Child and Family Services Plan (CFSP)
2010-2014

2013 Annual Progress and Services Report (APSR)

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1),
Promoting Safe and Stable Families (Title IV-B, Subpart 2)

June 30, 2013
# Table of Contents

Introduction ..................................................................................................................................... 3  
Child Welfare Services Organizational Structure ........................................................................ 7  
Child Welfare Services Stakeholder Participation .......................................................................... 8  
Service Description .................................................................................................................... 10  
Service Improvement Goals and Objectives ............................................................................... 37  
Strategies and Steps Influencing Systemic Factors .................................................................... 48  
Child and Family Services Continuum ....................................................................................... 52  
Projected Expenditures ............................................................................................................. 56  
Collaboration ............................................................................................................................. 57  
Program Support ....................................................................................................................... 58  
Consultation and Coordination between Tribes and States ....................................................... 60  
Health Care Services Plan .......................................................................................................... 66  
Disaster Plans ............................................................................................................................. 75  
Monthly Caseworker Visits ......................................................................................................... 84  
Adoption Incentive Payment ....................................................................................................... 86  
Technical Assistance Update 2013 ............................................................................................ 86  
Quality Assurance System .......................................................................................................... 90  
Services for Children Five Years of Age and Younger .............................................................. 95  
Child Maltreatment Deaths ........................................................................................................ 100  
2013 Annual CAPTA State Data Report ....................................................................................... 101  
Statistical and Supporting Information ...................................................................................... 107  
Financial Information ................................................................................................................. 108  
Chafee Foster Care Independence and Education and Training Vouchers Program ................ 108  
Child Welfare Staff Training Plan .............................................................................................. 139  
Resource Recruitment and Retention Goals, Objectives and Strategies Update ..................... 199  
Annual Reporting of State Education and Training Vouchers Awarded .................................. 206
Introduction

The Oklahoma Department of Human Services (OKDHS) is the state agency designated to administer Title IV-B and Title IV-E programs, the Chafee Foster Care Independence Program (CFCIP), and the Educational and Training Voucher (ETV) program, as well as the Child Abuse Prevention and Treatment Act (CAPTA). In 1936, the state legislature established OKDHS as an umbrella agency. Support, programs and services currently provided statewide in 77 county offices include Child Welfare Services (CWS), Temporary Assistance to Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), aging, developmental disabilities services (DDS), child care services, and child support services.

On January 4, 2012, OKDHS reached an agreement with the plaintiffs in class action litigation DG vs. Yarbrough, Case No. 08-CV-074. As part of this agreement, OKDHS agreed to develop, with the assistance of key internal and external stakeholders, a five-year improvement plan for CWS. Implementation of The Oklahoma Pinnacle Plan, hereafter referred to as the Pinnacle Plan, began in State fiscal year (SFY) 2013.

The Pinnacle Plan establishes direction, expectations, and values to enable the workforce to operate with discretion, resulting in an empowered, knowledgeable agency that has purpose, focus, and clear direction. The initiatives accomplished during this first year of Pinnacle Plan implementation have led to a well-aligned and stronger workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. The progress made has also instilled a sense of hope among staff and the community.

The Pinnacle Plan remains aligned with the OKDHS mission, vision, and values. It continues to serve as a framework of implementation, commitments, and critical initiatives needed to serve the children and families of Oklahoma. Through the Pinnacle Plan OKDHS has continued to fulfill its mission, "To help individuals and families in need help themselves lead safer, healthier, more independent and productive lives."

OKDHS highlights from the past year include, but are not limited to:

**Edward Lake is new OKDHS Director**
Edward Lake accepted the position of Director of the OKDHS and began work on November 1st, 2012. Lake’s acceptance of the position concludes the Human Service Commission’s nationwide search since March to replace former Director Howard Hendrick who retired after serving nearly 14 years. "Ed Lake is the right man at the right time," said Commission Chairman Wes Lane. "He has both the credentials and the credibility to not only build upon the great work already being done at DHS, but to institute and further those reforms necessary to restore the public’s trust in this critically important agency."
Director Lake gained experience through his work at almost every level of the Tennessee Department of Human Services (TDHS) from 1973 until his retirement. He served as a Child Welfare (CW) case worker, a food stamp office supervisor, and as both a county and regional director in social services. He served as deputy commissioner of the agency from 1992 until 1996, as assistant commissioner from 1996 through 2003, when he was again named deputy commissioner until his retirement in 2011. Responsible for the TDHS day-to-day operations, Lake managed the agency's more than 5,000 employees in all 95 counties of the state. The state
agency administered programs including Supplemental Nutritional Assistance Programs (SNAP); Temporary Assistance to Needy Families (TANF); Medicaid; adult protective services; child care licensing; vocational rehabilitation; disability determination services; child support; appeals and hearings; as well as several federal community services programs. Lake has extensive experience with organizational change and oversaw comprehensive TDHS restructuring. He worked to improve client services and build external support of the agency's efforts by working closely with advocate groups, legal aid staff, and other key external stakeholder groups. During Lake’s tenure at TDHS, he was among key contributors to the development of the agency’s CW case worker training academy and received a community service agency award for improving the agency's and the community’s child abuse services following a nationally publicized child abuse death. He also provided leadership for the design and implementation of sweeping childcare licensing reforms in state statute and policy, including a statewide rated childcare licensing system. Lake led the agency's implementation of the first TANF program and chaired the Governor’s Task Force on Families First (TANF program) to develop comprehensive changes to the program. He provided leadership during the state’s emergency responses to Hurricane Katrina and developed an innovative method for providing immediate financial assistance to relocating victims through the use of "pre-loaded" electronic benefit cards. Lake holds a bachelor’s degree in social work from East Tennessee University and a master’s degree in Social Work from the University of North Carolina at Chapel Hill.

**OKDHS CWS Director Receives Spero Award**

Deborah G. Smith, Director of CWS, is the recipient of the Spero Award from the *Oklahoma Lawyers for Children* (OLFC). Smith received the award on September 15, 2012 at the OLFC "Evening of Hope" awards gala and fundraiser held at Science Museum Oklahoma. While OLFC has recognized exceptional individuals and companies for their service to children, the Spero Award was awarded only one other time. "The OLFC Board of Directors is quite judicious about presenting awards," says Tsinena Thompson, OLFC President and Chief Executive Officer. "Deb was chosen for this award because of what can only be described as Herculean efforts and dedication during the development of the Pinnacle Plan, which OLFC believes to be the single most important reformation to CW in Oklahoma history."

**OKDHS Receives Final Approval from Monitors of Pinnacle Plan**

OKDHS received final approval from outside CW experts on its improvement plan for the state’s foster care system. The plan was first submitted to the co-neutrals on March 30, 2012 and was subsequently endorsed on July 25, 2012. The last step of the approval process was to finalize the baselines, targets, and measures for the 15 performance areas. This final approval lays the foundation for required monthly public reporting.

**OKDHS Raised Reimbursement Rates for Foster Parents**

The OKDHS increased reimbursement rates for foster families as part of the Pinnacle Plan for improving CWS. The new rates took effect on Aug. 1, 2012 and help in the retention of foster families across the state.
Two OKDHS CW Specialists Receive CASA Award for Excellence
On February 13, 2012, two child welfare specialists were the recipients of the 2012 Buddy Faye Foster Courtroom Excellence Award. Jazzmon Kennerson and Annabelle Scranton both work in county office 55A in Oklahoma City. The award is presented by the Court Appointed Special Advocates (CASA). Recipients of the award are recognized for their leadership, compassion, reason, and courage in the courtroom.

2013 OKDHS/CW Award Recipients
Each year individuals from all divisions of OKDHS, are nominated for either a Best of the Best Award, for their outstanding performance and conduct or an OKDHS Excellence Award, for their outstanding merit and performance and/or for action that enhances the OKDHS mission and values. This year, 18 child welfare specialists received a Best of the Best Award. Deborah Smith, CWS Director, received an OKDHS Excellence Award for her service and leadership.

Tulsa County Family Drug Court Named One of the Nation’s Best
The Tulsa County Family Drug Court (TCFDC) was named one of the most successful drug courts in the nation by Children and Family Futures, an organization that works with CW and family judicial systems across the country. TCFDC began in November, 1998, as a community sentencing court and helps offenders stay out of prison by offering treatment and counseling for substance abuse and addiction. OKDHS partners with TCFDC in an effort to protect children whose health and welfare may be adversely affected by the parental use of drugs. Tulsa County OKDHS has three permanency planning child welfare specialists who are designated to work with families and children assigned to the family drug court docket. The drug court program is designed to last a minimum of 18 months and a maximum of three years. From January 2011 through September 2012, the federal government collected data from programs such as Children Affected by Meth (CAM), Strengthening Families Program (SFP), Celebrating Families Program (CFP), and the Center for Therapeutic Intervention (CTI). The data shows OKDHS successfully reunited parents and children almost three times faster than traditional CW cases. Since mid-2011, OKDHS has served approximately 128 parents and 163 children through this program and families who successfully complete the program, have little or no re-entry into care.

OKDHS Partners with Oklahoma Lawyers for Children to Find Safe Homes for Foster Children
OKDHS once again collaborated with Oklahoma Lawyers for Children (OLFC) in their efforts to recruit volunteers to assist with home studies for people becoming foster parents. "Partners like Oklahoma Lawyers for Children are a valuable resource as we work to provide the most stable environment for children in our care," said OKDHS Director Ed Lake. "We are most appreciative of their work recruiting and training volunteers, and the children in state custody are ultimately the ones who will receive the greatest benefits from this partnership." Oklahoma Lawyers for Children (OLFC) represents children in OKDHS custody in Oklahoma County. OLFC is the only non-profit organization providing pro bono legal services, home studies, guardianships, mentorship, and more to the area’s abused, neglected, and deprived children.
Longtime foster parents in Grove, Oklahoma Honored
In partnership with OKDHS, two longtime foster parents were honored at the Foster Parent Appreciation Dinner at the First United Methodist Church, 1005 Leisure Road in Grove, Oklahoma on Tuesday, May 14, 2013. Nelson and Ivy Pendergrass were honored for their dedication to the wellbeing of foster children in Oklahoma. The couple is retiring in June and they will be presented with a plaque acknowledging their contribution as foster parents to more than 200 foster children entrusted to their care over the past 34 years. Mr. and Mrs. Pendergrass have three adopted children and became foster parents in 1979. The couple has kept in contact with many of the children they fostered and the Pendergrass family photo albums now include pictures of their foster children’s children and grandchildren.

OKDHS CWS Grant Project Wins Governor's Commendation for Excellence
The OKDHS was awarded the coveted Governor’s Commendation of Excellence for its Bridge to the Future project. The project was recognized for innovation, effectiveness, and efficiency in foster and adoption recruitment and retention. "This is the second year in a row that Children’s Bureau funded grant projects awarded to OKDHS were so honored by the Governor of Oklahoma," says Karen Poteet, OKDHS project manager for the grant project. "In 2012, the Kinship Bridge Family Connection grant project was also awarded the Governor’s Commendation of Excellence. We are grateful for the recognition and for the support of the Children’s Bureau in the administration of these projects." The project seeks innovation in customer service interventions to aid in the recruitment of Bridge Resource families for the foster care and adoption of children in OKDHS custody. The project provides enhanced support for current foster families through training and timely information about efficient processes and improved resources. The project continues to confirm that current foster families are the best resource in the recruitment and retention of new foster and adoptive families in Oklahoma. The project was a partnership between OKDHS CWS, OKDHS Office of Planning, Research, and Statistics, and the University of Oklahoma Center for Public Management (OUCPM). "We are so proud to be a partner with OKDHS on this project," says Vincent Deberry, OUCPM Executive Director. "Some amazing things are happening at the Bridge Resource Support Center, which was funded by this federal grant. So many lives were touched through these efforts and we have had the opportunity to work with some incredible people."

CWS in Washington County Honored
On May 8, 2013, Washington County employees Kelli Minton, Janice Powell, Karen Allison, and Dixie Clayborn were recognized for outstanding service and partnership by the Bartlesville School System. Kelli and Karen participate on the truancy board for the Bartlesville School System. Dixie provided training and consultation to the school system many times, at many different sites, throughout the school year. All the aforementioned work hand-in-hand on child abuse and neglect referrals with the school system.
**OKDHS Deputy Director Named to Metropolitan Human Services Commission in Tulsa**

Kelly Johnson, Region 5 deputy director for CWS for OKDHS, was named Vice Chair of the Metropolitan Human Services Commission (MHSC) in Tulsa. An OKDHS 22-year veteran, Johnson was nominated for the Commission by former Tulsa mayor, Robert LaFortune. Johnson will serve a one-year term from July 1, 2013, to June 30, 2014.

MHSC helps coordinate funding, planning, and policy decisions that address community concerns in Tulsa County. Commission partners include the City of Tulsa, OKDHS, Tulsa Public Schools, the United Way, Tulsa Community College, Tulsa Technology Center, Tulsa County, Tulsa Health Department and the Tulsa Metro Chamber of Commerce. Johnson says the list of priorities for MHSC includes the prevention of child abuse and neglect and making improvements in the decision-making process to help meet the health and human service needs for the people of Tulsa County. "I would really like to see further community coordination of efforts in service planning for children and families," says Johnson. "This would help reduce the duplication of services and help us utilize funding that can be targeted elsewhere."

**CWS Organizational Structure**

The vertical integration of CWS occurred in January of 2013. The CWS Director reports directly to the OKDHS Director who then reports directly to the Governor and the Governor’s Office. This new structure serves to eliminate barriers to effective communication, create more clearly aligned goals, and better support for front-line staff.

Within this new organizational structure are eight deputy directors who all report to the CWS Director. There is a deputy director for each of the five regions of the state, with each providing Child Protective Services, Family Centered Services, and Permanency Planning Services. Reporting to the five regional deputy directors, and covering the 27 districts of the state, aligned according to District Attorneys’ responsibilities, are 43 District Directors. To support the critical work in the five regions, three teams, each lead by a deputy director, will be responsible for Bridge, program, and quality assurance and staff development. Also reporting directly to the CWS Director is the program administrator for operations and business processes.

The Bridge Team is responsible for the policy, procedures, and programs for:

Adoptions and Post Adoptions - Adoption Services is responsible for assisting in securing a safe, permanent home for children in OKDHS permanent custody through a comprehensive array of services that identifies, approves, matches, and supports adoptive families. Post Adoption Services Section is responsible for administering financial and medical benefits, childcare, Interstate Compact on Adoption and Medical Assistance (ICAMA), Confidential and Intermediary Search, Reunion and Paternity Registries and providing case management service to all who have finalized an adoption of a child who was in out-of-home placement.

Foster Care – is responsible for the recruitment, retention, training, and consultation of resource families.

The front-line staff in these two areas report through supervisors and field managers to their deputy director.
The Program Team is responsible for the policy, procedures, and programs for:

Protection and Prevention – is responsible for Child Protective Services (CPS), Family Centered Services (FCS), Oklahoma Children’s Services, Appeals, and Child Abuse and Neglect Information System (CANIS) inquires.

Permanency and Well-Being – is responsible for permanency planning services (PP), independent living services, Developmental Disabilities Education Services, and Trauma Informed Care Services. Permanency and Well Being staff regularly communicate with other state agencies to ensure an integrated system of health, behavioral health, and Systems of Care exists for children and families.

Specialized Placements and Partnerships – is responsible for Interstate Compact on the Placement of Children (ICPC), Residential Placements, Therapeutic Foster Care, and Tribal Partnerships. Staff in this area trains and coordinates services with the tribes and supervises and monitors two federal grants.

This team includes the OKDHS Centralized Abuse and Neglect Hotline director and the program supervisor for policy who also serves as the legislative liaison.

The Quality Assurance and Staff Development Team are responsible for:

Technology and Governance - is responsible for OKDHS KIDS management, including system development and maintenance, SACWIS compliance, KIDS Helpdesk, KIDS application training, and management reports.

Training – is responsible for the development of CWS training programs, as well as the training of the CWS staff.

Continuous Quality Improvement – is responsible for ensuring the quality of work in CPS, FCS, and PP as well as the continued improvement in work processes.

Child and Family Services Reviews – is responsible for reviews across the state.

Practice Model Implementation and Mentoring – is responsible for continued work on the Practice Model and supervisor mentoring statewide.

Operations and Business Processes - is responsible for the division basic administrative support including personnel and budget, contracts, benefits, fingerprinting, coordination of services with Title XIX and Social Security, and coordination of CWS fiscal programs with the OKDHS Finance Division.

CWS Stakeholder Participation

CW Professional Enhancement Program members
Court Improvement Program
The above external stakeholders are involved in either the OKDHS Strategic Communications Plan or the OKDHS Statewide Continuous Quality Improvement (CQI) Workgroup. The creation of the Strategic Communications plan, in place for some time, serves to assist in the development and implementation of the Pinnacle Plan. The purpose of the plan is to connect people to the work of the organization – its vision, mission, values, and goals. It also helps identify methods of eliciting feedback and informing the public and key stakeholders of OKDHS progress on the Pinnacle Plan. The Strategic Communications Plan has five objectives, the first, to identify key internal and external stakeholders, is complete. Objectives two through five include, eliciting recommendations from stakeholders about the implementation of the Pinnacle Plan, providing regular and timely communications during the implementation of the Pinnacle Plan, expanding communication responsibilities of key OKDHS CWS staff, and developing targeted communication strategies to support recruitment initiatives outlined in the Pinnacle Plan.

The OKDHS Statewide CQI workgroup is in the beginning stages. While the CQI unit has been in existence for some time, the workgroup, that includes external stakeholders is new. The CQI unit is responsible for providing feedback to staff in the field and reviewing CW cases across the state to ensure the work done is good quality and aligned with policy. The creation of this workgroup, with external stakeholders, allows for additional input and provides an opportunity for OKDHS staff and external stakeholders to work together to evaluate CQI processes and to ensure they are effective. The primary goal of the CQI unit and this workgroup is to improve our child welfare practices and ultimately improve the outcomes of safety, permanency, and well-being for children and families served by OKDHS.

**SERVICE DESCRIPTION**

**OKDHS Pinnacle Plan**

On January 4, 2012, the OKDHS, jointly with the Governor’s Office and the Oklahoma Commission for Human Services, reached an agreement with the plaintiffs in class action litigation DG vs. Yarbrough, Case No. 08-CV-074. As part of this agreement, OKDHS developed an improvement plan for CWS (Pinnacle Plan) with assistance of key internal and external stakeholders and approval of the Co-Neutrals. The Pinnacle Plan creation resulted in revisions of the previous CFSP goals and objectives. Pinnacle Plan implementation began in State fiscal year (SFY) 2013, and addresses 15 performance areas identified in the agreement. OKDHS believes this will lead to better outcomes for children and families, a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. To view a complete copy of the pinnacle plan please see the Pinnacle Plan attachment.

Following information summarizes each pinnacle point goal, goal initiatives, and progress made to date, for year one of this five-year plan.

**Goal of Pinnacle Point 1**

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

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKDHS and its private providers will improve customer service and create a sense of urgency in responding to families interested in becoming resource families. Every day, a child in Oklahoma is waiting to be placed with a family; OKDHS needs to respond to interested families without delay.</td>
<td>All CW staff are required to complete the &quot;Customer Service: Valuing our Resource Families&quot; training in the Learning Management System database. 2787 individuals have completed the training. Bridge Resource Parent conferences, &quot;Soaring to New Heights&quot;, were held on 9/14/12 in Tulsa and 10/22/12 in Oklahoma City.</td>
</tr>
<tr>
<td>OKDHS will implement several short-term solutions to improve the approval process, which will remain in effect approximately one year or less, until longer-term solutions are in place. These include: specific targets will be established for resource staff regarding the number of resource family assessments to be completed monthly; dedicated staff will be approved to work overtime</td>
<td>All Short-term solutions were put into practice. 192 adoption resource family assessment referrals and 941 foster care resource family assessment referrals were sent to private contractors for completion. The tracking of timeliness rates will be incorporated into the KIDS system with an estimated start date of August 2013.</td>
</tr>
</tbody>
</table>
1. OKDHS will increase availability of initial training sessions for new resource families across the state, beginning in regions 3 and 5. This will include options to complete the training during one weekend, weekdays, Saturdays, and/or evening hours.  

| OKDHS will increase availability of initial training sessions for new resource families across the state, beginning in regions 3 and 5. This will include options to complete the training during one weekend, weekdays, Saturdays, and/or evening hours. | 94 RFT training sessions were provided in all five regions. In Region 3, a total of 30 RFTs were provided in the following formats: 2 weekdays, 6 weeknights, 16 Saturdays and 6 expedited. In Region 5, a total of 29 RFTs were provided in the following formats: 2 weekdays, 8 weeknights, 13 Saturdays and 6 expedited. |

2. OKDHS is partnering with the faith-based community to recruit families through the 111  

| OKDHS is partnering with the faith-based community to recruit families through the 111 | A Shepherd/111 Project status meeting occurred on October 31, 2012 and |

3. OKDHS will monitor timely completion of resource family assessments focusing on 30-day completion from the time of application. If delays beyond 60 days are identified, a referral to the division director or designee will be made and immediately addressed with OKDHS staff and/or private providers; and  

| OKDHS will monitor timely completion of resource family assessments focusing on 30-day completion from the time of application. If delays beyond 60 days are identified, a referral to the division director or designee will be made and immediately addressed with OKDHS staff and/or private providers; and | The Bridge Support Center is monitoring all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. This will ensure identification of customer service issues early in the process and will help reduce the number of families dropping out of the approval process. |

4. OKDHS will monitor all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. This will ensure identification of customer service issues early in the process and will help reduce the number of families dropping out of the approval process.  

| OKDHS will monitor all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. This will ensure identification of customer service issues early in the process and will help reduce the number of families dropping out of the approval process. | The Bridge Support Center is monitoring all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. Performance on timely callbacks for foster care: October-92%, November- 97%, December-84%, January-85%, February- 95%, and March- 92%. Performance on timely callbacks for adoption: July-80%, August- 81%, September-97%, October-90%, November-91%, December-97%, January-96%, February-91%, and March-92%. |

|OKDHS will monitor all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. This will ensure identification of customer service issues early in the process and will help reduce the number of families dropping out of the approval process. | The Bridge Support Center is monitoring all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. Performance on timely callbacks for foster care: October-92%, November- 97%, December-84%, January-85%, February- 95%, and March- 92%. Performance on timely callbacks for adoption: July-80%, August- 81%, September-97%, October-90%, November-91%, December-97%, January-96%, February-91%, and March-92%. |

| OKDHS will monitor all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. This will ensure identification of customer service issues early in the process and will help reduce the number of families dropping out of the approval process. | The Bridge Support Center is monitoring all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the process. Bridge Support Line staff will conduct "call backs" at 10 days and 30 days to assess the family’s progress and ensure the agency is doing everything possible to move the family forward. Reports garnered from "call backs" are provided monthly to leadership for monitoring and follow-up actions, as needed. Performance on timely callbacks for foster care: October-92%, November- 97%, December-84%, January-85%, February- 95%, and March- 92%. Performance on timely callbacks for adoption: July-80%, August- 81%, September-97%, October-90%, November-91%, December-97%, January-96%, February-91%, and March-92%. |
Project and will designate resource staff to "shepherd" new families through the process, especially in regions 3 and 5. This partnership places OKDHS in a unique situation to recruit and retain resource families who also have the support of the faith community.

In region 3, OKDHS will expand its partnership with the Oklahoma Lawyers for Children (OLFC) volunteer program. OLFC volunteers will be trained to support families moving through the process by assisting them with gathering necessary documents for the resource family assessment. This addresses part of the "pipeline issue." OKDHS will replicate this in region 5 and other regions of the state where possible.

In region 3, OKDHS will expand its partnership with the Oklahoma Lawyers for Children (OLFC) volunteer program. OLFC volunteers will be trained to support families moving through the process by assisting them with gathering necessary documents for the resource family assessment. This addresses part of the "pipeline issue." OKDHS will replicate this in region 5 and other regions of the state where possible.

Region 3 has partnered with OLFC and provided training on April 25, 2012 and June 8, 2012 to these volunteers on how to assist resource families in gathering necessary documentation. Region 3 held a meeting with OLFC on 3-14-13 and developed protocol for OLFC support. Training is scheduled for OLFC volunteers on this protocol and further discussions will be held regarding other ways OLFC can assist.

Beginning July 1, 2012, OKDHS will send resource family assessments for both foster care and adoption to private providers for completion. This will enable agency staff to conduct other activities, such as conduct reassessments and improve support to families while speeding up the

Resource family assessments are now being sent to private providers for completion. OKDHS is providing support to the private agencies by providing training on conducting resource family assessments to their sub-
approval process. In the event a private provider is not able to accept resource family assessments for completion due to capacity limitations, OKDHS will work closely with the provider to recruit and train subcontractors.

<table>
<thead>
<tr>
<th>Contractors. When provider capacity is unable to meet the need for completion of home assessments, OKDHS has utilized OKDHS staff or temporary staff to assist. 941 referrals were sent for foster care resource family assessments and 192 referrals were sent for adoption resource family assessments.</th>
</tr>
</thead>
</table>

Complete the bidding process to obtain an adequate number of private partnerships for the recruitment, support, and retention of non-relative resource parents and treatment foster homes. OKDHS will provide directly or through its private providers a seamless customer service experience for families by providing one point of contact for the entire onboarding process, including recruitment, resource family assessment, training, and ongoing support. The point of contact will support families as they interact with OKDHS throughout the approval process, during placement and care of children in their homes, and in understanding the CW system. The goal is to have one contact helping the family throughout the process.

