is higher than the previous two periods, the rate for this period is very similar to the 2019-2020 reporting period where the Oklahoma 60-calendar day timeliness rate was 55.1 percent, and the within 75-calendar day timeliness rate was 62.5 percent. The data may just be trending back to a pre-pandemic level as staff adjust to workforce changes brought on from the COVID-19 pandemic, many of which were technological changes geared toward moving all OKDHS divisions to a paperless system with digitized case files for ease of access and transmission.

In order to truly determine how well a state is applying the use of cross-jurisdictional placement resources, a state should look beyond how many requests are sent/received or how timely those are completed, but should look at how many of those requests result in placement, and perhaps study the rate at which those ICPC placements disrupt or succeed to really understand the bigger picture of how a state performs in this area. As Oklahoma takes steps toward joining NEICE, the CWS ICPC Programs unit hopes to learn more about how Oklahoma performs as it relates to the use of cross-jurisdictional placement resources by having the ability to create and study a wider array of reports associated with ICPC requests and subsequent placements so that changes within the unit can be data-informed.

The CFSR Round 3 Oklahoma Statewide Assessment stakeholder feedback revealed that ICPC could be used as a means to achieve permanency for custody children, but no major barriers were reported. Stakeholders at that time attributed timeliness issues to delayed criminal records checks and families not cooperating; however, the stakeholder surveys in Round 4 revealed more in-depth feedback from both the field and programs perspective when working through ICPC to place a child across state lines. The ability to articulate the challenges faced when using the ICPC to place children across state lines also speaks to Oklahoma's ability to address such challenges as problem identification is always the first step toward problem resolution. Oklahoma is aware of the issues with using ICPC to assess and secure placements in other states. The CWS ICPC Programs unit, along with CWS leadership, is committed to continuing to address these areas of concern and to work together to develop pathways that will allow Oklahoma to safely place children in other states, with the right services in place, and to also explore pathways to achieve out-of-state placements in a more timely manner as Oklahoma can only control what Oklahoma can do.

Permanency Planning CW specialist I-IV's were surveyed and asked the question, "How often do children in ICPC experience stability in those placements?" Of the 337 responses received, 40.4 percent reported Always or Almost Always while 11.9 percent reported Never or Almost Never, and an additional, 47.8 percent responded with Sometimes. Based on these responses, it is indicative that field staff are inclined to believe that ICPC placements are more likely to offer stability than not in most instances. Because of the variations between each state's child welfare systems serving children placed through ICPC, the levels of service

children receive can be inconsistent. Therefore, it is not difficult to understand how field staff might have the overwhelming perception that ICPC placements only Sometimes provide placement stability for a child.

The CWS ICPC Programs unit does have standard operating procedures in place to help ensure the quality of work associated with the interstate placement of children into and out of the state of Oklahoma throughout each stage of the ICPC process. Standard operating procedures include:

- ensuring all ICPC correspondence is reviewed, logged, and transmitted to the appropriate party by ICPC Programs staff within two-business days;
- providing monthly ICPC logs to field staff and leadership to obtain updates on any pending ICPC request;
- having designated regional ICPC field liaisons who can be contacted should the CWS ICPC Programs unit have issues with ICPC request fieldwork;
- maintaining positive relationships with FC&A field leadership;
- providing monthly report logs to the ICPC Programs team with their case statuses listed and overdue cases identified for action; and
- providing ICPC report logs to Regional Adoption Timeliness Accountability Teams on a monthly basis.

Each of these efforts are made in an attempt to ensure requests are completed in a timely manner. Additional efforts made by the CWS ICPC Programs unit to achieve timely, stable, and successful, placements for children served through ICPC include:

- preliminary case consultation with field staff to determine the most appropriate type of ICPC request to be initiated to include discussion of placement viability prior to ICPC submission,
- accessing private contracts when necessary to secure placements for outgoing children when those children have above foster care treatment needs, and
- ongoing consultation and case coordination/support throughout the life of an ICPC placement until case closure.