<table>
<thead>
<tr>
<th>On April 15, OKDHS began preparing RFPs and will push for a very quick turnaround for the selected providers and contracts. Until those are established, OKDHS has approved a 60-day overtime plan for foster care to ensure new inquiries are processed quickly and have a plan to hire temporary child welfare specialists for the next 6 months to help with the transition between current services and the establishment of the new contracts.</th>
</tr>
</thead>
</table>

If a private provider is not selected for a particular district, OKDHS will ensure the district is allocated adequate OKDHS staff and support for recruiting and retaining resource families. Program staff will ease the burden and support recruitment staff by:

- providing data analysis to determine the number of homes needed to care for the specific population of children entering care in that district;
- providing technical assistance in crafting recruitment and retention plans;
- assisting new inquiries through the Bridge Support Line, including answering basic questions, explaining the application packet, completing 10-day and 30-day follow-up calls to check progress, and reporting to leadership the status of the 10-day and 30-day follow-up calls;
- ensuring providers are available for home studies;
- providing recruitment tools such as resource parent handbooks, recruitment brochures and posters, public service announcements (PSAs), information

<table>
<thead>
<tr>
<th>This is pending based upon the RFP responses noted in initiative 8.</th>
</tr>
</thead>
</table>
14. Shorten the length of time expected to complete resource family assessments to 30 days from application and shorten the length of time from application to approval to no more than 60 days, unless the family chooses to extend the process. This will assist with the delay in providing kinship families financial support needed to care for children. It also ensures non-relative resource families make it timely through the process and addresses another "pipeline issue."

| OKDHS now requires private contractors to complete resource family assessments within 30 days of referral. OKDHS ensures contractors have a completed application prior to referral. OKDHS requires CW staff to obtain the completed application within 20 days of receipt of initial paperwork. Most current data available shows an 86% timeliness completion rate for adoption family assessments and an 83% timeliness completion rate for resource family assessments. |

11. Develop an online application process for individuals interested in becoming resource parents.

| The KIDS team has worked closely with the Bridge Resource team and the Office of Communications (In charge of Oklahoma’s Internet presence) to update and simplify the online Bridge Interest form and create a new electronic Bridge Resource Parent Application form. The new application will allow prospective Bridge parents to submit an initial application via the internet (e-mail) to OKDHS for immediate follow up. |

12. Over a five-year period, beginning in SFY 2013, OKDHS will incrementally increase reimbursement rates for resource parents to more closely align with the "Hitting the MARC" standards as published in 2007 and as set forth in the chart below. In addition, OKDHS will make legislative requests to increase reimbursement rates above the 2007 "Hitting the MARC" standards as resources permit, based on cost of living adjustments. Monthly reimbursement rates cover the cost of caring for a child, including food, clothing, shelter, daily supervision, school supplies, and personal incidentals. OKDHS realizes a rate increase alone is not likely to improve the recruitment or retention of families; however, it will demonstrate Oklahoma’s commitment to its most vulnerable children and the families who care for them. It is the right thing. OKDHS realized the first increase of reimbursement rates was effective August 1, 2012. The second rate increase is included in the CW budget submitted on October 1, 2012 for SFY 2014. |

<p>| The first increase of reimbursement rates was effective August 1, 2012. The second rate increase is included in the CW budget submitted on October 1, 2012 for SFY 2014. |</p>
<table>
<thead>
<tr>
<th>to do.</th>
<th>Efforts were made to increase resource parent knowledge of the Child’s Passport. These include: 1) Presenting on the Child’s Passport at the Recruitment and Retention Conference and National Adoption Month Celebration. The Child’s Passport was completed and provided to staff. The Bridge to the Future website was updated with more information about the Child’s Passport. The National Resource Center was provided with copies of the Child’s Passport pamphlet so can be distributed during Resource Family Training. A new grant in OKC that assists kinship families through the approval process, Kinnection, has also agreed as a part of their grant activities to assist the families in accessing the Child’s Passport. An email was sent on 1-2-2013 regarding access and outlined steps to be done to increase access. A meeting was held with EFC providers on 1-9-2013 at which Child’s Passport access was discussed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significantly increase the number of resource parents who access Child’s Passport, a web-based program allowing access to children’s records. This passport is critical to ensure resource families have medical and other child-specific information for the child in their care. Through Child’s Passport, resource families can access information for any child placed in their home 24 hours a day, seven days a week. Information contained in the passport includes Medicaid billing records, immunizations, and information documented within the KIDS system related to education, health, assessments, strengths, and needs. To increase the number of resource parents who access Child’s Passport, OKDHS will require resource staff, including OKDHS staff and private providers, to discuss the passport during home visits (bringing printed copies if needed), update the resource parent handbook and website to contain more detailed information about access, include information in the quarterly newsletter at least once per year, and remind resource parents via email notification.</td>
<td>Modification in policy to &quot;required&quot; reprinting of Placement Provider Information made. The anticipated date of final approval was 06/2013 but is likely to occur in 07/2013.</td>
</tr>
<tr>
<td>Develop and implement a placement process that ensures resource parents receive adequate information at placement. Along with Child’s Passport access information, OKDHS staff will provide resource parents with a printed copy of the child’s Placement Provider Information Report. This report contains information documented within the KIDS system related to education, health, assessments, strengths, and needs. Although little information may be known at intake, the child welfare specialist will include, at a minimum, information related to any drug allergies, medication, school information, and recent illnesses or critical health information. The Placement Provider Information Report is dynamic and will change as information is added or modified within KIDS. Reprinting of the report for the provider is currently recommended every six months. OKDHS will modify policy from &quot;recommended&quot; to &quot;required.&quot;</td>
<td></td>
</tr>
</tbody>
</table>
OKDHS will make family placement the presumptive placement for all children in 2012 and in addition, meet the following timelines over the next two years: by December 31, 2012, all children under two years of age will be placed in family-like settings; by June 30, 2013, all children six years of age will be placed in family-like settings; by June 30, 2014, all children under 13 years of age will be placed in family-like settings. Acceptable family-like settings include non-relative foster care, tribal foster care, kinship foster care, and TFC. During SFY 13, the Co-Neutrals will evaluate all levels of group home and congregate care, including a review of permanency outcomes for children in these settings, and make a determination whether any will be deemed family-like settings for the purposes of this Plan. Exceptions to placement in a family-like setting may be granted only for the following: sibling groups of four or more children who cannot otherwise be placed together, children whose needs require inpatient psychiatric hospitalization, or young children who are placed with their minor parent in a group home.

Effective June 30, 2013, no child shall be placed in an unapproved, non-relative placement.

By June 30, 2014, children ages 13 years of age and older may be placed in a shelter, only if a family-like setting is unavailable to meet their needs. Children shall not be placed in a shelter more than one time within a 12-month period and for no more than 30 days in any 12-month period. Exceptions must be rare and must be approved by the deputy director for the respective region, documented in the child’s case file, reported to the division director no later than the following.

Most current information related to this initiative shows a total of 8 children under the age of 2 spent a night or nights in the Pauline Mayer Shelter or Laura Dester Children’s Center. Most of these children stayed in the shelter as part of a sibling group, which is an automatic exception to the requirement. Efforts are now being made to meet the mandate of no child under the age of 6 to spend the night in a shelter.

OKDHS procedure is that no child shall be placed in an unapproved, non-relative placement. Technical assistance from Casey will be used to assure that procedures are in place to assure this initiative is met. OKDHS is using "holiday homes" to provide respite for children placed in shelter settings in the metro areas. Each of these holiday homes must meet alternative caregiver requirements before being allowed to provide care for the children.

Efforts are being made to increase the number of available resource families but at this time, there is no data to report since the start date for this initiative is 6-30-2014.
Develop and implement a system to match children’s needs with the capacities of families to meet those needs. By no later than April 1, 2014, OKDHS will submit to the Co-Neutrals for their approval a process to be used by OKDHS that matches children 13 years of age and older to a level of care other than an acceptable family-like setting, which OKDHS will implement within 90 days of approval. OKDHS will incorporate a trauma assessment and other screening tools, such as the Child Behavior Checklist, for youth entering higher levels of care.

The KIDS team is planning a software release introducing new data points to collect for OKDHS resource families. Formal meetings were held 10/9/12, 11/20/12 and 11/27/12 to discuss the logic of these requirements, as well as numerous other contacts with key personnel.

New data points to be collected primarily focus on the characteristics of a child the family is willing to accept as well as collecting new information about existing family characteristics that could be important from the child’s perspective.

**Goal of Pinnacle Point 2**
To create a system with clear delineation of roles, effective lines of communication, and accountability throughout the system.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of all CW staff into one division will be completed.</td>
<td>CWS is the new division name. Deputy directors are in place. The OKDHS Abuse and Neglect Hotline moved over to the new division on September 16, 2012. All child welfare specialists and supervisors were moved under CWS effective October 16, 2012. To accomplish this initiative, an agency-wide workgroup was formed to support the move that includes budget, finance, HRM, administrative services (building and space allocation) and program staff. Vertical integration requires KIDS changes to ensure staff is appropriately coded in the system and all reports show the new districts and regions. Completed.</td>
</tr>
<tr>
<td>Clarify the roles of all CW staff, leadership, and administrative support with written job descriptions and revised performance evaluations.</td>
<td>Deputy directors, district directors, child welfare specialists, Program, and other positions were revised. TA was provided by HRM to ensure accountabilities were well stated and measurable. Completed.</td>
</tr>
<tr>
<td>Examine each program area to determine if decisions made at the centralized office level</td>
<td>Instructions were sent to all program managers to examine their program areas</td>
</tr>
</tbody>
</table>
should be made at the local level for the purpose of empowering front-line staff. Throughout implementation of the Pinnacle Plan, OKDHS will meet at least annually with the Co-Neutrals to discuss the organizational structure’s ability to support decentralization of decision-making, streamlined processes, access to services, and improved outcomes for children.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine the function and documentation of case consultation at the centralized office level to ensure program staff is accountable for case-specific recommendations when provided.</td>
<td>Case consultation provided by program staff will be documented in the KIDS system for each specific case. The contact type is &quot;case consultation&quot;. Policy revisions were submitted for approval, but an email notification to staff will be used until policy is revised to include these instructions.</td>
<td></td>
</tr>
<tr>
<td>Finalize a schedule for regular team meetings for CWS. These meetings will serve to monitor progress on Pinnacle Plan implementation, support staff in carrying out responsibilities, break down barriers, provide opportunities to share critical information such as policy updates, and ensure staff is focused on Pinnacle Plan goals. Meetings may occur bi-monthly, monthly or quarterly, and technology such as teleconferencing may be utilized when appropriate to reduce travel.</td>
<td>On September 12-13, 2012, the new CWS Executive Team held a leadership retreat with TA provided by Clarus Consulting. One of the activities was to construct an effective communication strategy for cascading information in the agency and to improve two-way communication. Decisions were made about the frequency of meetings and a grid was created as a visual for this plan. The plan was completed in December 2012. CWS Executive Team (2nd and 4th Mondays) CWS Leadership (quarterly) CWS Summits scheduled (January – June, 2013) Regions have scheduled leadership meetings. Updates provided via Infonet for all staff.</td>
<td></td>
</tr>
<tr>
<td>Finalize and conduct an annual in-service training</td>
<td>On September 21, 2012, a small workgroup including policy and training and to report back by October 31, 2012. The instructions require examination of decisions and processes completed by anyone above the level of supervisor. For each one, the program manager identified the decision (process), relevant policy, and evaluated if this could be done at a lower level. They included recommendations along with sound arguments either to support the current process or to recommend a lower level decision-maker. Before changes are made, the CWS Executive Team will meet to discuss and approve changes. Approved policy changes will be reviewed by Policy Programs Supervisors to evaluate time to make changes and submit the Instructions to Staff.</td>
<td></td>
</tr>
</tbody>
</table>
program for all levels of the division to ensure an understanding of the organizational structure, new roles and responsibilities of staff, and Pinnacle Plan implementation. Met with OU staff to discuss the training strategy. An in-service training video was posted on the Learning Management System on December 27th 2012. The video is an introduction to the pinnacle plan along with a discussion of the values and goals from which the division will operate. This video serves as the foundation for future training sessions and is not intended to be the only training offered. The goal is to ensure everyone has an introduction to the foundation of the pinnacle plan and direction of the agency. OU is also completing a proposal for future training sessions and training formats.

Goal of Pinnacle Point 3
To increase the number of staff, reduce turnover, and continue to improve the experience level and practice competencies of staff responsible for day-to-day work on CW cases.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following are the standards for caseloads assigned to public and private agency CW staff performing CW work, which OKDHS commits to achieve by the conclusion of SFY 14 and sustain for the life of the Plan. The benchmarks for implementation of these standards will be set by the Co-Neutrals following approval of the Pinnacle Plan. CPS: no more than 12 open investigations and/or assessments per child welfare specialist. Office of Client Advocacy (OCA) (conducting investigations for children in out-of-home placements): no more than 12 open investigations per child welfare specialist. Family-Centered Services: no more than eight families per child welfare specialist. Permanency Planning: no more than 15 children per child welfare specialist. Resource: no more than 22 resource families per child welfare specialist. If resource staff is responsible for completing resource family assessments, the workload standard will be</td>
<td>The Pinnacle Plan outlines that OKDHS commits to achieve these targets by the conclusion of SFY14 and sustain for the life of the Plan. The new workload methodology developed by OKDHS was approved for use by the co-neutrals. A system for tracking and measuring workloads was developed and approved by co-neutrals. In an effort to begin working towards the target date regarding caseload standards, OKDHS has filled the first of 100 new allocated positions. 100 additional child welfare specialist positions, 20 additional supervisor positions, and 3 district director/field manager positions were allocated and posted.</td>
</tr>
</tbody>
</table>
decreased accordingly, subject to the review and approval of the Co-Neutrals. Adoption: no more than eight families and eight children per specialist.

| OKDHS will focus efforts on recruiting staff with social work and related degrees. At the annual CWS supervisors’ conference, university staff will present the benefits of a Master of Social Work (MSW) degree in a public CW agency. MSW admission criteria, processes, and curriculum will be discussed and materials provided. Similar recruitment efforts will occur | Work with the Statewide Trauma Informed Care Steering Committee continues. This committee provides expert support and direction to Trauma Informed Care System Implementation. The Statewide vision, goals, objectives were clarified and refined, during a three workday series Planning Retreat held this November 5, 19, and December 17, 2012. Activities relative to the Children’s Bureau (Trauma II) Grant-awarded October 1, 2012 were completed as follows: a) Weekly to twice monthly Grant planning meetings; b) initiation of Phase One Grant Implementation Work Plan and feedback sessions with Children’s Bureau Federal Program Officer; c) recruitment and selection of two key staff for grant project. Grant Activities continued with the submission of the Initial Grant Phase I work plan, Federal Program Officer input/collaboration and resubmission. Initiated planning for discussion with Group Home and TFC Program Staff regarding trauma-screening tools. Presentations to Key Partners and at various meetings have occurred and include the Department of Mental Health, System of Care Project Directors, Child Guidance Behavioral Health Meeting participants Oklahoma Indian CW Conference Participants and contracted OKDHS providers. Phone and on site consultations and support are ongoing with lab sites. |

| As outlined in the Oklahoma Trauma-Informed System Implementation Plan, OKDHS will enhance practice with trauma-informed initiatives. Although the plan will require five years for full implementation, Year One will include initiatives focusing on secondary trauma of CWS staff. These supports are currently being tested at six lab sites to identify the most effective strategies before implementing statewide. | CWS had a booth at the Annual CWS Supervisor’s Conference on June 20-21, 2012 where information about the program was provided to supervisors. In addition, the first of three statewide orientation meetings for potential CWS participants occurred in September 2012 and resulted in 18 prospective students attending. The CWS |
throughout the year. OKDHS and CWS will hold a minimum of three statewide orientations per year for current and potential Bachelors in Social Work (BSW) and MSW students from all university social work programs across the state to describe the work of an OKDHS child welfare specialist and recruit participation in CW. In May and December, CWS will send information to upcoming graduates of all BSW and MSW programs who are not in CWS with information about the OKDHS hiring process for CWS. The OU School of Social Work is implementing in fall 2013 an Administration Certificate program for graduates who complete a direct practice concentration during their MSW program. CWS will fund OKDHS CWS staff accepted into the certification program.

| Develop a tracking system where all work assigned is counted, staff experience and turnover is considered, and the complexity of cases is evaluated. The tracking system is subject to review and approval of the Co-Neutrals. | A newly created tracking system was developed and approved by the co-neutrals. |

Based on an internal workload analysis, OKDHS will request 100 additional child welfare specialist positions during Year One and may, as permitted by law, re-allocate staff positions and resources, and may request supplemental appropriations in Year One to achieve the workload standards set forth in this Plan. Additional CWS supervisors and district directors will be requested to supervise the additional child welfare specialists in line with the child welfare specialist to supervisor ratio. During Year One, OKDHS will conduct a workload analysis to determine the number of additional child welfare specialist positions necessary to achieve caseload standards. OKDHS will report to the Governor’s Office, the Commission, the Office of State Finance, and the Legislature an analysis of positions needed to achieve the workload standards in this agreement and advocate to those entities appropriations requests, as necessary.

| The CWS director with HRM will focus on hiring for the first 100 new positions that were allocated in quarter one is complete. A comprehensive workload analysis was completed internally. Based on this analysis, additional positions were requested that would be needed in order to reach caseload standards. Posting and hiring for these positions is ongoing. |

| Memo, CWS 12-12, was sent to all OKDHS staff to provide information about the MSW scholarship. Information about the Post Certification program was provided to all staff with an MSW to survey for interest. An Employment Fair was held on 3/8/13 for graduating BSW and MSW students to hear about employment with OKDHS CWS. |
recruitment and on-boarding strategies for CWS staff.

OKDHS will continue to refine the automated Applicant Management System (AMS) to streamline workflow and enable user-friendly tracking of activity. Child welfare staff will be trained on improvements and updates.

OKDHS will seek additional opportunities to host OKDHS Career Fairs. During the fair, applicants can submit a completed application and interview with a district director the same day. Applicants’ references are checked, and a conditional employment offer is made pending the outcome of the drug test. This allows district directors to set a hire date within a few days.

OKDHS will continue utilizing the Expedited Recruitment of child welfare specialist I and II Model Project Plan. This plan provides the framework to reduce the average hiring time from 35 days to less than 10 days.

CWS will partner with the OKDHS Office of Communications to post local career fair involvement and CWS job announcements on the agency’s social media accounts. This is a new recruitment strategy.

OKDHS will, to the maximum extent possible, streamline its hiring processes, which shall include a review of whether hiring should occur at the state, regional or district level rather than on a county-by-county basis.

Effective September 1, 2012, training for new child welfare specialists will require successful completion of a performance competency evaluation prior to caseload assignment.

Competency testing for all new child welfare specialists began September 1, 2012. All staff completing CORE training after September 1st, 2012, must successfully complete competency testing (HOT) prior to caseload assignment. Most current information indicates 286 new hires were tested with 274 passing the Hands on Testing.

Develop, submit for approval to OMES, and actively advocate for a new administrative support job for child welfare specialists. This position is

A request for a CWS Assistant job family descriptor was sent to the Office of Management and Enterprise Services on
focused on administrative responsibilities of child welfare specialists, such as filing, entering data, requesting information for court reports, and completing placement paperwork. This position would relieve some of the administrative burden and allow child welfare specialists more time with families and children. If the newly developed position is approved, OKDHS will assign one position for every two CWS supervisory units.  

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/16/12</td>
<td>These positions began posting in April 2013.</td>
</tr>
</tbody>
</table>

Stop the use of secondary assignments in contiguous counties and in other districts where adequate resources exist. Exceptions for secondary assignments must be very rare and can be granted on a case-by-case basis only if a strong relationship exists between the child welfare specialist and child and would be harmful if broken. Exceptions must be documented in the child’s case file and approved by the district director.  

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>On track for modifications in policy to be effective 07/2013. Policy reflects phases for end dating secondary assignments for Permanency Planning cases, per CWS Memo 12-11. Effective 01/01/2013, OKDHS stopped the use of secondary assignments for Permanency Planning cases in contiguous counties and in other districts where adequate resources exist, except in rare and unusual circumstances. Report YI678a, Children Placed Outside of the County of Jurisdiction, was created in 12/12 to track secondary assignments. As of 04/01/13, substantial progress has been made and only 51 cases (58 cases minus 7 documented exceptions) remain with secondary assignments in contiguous counties; compared to 395 cases in Quarter 2. In addition, a KIDS enhancement is now available in Contacts screen to denote exception for responsible/secondary child welfare specialist.</td>
<td></td>
</tr>
</tbody>
</table>

Provide updated technology such as tablets and/or smart phones for all child welfare specialists. Because child welfare specialists spend a significant amount of time in the field conducting home visits, immediate access to email and other applications will greatly support their work.  

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>On track for modifications in policy to be effective 07/2013. Policy reflects phases for end dating secondary assignments for Permanency Planning cases, per CWS Memo 12-11. Effective 01/01/2013, OKDHS stopped the use of secondary assignments for Permanency Planning cases in contiguous counties and in other districts where adequate resources exist, except in rare and unusual circumstances. Report YI678a, Children Placed Outside of the County of Jurisdiction, was created in 12/12 to track secondary assignments. As of 04/01/13, substantial progress has been made and only 51 cases (58 cases minus 7 documented exceptions) remain with secondary assignments in contiguous counties; compared to 395 cases in Quarter 2. In addition, a KIDS enhancement is now available in Contacts screen to denote exception for responsible/secondary child welfare specialist.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Provide updated technology such as tablets and/or smart phones for all child welfare specialists. Because child welfare specialists spend a significant amount of time in the field conducting home visits, immediate access to email and other applications will greatly support their work. On track for modifications in policy to be effective 07/2013. Policy reflects phases for end dating secondary assignments for Permanency Planning cases, per CWS Memo 12-11. Effective 01/01/2013, OKDHS stopped the use of secondary assignments for Permanency Planning cases in contiguous counties and in other districts where adequate resources exist, except in rare and unusual circumstances. Report YI678a, Children Placed Outside of the County of Jurisdiction, was created in 12/12 to track secondary assignments. As of 04/01/13, substantial progress has been made and only 51 cases (58 cases minus 7 documented exceptions) remain with secondary assignments in contiguous counties; compared to 395 cases in Quarter 2. In addition, a KIDS enhancement is now available in Contacts screen to denote exception for responsible/secondary child welfare specialist.</td>
</tr>
</tbody>
</table>

A workgroup met with DSD staff on July 17, 2012, August 8, 2012, and September 25, 2012 to discuss options; Attended demo by Total Mobility August 2, 2012; gathered input from staff via meeting/conference call August 6, 2012; (combined with input from past mobility discussions); Presented basic requirements recommendations to deputy directors October 1, 2012. A decision was made to proceed with smart phones as the top selection as a technology solution over some of the other options available. Mobile devices were selected, and purchase arrangements are in process. Training and deployment schedules were set.
Over a five-year period, beginning in Year One, OKDHS will incrementally increase pay for CWS staff so that salaries are more competitive with other states. A salary increase alone is not likely to bring about the changes needed in the Oklahoma CWS system; however, OKDHS is in a workforce crisis. For the past year, it has been very difficult to attract an adequate pool of eligible candidates and retain high-performing staff in a complex and challenging field when salaries are not competitive.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon consultation with the Co-Neutrals, OKDHS may support implementation of the Casey Strategic Plan created by region 3 (Oklahoma County) leadership including judges, attorneys, advocates, CWS staff, and providers. The focus is on improving relationships and communication between all parties involved in the CWS system. Strategies from the Casey Strategic Plan include, but are not limited to, development of a resource notebook for all members of the court system team, development of ongoing training sessions, development and implementation of pre-trial dockets, and utilization of court system meetings as a forum for routine discussions and resolution of significant issues. Child welfare supervisors will monitor intentional visitation with staff by accompanying child welfare specialists once per month and reviewing random contacts for sufficiency. Engagement will be clearly defined for all staff and included, as appropriate, in the resource notebook. Additionally, training programs for parents will include development of a calendar at the beginning of involvement with the system. The calendar will include timing, expectations, resources, and contact information for those assigned to the family’s case. The region 3 plan reduces barriers to timely permanency and</td>
<td>On September 18, 2012, OKDHS staff met with the Oklahoma County Presiding Judge to discuss implementation plans. All parties agreed a meeting would be set for December 2012. Participants at the meeting included the Oklahoma County presiding judge, an Assistant District Attorney, a Children’s Attorney, a CASA representative, and OKDHS Staff. Discussion occurred in regards to work accomplished and in progress on the Casey Strategic Plan. The primary focus is opening the lines of communication between the courts and staff. Monthly meetings are now scheduled and occurring.</td>
</tr>
</tbody>
</table>

**Goal of Pinnacle Point 4**

To use the practice model to achieve timely and appropriate permanency outcomes for all children in out-of-home care.
has the necessary buy-in at multiple levels to bring about changes in the system.

<table>
<thead>
<tr>
<th>As outlined in the Oklahoma Trauma-Informed System Implementation Plan, OKDHS will enhance practice with trauma-informed initiatives, additional screening tools, and a Systems of Care focus. Work will begin in SFY13 but will require five years for full implementation. This effort provides screenings, assessments, and supportive services to help children achieve permanency. During SFY13, strategies will be tested at lab sites; those found to be most successful will be subsequently implemented statewide.</th>
<th>Work with the Statewide Trauma Informed Care Steering Committee continues. This committee provides expert support and direction to Trauma Informed Care System Implementation. The Statewide vision, goals objectives were clarified and refined, during a three workday series Planning Retreat held this November 5, 19, and December 17, 2012. Activities relative to the Children’s Bureau (Trauma II) Grant-awarded October 1, 2012, were completed as follows: a) Weekly to twice monthly Grant planning meetings; b) initiation of Phase One Grant Implementation Work Plan and feedback sessions with Children’s Bureau Federal Program Officer; c) recruitment and selection of two key staff for grant project. Grant Activities continued with the submission of the Initial Grant Phase I work plan, Federal Program Officer input/collaboration and resubmission. Initiated planning for discussion with Group Home and TFC Program Staff regarding trauma-screening tools. Presentations to Key Partners and at various meetings have occurred and include the Department of Mental Health, System of Care Project Directors, Child Guidance Behavioral Health Meeting participants Oklahoma Indian CW Conference Participants and contracted OKDHS providers. Phone and on site consultations and support are ongoing with lab sites.</th>
</tr>
</thead>
<tbody>
<tr>
<td>By September 30, 2012, OKDHS will identify children who are legally free but without an identified placement and share the information with the Co-Neutrals. OKDHS commits to making substantial progress in moving these children who have no identified placement toward permanency, with specific targets to be set by the Co-Neutrals.</td>
<td>Meetings were held July 31, 2012 and Aug 9, 2012 to review the KIDS screens, the KIDS reports, and expectations with adoption transition child welfare specialists as well as adoption child welfare specialists and leadership. Adoption and KIDS staff worked together to make changes in the KIDS adoption efforts screen to provide staff with an easy way to identify these children. Reports were</td>
</tr>
</tbody>
</table>
When a child is identified as legally free without an identified placement, the child will remain assigned to Permanency Planning and will also have an assignment to an Adoption Transition child welfare specialist; the two staff members will team together to achieve permanency for the child. By maintaining the Permanency Planning assignment, the child will experience continuity of the staff member making visits. The child will also benefit from the specialized support of an Adoption Transition child welfare specialist to move the case forward to permanency. The Adoption Transition child welfare specialist’s function is to focus solely on the actions needed to move forward with the permanency plan. The Permanency Planning staff member will fulfill the responsibilities for the day-to-day work as well as coordinate activities with the Adoption Transition child welfare specialist.