A survey of the CWS ICPC Programs unit staff consisting of five PFRs was completed in order to determine the most common challenges to using ICPC for placing children outside of Oklahoma. The results of the survey yielded the following information:

- Field staff feel that the ICPC request process is too burdensome;
- Oklahoma CWS ICPC unit receive many incomplete ICPC requests from Oklahoma field staff,
- Some Oklahoma CWS field staff do not respond to CWS ICPC Programs unit requests for corrections or additional documentation to build a complete ICPC packet;
- Oklahoma CWS ICPC Programs unit at times do not receive verification that a receiving state receives, accepts, and assigns an ICPC request timely, and/or opens medical coverage in a timely manner for children who do get placed out of state;
- Timely assignment in a receiving state to supervise Oklahoma children once they are placed in the receiving state;
- Barriers to Oklahoma children, who are non IV-E eligible, receiving Medicaid coverage in certain states;

- Licensure limitations in certain states require Oklahoma to contract with private agencies in order to place through ICPC, which creates delays due to having to initiate and complete the contracting process;
- Variances in the licensure/approval processes from state to state create delays for multitudes of reasons as each state has their own statutory requirements for the approval of relative, foster, and adoptive homes;
- And finally, it is often difficult to obtain an accurate update from a receiving state regarding the status of a pending ICPC request as communication is only as good as the person on each end of the message and their willingness to respond.

The most common challenges to reviewing and approving ICPC applications for children coming from other states within federal timeframes included:

- Receiving incomplete ICPC request packets from sending states causing both states central ICPC offices to engage in continued communication in order to receive a full request prior to being able to accept and assign an incoming case;
- Sending states transmitting incomplete or inaccurate information about children considered for placement creates challenges in the placement assessment process;
- Oklahoma CWS field staff not prioritizing incoming ICPC requests to be completed within due dates by ensuring pre-screening and records checks are completed after initial assignment;
- Significant delays with background check processes when applicants or household members have not lived in Oklahoma for the last five years consecutively, which delays the disposition on an ICPC request;
- Oklahoma CWS field staff do not have adequate training, education, or experience to discern the differences between ICPC assessment work and general FC&A resource work, which creates uncertainty and delays associated with the ICPC process across the spectrum.

As Oklahoma continues to evaluate the performance of the CWS ICPC Programs unit and the needs of children and families served by child welfare systems across the nation continue to evolve, OKDHS CWS is committed to enhancing methods to access the use of cross-jurisdictional placements in a timelier manner. Methods in which Oklahoma hopes to enhance the functioning of the CWS ICPC Programs unit is to

- explore, develop, implement, and evaluate the use of border agreements with neighboring states,
- onboard to NEICE,
- ensure ICPC training resources, materials, and opportunities are updated and accessible to appropriate parties, and
- engage with CWS leadership to develop appropriate processes to apply the ICPC when working to place children with above foster care level needs through use of the contract process, when appropriate, to ensure children with heightened needs placed across state lines through use of the ICPC, have the appropriate level of care, support, and services in a receiving state just as they would have if the child remained in Oklahoma for placement.

The support a sending state can provide to a child under their jurisdiction should not be dictated by the geographical location of a child's placement, and if placements secured through the ICPC are going to be evaluated for success similarly to cases with placements

secured within a child's state of jurisdiction, then the same level service provision and commensurate financial and staff resources must be provided to serve these cases in both a sending and receiving state. While Oklahoma can develop strategies to address safety, timeliness, permanency, and efficacy of the functioning of the ICPC program within Oklahoma, there is little that Oklahoma can do alone to address ICPC issues in receiving states as Oklahoma does not have control over the ICPC or foster/adoption licensing processes in other states. Due to these reasons, it is critical that Oklahoma continue to focus on what can be done in the preliminary stages of ICPC placement planning in order to help reduce wait time and eliminate potential barriers for staff working to place Oklahoma children using the ICPC. And, once children are placed, it is even more vital that Oklahoma CWS ICPC Programs staff continue to engage with the parties involved to ensure proper services and supports are available to provide the best opportunity for a positive outcome for the children and families involved. Although timeliness of home study decisions may always be a struggle for the CWS ICPC Programs unit, Oklahoma is able to provide a level of engagement and support for ICPC cases that many other states cannot, and it is because of this engagement and commitment to ongoing improvement of this program that Oklahoma feels this item can be rated as a strength.

Appendix: CFSR State Data Profile

The state data profile can be requested from the state or the Children's Bureau.