Workgroups and subcommittees were formed to address 5 main topics: what families need after adoption finalization; training for TFC, DDS, group homes and resource families; creating and engaging a youth focus group; creating and engaging a family focus group; and updating the Adoption Guidebook and creating a permanency focus meeting guide for younger children in care.

An Adoption Transition meeting was held on Aug 9th, 2012 to review the expectations of the Adoption Transition staff.

A meeting was held on July 12, 2012 with OKDHS photographers in regards to an ongoing ‘video’ project to showcase the children in this population so videos of who these children ‘really’ are beyond what it says on paper about them can be developed and used for recruitment purposes.

Assignments of the targeted population (quad two children) were made to the Adoption Transition child welfare specialists.

6 videos were completed on the target
A loop video was put together for use for recruitment purposes. Efforts to work with small private agencies were initiated. These private agencies feel they have families that would want to adopt by doing a sole source agreement, but they are too small to bid on a big contract. Meetings were held with the Adoption Coalition on 10/12/2012 and Individual agency follow up meetings were held on 12/13; 12/14; 12/17 and one scheduled for 1/10/13.

Meetings were held with the Adoption Coalition on 10/12/2012 and Individual agency follow up meetings were held on 12/13; 12/14; 12/17 and one scheduled for 1/10/13. Meeting held with the adoption transition staff on 03/11/13 to review responsibilities and registration on photo listings. Continued efforts are underway to update children registered on photo listing site. On 03/18/13, a de-identified list of children staffed at statewide staffing was provided to the 8 identified small agency liaisons.

<table>
<thead>
<tr>
<th>OKDHS will complete a Request for Proposal (RFP) to search for a provider who will assist with intensive case management services for older youth with permanency challenges. The private provider will assist older youth who are placed in a congregate setting by reunification with biological parents or identification of the least restrictive appropriate placement setting possible. This service will target youth in higher levels of care with the greatest risk of not achieving permanency. As caseloads stabilize and staff becomes more skilled, the ability to integrate the intensive case management services back into child welfare specialist duties will be evaluated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Request for Proposal was placed out for bid in March of 2013; no responses were received. A new contract process will be utilized in the resubmission of the RFP. An outcome statement and specifications were developed and forwarded to contracts and purchasing for review.</td>
</tr>
<tr>
<td>Identify youth, 16 years of age and older, legally free, at risk of aging out without permanency, and who will not be served by the RFP identified in initiative 5. Beginning in January 2013, identified youth will be scheduled for a Permanency Roundtable (PRT) meeting. PRTs are designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players convene to create individual permanency plans, which are implemented and monitored until the youth achieves permanency. Oklahoma has successfully</td>
</tr>
<tr>
<td>Permanency planning program manager and PRT coordinator attended hands on training and observation of the PRT process in Florida on September 12, 2012 and September 13, 2012 and started the development of a formalized process for tracking PRT outcomes. List of youth identified for participation in the next round of PRT’s was compiled on August 15, 2012. Training and support is being planned as PRT core teams have changed due to reorganization and there is an identified plan</td>
</tr>
</tbody>
</table>
Conducted several rounds of PRTs focused on different populations of children, including children with the longest lengths of stay with the goal of adoption and children with the goal of reunification longer than 36 months.

To assist with ensuring fidelity to the PRT Model. Casey Family Programs was engaged to support the training efforts. Information is being sought in regards to TA for training staff in permanency values and PRT processes.

<table>
<thead>
<tr>
<th>By June 30, 2013, OKDHS will conduct and document an FTM for all new permanency planning cases. The purpose of an FTM is to make decisions with families and involve and engage families of children in OKDHS custody. FTMs include parents, caregivers, children, relatives, family friends, child welfare specialists, service providers, members of community groups, and other appropriate community partners. This initiative will continue in Year Two with adjusted baselines and targets. The focus is achieving timely reunification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline data for FTMs held on Permanency Planning cases open during SFY 12. Of 4,048 children, 2,218 had FTMs within 60 days of the case open date = 54.8%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By June 30, 2013, OKDHS will increase family visitation between biological parents and children when the case plan goal is reunification. Frequent, purposeful visitation contributes to successful placement and reduces the time to reunification. Visitation is the single most predictive factor in whether a child is successfully reunified. In keeping with Bridge, the resource parent may monitor some of the visitation, and the child welfare specialist will ensure documentation of the visits. This initiative will continue in Year Two with adjusted baselines and targets. The focus is achieving timely and successful reunification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline data established for visitation between biological parents and child in Permanency Planning cases (Return to Own Home goal) open during SFY 12. Of 139,582 visits due, 15,467 visits were completed and documented = 11.1%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On a regular basis, OKDHS will explore the appropriateness of reinstatement of parental rights for youth who remain in runaway status and were located with biological parents whose rights were terminated. Efforts will be documented in the youth’s case file and discussed with the youth. The focus is older youth with permanency challenges.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation made on 10/19/12 to Executive Team to consider new procedures that afford local tracking and monitoring to better determine the appropriateness of reinstatement of parental rights in runaway status, as well as other placement decisions. Policy revisions to afford local tracking and monitoring expected to go into effect July of 2013.</td>
</tr>
</tbody>
</table>
### Goal of Pinnacle Point 5
To know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>By September 1, 2013, OKDHS will create a Performance Quality Assurance (PQA) team led by a deputy director. PQA will include the use of standardized review processes for measuring casework and outcomes associated with individual children. This team will also develop and provide leadership for a statewide continuous quality improvement plan involving all staff across the agency as well as external stakeholders, providers, community partners, service recipients, and resource parents. The plan will provide ongoing assessment of key processes and metrics, include commitments to evaluate child protection and maltreatment in care, and integrate lessons learned from abuse and neglect in care into ongoing quality assurance and practice improvement. The continuous quality improvement plan will be submitted to the Co-Neutrals by July 1, 2013. The plan is subject to the approval of the Co-Neutrals and upon approval, will be incorporated into the Pinnacle Plan.</td>
<td>This initiative required the creation of several new positions. All positions were filled and began their duties in April, 2013. A workgroup was established to plan the development of the state’s PQA plan. A timeline of activities to be accomplished over the next four quarters leading up to the target date for this initiative was developed. Leadership staff attended the National Working CQI Meeting in Washington D.C. in August 2012 to learn about CQI practices in other states and identify specific T/TA opportunities available. The CQI team has conducted focus groups within all five regions across the state. The purpose of the groups was to assist in retention and agency development at all levels by improving communication and practice. The focus was to brainstorm ideas and obtain feedback from multiple levels of the division to strengthen the OKDHS CWS continuous quality improvement process. Additionally, a significant amount of time was spent researching practices in other states, peer to peer networking, and on seeking input and feedback through technical assistance with the NRCOI. A workgroup has convened to look at all five components of an effective CQI system as outlined in the Information Memorandum from the Administration for Children and Families regarding &quot;Establishing and Maintaining CQI Systems in State CW Agencies. The work group has started looking at the current reality of our system, strengths, weaknesses, and brainstorming of solutions related to each of the five areas with a goal of developing a comprehensive CQI Plan. In December 2012, staff traveled to a</td>
</tr>
</tbody>
</table>
"Managing by Data" meeting to learn new strategies for deploying initiatives related to utilization of data to manage and improve outcomes.

Work on the comprehensive CQI Plan for Oklahoma is ongoing with the assistance of Casey Family Programs and the National CW Resource Center for Organization Improvement.

The draft CQI plan will be submitted to the co-neutrals by July 1, 2013.

Goal of Pinnacle Point 6
To ensure the safety of children, including children in out-of-home care. We must also ensure children receive regular visitation by the assigned child welfare specialist to ensure safety, permanency, and well-being outcomes.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKDHS will implement changes in the investigative process to ensure the safety of children in out-of-home care and will ensure consistency in screening, prioritizing, investigating, and reporting findings to the federal government regardless of the level of care. OKDHS will centralize the screening process at the Hotline to ensure all calls are answered and screened promptly and thoroughly, and will ensure maltreatment reports are expeditiously assigned to field investigators. OKDHS further commits to track, monitor, and improve its screening processes, improve call wait times, ensure timely field assignment, and ensure consistent screening decisions are made. OKDHS further commits to ensure efforts are made to identify children of Native American heritage during the screening process and utilize screening practices consistent with the ICWA requirements. In light of the Hotline’s expanded duties, OKDHS commits to staff the Hotline adequately to meet its commitments. OKDHS will commence and conduct all alleged victims’ interviews in accordance with CPS policy, regardless of the level of care. Alleged victims’ interviews are attempted the same day as the report. The child’s assigned child welfare specialist will be notified immediately of the allegation and investigation and will monitor the child’s safety in all levels of care.</td>
<td>In this initiative a, b, and c have already been completed. Draft policy is being developed through OCA and CPS collaboration and will continue until policy is finalized. Expected date policy will go into effect is 07-01-2013. CWS has provided training for OCA investigative staff regarding initiation and substantiation. Tracking process was refined to ensure correct information is being collected in NCANDS. Automated notification scheduled for KIDS enhancement in 06-2013.</td>
</tr>
</tbody>
</table>
The CPS or OCA investigator will ensure the child’s child welfare specialist receives information timely about the investigation status and final report or finding. Guidance will be added to Instructions to Staff (ITS). In accordance with legislation and rule-making procedures, OKDHS will make changes to OCA policy to conform to CPS substantiation protocols for children in OKDHS custody. The burden of proof is some credible evidence.

In accordance with legislation and rule-making procedures, OKDHS will initiate and complete all child maltreatment investigations, whether conducted by CPS or OCA, in accordance with the CPS policy timeframe, which is as follows: all investigations are initiated the same day for a Priority One report and within two to five days for a Priority Two report; all interviews are completed within 30 days. Until such time data is entered into the KIDS system, OKDHS will manually track and report abuse and neglect in out-of-home care. OKDHS will ensure that a private agency that is the subject of an investigation is informed of the outcome of the investigation.

**Goal of Pinnacle Point 7**

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

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>As outlined in the Oklahoma Trauma-Informed System Implementation Plan, OKDHS will enhance practice with trauma-informed initiatives, additional screening tools, and a Systems of Care focus. Work will begin in Year One but will require five years for full implementation. This effort will enhance all aspects of the CW system so that it is trauma-informed and will provide screenings, assessments, and supportive services to help children achieve permanency.</td>
<td>Work with the Statewide Trauma Informed Care Steering Committee continues. This committee provides expert support and direction to Trauma Informed Care System Implementation. The Statewide vision, goals objectives were clarified and refined, during a three workday series Planning Retreat held this November 5, 19, and December 17, 2012. Activities relative to the Children’s Bureau (Trauma II) Grant-awarded October 1, 2012 were completed as follows: a) Weekly to twice monthly Grant planning meetings; b) initiation of Phase One Grant Implementation Work Plan and feedback sessions with Children’s Bureau Federal Program Officer; c) recruitment and</td>
</tr>
</tbody>
</table>
selection of two key staff for grant project. Grant Activities continued with the submission of the Initial Grant Phase I work plan, Federal Program Officer input/collaboration and resubmission. Initiated planning for discussion with Group Home and TFC Program Staff regarding trauma-screening tools. Presentations to Key Partners and at various meetings have occurred and include the Department of Mental Health, System of Care Project Directors, Child Guidance Behavioral Health Meeting participants Oklahoma Indian CW Conference Participants and contracted OKDHS providers. Phone and on site consultations and support are ongoing with lab sites.

<table>
<thead>
<tr>
<th>In collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), OKDHS will increase the number of children involved in CWS who are also served through Systems of Care. This effort will focus on maintaining children safely in their own homes, timely reunifying children, and improving placement stability by supporting biological, adoptive, and resource parents in caring for children with behavioral health needs. Systems of Care is nearly available statewide, and this expansion will focus on children in the CW system. Although work will begin in Year One, full implementation will require at least five years.</th>
</tr>
</thead>
</table>

| The OKDHS/ODHMSAS System of Care contract was reviewed and renegotiated and renewed based on the five-year plan. Two monthly planning meetings between ODHMSAS and OKDHS that looked at previous case outcomes, program strengths, program needs, role clarification, data measures and identified populations have occurred. OKDHS staff attended the Georgetown Leadership and Training Institute on Mental Health. A project team in Region 3 was developed and has ongoing meetings to plan rollout of the joint project. OKDHS CWS program staff attended the following System of Care meetings: Project Director’s Meeting-10-4-12, 12-6-12, and 2-7-13; State Advisory Team Meetings-10-5-12, 11-2-12, 12-7-12 and 2-1-13; Children’s Statewide Advisory Workgroup-10-9-12, 11-13-12, 12-11-12, 2-12-13, and 3-12-13; and Zorro Conference 3-1-13. OKDHS and ODMHSAS have ongoing collaboration with WAFA planning that includes attendance work groups on Culturally and Linguistically Competent Services, Group home Waiting list support and Building Bridges. Group Home |
In collaboration with the OKDHS office supporting faith-based and community initiatives and other external partners, CWS will finalize a two-year strategic plan focused on recruitment and support of resource families. An existing group including OKDHS staff and faith-based leaders has continued to grow and gain momentum in supporting children in care and the families who care for them.

OKDHS will create and annually distribute an online survey to CWS staff at all levels in order to assess possible service and quality gaps for particular districts and regions. This will ensure information is collected in a systematic way. From the collected information, service and quality gaps will be analyzed and prioritized, and strategies will be developed as appropriate. Strategies to address service and quality gaps may include improving existing partnerships, creating new partnerships, requesting additional funding, and/or adjusting current budget expenditures. District directors, deputy directors, and program staff have critical roles in helping evaluate and craft solutions to address service and quality gaps.

A founding meeting for a grass roots initiative designed to match foster kids/parents, providers, and others was held on 12/18/12. A Strategic Planning Retreat for Community Engagement was held in August 2012 and a subsequent meeting was held on March 26, 2013. Based upon the survey results, recommendations, and subsequent Community Engagement (CE) discussions, OKDHS is moving forward in establishing and implementing cohesive community engagement agency-wide. OKDHS will create an agency-wide team which will include CWS (similar to the OKDHS Communications Team) to carry out the objectives of the strategic plan. OKDHS is combining the Office of Volunteerism with the Office of Faith-Based and Community Initiatives. This new office will oversee statewide initiatives, serve as a liaison for community partners, and administratively support the agency-wide team and local CE professionals.

Workgroup established and meetings held on October 16th, November 15th, December 13th, January 16th, and March 7th. The workgroup decided that "pre-survey" information gathering should be conducted through the format of focus groups. The goal of these focus groups would be to conduct a needs assessment to identify service and quality gaps for particular districts and regions in Oklahoma in developing appropriate strategies to support child welfare specialists in meeting the needs of children and families involved with the CW system. Focus groups with CWS leaders for each region were conducted as follows: Region 1 (3/27), Region 2 (4/12),
| OKDHS will collaborate with youth services agencies and other private foster care, residential and therapeutic agencies in creating a statewide plan to identify more effective, quality services for families involved in CWS. Where appropriate, OKDHS will work with these agencies to determine whether and how their business models might shift or supplement shelter and residential care with more comprehensive, community-based services. Youth services and other private agencies are important stakeholders in the CW system providing not only for shelter, residential and therapeutic services, but for many other services in the community. They know the communities and are dedicated to serving children and families. | Youth Services Agencies statewide are looking at innovative ways to enhance the services they already provide in their community. The agencies located in the counties where the Trauma Lab sites are located are working closely with CWS staff on this project. Some agencies are going through the process to become Child Placing Agencies enabling them to participate in the bid process of the Foster Care RFP. Additionally some agencies are applying for grants to assist with funding for services. OKDHS staff provided presentations at Youth Services and TFC agency quarterly meetings in regards to this initiative. In August 2012 at the Tribal Workgroup meeting discussion on roles of Tribal Liaisons and Coordinators was conducted and a specific plan developed to address the need for a liaison assignment in each region to enhance the work between OKDHS and Tribes to enhance services to tribal children and families. A Special Planning Meeting was held on 2/6/13 with the Oklahoma Association of Youth Services and the CWS Director and staff. A strategic planning process was led by a facilitator regarding Pinnacle Point 7. Discussion of strengths, weaknesses, and opportunities with the current system were discussed as well as common goals. Specific strategies were discussed. |

| Region 3 (4/12), Region 4 (4/19), and Region 5 (3/29). | To prepare for the Foster Care CHBS pilot beginning this fiscal year in Oklahoma and Tulsa Counties and any needed expansion of CHBS determined by regional and deputy directors, 1.8 million was made available for modifications to the contracts and contractors began preparing contract budgets allocating their respective shares of the new funding for approval by DCS. An OCS Contractor meeting was held |

| Annually, OKDHS will assess the need to expand Comprehensive Home-Based Services (CHBS). These services are currently available statewide; however, as more families are referred to prevent removal of children, stabilize families for reunification, and support resource parents in caring for children, an assessment of the need to expand services should be completed. This assessment must occur with input from deputy directors, district directors, and front-line staff; | |
| their input is critical to effectively monitoring provider compliance and positive outcomes. | September 12, 2012 that included discussion of needed expansion to manage waiting lists and contractors were directed to proceed with recruitment and hiring of needed staff to accommodate the wait lists in advance of the budget increases. An OCS Contractor Meeting was held Jan. 9 in which the baseline measures for the Pinnacle Plan Pilot project were presented by Dr. Hecht of OUHSC. Contractors will be using the Eyeberg Child Behavior Inventory with all families eligible for the project. The project name was decided: Bridge Family Solutions. Two planning sessions were held with the Independent Evaluation Team to determine the actions and timelines needed to launch the CHBS Pinnacle Plan pilot project. Informational meetings with foster care staff in the metro areas to explain the service and provide instruction for submitting referrals for the pilot were scheduled. Focus groups will be conducted in each district to allow CWS staff an opportunity to discuss the service needs of families they would like to see addressed in the new bid for OCS that will be effective in fiscal year 2013. The OCS bid was completed during the 3rd quarter, with a planned execution date of 7/1/13. |
| OKDHS will partner with the Oklahoma CW Stakeholder Collaboration State Advisory Board for Improving Services, a statewide advisory board focused on building local community partnerships to improve outcomes and services available for children and families involved in the CW system. During Year One, two communities of focus will conduct a study to determine existing service and quality gaps. District directors have a critical role in supporting this effort, and OKDHS has dedicated a full-time staff person to support the state advisory board efforts. Sites will be selected at the discretion of the statewide advisory board and dependent upon the interest of the local community. OKDHS will recommend districts with the greatest service needs. | After multiple site visits with community stakeholders in Shawnee, the determination was made to create a local advisory team. The creation of this team was supported by the Oklahoma State CW Stakeholder Collaborative. Meetings of the Pottawatomie County Stakeholder Collaborative were held 10/12/12, 11/16/12, 1/11/13, 2/15/13, and 3/8/13. Stakeholder interviews are in process. A job description was developed for the Family Support Services Task Force. |
By June 30, 2013, OKDHS will review and update the joint response protocols with law enforcement to ensure continued emphasis on working together as a team for the purpose of ensuring children’s safety. This effort will be especially critical after CWS restructuring.

2009 Protocols and Guidance reviewed by deputy director. Contact and consultation occurred with Oklahoma District Attorney’s Council who has provided input, names, and dates for workgroup participants and meetings. Workgroup meetings occurred in February 2013. A joint response memo was developed and Protocol and Guidance were revised. Updated Joint response forms were sent to deputy directors on 3/2/13 and subsequently to all District Directors with instructions to be back to the State Office with all signatures by 6/30/13.
SERVICE IMPROVEMENT GOALS and OBJECTIVES

The following goals and objectives were built around the established goals in the OKDHS PIP because of the CFSR second round results conducted in August 2007. This plan seeks to further increase the responsiveness and effectiveness of services provided to children and families through the establishment of increasingly aggressive expectations. Data analysis of safety measures and permanency composites were compiled from October 1, 2011 through September 30, 2012.

### National Standards Data Composites Measurement Plan

<table>
<thead>
<tr>
<th>Measure</th>
<th>Objective</th>
<th>National Standard</th>
<th>Base Line</th>
<th>PIP Goal/Objective</th>
<th>Current Goal/Objective</th>
<th>2012 Results (10-01-2011 to 9-30-2012)</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Safety Measure IV</td>
<td>Absence of Maltreatment Recurrence</td>
<td>94.6%</td>
<td>90.6%</td>
<td>91.1%</td>
<td>91.1%</td>
<td>93.8%</td>
<td>Performance on this composite exceeded the baseline, PIP and current goal objectives. Although it is below the national standard, good progress was made. OKDHS is focused on gathering quality information on the family functioning. CPS staff conducted quarterly training in each area over different CPS policy aspects in an effort to improve outcomes.</td>
</tr>
<tr>
<td>Child Safety Measure VII</td>
<td>Absence of Child Abuse and/or Neglect in Foster Care (12 months)</td>
<td>99.68%</td>
<td>98.78%</td>
<td>98.88%</td>
<td>98.88%</td>
<td>99.11%</td>
<td>Performance on this composite exceeded the baseline, PIP and current goal objectives. Although it is below the national standard, progress was made. The Bridge component of the Practice Model</td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>National Standard</td>
<td>Base Line</td>
<td>PIP Goal/Objective</td>
<td>Current Goal/Objective</td>
<td>2012 Results (10-01-2011 to 9-30-2012)</td>
<td>Discussion</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Permanency Composite 1</td>
<td>Timeliness and Permanency of Reunification.</td>
<td>122.6</td>
<td>114.7</td>
<td>118.0</td>
<td>118.0</td>
<td>111.9</td>
<td>increased focus on FTMs, teaming, and intentional visitation improved performance. OKDHS continues to refine the Bridge resource home assessments and reevaluation processes. CPS program staff conducts reviews on all out-of-home investigations to ensure the integrity of those investigations. Performance on this composite unfortunately fell below the baseline and PIP goal measure as well as the National Standard. OKDHS is focused on PRTs, an ongoing function facilitating the discussion of permanency barriers. OKDHS staff continues to work with judges and district attorneys (DA) to affect permanency for children. The Pinnacle Plan restructuring of the Regions and Districts, in accordance with the 27 District Attorney districts, will serve to</td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>National Standard</td>
<td>Base Line</td>
<td>PIP Goal/Objective</td>
<td>Current Goal/Objective</td>
<td>2012 Results (10-01-2011 to 9-30-2012)</td>
<td>Discussion</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>-------------------</td>
<td>-----------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>improve the communication between CWS staff and DAs in an effort to achieve positive outcomes for children and families involved in the court process. In addition, education about the importance of timely reunification is presented annually to judges new to the juvenile docket. This education is mandated by Oklahoma State Statute</td>
</tr>
<tr>
<td>Permanency Composite 2</td>
<td>Timeliness of Adoptions</td>
<td>106.4</td>
<td>107.1</td>
<td>107.1</td>
<td>106.4</td>
<td>139.2</td>
<td>Performance on this measure greatly exceeded the baseline, PIP, and current goal objectives. This improvement is a result of the quarterly tracking and prioritization of children with an adoption permanency plan into quadrants with agreed upon completion target dates by Permanency and Adoption staff.</td>
</tr>
<tr>
<td>Permanency Composite</td>
<td>Achieving Permanency for</td>
<td>121.7</td>
<td>110.4</td>
<td>113.5</td>
<td>113.5</td>
<td>119.4</td>
<td>Performance on this composite exceeded the baseline, PIP, and</td>
</tr>
</tbody>
</table>

39
<table>
<thead>
<tr>
<th>Measure</th>
<th>Objective</th>
<th>National Standard</th>
<th>Base Line</th>
<th>PIP Goal/Objective</th>
<th>Current Goal/Objective</th>
<th>2012 Results (10-01-2011 to 9-30-2012)</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Children in Foster Care for Long Periods of Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>current goal objectives. Although it is below the National Standard, it is a significant improvement. While efforts to achieve permanency for children continue to be challenging, focusing on older youth who tend to remain in out-of-home care for longer periods of time; enhancing practice with trauma-informed initiatives through the use of screening tools and Systems of Care collaborations; increasing family visitation between biological parents and children when reunification is the goal; increasing FTM for new permanency planning cases; and increasing the number of initial meetings held between biological parents and resource parent will continue to open and improve lines of communication.</td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>National Standard</td>
<td>Base Line</td>
<td>PIP Goal/Objective</td>
<td>Current Goal/Objective</td>
<td>2012 Results (10-01-2011 to 9-30-2012)</td>
<td>Discussion</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>-------------------</td>
<td>-----------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>---------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Permanency Composite 4</td>
<td>Placement Stability</td>
<td>101.5</td>
<td>72.0</td>
<td>74.2</td>
<td>74.2</td>
<td>75.3</td>
<td>Performance on this composite exceeded the baseline, PIP, and current goal objectives; however, although improved, it is still well below the national standard. OKDHS continues to evaluate performance on this measure. One of the most critical areas for improvement in CWS is recruiting and retaining an adequate number of Bridge resource parents. In 2013, a request for proposal was put out to be able to contract with private agencies to recruit, retain, and support resource families. These contracts should be in place in late summer. With the help of these agencies, and continued efforts by CWS staff, OKDHS will shorten the length of time it takes to complete a home assessment from 60 days to 30 days. OKDHS has, in conjunction with OU Health Sciences Center, begun to use an educational</td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>National Standard</td>
<td>Base Line</td>
<td>PIP Goal/ Objective</td>
<td>Current Goal/ Objective</td>
<td>2012 Results (10-01-2011 to 9-30-2012)</td>
<td>Discussion</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>-------------------</td>
<td>-----------</td>
<td>---------------------</td>
<td>------------------------</td>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>module called Managing Child Behavior. It is focused on assisting foster parents to be better able to deal with the often-difficult behaviors of some or our custody children. The purpose of this educational module is to help prevent placement disruption and reduce trauma to the children.</td>
<td></td>
</tr>
</tbody>
</table>
## Item-Specific and Quantitative Measurement Plan

<table>
<thead>
<tr>
<th>Measure</th>
<th>Objective</th>
<th>Performance on Final CFSR Report</th>
<th>Base Line</th>
<th>PIP Goal/ Objective</th>
<th>Current Goal/ Objective</th>
<th>2013 Results</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Outcome one Item 1</td>
<td>Timeliness of initiating investigations of reports of child maltreatment</td>
<td>83%</td>
<td>65%</td>
<td>67.4%</td>
<td>67.4%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Safety Outcome 2 Item 3</td>
<td>Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care</td>
<td>81%</td>
<td>73%</td>
<td>75.9%</td>
<td>75.9%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Safety Outcome 2 Item 4</td>
<td>Risk assessment and safety management</td>
<td>71%</td>
<td>54%</td>
<td>55.5%</td>
<td>55.5%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>Performance on Final CFSR Report</td>
<td>Base Line</td>
<td>PIP Goal/Objective</td>
<td>Current Goal/Objective</td>
<td>2013 Results</td>
<td>Discussion</td>
</tr>
<tr>
<td>--------</td>
<td>-----------</td>
<td>----------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Permanency Outcome 1 Item 7</td>
<td>Permanency goal for child</td>
<td>59%</td>
<td>44%</td>
<td>47.7%</td>
<td>47.7%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Permanency Outcome 1 Item 9</td>
<td>Adoption</td>
<td>25%</td>
<td>25%</td>
<td>29.5%</td>
<td>29.5%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountab</td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>Performance on Final CFSR Report</td>
<td>Base Line</td>
<td>PIP Goal/Objective</td>
<td>Current Goal/Objective</td>
<td>2013 Results</td>
<td>Discussion</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>----------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>Permanency Outcome 1 Item 10</td>
<td>Other planned permanent living arrangement</td>
<td>75%</td>
<td>50%</td>
<td>62.1%</td>
<td>62.1%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Well Being Outcome 1 Item 17</td>
<td>Needs and services of children, parents, and foster parents</td>
<td>59%</td>
<td>57%</td>
<td>60.3%</td>
<td>60.3%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>Performance on Final</td>
<td>Base Line</td>
<td>PIP Goal/Objective</td>
<td>Current Goal/Objective</td>
<td>2013 Results</td>
<td>Discussion</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------------------------------</td>
<td>----------------------</td>
<td>-----------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Well Being Outcome 1</td>
<td>Child and family involvement in case planning</td>
<td>62%</td>
<td>58%</td>
<td>61.3%</td>
<td>61.3%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Item 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Being Outcome 1</td>
<td>Child welfare Specialist visits with child</td>
<td>92%</td>
<td>82%</td>
<td>84.5%</td>
<td>84.5%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Item 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Being Outcome 1</td>
<td>child welfare specialist visits with parents</td>
<td>39%</td>
<td>41%</td>
<td>44.5%</td>
<td>44.5%</td>
<td>NA</td>
<td>Due to reorganization and Pinnacle Point 5, &quot;We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable.&quot; CFSR was temporarily suspended therefore this data is not available.</td>
</tr>
<tr>
<td>Item 20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Objective</td>
<td>Performance on Final CFSR Report</td>
<td>Base Line</td>
<td>PIP Goal/Objective</td>
<td>Current Goal/Objective</td>
<td>2013 Results</td>
<td>Discussion</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>----------------------------------</td>
<td>-----------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
</tbody>
</table>

the outcomes, and hold all staff (front-line, management, and program) and providers accountable." CFSR was temporarily suspended therefore this data is not available.
Strategies and Steps Influencing Systemic Factors

Case Review System
Oklahoma is addressing court-related issues regarding cooperation and communication between all parties to improve safety, permanency, and well-being issues for children and families. On May 21, 2009, Oklahoma Governor Brad Henry signed House Bill 2028, the most dramatic piece of Oklahoma CW legislation in more than a decade. HB 2028, more than 300 pages in length totally rewrites Title 10 of the Oklahoma Statutes and creates Title 10A, the Oklahoma Children’s Code. The bill contained an emergency clause, making it effective upon the Governor’s signature, changing definitions and practices. The bill was the product of more than two years of work from a task force of judges, prosecutors, child advocates, social specialists, and legislators.

The Act addresses court-related issues by:

- requiring mandatory yearly training for judges assigned to, and attorneys appearing in, deprived cases;
- changing petition filing deadlines from five to seven days, from date of removal allowing more time for a thorough investigation;
- allowing the ability to amend a deprived petition up to seven days prior to the adjudication hearing to conform with evolving evidence;
- including definitions that are consistent with the OKDHS Practice Model;
- expanding the venue for filing a deprived petition;
- clarifying the process for hearing an objection to a child’s change of placement;
- incorporating OKDHS family group conferencing as an alternate dispute resolution that can be ordered by the court;
- allowing protective OKDHS supervision while the child is placed in his or her own home; and
- permitting reinstatement of parental rights in certain circumstances to provide permanency for some children.

The House of Representatives commissioned an OKDHS audit in 2008 with a focus on CW issues and audit recommendations were contained in HB 1734 filed during the 2009 legislative session. This Act, effective July 1, 2009, contains among other things, legislative intent language to increase foster home reimbursements.

The recommendations enacted into law include requirements:

- to develop a system, in consultation with law enforcement and district courts, for joint response when a child is taken into protective custody by a peace officer;
- for OKDHS to develop reception centers to accept children in protective custody from law enforcement where a safety evaluation can be conducted within 23 hours determining if emergency child custody is required;
- restricting emergency custody to circumstances of imminent safety threats;
- for the development of a Children’s Services Oversight Committee to review the recommended implementation;
for developing a Passport Program, in cooperation with other state agencies, to compile educational and physical and behavioral health information to accompany a child placed outside the home; assuring school attendance for children eligible for a foster care payment under Title IV-E of the Social Security Act; and
to establish an OKDHS centralized hotline for reporting child abuse and neglect to OKDHS.

Cooperation and communication regarding court-related issues is enhanced because of these two Acts, and further improve safety, permanency, and well-being for children and families.

Court certified mediations are focusing on removing barriers to permanency for children who have been in out-of-home care for extended period. A coordinated effort began in Oklahoma County where the number of children placed in out-of-home care is greatest and targeted 200 cases. An Oklahoma County task force addressed permanency barriers to keep children safe in their own homes. These task force members were the presiding juvenile judge in Oklahoma County, the District Attorney and public defender, CASA and PARB members, and OKDHS Leadership.

Cooperating with OKDHS, the Court Improvement Project (CIP) plans to present five workshops during the next four years. Workshops at the two-day conferences highlight issues including safety, permanency, well-being, Adoption and Safe Families Act (ASFA), and team decision making. Each of the five conferences will have the same agenda and presentations to assure consistency. Anticipated participants include court staff, district and private attorneys, CASA and PARB members, and County office staff. To ensure consistency the workshop agenda and presentation made at the conferences will be presented to the annual Juvenile Judges statewide conference, reflecting the CPS focus change from incident based to an assessment model. OKDHS regularly meets with the Oklahoma Supreme Court’s Juvenile Oversight and Advisory Committee Juvenile Judges and at the quarterly meetings, exchange new ideas, review on-going joint training, and issue resolution.

Case Review System Update 2013

New Judges Orientation
On May 2, 2013, the CIP sponsored new judges orientation and 13 new juvenile court judges attended. The first day was dedicated to the deprived court process with the trainers being exclusively DHS CWS staff. The training was presented by OKDHS staff from the areas of Child Protective Services, Permanency Planning, Legal and Adoptions. There was a panel of child welfare specialists at the end of the day to allow the judges to hear their perspectives on the tasks of front line staff.

Annual Oklahoma Judicial Conference
In November 2012, CIP sponsored the Annual Oklahoma Judicial Conference in Oklahoma City. The first day of the conference was attended by judges with juvenile court docket responsibilities. The training topics for the conference were case law, Children’s Code, and legislative updates. In the afternoon, a judge from Wisconsin trained on the trauma of domestic violence and its impact on children.
Children’s Court Summit

During the summer of 2012, the CIP held regional workshops in the five judicial districts in the state. The multidisciplinary training event featured training on ICWA "What are active efforts?" judicial ethics, Hope and Resiliency, Trauma Informed Practice, and a demonstration of permanency mediation. The workshop also included a panel of former foster youth who discussed life as a foster child. The five workshops achieved attendance of over 600 judges, assistant District Attorneys, parents and children’s attorneys, child welfare specialists, supervisors, administrators, as well as CASA and tribal members.

In September of 2012, the CIP along with the four other states in Region Six sponsored a Parent Representation Leadership Conference in Norman, Oklahoma. The other states in the region are Arkansas, Louisiana, New Mexico, and Texas. National trainers and parents from each of the states attended. Agency directors or designees, attorneys, a tribal judge, and legislators from the five states also attended. This was a milestone event as the five states collaborated utilizing respective resources to develop and organize this conference.

Broaden Service Array and Resource Development

Increasing the services available to children, as well as developing new services, is crucial to the efforts of OKDHS to be successful in achieving safety, well-being, and permanency for the children of Oklahoma that we, as an agency, become involved with. The following initiatives are outlined in the Pinnacle Plan, Point 7, to assist in those efforts. In collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), OKDHS will increase the number of children involved in CWS who are also served through Systems of Care. This effort will focus on safely maintaining children in their own homes, timely reunifying children, and improving placement stability by supporting biological, adoptive, and resource parents in caring for children with behavioral health needs. Systems of Care is nearly available statewide, and this expansion will focus on children in the CW system. Although work will begin in Year One, full implementation will require at least five years. To date, the renewal of the System of Care contract between OKDHS and ODMHSAS was completed and a five-year plan was developed. Trainings were completed with supervisors and lead child welfare specialists and numerous workgroups were held through the spring of 2013.

OKDHS will create and annually distribute an online survey to CWS staff at all levels in order to assess possible service and quality gaps for particular districts and regions. This will ensure information is collected in a systematic way. From the collected information, service and quality gaps will be analyzed and prioritized, and strategies will be developed as appropriate. Strategies to address service and quality gaps may include improving existing partnerships, creating new partnerships, requesting additional funding, and/or adjusting current budget expenditures. District directors, deputy directors, and program staff have critical roles in evaluating and crafting solutions to address service and quality gaps. Progress on this initiative includes focus groups that were held in each region throughout spring 2013, to help develop the survey questions.

OKDHS will collaborate with youth services agencies and other private foster care, residential, and therapeutic agencies in creating a statewide plan to effectively identify, quality services for families involved in CWS. Where appropriate, OKDHS will work with these agencies to determine whether and how their business models might shift or supplement shelter and residential care with more comprehensive, community-based services. Youth services and other
private agencies are important stakeholders in the CW system providing not only for shelter, residential and therapeutic services, but for many other services in the community. They know the communities and are dedicated to serving children and families. To facilitate this process, a group was formed and a Strategic Planning Meeting was held to assist in working together more effectively. This information was a topic of discussion at the Tribal Workgroup meetings. OKDHS will partner with the Oklahoma CW Stakeholder Collaboration State Advisory Board for Improving Services, a statewide advisory board focused on building local community partnerships to improve outcomes and services available for children and families involved in the CW system. Communities of focus will be identified and will conduct a study to determine existing service and quality gaps. To date the Pottawatomie County Stakeholder Collaborative was formed, met five times, and is in the process of addressing these issues within that county. For full updates on all Pinnacle Plan, Point 7 updates, refer to pages 33-38 of this document.

**Emergency Shelter Issues Update per PP**

OKDHS continues to address short and long-term emergency shelter issues. Specifically Pinnacle Point 1 initiative 15 outlines goals and progress made in regard to shelter usage. As of December 31, 2012, all children under 2 years of age, except those meeting exception requirements, were placed in family-like settings. Work has begun to meet the goal of ensuring all children 6 years of age and younger will be placed in family-like settings by June 30, 2013.

**Emergency Shelter Issues Update 2013**

The table indicates the reduced number of children served in shelter care. OKDHS remains diligent in its efforts to reduce the number of children being served.

![Number of Children Served in Shelter Care during SFY (Unduplicated - 12 month period)](chart)

**Source:** Document Direct YI 613 Shelter Summary Reports (annual report)

**OKDHS Community Responsiveness**

OKDHS plans to build on the group established to develop the Oklahoma Statewide Assessment prior to the Federal Children and Family Services Review (CFSR). The group’s activities continued with the development of the Performance Improvement Plan (PIP). Although this group was not directly involved in the writing of the Children and Family Services Plan (CFSP),
information gathered from this group was used to develop plan strategies. OKDHS plans to enhance this process with the creation of a CW Steering Committee whose membership will include community stakeholders, and OKDHS staff, as well as tribes, and any additional interested parties.

Counties are encouraged to develop teams involving the tribes in planning, training, and other CWS endeavors. Several counties successfully included former and present children and families with OKDHS CWS experience and there are plans to duplicate this process in other counties. In addition, youth panels were effective at state and county levels.

**2013 Community Responsiveness Update**

*A Strategic Planning Retreat for Community Engagement* was held in August, 2012, and a subsequent meeting was held on March 26, 2013. Based upon the survey results, recommendations, and subsequent Community Engagement (CE) discussions, OKDHS is moving forward in establishing and implementing cohesive community engagement agency-wide. OKDHS will create an agency-wide team that will include CWS (similar to the OKDHS Communications Team) to carry out the objectives of the strategic plan. OKDHS is combining the Office of Volunteerism with the Office of Faith-Based and Community Initiatives. This office will oversee statewide initiatives, serve as liaison with community partners, and administratively support the agency-wide team and local CE professionals.

The Oklahoma CW State Stakeholder Collaborative continues to meet on a regular basis, chaired by Judge Richard Kirby, Oklahoma County, and an Oklahoma Commission on Children and Youth Office of Planning and Coordination staff person. OKDHS created a position to be assigned to this initiative. This position was filled however; the person selected was later promoted. The position was posted and closed. Interviews will be held in the near future. The Collaborative approved a methodology for implementing the function of the Collaborative and developed criteria for selecting communities that choose to participate in the approved strategy for improving CWS. Pottawatomie and Lincoln Counties were selected to implement this initiative. During this period, the work was focused in Pottawatomie County. Judge John Gardner of Pottawatomie County chairs the Pottawatomie County CW Stakeholder Collaboration. He has established a well-rounded group of community leaders and providers. A self-study of OKDHS CWS in Pottawatomie County was completed and the recommendations were provided to the community collaborative. Work began on improving home based services in the county and housing for families involved in the child welfare system.

**Child and Family Services Continuum**

*Adoption services:* Adoption services secure permanency for OKDHS custody children. A comprehensive service array is available and identifies, approves, matches and supports adoptive families.

*Bridge resource family:* The definition of a Bridge resource family is a family who may be asked to:

- provide temporary care, love, and nurturance to the child and serve as a mentor actively helping the parent improve his or her ability to safely care for his or her child;
- stay connected and assist in the transition to reunification, legal guardianship, or adoption to another family; and/or
• serve as the legal guardian for the child while maintaining his or her connection to kin, culture, and community; and/or
• adopt the child while maintaining his or her connection to kin, culture, and community.

Child protective services: CPS has a dual purpose: to protect children who are at risk of abuse or neglect and provide follow-up services to alter abuse or neglect. Services seek to maintain and protect children in their own homes as long as their safety is not threatened.

Children’s emergency services: Emergency services are provided for children removed from their own homes due to abuse or neglect and include voluntary placement at parents’ request and care for children whose teen parents are in OKDHS custody. Emergency shelters serve children at the Pauline E. Mayer Center in Oklahoma City and the Laura Dester Center in Tulsa. Emergency foster care provides family foster home placement to children under six years of age in Tulsa and Oklahoma counties for up to 30 days and contract with J. Roy Dunning provides emergency foster care in Comanche County.

Community-based residential care, behavioral health and placement services: Community-based residential care programs provide care and treatment for deprived children with needs exceeding the resources of their own home or traditional foster family care. Community-based residential care includes a variety of levels of group home care that provide support, supervision, and treatment required by specifically defined, target populations. The programs include acute and RTC inpatient treatment services in and out of the state, Diagnostic and Evaluation (DandE) services, Intensive Treatment Services (ITS) for crisis stabilization, and specialized community home (SCH) placement. Program staff collaborates with agencies such as OHCA, ODMHSAS, Systems of Care, NAMI, and the Federation of Families assuring a care continuum. At these placement levels, OKDHS OCC licenses these programs as either a Child Placing Agency or Residential Child Care Facility.

Confidential Intermediary Search Program: A confidential search program for individuals separated for birth families through adoption or termination of parental rights.

Contingency funds: Contingency funds are made available to families for necessary supports or services to prevent removal or assist in reunification with their children and allow purchases such as food, clothing, rent deposits or monthly payment, utility deposits or monthly payment, home repair, furniture, car repair, public transportation vouchers or tokens, and purchased services.

Developmental Disabilities Services (DDS): DDS affords OKDHS custody children expedited access to a comprehensive array of evaluation, planning, residential, health, habilitation, life skills instruction, communication, transportation, and adaptive services. AFS and DDS collaborate in planning and service delivery.

Family centered services: FCS assesses a family’s needs and make service referrals when child abuse, neglect, or both are identified. Service needs assessment and referral focus on increasing child safety for the child while preserving and strengthening the family’s protective capacities.
preventing out-of-home placements. Public and private agencies strive to achieve targeted goals and desired outcomes.

**Family Preservation/Promoting Safe and Stable Families (PSSF):** Since 1996, tribes have received PSSF services, support and funding.

**Foster care:** Foster care is a planned, goal directed service, providing 24-hour a day substitute care and support services to children in approved homes pending permanence. This care is the least restrictive setting outside the child’s own home, a kinship home, or a home of tribally defined extended family members. Efforts to place a child with a foster family (Bridge resource family) in a child’s own community minimizes disruption of relationships and supports (e.g. school). Kinship care is provided by a family member related to a child by blood, marriage, adoption, or emotional ties. Kinship care differs from foster care because a relationship existed prior to the kinship placement between the kinship provider, parents, and child and is the preferred option. Therapeutic foster care (TFC) provides behavioral management services for children in foster home settings. TFC children do not require 24-hour awake supervision and are accepting of relationships with a surrogate family, but require more intensive services than traditional foster care. OKDHS contracts for TFC with licensed child placing agencies that provide direct clinical treatment services to children and families.

**Independent living (IL):** The IL program provided by CFCIP and ETV program is youth focused and driven serving state and tribal custody youth 16-23 years of age who are at various stages of achieving independence. The program emphasizes the importance of early planning for successful transition to adulthood and promotes the importance of permanent connections, encouraging a multi-disciplinary approach and using culturally relevant and age appropriate resources and services. The program utilizes life skills assessment, development and training, youth development funds, and collaborates with other state agencies and community providers to support services focusing on education, employment, and career planning.

**Mental (now behavioral) health services:** Outpatient behavioral health services are available through private providers and community mental health centers. Inpatient behavioral health services are approved through a needs-based, gate-keeping process administered by an independent authority.

**Mutual Consent Voluntary Registry:** The Mutual Consent Voluntary Registry, formerly the Adoption Reunion Registry, is a service for adult adoptees and individuals separated from birth family members through adoption or termination of parental rights. It allows the disclosure of identity and whereabouts to registered adoptees and birth families by mutual consent.

**Oklahoma Children’s Services (OCS):** OCS provides time limited, needs driven, home-based services available to families in communities through a system of two programs, Comprehensive Home Based Services (CHBS) and Parent Aide Services (PAS). Child welfare specialists authorize services delivered by local contractors. Case management and brokering services promote family access to such supports as parent education and assistance, substance abuse education and referral for treatment, financial and household management, crisis intervention, and education with an average six-month support interval.
Resource Family Training: This is a 27-hour pre-service training for resource parents. It utilizes the Guiding Principles for Oklahoma Bridge Resource families, a trauma informed curriculum that emphasizes best practices and practical applications.

One Church One Child: One Church One Child, a nationally recognized recruitment program, is designed to recruit parents for African-American children needing permanent homes. One Church One Child provides pre and post adoptive services in the Oklahoma, Tulsa, and Lawton areas.

Parents assistance centers: Parents assistance centers provide education, support, and childcare while parents attend education and counseling sessions. OKDHS authorized service contracts with 11 providers in 64 counties.

Permanency planning services: Court ordered permanency planning services are provided to children and families involved in the juvenile court system because child abuse and neglect. These services strive to expeditiously reunite families after removal or arrange alternative permanent placement. The planning goals are safety, well-being, and permanency achieved by: (1) identifying the children’s specific needs; (2) identifying families’ strengths and needs specifically as they impact removal and reunification; (3) providing timely, family focused services necessary to realize permanence; and 4) assuring the alternate permanent resource availability for children when reunification is not feasible.

Post-adoption services program: The Post-adoption services provide monetary, medical, and childcare assistance to adoptive families meeting federal and state guidelines. To date, more than 12,000 children receive services and assistance.

Safe Families: OKDHS has worked since 2002 to develop, test, and refine home visitation programming for families with young children, five years of age and younger, at high risk for child abuse and neglect due to parental mental illness, substance abuse or domestic violence. SafeCare, an evidence-based home visitation model, targets parenting skills related to parent-child bonding, child health, and home safety to prevent child neglect using a model, practice, feedback approach. Currently, there are two teams providing the SafeCare for child maltreatment prevention in high-risk families in Oklahoma County. The impact of adding curriculum directly addressing risk of family conflict and violence, parent depression, and child behavior problems as well as adaptations to the program for Oklahoma Latino communities is being examined.

Sexual abuse treatment: Sexual abuse treatment services provide individual, family, and group counseling for children and families affected by sexual abuse. OKDHS authorized service contracts with four providers.

Substance abuse treatment: Substance abuse services include evaluation and assessment, referral, crisis intervention, individual and group counseling, case management, substance abuse related education, treatment planning, community outreach, intensive outpatient treatment, drug testing in conjunction with assessment and treatment services, and consultation. Services are provided through and inter-agency agreement with ODMHSAS.
Service Description and Projected Expenditures

OKDHS allocated Title IV-B, Subpart 2 funds to four primary services areas. At the time of writing, the distribution of allocated federal funds for FY14 is as follows: family support (prevention), 22 percent; family preservation, 21 percent; time-limited family reunification, 27 percent; and adoption promotion and support services, 20 percent. Estimated expenditures, availability, and decision-making processes are indicated below.

Bridge Resource Parent Recruitment and Retention: Funding was utilized for Bridge resource parent recruiters and includes retention activities implemented by location, county, or region (formerly area. Oklahoma county has a child welfare specialist unit designated specifically for Bridge resource parent recruitment. Oklahoma county, Tulsa county, and one region have positions known as shepherds who assist in recruitment with the faith based community. Over 87 percent of adopted children are adopted by their Bridge resource parents, whether traditional, kin, or non-relative. Additionally, funding of $7774.00 was used for recruitment and retention activities.

Child profile: PSSF funding and state dollars were combined to fund fixed rate contracts to gather and document information required for full disclosure to potential adoptive parents because the timely collection and documentation of this information was a major systemic adoption barrier. Vendors with proven records of providing quality products within specified time frames in an organized capacity were chosen to:

- research all the child’s OKDHS files;
- contact any school, medical provider, or psychologist who served the child to gather information not available in the record; and
- compile the information for distribution. (Adoption)

Contingency funds: Contingency funds are available to child welfare specialists for use in both in-home and reunification cases to provide hard services, such as food, clothing, utility bills, rent, home repairs, and public transportation tokens. The one-time funds support the maintenance of children safely in their own homes or enables them to return home (Family Preservation/Time-limited Family Reunification).

Diligent search: PSSF funds were used to fund part-time staff for diligent searcher positions in each of the five regions.

Oklahoma Children’s Services (OCS): These intensive in-home services are available statewide through contracts with vendors selected via a competitive bid process. OCS is comprised of two programs: Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS). OCS provides time limited, needs driven, home-based services available to families in communities through a system of two programs, Comprehensive Home Based Services (CHBS) and Parent Aide Services (PAS). Child welfare specialists authorize services delivered by local contractors. Case management and brokering services promote family access to such supports as parent education and assistance, substance abuse education and referral for treatment, financial and household management, crisis intervention, and education with an average six-month support interval. The Parent Aide program provides paraprofessional, in-
home services to help families gain parenting and homemaking skills. (Family Preservation/Time-limited Family Reunification)

**Parent assistance center/sexual abuse treatment services:** Parent assistance center services provide education, support, and child-care while parents attend education and counseling sessions. Sexual abuse treatment services provide individual, family, and group counseling for children and families affected by sexual abuse. Non-profit organizations provide services at a fixed rate eliminating the bid process. Vendors are selected based on the service effectiveness, working relationships with district offices, and willingness to travel. Currently 13 of Oklahoma’s 77 counties do not have available services due to lack of appropriate vendors (Family Support/Family Preservation/Time-limited Family Reunification).

**Resource family assessments:** PSSF funds support contracts with licensed child-placing agencies and qualified individuals to complete foster, kinship, and adoptive family home assessments. These services are available through fixed-rate contracts with five vendors and One Church One Child. Selection of vendors is based on ability to provide quality assessments in a timely manner and willingness to travel (Time-limited Family Reunification/Adoption).

**Respite care:** Respite services are biological, foster, and adoptive families of children with special needs. $8,185 in PSSF funds were used to provide respite (Family Support).

**Shelter Diversion:** Vendor contracts provide additional emergency shelter care services at private shelters when the Oklahoma City OKDHS operated shelter is over capacity allowing siblings to stay together in less institutional settings (Family Support).

**Systems of Care:** Systems of Care is a collaboration of multiple agencies providing behavioral health services to children and families in the hope of maintaining the children in their community, avoiding admission to inpatient care or custody interruption. OKDHS works with ODMHSAS, OHCA, OCCY, OJA, OSDE, Parents as Partners, and various other community providers to provide wrap around services for families (Family Support).

**Tribal PSSF Projects:** OKDHS set aside 10 percent of the state’s PSSF allotment to fund Tribal PSSF projects of Oklahoma Tribes who are ineligible for federal PSSF funding. Supplemenal funding is also provided for those Tribes who receive less than $35,000 from federal funding. The past grant period began July 1, 2012 and concluded June 30, 2013. The new grant period begins July 01, 2013, and ends June 30, 2014. It was necessary to change this funding period to the state fiscal year. OKDHS has contracts with 16 Tribes for projects that include parenting education, direct client services, and other PSSF services.

**Collaboration**

Refer to Children and Family Services Plan stakeholder input section on pages 9 and 10 of this document along with Pinnacle Point 7 initiatives 2, 3, 5, and 7 on pages 34-38 of this document.
**Program Support**

**How staff are recruited and selected.**
OKDHS Human Resources Management (HRM) developed recruitment initiatives to obtain a source of qualified applicants for child welfare specialist level I and level II positions. The programs are listed below:

**Career Fairs:**
OKDHS sponsors agency career fairs targeting the recruitment of potential child welfare specialist applicants. Behavioral-based interviews are conducted on-site with the county director and/or assistant county director. Applicants are provided the brochures below, which offers a glimpse into the duties of a child welfare specialist and provide a copy of "A Day in the Life of a child welfare specialist" OKDHS Pub No. 07-02 (*PDF attached*).

OKDHS also attends several college and community career fairs across the state. OKDHS is currently working with area colleges and universities to build up the internship programs for child welfare specialist positions.

**Advertisements:**
OKDHS advertises child welfare specialist positions in a variety of paid and free sources, such as jobsok.com, tulsaworld.com, and various rural and county newspapers. OKDHS Facebook, OKDHS Twitter, Workforce Oklahoma, Hero to Hire, several Oklahoma, Texas, and Kansas colleges and universities; Airman and Family Readiness Center/Transition Assistance Program, Oklahoma JobMatch, Oklahoma JobLink, Human Capital Management OKCareers, (formerly Office of Personnel Management), and various faith-based and civic/minority organizations.

**CW Specialist Model Project:** In order to expedite the hiring process for child welfare specialist I and II positions, the CW specialist Model Project (CWMP) was approved by the Office of Management Enterprise Services (OMES) to give OKDHS authorization to announce and fill child welfare specialist level I and II positions without applicants having to take the state test. Anyone with a bachelor’s degree may apply to OKDHS for child welfare specialist positions directly through a county office or HRM.

**CW Professional Enhancement Program Scholarship:** A title IV-E scholarship and partnership between the University of Oklahoma, OKDHS, and the United States Department of Health and Human Services Administration for Children and Families. Program recruits qualified Bachelors of Social Work and Masters of Social Work students into public child welfare practice. Provides practicum opportunities to participants and financial support covering books, fees and tuition in return for a specific employment obligation in a CWS position with OKDHS or a Tribe with which OKDHS has a Tribal/State Agreement.

**CW Professional Enhancement Program:** OMES has authorized OKDHS to use an accelerated process in hiring child welfare specialists who hold a BSW or a MSW degree in social work from an institution accredited by the Council on Social Work Education. This agreement is restricted to child welfare specialist I-II, H23A and H23B. An applicant may apply directly to any local office possessing a child welfare specialist II vacancy. Merit testing is not required.
Degrees and certifications required for CW Services specialists and other professionals responsible for case management and child welfare staff.

**Level I:** Requirements at this level consist of a bachelor’s degree.

**Level II:** Requirements at this level consist of a Master’s Degree in a behavioral science; or a Bachelor’s Degree in a behavioral science and one year of experience in professional social work; or a bachelor’s degree and two years of experience in professional social work.

**Level III:** Requirements at this level consist of those identified in Level II plus one year of experience in professional social work in CW programs.

**Level IV:** Requirements at this level consist of those identified in Level III plus one additional year of experience in professional social work in CW programs.

Demographic information on current staff and recent hires as of May 28, 2013.

Educational Degrees, such as the number of child welfare specialists with a:

- Bachelor of Social Work (BSW); or - 227
- Title IV-E supported BSW;
- Master of Social Work (MSW); or - 45
- Title IV-E supported MSW;
- Other Degree; - 1343

Years of CW experience or other related experience working with children and families; *(Refer to pdf attachment titled "5-28-2013 ESU CW Job Tenure report)*

Race/Ethnicity; -
- African American – 313
- American Indian or Alaskan Native – 143
- Asian – 20
- Hispanic – 52
- White – 1245
- White/Hispanic – N/A
- Pacific Islander – 3

Salaries; and Position Types;
*(Refer to the attached Excel spreadsheet for more information regarding child welfare specialist salaries, races/ethnicities, educational degrees, and degree type.)*

Training provided to new child welfare specialists to ensure competencies identified.
The OKDHS CW Services Training Unit, contracting with the Center on Child Abuse and Neglect, provides competency based training for child welfare specialists and supervisors and is offered to new child welfare specialists and experienced staff. Training is offered on several levels and is experience level appropriate. New trainees are assessed for application of core competencies through a process, Hands on Testing (HOT). New child welfare specialists are
required to receive a passing grade in HOT prior to caseload assignment. In SFY 2014, we a certification program for all child welfare specialists, levels I-IV will be implemented. Child welfare specialists will be required to obtain and maintain certification, that requires them to demonstrate certain identified competencies.

Employment Services:
As child welfare specialists grow professionally, there are advancement opportunities within local offices, divisions, and OKDHS statewide. OKDHS offers tools and resources to assist employees attain career goals such as:

- Career Development/Training
- Career Opportunities
- Career Progression
- Performance Management Process

Refer to attached PDF titled "Finding Your True Path."

Information related to tracking staff turnover and vacancy rates, such as:

- retirements;
- dismissals;
- lateral or promotional moves; and
- voluntary resignations

Refer to attached PDF titled "5-29-2013 CW Turnover report 4-1-2012 through 4-30-2013."

Supervisor to CW Specialist Ratios:
The OKDHS supervisor to child welfare specialist ratio is 1 to 4.57 as of 05-30-13. This number excludes area specialized staff and supervisors.

Consultation and Coordination between Tribes and States
In accordance with section 4422 (b) (9) of the Act, states are required to develop consultation with Indian Tribes and specific measures to comply with the Indian Child Welfare Act. The Tribal/State Collaboration Workgroup meets every quarter and is co-chaired with the OKDHS CWS Tribal Program Manager and Indian Child Welfare Director of the Seminole Nation. All tribal Indian child welfare representatives and key OKDHS field and program staff are invited to attend. The workgroup is developing a work plan for 2014 and key issues are addressed in meetings, such as hotline reports, foster care recruitment, and enhanced collaboration in the field. In partnership with Casey Family Programs, nine OKDHS and Tribal Workgroup members traveled to the State of Washington to attend the Indian Child Welfare Summit and Indian Policy Advisory Committee meeting. Additional peer-to-peer training was provided in the local Indian Child Welfare Advisory Committee process. Key tasks were identified that would be effective in the State of Oklahoma and proposed to the workgroup. The Workgroup will be implementing local Indian Child Welfare committees for OKDHS and Indian Child Welfare staff within each region. The local Indian Child Welfare committees will conduct case reviews, placement case staffing, independent living case planning, and address any tribal issues. The new Tribal
Coordinators for each region will coordinate these local Indian Child Welfare committee meetings. The local Indian Child Welfare Committee goals and objectives will align with a state level committee. A state level Indian Child Welfare Program committee continues to be discussed. The new Tribal Coordinator positions are outlined in the Pinnacle Plan. Other collaborative initiatives are a part of the workgroup and include the Snapshot Case Review pilot, Completing the Circle foster parent cultural awareness event and training.

**Snapshot Case Review Pilot**
The focus is a general overview of the Indian Child Welfare Act efficiency in reporting to tribes, legal notice, compliance in placement, and good cause findings. The original counties that were pulled changed due to OKDHS vertical reorganization in August, 2012. The identified review included six Judicial Districts, (14 counties), Pushmataha, McCurtain, Choctaw District 17, Bryan District 19, Atoka Coal District 25, Pontotoc, Seminole, Hughes District 22, Pittsburg, McIntosh District 18, Latimer, LeFlore, and Haskell District 16. A total of 264 Native American children were reviewed. The review is a three-part process with a case review, KIDS data entry review, and legal notices from the district court. The Snapshot Pilot team is comprised of two Regional Tribal coordinators, child welfare program administrator, Tribal liaison, OKDHS Attorney, and three tribal representatives who met every month. A copy of the Snapshot Case Review document is attached. A breakdown per tribe and each child follows:

<table>
<thead>
<tr>
<th>Primary Tribe</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absentee Shawnee</td>
<td>1</td>
</tr>
<tr>
<td>Apache</td>
<td>1</td>
</tr>
<tr>
<td>Cherokee</td>
<td>25</td>
</tr>
<tr>
<td>Cheyenne and Arapaho</td>
<td>2</td>
</tr>
<tr>
<td>Chickasaw</td>
<td>23</td>
</tr>
<tr>
<td>Choctaw</td>
<td>151</td>
</tr>
<tr>
<td>Citizen Pottawatomi</td>
<td>1</td>
</tr>
<tr>
<td>Muscogee Creek</td>
<td>7</td>
</tr>
<tr>
<td>Quapaw</td>
<td>6</td>
</tr>
<tr>
<td>Salt River Pima, AZ</td>
<td>5</td>
</tr>
<tr>
<td>Seminole</td>
<td>25</td>
</tr>
<tr>
<td>Yankton Sioux, SD</td>
<td>2</td>
</tr>
<tr>
<td>Unable to Verify</td>
<td>7</td>
</tr>
<tr>
<td>Indian Tribe Unknown</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
</tr>
</tbody>
</table>

**ACTION PLAN:** The team is near completion in entering the raw data. OKDHS Office of Planning, Research, and Statistics are working with the team to analyze the data and develop reports. The work plan for completing data entry is August 1. By September 1, the outcome of the data will be shared with the CW Services leadership team. The baseline will assist in the development of future reviews across the state.

**Completing the Circle**
Completing the Circle is an annual cultural awareness event for foster and resource families to attend. OKDHS and tribal partners collaborate and plan the event. The Indian Child Welfare
offices involved in planning were the Choctaw Nation, Cheyenne Arapaho, Chickasaw Nation, Iowa Tribe, Kickapoo Tribe, Citizen Pottawatomie, Sac and Fox, and the Shawnee Area Native American Child Protection Team. Resource families are provided in-service training and encouraged to develop added supports with other resource families. Cultural activities are provided by area tribal representatives who also provided beadwork, dances, flute playing, bow-shoot, stickball, ribbon work, and pictures. T-shirts, books, and gifts were provided to every participant.

Region 3: The Completing the Circle event was held on October 12, 2013. Twenty-five tribes were represented and 60-65 OKDHS staff, tribal external partners, and community partners volunteered to assist during the event. Resource parents were provided in-service training in historical trauma. Approximately 80 foster families attended. Camp Fire USA in Oklahoma City provided the location for the event.

Region 4: The Completing the Circle event was held on October 13, 2012 in Shawnee, Ok. One hundred thirty-eight children, foster parents, and volunteers attended. Eight tribes were represented and four OKDHS staff volunteered. Resource parents were provided in-service training on cultural practices in parenting. The Citizen Pottawatomi provided their pow-wow grounds for the event and approximately 25 foster families attended.

ACTION PLAN: Planning for the 2013 event is in progress. The event is scheduled for September 28, 2013, in Shawnee and will be expanded to include Native American children in Oklahoma, Cleveland, Canadian, Logan, Lincoln, and Kingfisher Counties. Tribes in Oklahoma may invite their foster families from across Oklahoma. Due to shortage and turnover in program and field staff, other events are not being scheduled in Oklahoma at this time. Chafee Foster Care or the Independent Living programs will collaborate with tribes in this year’s event. A motivational training session will be provided for tribal youth 12 years of age to 18 years of age that are in custody. The training session is scheduled for tribal representatives to discuss the importance of connecting with their culture and benefits and/or services available. Kickapoo Tribe Unity Youth Council and Citizen Potawatomi Firelodge Youth Councils will be included in the event. University of Oklahoma National Resource Center for Youth Services (OUNRCYS) Independent Living Specialists (IL) and the OKDHS IL coordinator are partnering with the group to plan the activities for the youth.

ICWA Training
Tribes are sent invitations and notices of the child welfare training academy for child welfare specialists, Bridge Foster Care training, Regional Supervisor Quarterly and Statewide annual conferences. On line ICWA training is scheduled for filming with a member of the Kiowa Tribe who is employed by the Chickasaw Nation. The training will include the significance of historical trauma and impact on the Indian Child Welfare Act. Bonnie Clift, OKDHS attorney provided two Region ICWA trainings in May 2013, for OKDHS field staff. Region 3 ICWA legal training will be filmed and edited for on-line ICWA training. The on line training will be web-based and available for all new CWS staff. The Oklahoma Department of Mental Health Services for Substance Abuse Services has a tribal relations workgroup and initiatives include identifying cultural competency services and providing training in the State for providers.
Several Indian Child Welfare representatives including OKDHS are involved in the initiative. An Indian Child Welfare Behavioral Health Summit is planned for fall 2013.

**ACTION PLAN:** Attendance of tribal staff at OKDHS sponsored training will be tracked with enrollment and/or attendance sheets to determine the number of tribes attending. A spreadsheet will be reported back to the workgroup each quarter. Quarterly ICWA training will be scheduled in each region. Tribal representatives will be requested to attend "meet and greets" and provide cultural awareness for OKDHS staff as part of in-service training. Continued partnership and collaboration with external agencies regarding cultural competency and relevant cultural services for Native American families will continue.

**Other Coordination Actions**
Eight Tribal liaisons are assigned across the State to fulfill duties in processing tribal custody foster care reimbursement for tribal foster homes. The liaisons are a source for tribes to contact for assistance with OKDHS forms, policy, and/or procedures. Liaisons refer cases to IVE custody specialists to determine eligibility. Due to turnover, six tribal liaisons are assigned to the tribes.

The OKDHS Pinnacle Plan will provide 5 Tribal Coordinators to be assigned to tribes and/or each OKDHS region. The new full time positions were approved as program field representatives and expected to be announced for applicants. The workgroup has provided direction in needed support for tribes. Job duties are being discussed.

**ACTION PLAN:** Tribal liaison duties will be absorbed into the Tribal Coordinator positions including Child Abuse Neglect Information Search for tribes and foster care tribal resources. Additional job duties will include facilitating Region CWS/Indian Child Welfare roundtable meetings, ICWA compliance case reviews, and enhance collaboration between local Indian Child Welfare and CWS county offices. KIDS data reports will be monitored to ensure ICWA compliance in notification and placement.

**Assessment of the Level of Compliance with ICWA and progress to Improve**
OKDHS sponsored a policy review meeting with an invitation for all tribes to attend on September 5 and September 19, 2012. Nineteen tribes attended and provided suggestions on policy revisions. The form letter, Letter to Verify Tribal Membership or Eligibility and Extended Family, was reviewed with suggested revisions. Revisions to policy were presented to legal, and minimal changes were made. Program field representatives changed during the process.

KIDS developed the Web Focus ICWA Report to monitor level of compliance and consultation with tribes. OKDHS CWS staff can retrieve this report to review the child’s tribe, custody, placement, and current legal status. The Snapshot Pilot when completed will provide baseline data for 14 of the 77 counties in Oklahoma.

To assist local staff to meet these polices, contact lists are provided to both the tribe and OKDHS representatives. The Tribal Program Manager and Region II Tribal Coordinator have maintained updates to both lists. The Tribal contact list includes addresses, telephone numbers, emails, and
fax numbers for Tribal Social Services leadership and field staff. The lists are sent routinely to every OKDHS KIDS user in the state and maintained with necessary updates. Indian Child Welfare tribal representatives were provided a list of OKDHS State and County child welfare staff as changes occurred. The Pinnacle Plan outlined leadership changes in OKDHS during reorganization.

**Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene is addressed in OKDHS Policies OAC 340:75-19-8 and 340:75-19-11.**

Per OKDHS policy, OAC 340:75-19-8 the identification of an Indian child requires the child welfare specialist to inquire about possible Indian heritage of all children for whom services are to be provided. The information is documented in the case record. The inquiry includes asking the reporting party, OKDHS records, Informational Management System (IMS) records, the child’s parent’s and extended family, and the Bureau of Indian Affairs. At the earliest opportunity the child welfare specialist notifies the tribal Indian Child Welfare program of the child’s tribe. Form 04TB002E Letter to Verify Tribal Membership or Eligibility and Extended Family is completed and mailed certified with return receipt to the tribe(s) or the Bureau of Indian Affairs (BIA). If a response is not received within six weeks of the original request, a second form is submitted. After receiving a response from the tribe or BIA either confirming or refuting membership or eligibility for members the child welfare specialist requests the court issue a ruling of the applicability of the Indian Child Welfare Act.

Per OKDHS Notification to Indian Parents and tribes regarding their right to intervene on behalf of the Indian Children, OKDHS policy 340:75-19-11 Instructions to Staff. The child welfare specialist provides all known information regarding the biological parents and/or Indian custodian and tribe to the district attorney’s office and court to satisfy notice requirements. When Indian status is not determined until after the state court proceeding has been initiated, the notice provisions must be satisfied from that point forward. The assigned child welfare specialist initiates contact with the tribal child welfare specialist to involve the child’s tribe in the case.

**Placement preferences of Indian children in foster care, pre-adoptive care, and adoptive homes are addressed in OKDHS policy OAC 340:75-19-14.**

Tribes were invited to attend the annual SWIFT Resource meeting on April 23rd through 24th, 2013 in Tulsa. Six tribes attended with all CWS resource staff in attendance. Collaboration discussions were encouraged.

An OKDHS Bridge and Tribal meeting was held on May 20, 2013, with program field managers and Tribal representatives from seven tribes attended. SWIFT Adoption, Resource, and Tribal Foster Care responsibilities were shared. OKDHS custody children with the goal of adoption were discussed with appropriate staff.

Collaborative discussions were held between OKDHS and tribes regarding the tribal/state agreements. Placement preferences for each tribe are outlined in the agreement. Of the 34 Oklahoma tribes with foster care programs, 19 agreements were signed for 2013. The remaining
tribes are pending tribal approval or have not submitted due to delays. Two tribes, the Cherokee and Chickasaw Nations have IVE Administrative agreements and three additional tribes Sac and Fox, Iowa Tribe, and Osage Nation are expected to submit agreements for the upcoming year.

Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption is addressed in OKDHS policy OAC 340:75-19-12

Instructions to Staff:

3. Active efforts" is a higher standard than "reasonable efforts" but is not defined under Oklahoma ICWA or Oklahoma case law.

4. If case facts are sufficient to pursue adjudication, the child welfare specialist reviews the family’s case history to ensure that sufficient evidence exists to meet the "active efforts" requirement of the elements for adjudication. If no services were provided to the family prior to the removal of the child, it would be extremely difficult to meet the "active efforts" requirement. If a review of the family’s case history indicates no prior services were provided and there is no evidence to support the "active efforts" finding for adjudication, the child welfare specialist staffs the case with the CWS supervisor to determine the appropriate action. S.O. Legal Division is consulted by the CWS supervisor, if necessary.

Active efforts meetings as scheduled by Tulsa County District Court. Appropriate tribes are invited to these meetings to discuss if active efforts were met. Ottawa County District Attorney has developed an active efforts checklist for staff use. The checklist was shared with the Cherokee Nation for review and suggestions.

County child welfare specialists are encouraged to invite Indian Child Welfare representatives to Family Team Meetings, Family Group Conferencing, and placement staffing. The Region III Tribal Coordinator facilitated these meetings every month. These meetings were instrumental in ensuring collaboration in case planning, determining case plan goals, and development of in-home safety plans.

**ACTION PLAN:** KIDS Web Focus ICWA Report provides Indian children in custody per county. County leadership will be provided this report from Tribal Coordinators that will list the child’s tribe, custody, placement, and current legal status. The reports provide dates when the tribe was notified after the date of the referral and/or removal. Future Snapshot Random reviews will assess data entry and reports to the tribes.

CW Services/Indian Child Welfare roundtable meetings will be scheduled to review children in out-of-home placement for 15-22 months to determine if active efforts were met. Collaboration with tribe and OKDHS diligent search and SWIFT adoption will be required to determine the next step in criteria staffing for identified placement.
State agencies and Tribes exchange of CFSP and APSR (45 CFR 1357.15(v)).

The APSR update was shared with tribes by email in July 2012, and included in discussions during the Tribal/State Collaboration Workgroup. The workgroup is re-forming and in the process of developing a new strategic plan.

The Oklahoma Title IV-B meeting on May 8th and 9th, 2013 provided the 2011 APSR for each tribe, via flash drive. Updated APSRs have not been received.

A draft of this APSR was provided to tribes at the State Tribal Collaboration Workgroup on June 19, 2013. Tribal representatives provided updates to the draft and were given until June 26, 2013, to review and then provide additional responses for changes.

**Chafee Foster Care Independence and Education Training Vouchers Program with Tribes**

OKDHS Tribal Program Manager, IL Program Representative, and the National Resource Center for Youth Services IL Tribal Specialist met on April 19, 2013, to discuss collaboration elements of each program. Key reports of tribal custody and OKDHS custody children were reviewed to determine if IL services had been referred.

**ACTION PLAN:** The meeting included discussion of all children in tribal placements, transition of post adoption children, IL policy, snapshot pilot, and IL conference planning. Identified boarding schools and youth shelters operated by tribes to offer in-service IL training and services. Preliminary identification included, Chickasaw Nation Children Village and Transitions for Youth, BIE Riverside in Anadarko, Choctaw Nation Jones Academy, Cherokee Nation Youth Shelter and Talking Leaves, Eufaula Reformatory, Murrow Indian Home, Comanche Youth Shelter, Cheyenne Arapaho Youth Shelter, and Ft. Sill Apache Youth Shelter. The snapshot review team will consider additional assessment looking at whether IL services were secured for both tribal and OKDHS custody youth. A review and discussion of cultural case planning with field staff and program staff will occur in the next year. Quarterly meetings will be scheduled with IL staff and key tribal staff in the future.

**Health Care Services Plan**

**Health Oversight and Coordination Plan**

OHCA and OKDHS representatives met on January 13, 2009, and developed the Health Oversight and Coordination Plan. Subsequent meetings were held to discuss the Medical Passport portion of the plan. Meetings included the OKDHS Medical Director, an OKDHS contracted pediatrician to address OKDHS custody children health issues for children.

The following outlines the oversight and coordination plan:

1. **A schedule for initial and follow-up health screenings that meets reasonable standards of medical practice:**

   Oklahoma utilizes the current Medicaid/EPSDT schedule. The policy is:
Early Periodic, Screening, Diagnosis and Treatment (EPSDT) screening is required according to the schedule of frequency or at a minimum an annual physical exam. In addition, OKDHS provides as soon as practicable, after the filing of the petition, an initial health screening for each child placed in OKDHS emergency custody to identify any health problems that require immediate treatment, diagnose infections and communicable diseases, and evaluate injuries or other signs of abuse or neglect. The law requires OKDHS provide medical care as necessary to preserve the child’s health and protect the health of others in contact with the child:

- yearly behavioral health or developmental screening and if recommended, a behavioral health or developmental assessment, within 60 days of the screening;
- yearly dental exam for children over 3 years of age. Children under 3 years of age receive dental services as needed;
- immunizations initiated and kept current;
- visual and hearing evaluation exams and corrective lenses or hearing aids, when indicated;
- outpatient or inpatient behavioral health treatment, when appropriate;
- physician’s services, when the child is sick. This service is not considered a physical exam; and
- follow-up and referral services as recommended by a qualified professional.

During 2012, OHCA and OKDHS staff met and focused on the Oklahoma Children’s Health Plan: Keeping Kids Healthy 2011 – 2014. Initial 2012 meetings targeted: (1) data clean up issues reconciling numbers of OKDHS custody and out-of-home care children receiving Medicaid services; (2) medical home model services issues related to custody children; and (3) the resolution of technical issues related to medical history information for custody children. A subgroup is also working on promoting the use of the Child’s Passport by Bridge resource parents and touting the benefits of Medicaid coverage for custody children. A tutorial on OHCA and OKDHS websites will be available to placement providers who wish to access the Child’s Passport.

**Health Oversight and Coordination Plan Update 2013**

During 2013, OKDHS CWS, Oklahoma Department of Mental Health and Substance Abuse Services (ODHMSAS), the Oklahoma State Department of Health (OSDH), Oklahoma Family Network (OFN), the Cherokee Nation, the Oklahoma Federation of Families (OFF), and consumers participated in the 2012 State Policy Academy, sponsored by the Substance Abuse and Mental Health Services Administration (SAMSAH) on Preventing Mental and Substance Use Disorders. Since that meeting, efforts were combined with an existing work group to focus on prevention of mental and behavioral health disorders among infants, children, and youth. From that work, a logic model and work plan are being developed to address prevention of mental and behavioral health disorders in the general population resulting in a positive impact for children, youth, and families served by the child welfare system.

Meetings with the Oklahoma Health Care Authority (OHCA), Oklahoma’s Medicaid Management agency occur bi-monthly. The purpose of these meetings is to allow for collaboration of joint agency goals, to plan for and evaluate data sharing, and to, identify and review any trends in services, treatment, and medication use. Joint activities and planning is ongoing with the implementation of the Child Passport. OKDHS has weekly project meetings.
regarding the Child Passport implementation with the Oklahoma State Department of Education (OSDE) to facilitate the planning process for incorporating education information for children in Custody.

A review of psychotropic medication dispensed to children in custody is being pursued by our Medicaid partner. The current data review is limited and consists of the number of children taking one atypical antipsychotic, the number of children taking two atypical antipsychotics, and a comparison of children in state custody to those not in state custody. Data review and cleansing is ongoing and findings to date are not conclusive. Continued review will occur in FY 2014.

2. Monitoring and treating health needs identified through screenings:
The child welfare specialist, in coordination with the parent(s), when applicable, and placement provider, is responsible for ensuring that a child in out-of-home care timely receives routine and specialized medical care, including dental, visual, and counseling needs. In addition, the Oklahoma Trauma-Informed Project State Implementation Plan developed through the Chadwick Trauma Informed Systems Project contains the plan to monitor and treat the emotional trauma associated with a child’s maltreatment and removal from home. Please see attachment.

Health Oversight and Coordination Plan Update 2013
As part of the ongoing implementation of the Oklahoma Trauma Informed Project State Implementation Plan, several sites in the state are completing on a limited basis screening tools to determine the need for additional assessment for behavioral health services. These tools are currently being used on a limited basis. The Administration for Children and Families grant opportunity awarded October 1, 2013, will allow for additional review of screening tools and identification of the most appropriate tools for potential statewide implementation.

3. Updating and appropriately sharing medical information for children in care that may include electronic health records:
OHCA provides records for all children who enter care, children placed for adoption, and for youth exiting care. The information OHCA records include, but are not limited to immunizations, providers, EPSDT recommendations, diagnosis, and previous and current prescription medication. Designated CW Services staff in each of the six areas enters this information into KIDS in order for CW Services staff to provide appropriate services. The KIDS Placement Provider Information report is given to placement providers upon or within 14 days of placement.

In 2012, placement providers, via a web-based portal, were provided the Child’s Passport allowing for easy access to the child’s Medicaid-compensable health services. Ongoing discussions between OKDHS Data Services Division, CWS Permanency Planning, and OHCA staff continue to refine the information included in the data interface with OHCA. Phase Two of the Child’s Passport project is currently underway and OKDHS is now collaborating with the OSDE to provide that information into the Child’s Passport.
Health Oversight and Coordination Plan Update 2013

In 2013, notification, education, and training efforts continued with all placement providers to facilitate easy access to the Child’s Passport. All contracted placement provider agencies were given the opportunity for two staff to access the web-based portal for any child with an assignment to that agency. Training was provided and training packets were given to Therapeutic Foster Care (TFC) Provider agencies, so that they could train their certified TFC families.

4. Steps to ensure health care services continuity may include the establishment of a medical home model for children in care:

OHCA developed a medical home model providing an incentive for physicians to provide services for children in out-of-home care through a higher case management payment. When a physician indicates in his or her plan of care willingness to provide this type of service, this physician is selected as the child’s primary care provider, the physician receives the higher case management payment. In the past, these children were fee-for-service and did not have primary care physicians. The new medical home model provides a process to increase the number of out-of-home care children who have selected a primary care physician and allows the care provider to select the medical provider for children in care via the OHCA helpline. The placement provider form directs provide selection. When the process launches, information will be distributed in the Connections newsletter. The medical home model does not affect physicians seen in case of emergency or when a child’s placement changes. OKDHS and OHCA are taking steps to secure finalization of the ongoing agreement. Technological issues currently prevent placement providers from selecting or changing the medical provider for custody children.

Health Oversight and Coordination Plan Update 2013

Continued review with the Oklahoma Health Care Authority of the Medical Home model occurred in 2013. The determination thus far is that that services are currently being provided at the most optimal level and that programmatic changes toward a medical model are not indicated at this time.

Behavioral Health funding is now being managed at by the Oklahoma Department of Mental Health and Substance Abuse Services (ODHMSAS). ODHMSAS is researching and reviewing the possibility of developing Health Homes for behavioral health services. OKDHS will be involved in those discussions during FY 2014.

5. Prescription medicines oversight:

OKDHS addresses issues related to multiple psychotropic medication use for custody children. One recent effort included the request for technical assistance through Casey Family Programs and although the request was not granted, OKDHS and OHCA are attempting to obtain, share, or manage this data for foster care children. A pressing challenge is the attempt to engage parents, Bridge resource parents, and youth in care in the ability to understand psychotropic medication use. Additionally, information including the number of children who are prescribed psychotropic medications, type of medication prescribed, length of prescription, and number of prescriptions is not able to be retrieved from KIDS.
OKDHS CWS Director Deb Smith and a staff member attended the "Because Minds Matter Conference." They were pleased to find that OKDHS is moving in the right direction as the majority of recommendations made during this conference were already in effect in Oklahoma.

OKDHS protocol regarding the appropriate use and monitoring of psychotropic medications is included in OAC 340: 75-6-88, Instructions to staff. These instructions state:

11. (a) Separate and specific written consent for medical care or treatment or the administration of psychotropic medications. Each child or youth has unique needs that require individualized treatment planning. It is the intent that children in care receive necessary medical care and treatment and behavioral health care, including psychotropic medication, in a rational and safe manner.

1. Psychotropic medication decisions are based upon adequate information, including psychiatric history and assessment, medication history, medical history, including known drug allergies, and consideration of the individual’s complete current medication regimen, including non-psychoactive medications, such as antibiotics.

2. Psychotropic medication is integrated as part of a comprehensive treatment plan including:
   (A) appropriate behavior planning;
   (B) symptom and behavior monitoring; and
   (C) communication between the prescribing clinician, the youth, parents, legal guardians, foster parents or other placement providers, child welfare specialists, therapist(s), pediatricians, and any other relevant members of the child or youth’s treatment team.

   (b) Definitions related to requests for separate and specific written consents.

1. "Separate and specific consent" means, for the purposes of this instruction, a written consent requested by a physician or medical facility to provide specific treatment or medication.

2. "Informed consent" means, for the purposes of this instruction, voluntary written consent from a person who has received full, accurate, and sufficient information and explanation about a child's medical condition, medication, and treatment to enable the person to make a knowledgeable decision without being subjected to any deceit or coercion. Informed consent for medical care and treatment or administration of psychotropic medication that requires a separate and specific written consent may only be given by:
   (A) a parent whose rights are intact;
   (B) a legal guardian of the child; or
   (C) an OKDHS representative, after a reasonable attempt to locate a parent or legal guardian has failed, and after consideration of a sufficient explanation by a physician regarding the risks involved in the proposed treatment.

4. "Sufficient explanation" means, for the purposes of this instruction, information provided and explained in plain language by the prescribing physician or physician’s representative to the consent-giver, including, but not limited to the:
   (A) medical care and treatment or the medication;
   (B) reason for prescribing the treatment or medication and its purpose or intended results;
(C) side effects, risks, and contraindications, including effects of stopping a medication;
(D) method for administering the treatment or medication and dosage range when applicable;
(E) potential drug interactions;
(F) alternative treatments;
(G) behavioral health or other services used to complement the use of psychotropic medication, when applicable; and
(H) other treatment interventions considered by the physician that may include, but are not limited to, medical, mental health, behavioral, counseling, or other services.

12. (a) Requests for separate and specific written consent for medical care and treatment or the administration of psychotropic medication. When a child in OKDHS voluntary, emergency, or temporary custody is prescribed treatment or medication requiring a separate and specific consent, such as for psychotropic medication, the child welfare specialist makes reasonable attempts to locate the parent or legal guardian of the child to obtain consent. When the parent or legal guardian is located, the child welfare specialist:
   1. advises the parent or legal guardian of the physician’s recommendation for treatment or medication;
   2. provides the parent or legal guardian contact information for the physician;
   3. upon request, facilitates a telephone call or appointment between the parent or legal guardian and prescribing physician; and
   4. advises the parent or legal guardian that the medical provider is seeking consent to provide treatment or medication.

(b) Consent by OKDHS when the child is in OKDHS permanent custody or the parent or guardian declines to authorize, withdraws consent, or cannot be located to authorize the administration of psychotropic medication. When a child is in OKDHS permanent custody or the parent or legal guardian declines to authorize or withdraws consent, or cannot be located for the administration of psychotropic medication, a county director, assistant county director, or person left in charge may provide consent for the administration of psychotropic medication when a separate and specific consent is requested. The child welfare specialist completes and submits Form 04MP036E, Request for Consent for Psychotropic Medication, to the county director, assistant county director, or person left in charge with the separate and specific consent request.

(c) When consent is not required for the administration of psychotropic medication. Consent for the administration of psychotropic medication is not required when:
   1. a parent, legal guardian, or OKDHS has previously consented to the administration of psychotropic medication and the medication is continued or the dosage of the same medication is changed; or
   2. the prescribing physician or medical facility does not require a separate and specific consent.

(d) Consultation prior to consent for the administration of psychotropic medication. The county director, assistant county director, or person left in charge obtains a sufficient explanation or consultation as necessary to provide
informed consent for the administration of psychotropic medication by contacting the prescribing physician or the psychiatric hotline at APS Healthcare at 877-845-7468 during business hours to arrange a consultation with a physician.

(e) Emergency medical care and treatment or administration of psychotropic medication. Emergency medical care and treatment or psychotropic medications may be provided or administered in advance of parental or OKDHS authorization when the child’s attending physician determines an emergency exists. The child welfare specialist notifies the parent or legal guardian, when applicable, as soon as possible after receiving notification of the emergency.

13. Use of psychotropic medication for chemical restraint. Use of psychotropic medications as a means of control, punishment, or discipline of children, for staff convenience, or for chemical restraint is strictly prohibited.

   1. Children taking psychotropic medications are seen by the prescribing physician as directed by the physician.
   2. Children in acute settings, displaying unsafe behavior, experiencing significant side effects, not responding to a medication trial or in an active phase of medication trial are seen as directed by the physician.
   3. Monitoring the use of psychotropic medication provided to a child in OKDHS custody is a joint responsibility among the prescribing physician, caregiver, child welfare specialist, and CWS supervisor. The child welfare specialist and the placement provider have joint responsibility to:
      (A) assure the physician’s directions and intent for the medication is implemented;
      (B) contact the prescriber immediately when a child’s condition becomes unstable; and
      (C) arrange for medical evaluations and required laboratory tests to monitor therapeutic levels of a medication or to monitor potential organ system damage from a medication. Laboratory tests are performed according to the physician’s directions.

6. How OKDHS actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in out-of-home care and in determining appropriate medical treatment for them:

OKDHS continues to contract on a part-time basis with a physician and a psychologist to provide case specific and system improvement consultations. The physician is an active member of the Health Oversight and Coordination Committee. The pediatrician provides direct assistance to child welfare specialists and the court in determining the medical needs of the children, skills parents or placement providers may need in caring for the child, and the role of parental visitation in health when the visitation appears to be causing a problem. In addition, assists with specialty referrals, communication with child welfare specialists, and children’s transition from one health care environment to another, such as an inpatient psychiatric placement to community, or Tulsa to Oklahoma City.
The physician continues work on a research project to evaluate the baseline presence of obesity/overweight in children entering OKDHS custody. Upon completion, information will be shared with CWS to guide health policy and programs for keeping these children healthier while in custody. This physician is interested in obtaining a better understanding about what health issues are present in children when they are placed in OKDHS custody and how to be strategic at improving their long-term outcomes. Eight months of obesity/overweight data, was collected and analyzed from the Pauline Mayer shelter populations and the physician has requested another four-month's-worth of data to strengthen the analysis.

During the past year, OKDHS expanded the Integrated Assessment and Mental Health Screening project to include Oklahoma County staff working with permanency planning cases. Oklahoma County courts were positive in their reception and response and in some cases prior to implementation, were ordering staff complete the assessments before they were not a part of the project. Staff is positive and feels quality information assists in identifying appropriate services for families.

The psychologist and Casey Family Programs are working on the mental health-screening project and efforts to facilitate a workgroup to provide psychological assessment guidelines for OKDHS custody children and their parents. Other states are working to develop guidelines and the psychologist and Casey Family Programs representative have spoken in collaboration with the other states and hope to sponsor a workgroup enabling to create consensus guidelines backed by Casey Family Programs. Casey Family Programs involvement in creating these guidelines may reduce the public perception that the guidelines were developed by one psychologist or the Center on Child Abuse and Neglect (CCAN). The Casey Family Programs representative is drafting a proposal to submit to their leadership.

**Oklahoma County Integrated Assessment Project**

OKDHS piloted the Achenbach System of Empirically Based Assessment (ASEBA) that offers a comprehensive approach to assessing adaptive and maladaptive functioning in children and adults. The ASEBA was developed through decades of research and experience to identify actual patterns of child and adult functioning. The ASEBA tools include a child and adult checklist and an adult self-report. These assessment tools are available by subscription from the ASEBA Assessment Data Manager (ADM) and ordered in units. OKDHS began the pilot in Oklahoma County in April 2012, with 849 assessment units available for use on the ASEBA automated database.

Additional OKDHS staff is being trained in the use of the ASEBA tools and software scoring. Those who use the Child Behavior Checklist (CBCL) report it provides a good baseline assessment and have found the caregivers willing to participate and complete the tool.

None of the ASEBA instruments is designed for use in a CW setting, and while there is evidence the tools can aid in family assessment, there are factors unique to the CW setting that suggest a preference for one ASEBA instrument over another.
OKDHS is exploring whether the ADM can be placed on the agency’s central server to make cross-comparisons with the ASEBA tools easier for OKDHS staff and facilitate expansion of the assessment use to other divisions within the agency.

During review of the pilot program, it was discovered that the Oklahoma County CWS prevention groups had not begun using the ASEBA assessment tools.

Since the initial ASEBA training in November 2011, a significant staff turnover in the pilot groups has contributed to the lack of ASEBA use. The ASEBA subscription was renewed in May 2012; however, only six completed CBCL outside the pilot group were conducted and no ASEBA adult forms have been completed since the pilot concluded. The remaining members of the pilot group continue to support using the tools and share with others the positive experiences gained from using the assessment tools. Some OKDHS staff expressed concern that the adult ASEBA tools, unlike the Brief Symptom Inventory (BSI) that was used for adult assessments during the pilot phase, does not incorporate a social desirability scale. Whether this influences potential statewide use of the adult ASEBA tools will be further assessed as implementation progresses.

Orientation regarding the ASEBA tools was provided for the courts and others involved with the CWS pilot groups; however, orientation has not been provided to other non-OKDHS persons outside the pilot groups. This caused some attorneys to question the validity of the ASEBA tools and OKDHS staff qualifications to use the tools.

The OKDHS reorganization in progress has also created a challenge for some staff using the new tools due to job assignments uncertainty, making ASEBA implementation more difficult.

The OKDHS trauma-screening steering committee is considering whether the CBCL will be used in the six trauma-screening lab sites if additional steps are taken that may include:

- an orientation to the tools for all judges, lawyers, and others involved in the CW system;
- ADM scoring software license renewal; and
- training sessions for OKDHS staff based on the agency reorganization implementation plan

Health Oversight and Coordination Plan Update 2013
The OKDHS reorganization, completed in 2013 continued to present challenges for the staff identified and trained to use the proposed tools. The Oklahoma Trauma Informed Project Implementation plan provided some limited screenings. Continued work with the Oklahoma Trauma Informed Care steering committee provided guidance. The grant opportunity will further refine efforts toward child screening.

A uniform screener is currently being tested by providers within the Oklahoma Health Care Authority network. Results of that screener for both functionality and reliability will be reviewed as to use and application for children in custody.
Plans were finalized with the contracted Psychologist, Casey Family Program, and OKDHS Program for a process to work toward development of Uniform Guidelines for Psychological Evaluations of Children Parents Referred by OKDHS. The expectation is for two, one-day planning sessions, to occur in FY 2014.

7. Steps to ensure that the components of the transition plan process that related to the health care needs of children aging out of foster care, including the new requirement to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document are met.

Health Oversight and Coordination Plan Update 2013
In response to 475 (5) (H) the Oklahoma Independent Living Program has developed a youth friendly brochure that addresses health insurance options as well as information on the Oklahoma Advanced Directive that includes the option to designate a health care proxy. The brochure contains a link to a website that youth can visit to view a video that discusses the Oklahoma Health Care Directive. Copies of the brochure are mailed to the child welfare specialist 120 days prior to the youth’s 18th birthday so the child welfare specialist has the brochure for the youth at the time of the initiation of the 90 Day Transition plan. There are three check boxes on the plan where the youth can check to indicate, "I received a copy of the brochure Health Care Options for Independent Living Youth"; "We discussed the option to designate a health care proxy when I reach 18 years of age"; and "We discussed my eligibility for Sooner Care ages 18-21." Youth are also educated on health insurance options and designation of a health care proxy at regional seminars and at workshops included in the statewide Teen Conference.

Disaster Plans
Natural disasters, man-made crises, or medical events affect OKDHS operations and services for children, youth, and families. OKDHS has appropriate disaster plans in place to comply with the Children and Family Services Improvement and Innovation Act of 2011.

The Security and Emergency Management Unit of the Office of Inspector General maintains the Incident Command System (ICS) for OKDHS and it was created to fulfill business continuity, disaster recovery, continuity of operations, and other incident response capabilities as per OKDHS Policies: 2-45-16 and 2-45-11. The ICS was designed with an all hazards, disaster, and emergency approach incorporating the Federal Emergency Management Agency (FEMA) – National Incident Management System (NIMS) required structure. The structure interfaces with all local, state, and federal emergency and disaster services. ICS has the ability to expand operation levels to respond to type of emergency. ICS defined roles and responsibilities extend beyond emergency and disaster response and into preparedness planning, mitigation, controls, accountability, and sustainability. OKDHS ICS coordinates with the Oklahoma Department of Emergency Management. After every activation, action reports and planning meetings follow and lessons learned are incorporated.

CWS staff maintain links with community resource partners who provide emergency services, shelter, and support for families with children during disasters. Their expertise meets the needs
of children and adults with physical, sensory, cognitive or intellectual disabilities affecting their ability to function independently during disasters.

To fulfill OKDHS Policy: 2-45-11 and ICS requirements, all county offices are required to have disaster and emergency plans and to be updated annually. An emphasis is placed on vulnerable children, Bridge resource parents, kinship, and pre-adoptive resource parents. CW Services staff are to ensure services are provided for OKDHS custody children. Every office has a response protocol to provide services in areas affected by a disaster.

CWS staff and Bridge resource parents are required to contact each other in the event of a disaster and emergency. Beginning July 1, 2007, a Disaster and Emergency Plan Information Sheet was created. It lists and describes all out-of-home care children in the resource home, and provides guidelines for OKDHS staff and resource families. This list is updated on a regular basis. After the tornadoes in the Cleveland County area on May 20, 2013, this plan was used, as well as another available report, to assist foster care staff in locating assigned custody children. Two staff were impacted by this natural disaster but were physically safe. Their workloads were divided amongst other staff. Those foster families and children impacted were located and resources offered. The Citizen's Advisory Board of OKDHS Cleveland County was instrumental in assisting with these efforts. Foster care leadership compiled a list of resources utilized during this time and added it to the existing community resource list for future use. The processes in place worked well as all custody children were located by the following day and there were no fatalities to foster families, custody children, or staff.

Therapeutic Foster Care (TFC) agencies are responsible for ensuring children placed in certified homes are safe during emergencies or disasters. TFC parents are required to call the provider agency’s on-call cell phone number to report the status and needs of children, and in turn, the TFC agency contacts the TFC program manager.

In the event of a disaster or emergency, OKDHS operated and contracted group homes providers contact the identified person to report the status and needs of OKDHS custody children. A spreadsheet was developed listing all contact persons for facilities where OKDHS children are placed. This spreadsheet is maintained electronically with the agency and a paper copy is retained by agency staff at home. All providers and agency staff were given the phone numbers for local sheriff and police departments, as well as other emergency personnel.

Ongoing investigations were a challenge after the May 20, 2013 tornado in Cleveland County as law enforcement would not allow non-residents into the area and travel around the city of Moore and southwest Oklahoma City was difficult or impossible for a few days. Approximately 10 investigations were delayed for several days because of the tornado and one was transferred to another county when information was received that the family had re-located. There were no Family Centered Services (prevention) cases in the damaged area. In regards to staff, the OKDHS Moore office was a mile and a half from the path of the tornado and staff sought shelter in the bathrooms and interior rooms of the office. If the office had been in the direct path, these rooms would have been inadequate and possible solutions to this are being considered.
The OKDHS Child Abuse and Neglect Hotline is staffed at two different locations within the State, with both sites having the same integrated phone system. The main site in Oklahoma City, (central Oklahoma), is staffed 24/7 and an auxiliary site in Claremore, (northeast Oklahoma), is staffed Monday-Friday 8:00 a.m. – 8:00 p.m. In the event power goes down at the Oklahoma City site after hours or on weeks, operations can continue for 30 minutes via battery power. During the 30-minute time frame, staff is required to open the Claremore site and begin full Hotline operations. This plan was successfully used recently when power lines were knocked out near the Oklahoma City site by storms on April 12, 2013, for six hours. The power was lost at 1:00 a.m. at the Oklahoma City site and by 1:30 a.m. the Claremore site was open and answering the phones.

In the event both sites become inoperable, the back-up plan is to move phones and staff to Norman, Oklahoma, (25 miles south of the Oklahoma City site), to either a data services helpdesk facility on the University of Oklahoma (OU) campus or a computer lab at the OU/OKDHS Training Center. This plan was utilized on May 20, 2013, when a tornado hit town of Moore, Oklahoma, (18 miles south of the OKC site). The tornado pulled up buried phone lines located North of Moore cutting off phone service to both Hotline sites, at approximately 3:30 p.m. Phone lines south of Moore remained in service. Despite all direct travel routes from Oklahoma City to Norman being closed, Hotline phones and staff were re-located to the OU/OKDHS Training Center computer lab in Norman and the Hotline was fully functional by 7:30 p.m. During the four-hour time frame, live phone contact with the Hotline was unavailable; however callers were able to connect and leave messages with their names and phone numbers. Hotline staff used cell phones to return urgent calls first and less urgent calls as time allowed.

OKDHS also provides encrypted Tablet PCs to CWS staff, to allow greater flexibility to work where needed. Tablets may be utilized to access the OKDHS Network and critical applications by making a connection to the Internet by using Wi-Fi, Dial Up, or Hi Speed Data Cards, through an encrypted secure Virtual Private Network (VPN) and Terminal Server (TS) software. Data cards are provided to CWS staff, when needed, allowing teams to relocate to any area of the state affected by disaster. Significant work was done to the remote access infrastructure to accommodate additional user access.

The two OKDHS operated shelters for abused and neglected children have an extensive Emergency Operations Plan in place that identifies an alternate facility for use when children are displaced or adversely affected by a disaster. The Emergency Operations Plans for the OKDHS shelters are not included in this report, but are made available upon request.

In 2012, the Security and Emergency Management Unit of the Office of Inspector General fostered a statewide partnership program through the Oklahoma Emergency Management and Voluntary Organizations Active in Disaster (VOAD) groups to provide for an open discussion on how to identify unmet human service needs for the vulnerable population and how a continuum of care can be developed using state, federal, local, and VOAD resources to meet immediate and long term needs. This workgroup was approved and began work in the summer of 2012. Their work continues with bi-monthly meetings and includes a website with information on recent disasters and where help can be found.
SACWIS Disaster Recovery Plan

A SACWIS Disaster Recovery Plan was scheduled for fall, 2009. The disaster recovery project tested disaster recovery for the KIDS application and data. The project target was to enable KIDS users to access the full KIDS application functions from their own offices utilizing restored production files (or copies) residing on disaster recovery platforms at the disaster recovery location. In order to exercise this test, OKDHS contracted for system time and file space at an existing site.

SACWIS Disaster Recovery Plan Update 2013

Introduction

The Mainframe Migration for OKDHS from the IBM z-10, (located at 1110 NE 12th st, Oklahoma City), to the IBM EC12, located at 3115 North Lincoln Blvd, Oklahoma City, occurred on May 4, 2013. Essentially the same scripts used in previous Disaster Recovery Exercises to recover the operating system and tools and applications were used in this process. Production databases, control files, and other necessary data were copied to new internal and external storage hardware.

Validation processes were conducted by subject matter experts to verify the legitimate move and recovery without loss of functionality or data. The same use of documentation and log of incidents including date and time of occurrence, assignment, action, resolution, and date and time of closure were utilized. Lessons learned were gathered from participants and applied to the Disaster Recovery section of the Business Continuity Plan as appropriate.

On May 1, 2013, a conference call was held between Karen Duncan, Service Quality Director, Aleta Seaman, Mainframe Technical Services Manager, Carol Clabo, Programs Division IS Administrator, and Susan Young, Business Continuity Manager, with Mark Jazo, SACWIS Federal Analyst. At that time, Mr. Jazo agreed mainframe migration could be used to satisfy the DHS requirement for demonstrating recoverability of the KIDS and e-KIDS applications for 2013.

Objective

The objective of the mainframe migration project was the migration of the OKDHS workload from a dedicated in-house mainframe to a new, shared mainframe used by other state agencies with logical partitions for OKDHS, housed at the primary location of the Information Services Division of the Oklahoma Office of Management and Enterprise Services.

Primary Objectives

- Recover Mainframe Operating System with all required tools for system operations and support using documented processes.
- Recover the Linux subsystems with all required components for all applications, including KIDS and WebFOCUS eKIDS, to function properly;
- Copy databases for all systems, applications and utilities, including KIDS;
- Copy all other flat files, sequential files, control files, and other such data as is necessary for proper function of systems and applications;
- Test transactions as for normal testing of each application for verification of proper function;
- Test each utility, e.g. file transfers, for normal testing of each application for verification of proper function; and
- Prepare for back-out of migration if significant issues occur and CW Services, together with other business segments, deems necessary.

**Secondary Objectives**
- Apply all process improvements for Mainframe Operating System recovery and document the process;
- Apply all process improvements for Linux sub-system recovery and document the process; and
- Document the event such that it can be used as requested by auditors or federal partnering agencies.

**Recovery Exercise Preparation (in reverse chronological order)**
- Completed OKDHS migration to the EC12 on May 4, 2013;
- Completed and reviewed OKDHS cutover plan and tasks lists;
- Completed OKDHS application verification and validation testing;
- Initialized all OKDHS volumes to prepare for data migration for cutover weekend;
- Started data migration using Global Copy (PPRC);
- Completed data migration with volumes in DUPLEX mode meaning all updates are being transmitted to the new volumes;
- Installed Optica converters and ESBT device for connectivity to the VTS/ATL and 3746 at the OKDHS data center;
- Completed test of connectivity to VTS / ATL before cutover;
- Completed and reviewed OKDHS cutover plan and tasks lists;
- Completed preliminary OKDHS application verification and validation testing;
- Initialized all OKDHS volumes to prepare for data migration for cutover weekend;
- Started data migration using Global Copy (PPRC);
- Completed data migration with volumes in DUPLEX mode meaning all updates are being transmitted to the new volumes;
- Installed Optica converters and ESBT device for connectivity to the VTS/ATL and 3746 at the OKDHS data center; and
- Completed test of connectivity to VTS / ATL before cutover

**DR Exercise - Anticipated Schedule**

**May 4, 2013 – SATURDAY**

6:00 a.m. – 8:00 a.m.  Data Migration to DASD 88700
8:00 a.m. – 10:00 a.m.  System Customization
10:00 a.m. – 12:00 p.m.  EC12 IPL
12:00 p.m. – 1:30 p.m.  System Assurance Testing z/VM and z/OS
1:30 p.m. – 5:30 p.m.  Users Acceptance Testing z/VM and z/OS
5:30 p.m. – 6:00 p.m.  Go/No Go Decision
DR Exercise - Actual Schedule

6:00 a.m. – 7:25 a.m.    Data Migration to DASD8870
1. Team arrives at OMES - ISD: Kathryn, IBM, Robert H., Steve P., Ken S., Jane S., Carl, Mo Mohsine
2. Team arrives at OKDHS - DSD: Aleta, Carl, Carson Thomasson, Bruce Mc., Wylie will shut the Oracle DATABASES.
3. Drain initiators and allow all in flight jobs to complete.
4. Run batch job to take snapshot of input and output queues.
5. Shutdown z/OS LPAR at OKDHS
   a. Just prior to shut down:
   b. Execute batch job to produce OOS track report
   c. OOS tracks should be less than 1,000
   d. Complete shutdown of z/OS LPAR
1. Shutdown z/VM LPAR at OKDHS
   a. Just prior to shut down:
   b. Execute batch job to produce OOS track report
   c. OOS tracks should be less than 1,000
   d. Complete shutdown of z/VM LPAR
1. Aleta/Carson notifies Kathryn/Walt that systems are shut down.
2. Perform data synchronization
3. Tasks from each LPAR to perform data synchronization
4. Tasks from SANDBOX LPAR on zEC12 after each LPAR is completely down
   a. If OOS tracks were greater than 1,000 wait 10 minutes
   b. Execute batch job to break replication pairs
   c. Execute batch job to query status of all volumes
   d. Verify all volumes STATUS = SYMPLEX
1. Connect the Optic converter to the VTS/ALT and 3746 at OKDHS – DSD (Steve P., Robert H., Carl S., Aleta S)
2. UNPLUG DASD CABLE from Brocade switch at DSD
3. Establish OKDHS IP user network connection to access the OKDHS Mainframe environment on the EC12.
4. Aleta/Kathryn notifies JG Nair to disable OKDHS LIVE and EKIDS web site.

6:00 a.m. – 7:49 a.m.    System Customization
1. Additional Team arrives at OKDHS - DSD: Jim Seitz, Scott Davis, Roy Roland, Robert Harrison PLEASE ARRIVE 30 minutes before scheduled time
2. Perform system customization from SANDBOX (FIX-IT) LPAR on zEC12
   a. Copy in new PARMLIB members
   b. Copy in new VTAM / TCPIP members
   c. Install all software license keys possible
   d. Perform system customization for z/VM systems

8:00 a.m. – 4:40 p.m.    EC12 IPL
1. Additional Team arrives at OMES – Carson and Bud
2. IPL OKDHS z/OS LPARs on zEC12
3. IPL OKDHS z/VM LPARS on zEC12
4. Verify and test connectivity to 3746
5. Verify and test connectivity to VTS / ATL

12:00 p.m. – 5:10 p.m. System Assurance Testing z/VM and z/OS
1. Additional Team arrives at OKDHS - DSD: Gary S., Robyn, Priscilla, David, Mark, Wylie, Pam and Ron. PLEASE ARRIVE 30 minutes before scheduled time
2. Transition team perform testing of infrastructure, subsystems and ISV software
3. Wylie bring up the KIDS Database, restrict access to KIDS system and notify Aleta/Kathryn
4. Aleta/Kathryn notifies the KIDS point of contact:
   a. John Reichel, 227-0476 (m) or 522-3996 (w)
   b. Carol Clabo, 246-8439 (m) or 522-3974 (w)
   c. Marvin Smith, 200-9203 (m) or 522-3977 (w)

Test result from System Assurance will be sent to MainframeSystem@OMES.ok.gov

6:00 p.m. – 9:00 p.m. Users Acceptance Testing z/VM and z/OS
**DSD Command Center will notify the UAT testers when to begin UAT testing.
1. Application groups perform UAT testing
2. Testers,
   a. please send testing results at the completion of each of your test plans to *DSD.Mainframe.CommandCenter
   b. Any issues or error message please send to DSD Command Center immediately
1. DSD Command Center will send Kathryn/Aleta UAT Test result and/or issues

** At the end of UAT Testing
1. Kathryn/Aleta will notify Wylie and JG to:
   a. Wylie removes restricted access on the KIDS system.
   b. Enable OKDHS LIVE and EKIDS website

9:00 p.m. – 9:30 p.m. Go/No Go
1. GO / NO GO Decision
   a. Conference Call number 405-521-4496, Pass code: 679380
2. Distribute Migration status to all concerned parties and stakeholders
3. Power off z10 and associated DASD at OKDHS DSD.

Exercise Participants

<table>
<thead>
<tr>
<th>Transition Team</th>
<th>Role</th>
<th>Technical Staff</th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td>Name</td>
<td>Role</td>
<td></td>
</tr>
<tr>
<td>Drew Swain</td>
<td>Tech Support</td>
<td>Scott Davis</td>
<td>z/VM / z/OS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cynthia Shackelford</td>
<td>Operations</td>
<td>David Fisher</td>
<td>IMS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathryn Henson</td>
<td>PM</td>
<td>Priscilla Martin</td>
<td>DB2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aleta Seaman</td>
<td>System Manager</td>
<td>Pam Britton</td>
<td>ACF2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Department</td>
<td>Role</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Robert Harrison</td>
<td>Technician</td>
<td>Robyn Lister</td>
<td>IMS/DB</td>
<td></td>
</tr>
<tr>
<td>Ken Sharpe</td>
<td>Technician</td>
<td>Wylie Merritt</td>
<td>Oracle</td>
<td></td>
</tr>
<tr>
<td>Steve Pennington</td>
<td>Technician</td>
<td>Ron Morris</td>
<td>ACF2</td>
<td></td>
</tr>
<tr>
<td>Bob Walker</td>
<td>Network</td>
<td>Mark Nix</td>
<td>DB2</td>
<td></td>
</tr>
<tr>
<td>Mohsine Zryeq</td>
<td>Network</td>
<td>Roy Rowland</td>
<td>z/OS</td>
<td></td>
</tr>
<tr>
<td>Walt Willis</td>
<td>IBM Architect</td>
<td>Gary Schwerdtfeger</td>
<td>IMS/DB2</td>
<td></td>
</tr>
<tr>
<td>Dwight Davis</td>
<td>IBM z/OS</td>
<td>Jim Seitz</td>
<td>z/OS</td>
<td></td>
</tr>
<tr>
<td>John Clifford</td>
<td>IBM z/OS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Kornhauser</td>
<td>Data Migration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cal Windmann</td>
<td>DASD Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Phillips</td>
<td>Tape SME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas Husted</td>
<td>Network SME</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Operations and Production Control**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracie Stubblefield</td>
<td>Command Center</td>
<td>Sarjoo Shah</td>
<td>OCSS</td>
</tr>
<tr>
<td>Joseph Robinson</td>
<td></td>
<td>Susan Lockard</td>
<td>OCSS</td>
</tr>
<tr>
<td>Jeff Gunderson</td>
<td></td>
<td>Jennifer Dalton</td>
<td>OCSS</td>
</tr>
<tr>
<td>Sam Whitfield</td>
<td></td>
<td>Jesse Bratton</td>
<td>Finance</td>
</tr>
<tr>
<td>Jan Nemlowill</td>
<td></td>
<td>John Gelona</td>
<td>KIDS</td>
</tr>
<tr>
<td>Jami Island</td>
<td></td>
<td>Kay Bateman</td>
<td>EPS</td>
</tr>
<tr>
<td>Mark Fabian</td>
<td></td>
<td>Gary Gregg</td>
<td>EBT</td>
</tr>
<tr>
<td>Bud Butler</td>
<td></td>
<td>Keck Upchurch</td>
<td>OIG</td>
</tr>
<tr>
<td>Neal Tanner</td>
<td></td>
<td>Lou Bigger</td>
<td>Aging Services</td>
</tr>
<tr>
<td>Carson Thomason</td>
<td></td>
<td>Cathy Amason</td>
<td>Aging Services</td>
</tr>
<tr>
<td>Carl Stengel</td>
<td></td>
<td>Marvin Smith</td>
<td>CW</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carol Clabo</td>
<td>CW</td>
</tr>
</tbody>
</table>

**EAS Management**

<table>
<thead>
<tr>
<th>Name</th>
<th>EAS Staff</th>
<th>Department</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>JG Nair</td>
<td>Sui Wong</td>
<td>Matt Conley</td>
<td>AFS</td>
</tr>
<tr>
<td>Steve Grizzle</td>
<td>Dale Swiggett</td>
<td>Helen Goulden</td>
<td>AFS</td>
</tr>
<tr>
<td>Mike Patrick</td>
<td>Kathleen Schoelen</td>
<td>Edie Collins</td>
<td>COMPSOURCE</td>
</tr>
<tr>
<td>Delphine Hill</td>
<td>Lynn Thompson</td>
<td>Michael Hsing</td>
<td>DDS</td>
</tr>
<tr>
<td>Jon Reichel</td>
<td>Janet Combs</td>
<td>Kerryl Morgan</td>
<td>DDS</td>
</tr>
<tr>
<td>Glenn Phillips</td>
<td>Craig Thummel</td>
<td>Sarah Pederson</td>
<td>DDS</td>
</tr>
<tr>
<td>Jon Kirchen</td>
<td>Bob Ginn</td>
<td>Heather Horton</td>
<td>DDS</td>
</tr>
<tr>
<td>Susan Bohl</td>
<td>Gilbert Rhoton</td>
<td>Janet Moon</td>
<td>DDS</td>
</tr>
<tr>
<td></td>
<td>Leslie Brodell</td>
<td>Robin Hodges</td>
<td>Legal</td>
</tr>
<tr>
<td></td>
<td>Maggie Garcia</td>
<td>Virginia Smith</td>
<td>Legal</td>
</tr>
<tr>
<td></td>
<td>Linda Taylor</td>
<td>Tim Bailey</td>
<td>Aging Services</td>
</tr>
</tbody>
</table>

82
**Summary**
The migration of OKDHS mainframe services to the new processing and storage platforms was a success. A major issue involved telecommunications. Once resolved, validation of functionality and currency of data files went smoothly. The event concluded at 2200 when all issues were resolved or work-arounds in place. Changes to recovery scripts used were noted.

**Addendum - Exercise Events – Activity Log**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Activity</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 a.m. – 8:00 a.m.</td>
<td>Data Migration to DASD 88700</td>
<td>COMPLETED</td>
<td>7:25 a.m.</td>
</tr>
<tr>
<td>8:00 a.m. – 10:00 a.m.</td>
<td>System Customization</td>
<td>COMPLETED</td>
<td>7:49 a.m.</td>
</tr>
<tr>
<td>10:00 a.m. – 12:00 p.m.</td>
<td>EC12 IPL</td>
<td>COMPLETED</td>
<td>4:40 p.m.</td>
</tr>
<tr>
<td>12:00 p.m. – 1:30 p.m.</td>
<td>System Assurance Testing z/VM and z/OS</td>
<td>COMPLETED</td>
<td>5:10 p.m.</td>
</tr>
<tr>
<td>1:30 p.m. – 5:30 p.m.</td>
<td>Users Acceptance Testing z/VM and z/OS</td>
<td>COMPLETED</td>
<td>9:00 p.m.</td>
</tr>
<tr>
<td>5:30 p.m. – 6:00 p.m.</td>
<td>Go/No Go Decision</td>
<td>COMPLETED</td>
<td>9:30 p.m.</td>
</tr>
</tbody>
</table>

**Addendum - Exercise Events - Issues Log**
See attachment: OMES Mainframe Consolidation - VALIDATION ISSUES Log.xlsx

**Addendum - Lessons Learned**
This section includes comments and suggestions from participants involved in the exercise:

1. **Pro**
   1) Two phases testing, Dry Run Testing and Real Data Cut-Over Testing.
      Dry Run testing can concentrate on the system all functions and Real Data Cut-Over testing can concentrate on the network and mainframe connectivity.
   2) Operators run the batch jobs JCLs following the on-line test.

2. **Con**
   During the Dry Run unable to do the total verification on the real data after batch jobs run, these include all the network connection between mainframe and other agencies.

(2) Verify the IPL profile to ensure the right number of processors are started

(3) What went well
   - Command Center provided workstations to test at the center. This aided with quicker communication of status.
   - Opportunity to do the "dry run" testing with various testers and our client enhanced the confidence in a successful consolidation.
   - When we requested jobs to run, we received immediate feedback from production services (scheduler) in person. Ensuring a knowledgeable scheduler was available with production services ensured our jobs were scheduled and run successfully.
Answers to questions and resolution of issues were timely during both the "dry run" and the actual consolidation. Discussed some issues with technical support persons in person as they occurred.

Opportunity to test all three environments during "dry run."

ISD staff on hand were flexible about availability and scheduling of workstations during the "dry run."

(4) What we could do better

During the actual migration

- IT Business processes changed because of the migration but these were not disseminated in advance (how to request a PSB change, etc.).
- A validation run schedule familiar to production services would have reduced the confusion about the jobs to execute and their dependencies.
- A formal review of requested jobs to schedule with production services and the scheduler would have saved time during the actual cutover validation.
- In the event system assurance could not be completed the day of cutover, it would be beneficial for us to know and plan for the latest possible time before the effort would be stopped and a "go back" would be executed. This would also need to include the estimated time to perform a "go back" to plan for testing when we recovered.

During the "Dry run" testing

- Document direct was not available as originally stated when our users were there to test so it took longer to validate results.
- Anticipated printing capability was not available.
- The availability of finalist delayed planned testing.
- Production services and technical support did not have their own dedicated workstations.
- A formal review of requested jobs to schedule with production services and the scheduler would have ensured a better understanding of the testing and scheduling requirements during the "dry run."

**Monthly Caseworker Visits**

OKDHS performance in relation to target percentages:

<table>
<thead>
<tr>
<th>FFY</th>
<th>Target Percentage</th>
<th>Reported Percentage</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>N/A</td>
<td>72.4%</td>
<td>Baseline data resubmitted 05/15/2009</td>
</tr>
<tr>
<td>2008</td>
<td>45.5%</td>
<td>73.1%</td>
<td>Exceeds target</td>
</tr>
<tr>
<td>2009</td>
<td>65%</td>
<td>75.7%</td>
<td>Exceeds target</td>
</tr>
<tr>
<td>2010</td>
<td>80%</td>
<td>81.6%</td>
<td>Exceeds target</td>
</tr>
<tr>
<td>2011</td>
<td>90%</td>
<td>82%</td>
<td>Did not achieve target</td>
</tr>
<tr>
<td>2012</td>
<td>90%</td>
<td>92.8%</td>
<td>Exceeds target</td>
</tr>
</tbody>
</table>
Strategies to Meet Target Data Percentages
Strategies for improvement are data and practice oriented and includes documentation and monitoring:
1. Staff will continue to utilize the tablet PCs, new SMART cell phones, and remote accessibility in order to more efficiently document child welfare specialist visits;
2. Documentation of child welfare specialist visits with children in tribal custody through e-KIDS. The CW Services tribal liaison will work with tribes to increase this documentation,
3. Provide training and ongoing monitoring of progress,
4. Emphasize to supervisors and child welfare specialists the need to document all child welfare specialist visits. Due to the policy expectation, emphasis is currently placed on documenting only those child welfare specialist visits that occur in the child’s place of residence, placement or own home.
5. Policy was revised to offer more detailed direction to child welfare specialist;
6. Level one and two permanency planning training was adapted to include a section on child welfare specialist visits and the expectations for documentation of those visits;
7. Ongoing monthly and/or quarterly monitoring, exact procedures to be determined by individual regions/counties; and
8. Assist supervisors in on-going monitoring of the Web-FOCUS federal caseworker visitation reports.

Monthly Caseworker Visits Update 2013
The OKDHS data reporting population for May 1, 2012 – April 30, 2013 is the:

- Aggregate number of children in the data reporting population: 13,190;
- Total number of monthly caseworker visits made to children in the reporting population: 99,707;
- Total number of complete calendar months children in the reporting population spent in care: 107,388;
- Total number of monthly visits made to children in the reporting population that occurred in the child’s residence: 93,963;
- Percentage of visits made on a monthly basis by child welfare specialists to children in out-of-home care: 92.8%; and
- Percentage of visits that occurred in the residence of the child: 94.2%.

Due to measurement changes, OKDHS now meets federal requirements. This year, documentation of visits to children in tribal custody decreased to 17.6%. The Pinnacle Plan, Pinnacle Point 6, contains strategies to address the quality and continuity of child welfare specialists’ contact with children, including changes in the frequency of visits. Beginning July 1, 2013, the Pinnacle Plan will require each child in out-of-home care to be visited at least two times in the placement during the child’s first month and at least one time per month thereafter. By December 1, 2013, each child will be visited two times within the first two months of placement.

The Monthly Caseworker Visit Grant funds are being utilized to fund the cost of smart phones for child welfare specialists. This allows child welfare specialists to access the web, email, and
other online resources needed to meet the increasing demands of child welfare work. In addition, the new technology provides front line staff better access to their supervisors while allowing them to meet the critical demand of spending more time in the field. The smart phones purchased also contain high quality cameras, which will assist staff with more accurate documentation, resulting in more effective supervisor consultation.

**Adoption Incentive Payment**

Oklahoma received $446,975 in Adoption Incentive Payments for FFY 12. This is the most current information able to be obtained by OKDHS at the time of completion of the APSR. Adoption Incentive Payments are utilized to maintain the Swift Adoption program, implemented in 1999. This program has proven successful in reducing the number of children awaiting adoptive placement. OKDHS anticipates timely expenditure of these funds.

**Technical Assistance Update 2013**

**National Resource Center for Permanency and Family Connections Technical Assistance**

In keeping in compliance with the expectations of the Pinnacle Plan, Gary Mallon with NRC was contacted to begin TA. Mr. Mallon will be working with the Permanency Planning Program in regard to permanency values as they relate to Permanency Round Tables (PRT), Family Team Meetings (FTM) and other aspects of achieving permanency for youth in the system. We have conducted the initial planning conference call to get this teaching assistance underway. He is scheduled to meet with the Permanency Planning Program Team next month and map out the direction to maximize this assistance. A strategic plan to educate and equip individuals within the child welfare system as well as those within external systems that heavily influence permanency is being developed. This TA will prepare CW Services and partners to follow through with actions to dissolve barriers in achieving permanency through PRTs, FTMs and general practice improvements.

**National Resource Center for Organizational Improvement Technical Assistance**

In December 2012, the National Resource Center for Organizational Improvement conducted surveys of all deputy directors as part of an assessment of the executive team and the understanding of adaptive leadership. As a result of these surveys, in February 2013, they provided a full day of training for the executive team focused on teamwork and adaptive leadership. From that, the executive team developed a strategy for ongoing training and development of leadership skills.

**Oklahoma Market Segmentation Technical Assistance**

April 2013 - On March 29, 2013, the National Resource Center for Diligent Recruitment (NRCDR) consultants met with the core market segmentation group and staff from GIS (geomapping) and KIDS data services to review the initial report received from Nielsen-Claritas related to high indexing market segments, recommendations for formulating Target Groups (TGs), and other TG options developed by NRCDR. In order to ensure the best-informed identification of TGs, GIS will prepare preliminary density maps showing "successful families" by PRIZM segment, as well as, child and youth removal addresses. Additional maps will be created to show out-of-county placements and sibling group removal locations. GIS expects to complete these maps by the middle of April. Consultants emphasized the importance of: assessing the capacity for effective response to inquiries generated by recruitment activities;
testing taglines/messages/images with foster/adoptive families; involving community partners and contracted child placing agencies responsible for recruitment under the new RFP in using market segmentation data to inform recruitment plans; and tracking outcome data related to recruitment activities informed by market segmentation. OKDHS released an RFP related to recruitment/retention of foster and adoptive families and awarded performance-based contracts to specific agencies. OKDHS is in the process of hiring a new Field Manager who will have primary responsibility for work with the agencies awarded the contracts for recruitment and retention services. Optimally, this person will be hired soon and be able to participate in ongoing work related to market segmentation.

October 2012 - NRC for Diligent Recruitment continues to work with OKDHS and provided onsite TA at the Oklahoma’s Recruitment and Retention Conference 2012, "Embracing Change in Our Practice". During the breakout session, "Market Segmentation: A New Approach to Targeted Recruitment, participants learned about market segmentation and what it can and cannot do. In addition, they learned about how market segmentation is used to inform recruitment and retention practices in other jurisdictions, including using market research data in developing recruitment plans, marketing materials, and business/community partnerships as well as identifying the most appropriate locations to focus recruitment efforts. The conference session is seen to be supportive of the overall TA related to market segmentation as it provided foundational understanding for staff and private providers in various areas of the state that will be fundamental as OKDHS/DRG rolls out implementation.

September 2012 - The Oklahoma contract with Nielsen-Claritas was executed. NRCRRFAP continues to provide support to OKDHS and conducted onsite TA on September 6, 2012. NRCRRFAP consultants Jackie Pray and Mary Brooks met with members of the Bridge Leadership Team and other OKDHS personnel, data and communications staff, to begin the work on market segmentation. NRCRRFAP developed a draft definition of "successful families" that a sub-committee will further refine before any address data is pulled from KIDS (SACWIS) for PRIZM codes to be attached.

June 2012 - OKDHS is close to finalizing the contractual agreement with Nielsen-Claritas for market research analysis/reports. Hillary Winn will be leaving her position at the end of June and Joanie Webster will be the lead contact until OKDHS determines who will assume Hillary’s responsibilities. It appears that the draft Oklahoma Pinnacle Plan places an emphasis on recruitment, so the market segmentation approach will play a part in that effort. NRCRRFAP plans to go on-site in July 2012 to further define the categories to do the market segmentation piece of work. This initial on-site meeting will involve the Bridge Leadership Team.

**National Resource Center for Organizational Improvement Program Quality Assurance Technical Assistance**

The National Resource Center for Organizational Improvement (NRCOI) is providing assistance on developing a new Performance Quality Assurance process within OKDHS CWS. The goal is to develop a system that incorporates many types of data and feedback into improvement initiatives. In particular, feedback from youth, biological families, and resource parents must be incorporated.
National Resource Center for Child Protective Services Technical Assistance

In July of 2012, a Fidelity review was done over a two-week period. 480 records were initially selected and from that, 244 Assessments of Child Safety were reviewed. A two-day meeting was held September 25-26, 2012 with Oklahoma leadership, including program management and regional directors for OKDHS. The purpose of the meeting was to provide OKDHS the results of the fidelity review held in July, 2012, and to begin to develop strategies to increase fidelity within OKDHS CW Services. Technical assistance initially focused on training for staff in developing behaviorally based individualized case plans with families. Because behaviorally based plans rely on thorough assessments of safety and family functioning, the request has broadened to support for the OKDHS practice model, that includes all of these skills. A two-day meeting was held March 4 and 5, 2013 with Oklahoma leadership, including program management, OKDHS regional directors, and the OKDHS training team. The purpose of the meeting was to review existing policy and procedure, case flow process, and practice model specific to the assessment of child safety. A significant identified need and a current barrier to the development of behaviorally based case plans, is the application of caregiver protective capacities during the assessment of child safety and Oklahoma’s definition of caregiver protective capacities. The next steps for OKDHS are to work to develop and adapt current policy and procedure to align with their practice model, as well as ensure the process is supporting behavioral based case planning. Changes and adaptations will include further defining the caregiver protective capacities, refining the safety/danger threats, and incorporating the safety planning analysis for decision-making.

The anticipated outcomes will be a decrease in the use of out-of-home care for children and for children where placement was appropriate, a decrease in the length of time in out-of-home care. The outcomes will be achieved through; incorporation of the concept of caregiver protective capacities and application of safety planning analysis; and during the child assessment of safety and continued through ongoing case management. Decisions regarding child safety will include the assessment of caregiver protective capacities during the assessment of child safety and ongoing safety management. Case plans will focus on the enhancement of caregiver protective capacities utilizing behaviorally specific and measurable case plans. Initial and on-going safety decision making will support the development of behaviorally specific case plans. Application of the safety planning analysis will inform placement decisions for children who are identified as unsafe, focusing on least intrusive placement interventions, resulting in a decrease in out-of-home placement and reunification occurring based upon safety.

NRC will continue to offer technical assistance, through September 30th, 2013, both off site and on, when needed, as OKDHS works through the process of clarifying definitions, simplifying forms, and creating a guidebook to be used by all CWS staff throughout the life of a case, starting with intake and going all the way through permanency.

Positive Youth Development Technical Assistance

The Oklahoma Teen Conference was held on July 25-27, 2012. Prior to the conference, the OU National Resource Center for Youth Development (OUNRCYD) met with former OKDHS and Tribal foster youth on three separate days to obtain input regarding the content of the conference and to train them on small group process and youth engagement. OUNRCYD was onsite for four
days during the conference providing one co-emcee to work with the youth emcee and to "coach" the former foster youth. The result was a teen conference where former foster youth were front and center. Besides planning the conference, one youth served as emcee, and 10 former foster youth served as co-facilitators in the small group breakouts. These young adults also provided the energy and encouragement that the youth attendees needed to get involved in each activity. As part of the TA request, OUNRCYD staff also provided an adult breakout workshop where child welfare specialists were introduced to the concepts of positive youth development and the importance of planning with youth instead of for youth. The result was a conference with high youth leadership and visibility and the opportunity for youth and their adult sponsors to work on better supportive partnerships.

Social Media for Recruitment and Retention of Bridge Resource Parents Technical Assistance
October 2012 - NRCRRFAP consultant, Pat Rhoads, presented as the keynote speaker for OKDHS state conference on recruitment. Mr. Rhoads presented on the uses of social media in recruitment, explained the uses, and addressed confidentiality issues.

June 2012 - TA for OKDHS was on hold while the State develops a social media policy specific to child welfare, they already have a State policy. The State planned to move forward with TA once their policy was developed; however, NRCRRFAP encouraged OKDHS to resume their TA because it may actually influence and shape their policy. NRCRRFAP would like to work with OKDHS on expanding the use of their Facebook (FB) and Twitter profiles to increase recruitment and retention of resource parent. NRC invited OKDHS to join their upcoming Webinar on July 12, 2012, "Protecting Your Tweets: Using Social Media in CW Organizations."

March 2012 - On March 28, 2013, NRCDR consultants, Pat Rhoads and Jackie Pray, met with the Bridge Leadership Team and OKDHS staff, the Office of Communications, and Design Services to review and advance work related to use of social media to support recruitment and retention. In addition to the website, OKDHS is using FB and Twitter to connect with consumers, families and advocates for a year. All efforts are coordinated by the Office of Communications. Identified challenges to be addressed include: The Office of Communications needs assistance in determining how to meet the needs of child welfare, recruitment and retention, and getting information to post; all offices need to review and update website information regularly; the Office of Communications needs assistance in identifying content experts who regularly review and provide updated info for website and provide topical material to the Office of Communications; OKDHS needs to review policy related to use of use of social media by employees and resource families, as well as, find ways to balance safety of children and youth with use of emerging technologies; OKDHS needs to clarify policies in regard to: posting of photos by foster families and kinship families; there is a foster parent group on FB that that is private and blocks involvement of OKDHS. NRCDR consultants worked with participants to brainstorm topics to address via social media, identified a core workgroup to work collaboratively with the Office of Communications to develop internal and external communication plans, and identified action steps to be addressed. Consultants encouraged the involvement of foster and adoptive families moving forward to make certain that topics addressed about social media and the OKDHS website are relevant to this identified audience.
December 2011 - In September, NRCRRFAP consultant Pat Rhoads met on site with State staff to assess their request for social media TA and completed the TA Network Standard Assessment. The following issues were discussed: creation of a page that provides information and guides visitors to the social media platform they should follow; ways to get information out quickly (can also be negative); sharer data and specific needs; training opportunities for staff and family; a way to promote portal and support center (advertise and market); develop relationship with similar organizations; build partnerships; and display successes. The work plan was submitted and approved on October 19th, 2011.

OKDHS requested technical assistance in late 2012 to improve recruitment and retention of treatment and therapeutic resource families. There were questions as to how to best accomplish this as the request focused on the recruitment and retention efforts of contracted agencies. Issues were resolved and the first conference call to develop a plan to work with contracted agencies was scheduled.

**Quality Assurance System**

**Continuous Quality Improvement (CQI) and Child and Family Services Review (CFSR) Update 2013**

The CQI program and activities are designed to promote the safety, permanence, and well-being of children in the CW system while maintaining or achieving unions with parents or kin whenever possible.

Oklahoma implemented a statewide service evaluation and improvement system incorporating many features of the federal CFSR in January 2001. This process, also known as CFSR, examined the realization of outcomes related to safety, permanency, and well-being for a random sample of children served in each of the state’s 77 counties annually. Assessments were completed by a three-person team led by a CQI Unit staff member working in concert with a child welfare specialist or supervisor from a locale not being reviewed and an internal or external stakeholder. Outcome conformance was assessed through records reviews as well as interviews with the child, family, child welfare specialist, and others with a significant role in planning or services.

The State CFSR instrument was changed on January 1, 2008, to mirror the Federal CFSR instrument. The instrument changes were more inclusive of all family members and reflected the changes the Administration for Children and Families made to the instrument from first round of CFSRs.

In 2011, changes were made to the CFSR instrument to reflect policy changes. The most significant changes were related to initiation of investigations and the other changes were updating language and terminology in the guidance to match policy language. Item 4 scoring became more stringent as OKDHS moved away from incident-based investigation and assessment process in the utilization of the AOCS. The CFSR process changed to include more conversation during on-site reviews focusing on the sufficiency of information to support safety decisions and safety planning.
Members of the Practice Model Improvement (PMI) team continued to provide assistance on each of the CFSRs in the 10 implementation counties as well as other sites as they are available. Referrals for the PMI team often resulted after a CFSR at the request of the county when relevant training needs were identified. Periodic conference calls with CWS program staff continued with the CFSR team to providing information related to trends as well as policy and practice issues found during the CFSR process. The 2010 updates to the tracking of CFSR CORE Level One training completion proved to be effective in assuring that all CORE graduates completed this requirement prior to being eligible to move into their Level 2 training.

All CORE graduates were required to complete one day of CFSR Level One training. This training was provided in each of the administrative areas of the state and conducted by the CFSR support person assigned to that area. The training provided a brief overview of the history and purpose of the federal and state CFSR process. The CFSR instrument was the primary focus of the training with discussions of the application and requirements for conformance. OKDHS Practice Standards and Practice Model were referenced throughout the training as they relate to the practice in achieving outcomes. At this time, the CFSR Level One trainings were suspended. A plan to incorporate a Level One training consisting of a comprehensive CQI curriculum will be developed.

OKDHS also participated in efforts to assist in the redesign of the Round 3 federal CFSR. A workgroup developed recommendations that were provided to the APHSA/NAP, CW and Casey Family Programs. At the forefront of those recommendations was to consider a federal review process that utilized a State’s CQI review in lieu of the onsite federal CFSR. Other recommendations included streamlining the Federal reporting processes and examining the legitimacy of data profiles and national standards as a means of measuring outcomes.
In 2012, OKDHS made the decision to suspend the current CFSR process. This afforded us the opportunity to evaluate our CQI processes in order to make it more effective in improving our CW practice and ultimately, the outcomes of safety, permanency and well-being for the children and families we serve.

The adoption of the Pinnacle Plan afforded CQI the opportunity to expand into the Quality Assurance and Staff Development Division under one deputy director. Prior to the Pinnacle Plan, CQI consisted of three teams: CFSR, PMI, and CPR. The QA and Staff Development Division now consist of six Teams: CFSR, PMI, QA for Permanency Planning, QA for CPS/FCS, Staff Development (formerly known as the Training Unit) and Governance and Technology (SACWIS). This expansion allowed for members of CQI teams to be located within each of the five Regions, giving each Region four CQI Supports, promoting a consistent message of CQI. In order to promote consistency in messaging, a weeklong training was developed and completed for all CQI staff in May, 2013. Trainers consisted of representatives from NRCOI, Casey Family Programs, Chapin Hall, and other national data experts.

In 2012, we began a full self-evaluation of our current CQI processes, as well as CQI systems in other states utilizing the Information Memorandum issued by the Administration for Children and Families in August of 2012. This evaluation included OKDHS current realities, strengths and weaknesses within each of the Five Functional Components. See Attachment "5 Component Realities." Self-evaluation also involved the completion of focus groups in all five regions. The
focus groups allowed the opportunity for input regarding our current CQI processes, data, action planning and CQI support from CWS field staff and management from across the state. OKDHS sought input from multiple entities including NRCOI, Casey Family Programs, Oklahoma Office of Planning, Research and Statistics, Chapin Hall, and the Administration for Children and Families.

As a result, we created the "Action Plan: Development of Oklahoma’s CQI Plan" by incorporating all of the information gathered throughout the self-evaluation process. Most importantly, this plan identified our OKDHS CQI vision. CWS will transform into a learning organization that is reflective, progressive, flexible, and action focused. The CWS team facilitates the learning of all members and continuously seeks to transform and improve. Strengths are recognized and are leveraged to improve results. CQI is a way of thinking and acting that is evident at all levels of the division from the top down, as CQI is grounded in our mission, vision, and values. Conversations at all levels reflect the value of continuous learning and a focus on strengthening practice to improve outcomes. Strong relationships and partnerships throughout the division will be evident. Strengthening of relationships occurs through improved and reflective two-way communication that results in action, a shared sense of responsibility for outcomes, visibility of CQI staff in the county offices, and more solution focused collaborative efforts. The CQI Team is perceived as a support system as well as a partner to the field.

We will see measurable and sustainable improvement in outcomes. Continuous learning results in action planning. Internal and external stakeholders have access to data and are involved in analysis and identification of strengths and areas for improvement. Both qualitative and quantitative data are utilized for learning that results in action planning that includes measurable targets and follow up. Collective responsibility for action planning, follow through, and measurement of outcomes is evident at all levels of the system.

To carry out our OKDHS CQI vision we realized the importance to improve communication not only among agency but also with our stakeholders regarding the improvement of our outcomes. This will be achieved by the incorporation of CQI Quality Circles at the district, regional and state levels. The Quality Circles serve as a structured process to facilitate data analysis, feedback, evaluation, recommendations, and solutions for system improvement. Each level of Quality Circle involves external stakeholders who provide services and/or impact decision making.

These CQI Quality Circles will be a common thread throughout the entire CQI Process. The process will begin with the Quality Circle completing a self-assessment within the district prior to their CFSR. The self-assessment is intended to be completed in collaboration with local partners and stakeholders in order to build a shared understanding of the factors and conditions, which contribute to our current performance in safety, permanency and well-being outcomes.

Following the district’s self-assessment, the district will undergo an annual CFSR. Oklahoma has a well-established and successful CFSR process, which will continue to be utilized in gathering qualitative data. Following the completion of the CFSR, the Quality Circle will re-
convene to discuss the results, compare to what was identified in their self-assessment, what is working, the need for targeted reviews, and identify trends we want to focus on to change.

The Quality Circle later convenes to formalize an Action Plan to improve the outcomes identified in their data. This includes data analysis if targeted reviews were utilized. The Quality Circle develops specific strategies to improve short-term, intermediate, and long-term outcomes. They also identify how the Action Plan will be monitored, what strategies will be utilized, who is responsible for each strategy, and timelines for when each strategy could be completed.

Following the completion of the Action Plan, the Quality Circle will meet each quarter to re-evaluate the Action Plan and its effectiveness in achieving the previously established outcomes. Data will be analyzed each quarter to evaluate whether or not the targeted outcomes were or are being achieved. If the Action Plan is not working, discussion will include changes that need to be made.

Overall, through our self-evaluation, it was identified that although we have an established CFSR process, improvement was needed in how we shared information to our stakeholders, staff, and decision-makers. Once each of these components is in place, our agency will have created a sustainable CQI system, which continuously strives to improve outcomes for children, youth and families.

**CQI Contract Performance Review (CPR) Section**

CPR staff assesses performance of approximately 100 contractors providing in-home and residential supports. Evaluated yearly by CPR section and area facility liaisons team are agency contractors, therapeutic foster care, community-based residential care, specialized community homes, infant and maternity, and in-patient psychiatric services. Reviews evaluate performance in the context of child need, rules, and contractual expectations. This process promoted an outcome based examination of practice related to safety, permanence, and well-being for a random sample of children served by the contracted agency. Any deficiencies posing risk to child safety are immediately addressed while follow up assures the resolution of other identified concerns within negotiated intervals of time. Contract provisions for a given service are uniform across the state as are procedures to evaluate conformance. Contract revisions are anticipated to promote provider commitment to the realization of CFSR outcomes for children and families.

**CQI Contract Performance Review (CPR) Section Update 2013**

The CPR section remains committed to enhancing the ongoing collaboration with contractual service providers in assessing programmatic issues and concerns. Section personnel meet with contractors on an ongoing basis to facilitate discussions, to brainstorm and share updated information. The CPR section staff is in the process of increasing from three team members state wide to a total of five team members statewide. This increase will assist with the reviews of the large number of contractors proving services for OKDHS children. It will also assist with the plan to transition to performance based contracting.
Practice Model Implementation (PMI)
The mission of the PMI Team is to promote safety, permanency, and well-being by providing ongoing support and training to enhance practice as outlined by the Practice Standards and the Practice Model.

Vision
To promote and enhance the value of families, CWS staff, and community partners through improved outcomes of safety, permanency, and well-being.

The PMI Team will strive to meet the goals as outlined the OKDHS mission and vision statement through a variety of ways. Training and support for CWS staff will be more heavily concentrated in 10 counties: Kay, Garfield, Comanche, Cleveland, Oklahoma, Pittsburg, Pottawatomie, Rogers, Muskogee, and Tulsa. Currently, these counties are being referred to as the 10 implementation counties as 65 percent of out-of-home care children are in these specific counties. The PMI team will also be working statewide with external stakeholders to present an overview of the Practice Model in order to gain vital community support and alliance in assisting families and children in the best way possible. The PMI vision to further support staff in this evolutionary process also encompasses participation in the CFSR. The PMI Team will participate in and attend the reviews as they take place within the focused counties to provide support and training regarding county specific strengths and areas to assist in improving practice. The PMI Team will ensure that training is effective and meets the needs of front line staff by collecting direct feedback through anonymous surveys.

PMI Update 2013
The Oklahoma Pinnacle Plan restructured the Practice Model Implementation team sanctioning a program field representative for each CW Region (increase from three to five staff). The Pinnacle Plan also broadened the scope of the team to include mentoring. The PMI/Mentoring team will continue to provide hands on local trainings and support to supervisors and staff but will also provide support and assistance to new CWS supervisors. The PMI/Mentoring team will provide support to supervisors seeking professional development in the areas focusing on the CWS supervisor certification process outlined in the Oklahoma Pinnacle Plan. The team was charged with creating a mentoring model. Research was conducted on mentoring and coaching in the professional world and within the CW profession. The mentoring model will be based on the research and literature, as well as established child welfare models from Indiana, Connecticut, Georgia, Florida and Pennsylvania. The vision for the Practice Model Implementation/Mentoring Team will be “Transforming through Support.”

The PMI/Mentoring Team, from June 13, 2012 – June 3, 2013, has conducted 287 training sessions. Of these trainings, 57 different district offices were visited per their specific requests for assistance. Training topics include OKDHS practice standards, safety planning, FTM process, assessments of child safety, family functional assessment, behaviorally based ISPs, concurrent planning, intake, bridge, intentional visitation, transfer meetings and coaching/mentoring. Trainings may include several topics discussed and reviewed with actual District specific cases utilized for training purposes. The coaching and mentoring was the largest category, 147, followed by practice standards, 106, and assessment of child safety, 55, when analyzing the focus of the 287 trainings. Of note, the coaching/mentoring is a recently added
training component this state fiscal year as a result of the Oklahoma Pinnacle Plan. The coaching/mentoring category centers on support and providing guidance to supervisors from day-to-day activities of supervision such as prioritization and organization and the reports to assist, to overarching relevance of OKDHS values and mission, connecting safety, permanency, and wellbeing. The focus and professional development is linked to the four capacities of supervision: administrative, educational, supportive, and clinical.

**Services for Children Five Years of Age and Younger**

The percentage of children that came into care for the first time in Oklahoma who were under 5 years of age in calendar year 2012, comprised 63.5% of the total children that came into care for the first time. This is a significant portion of Oklahoma’s service population and underscores the importance of the need to focus on service strategies for these children.

OKDHS has multiple methods of identifying and tracking children under 5 years of age and the service needs of this population. OKDHS uses the AFCARS data files, state Web Focus reports, as well as the Chapin Hall Multi-State Foster Care Data Archive reports. These different reports give multiple viewpoints of data, such as point in time, entry and exit cohorts, as well as a longitudinal view. The following charts demonstrate some of OKDHS reporting capacity.

**Figure 1**

<table>
<thead>
<tr>
<th>Year</th>
<th>Children In Care Last Day of FFY</th>
<th>Children Under 5 years of age in Care Last Day of FFY</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2009</td>
<td>8,780</td>
<td>3512</td>
<td>40.0%</td>
</tr>
<tr>
<td>FFY 2010</td>
<td>7,848</td>
<td>3147</td>
<td>40.1%</td>
</tr>
<tr>
<td>FFY 2011</td>
<td>8,262</td>
<td>3369</td>
<td>40.8%</td>
</tr>
<tr>
<td>FFY 2012</td>
<td>9,212</td>
<td>3772</td>
<td>40.9%</td>
</tr>
</tbody>
</table>

*Data Source: AFCARS Data Files*

The percentage of children under 5 years of age in foster care relative to the total number of children in care at the end of the federal fiscal year (Figure 1) has remained relatively steady over the past four federal fiscal years. This steady average has occurred despite the fact that the number of children of children in care has vacillated over the same period. However, as seen in Figure 1, the numbers of children under 5 years of age has increased over the last four years. Although it is not possible to project exact numbers, if this trend continues at the same rate, there could be approximately 4000 children, under 5 years of age, in care at the end of FFY 2013 and approximately 4400 children, under 5 years of age, in care at the end of FFY 2014. OKDHS is working on numerous projects at this time to address this issue, including the possibility of applying for a CW Waiver Demonstration Project.

**Figure 2**

| Race of Children Under 5 years of age in Care on the Last day of the Federal Fiscal Year |
|---------------------------------|---------------------------------|----------------|----------------|----------------|----------------|----------------|
| Year   | Asian | Black | Indian | Multi-Racial | Pac Island | Unknown | White |
| FFY 2009 | 0.0% | 17.4% | 12.0% | 23.4% | 0.1% | 0.0% | 47.0% |
The racial make-up of the children under 5 years of age in out-of-home care on the last day of the federal fiscal year has remained relatively steady with two exceptions. The number of African American children has seen a marked decrease while the percentage of multi-racial and white children have seen a slight increase (figure 2).

**Figure 3**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Children Under 5 Years of Age</th>
<th>Disability Indicated</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2009</td>
<td>3512</td>
<td>390</td>
<td>11.1%</td>
</tr>
<tr>
<td>FFY 2010</td>
<td>3147</td>
<td>311</td>
<td>9.9%</td>
</tr>
<tr>
<td>FFY 2011</td>
<td>3369</td>
<td>329</td>
<td>9.8%</td>
</tr>
<tr>
<td>FFY 2012</td>
<td>3772</td>
<td>406</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

Data Source: AFCARS Data Files

The percentage of children under 5 years of age on the last day of the federal fiscal year with an indicated disability has remained close to 10% of the population (figure 3).

**Figure 4**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number 1st Placements for Children under 5 Years of Age</th>
<th>Number 1st Placements for Children under 5 Years of Age</th>
<th>Percentage of all 1st Placements where Children were Under 5 Years of Age</th>
<th>Percentage of Children that Came into Care Under Age 5 that are Still in Care After one Year</th>
<th>Percentage of Children that Came into Care Under 5 years of age that are Still in Care After two Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2005</td>
<td>5430</td>
<td>3188</td>
<td>58.7%</td>
<td>54.2%</td>
<td>30.2%</td>
</tr>
<tr>
<td>CY 2006</td>
<td>5276</td>
<td>3171</td>
<td>60.1%</td>
<td>53.3%</td>
<td>29.4%</td>
</tr>
<tr>
<td>CY 2007</td>
<td>5062</td>
<td>3150</td>
<td>62.2%</td>
<td>50.5%</td>
<td>25.1%</td>
</tr>
<tr>
<td>CY 2008</td>
<td>4086</td>
<td>2549</td>
<td>62.4%</td>
<td>48.3%</td>
<td>22.8%</td>
</tr>
<tr>
<td>CY 2009</td>
<td>3347</td>
<td>2139</td>
<td>63.9%</td>
<td>52.2%</td>
<td>26.6%</td>
</tr>
<tr>
<td>CY 2010</td>
<td>3522</td>
<td>2273</td>
<td>64.5%</td>
<td>59.1%</td>
<td>36.3%</td>
</tr>
<tr>
<td>CY 2011</td>
<td>3973</td>
<td>2492</td>
<td>62.7%</td>
<td>67.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>CY 2012</td>
<td>2384</td>
<td>1514</td>
<td>63.5%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Data Source: Chapin Hall Multi-State foster Care Data Archive
A longitudinal analysis of the entry cohorts of children entering out-of-home care in Oklahoma for the first time (figure 4) reveals that the percentage of children who were under 5 years of age at the time of entry has increased steadily since 2005, with a small decrease in 2011. The percentage of those children that have remained in care after a year has ranged from around 48 to 67 percent, with the largest percentage of 67% being in 2011. Between 2005 and 2010, the percent of children, remaining in care after two years, ranged from 23% to 36%. A significant number of these children, around 64%, do seem to leave by their second year in care.

Data Summary
The population of children entering care for the first time under 5 years of age in Oklahoma is very significant, around 58% to 65%. A significant number of these children were shown to remain in care in Oklahoma for over one year. The number of children under 5 years of age comprises about 41% of Oklahoma’s population of children in care at any given point in time. Approximately 11% of the children under 5 years of age have an identified disability. This information underscores the need for Oklahoma’s continued emphasis on service development on this particular population of children.

Description of the targeted services provided to these children to find a permanency family and how they address the developmental needs of infants, toddlers, and children.
When a child cannot remain in his or her own home, efforts are made, from the point of intervention, to look at natural supports with relatives and kin so that children can maintain connections and continuity with important people in their lives. As a result of an initiative mandated in the Pinnacle Plan, Point 4, there is a special project ongoing in Region 3, Oklahoma County, which has some of the largest numbers of children in care. A grant is in place that supports kinship providers by assisting with the kinship application paperwork and resource linkages. Throughout all Regions in Oklahoma, family team meetings are conducted early on in the case, so those familiar with the child in care can exchange important information related to the care of the child, including the developmental needs of young children. These meetings are instrumental in achieving permanency in the shortest possible time for the child in OKDHS custody. Child welfare specialists are responsible for many activities that focus on the child from the point of intervention through case closure, including developing an Individualized Service Plan for each child that identifies specific services to be provided to the child, such as educational and medical services. In addition, Oklahoma utilizes the current Medicaid schedule. Early Periodic, Screening, Diagnosis and Treatment screening starts at 12 months, with intervals at 15 months, 18 months, and then annually from year 2 through 5. These screenings include measurements, such as height, weight, head circumference, blood pressure and body mass index. The children also have a developmental and behavioral screening done, as well as procedures for those children at risk. These screenings include injury and violence prevention and counseling for sleep positioning and nutrition. OKDHS ensures, for those children in custody, yearly dental exams for children over 3 years of age and children under 3 years of age receive dental services as needed. Immunizations are initiated and kept current and visual and hearing evaluation exams and corrective lenses or hearing aids are provided, when indicated. Other services provided are physician’s services, if the child is sick, and follow-up and referral services as recommended by a qualified professional. Outpatient or inpatient behavioral health treatment is provided, when appropriate. If the child in care appears to have some developmental issues, a referral is made to
a program at the health department called SoonerStart. This program is designed to meet the needs of infants and toddlers with disabilities and developmental delays. Those children eligible for this program are infants and toddlers through 36 months of age who have developmental delays or have a physical or mental condition, such as down syndrome or cerebral palsy, which will most likely cause a developmental delay.

Initiatives in Pinnacle Plan, Point 1, further mandate services provided to this age group of children in care. As of January 1, 2013, all children under 2 years of age are to be placed in a family like setting as opposed to a shelter, with the exception of large sibling groups. By June 30, 2013, all children under 6 years of age will be placed in family like settings as well, with the same above exception. Another initiative in Point 1, while assisting children of all ages, will help ensure that there are enough family like settings to meet the above requirements, thereby providing better care to children in custody. OKDHS is now beginning the process of contracting with providers in the community to recruit and maintain resource families. This will allow the child welfare specialists to concentrate their efforts on placement with kinship foster families whenever possible. During the visits with the children in care, the child welfare specialists are responsible for gathering information that addresses the child’s adjustment and behavior, their connections to the family they were removed from, including the progress towards reunification, when appropriate. They also gather health related information and note any psychological or developmental concerns.

The approach that was developed for working with this group of infants and toddlers: priorities for safety assessments, service delivery for reunification and standards regarding the Bridge resource parent to child ratio

An Assessment of Child Safety (AOCs) is conducted on every child named in an accepted report of child abuse or neglect, to determine whether the parent has the protective capacities necessary to ensure safety for the child. In addition, OKDHS prioritizes reports of child abuse and neglect for young children and reports regarding children 3 years of age and younger are screened with extreme caution due to the vulnerability of this age group to serious and life-threatening consequences resulting from abuse and neglect. The AOCs is a guide that assists child welfare specialists in gathering sufficient information regarding alleged maltreatment, nature of maltreatment, child functioning, parenting disciplinary practices, general parenting, and adult functioning.

The focus of one of the initiatives in Pinnacle Plan, Point 4, is the timely reunification of all children in custody. While timely reunification is important for all children, it is of particular importance for those children under 5 years of age for the purposes of bonding with their family of origin. To ensure the achievement of this initiative, tracking of the completion of a Family Team Meeting (FTM) within 60 days of the opening of a case, will be done. Reunification of a child to the parent, legal guardian, or custodian is contingent upon court approval; however, it is the responsibility of the child welfare specialist to ensure that the court has the information to determine whether the parent has demonstrated a change in the behaviors or circumstances that necessitated the removal. Guides and indicators for reunification are used by child welfare specialists to determine whether the parent has demonstrated these changes in the behaviors or circumstances. FTM are a key component to address issues or concerns throughout the life of the case, especially prior to reunification.
The number and ages of children placed in foster care is determined, in part, by the capabilities and skills of the resource family, other children in the home, and the needs of the child to be placed in the home. Difficulty of care payments are available to reimburse resource families for additional care and supervision required due to the child’s extraordinary physical, mental, or emotional needs. In addition, Pinnacle Plan, Point 1, speaks to the need for increased reimbursement rates for all resource families. This rate increase was implemented in the fall of 2012. While money alone will not ensure better care for this age group, it will help to recruit more families. This was much needed as reimbursement rates for foster parents had remained the same for many years. Reunification services provided by OKDHS include, but are not limited to, temporary childcare, in-home services, such as Comprehensive Home Based Services and Parents Assistance Services and continued Temporary Assistance for Needy Families (TANF) eligibility, when applicable. OKDHS custody children are automatically eligible to receive Head Start Services, which increases their school readiness. They also receive priority for services through Developmental Disabilities Services, which moves them ahead of others on the waiting list. Women, Infant and Children (WIC) nutrition services are available to all children in care as well. This is a program through the health department for infants and children up to 5 years of age and women who are pregnant, breastfeeding, or have recently given birth, although these latter categories do not typically apply with children in OKDHS custody.

To assist in successful reunification, OKDHS, through the Comprehensive Home-Based Services (CHBS), has been using SafeCare statewide since 2008. This is an evidence-based home visitation model that targets parenting skills related to parent-child bonding, child health, and home safety to prevent child neglect using a model, practice, feedback approach. This model is also used in prevention cases in an effort to safely maintain permanency for the child in his or her own home in an effort to prevent removal.

**How the state addresses the training and supervision of caseworkers, foster parents, and other providers with respect to this population**

Training on the developmental needs of children is a key component in the child welfare specialist Core training as well as in their advanced trainings. Stressed in the trainings are the developmental needs of children, putting SoonerStart into place for children younger than 3 years of age, and ensuring the safety of the most vulnerable children under 5 years of age. The trainings also provide specific information on each developmental level and how to meet the needs of these children, including trauma focused care. Additionally, in these trainings, the child welfare specialists are exposed to examples of typical development vs. delayed development of children. One initiative in the Pinnacle Plan, Point 1, is the increase in availability of initial training sessions for new resource families, thereby reducing the time it takes to become a resource family and making these families available for the placement of children much sooner. Training to resource parents on childhood development is provided through the pre-service and annual in-service trainings. Another initiative in Point 1, is the introduction of a model called Managing Child Behavior. This model will be used in resource families to help prevent disruption of placements with the goal of fewer placements throughout the time that the child is in out-of-home care.
Child Maltreatment Deaths

OKDHS uses KIDS as the source of information relating to child maltreatment fatalities. All deaths alleging child maltreatment are reported to OKDHS. The Child Death Review Board (CDRB) reviews all deaths. If a child death, involving child maltreatment is discovered by the CDRB that has not been reported to OKDHS, the CDRB notifies OKDHS to take action. The Department of Vital Statistics forwards the death certificates for all child deaths to the CDRB. OKDHS is not certain that information from the CDRB, law enforcement agencies, and offices of medical examiners or coroners are excluded from the reporting through NCANDS.

2013 Oklahoma Child Death Review Board Recommendations

FISCAL

Office of the Chief Medical Examiner (OCME)
- Continue to support OCME goals to improve and maintain infrastructure.
- Changes in policy are not enough, there needs to be a financial commitment by the State of Oklahoma to affect positive change.

OKDHS
- Continue to provide the OKDHS with funding to hire additional CWS staff with a salary competitive with positions in other states to be in compliance with the recommended national standard issued by the CW League of America and in accordance with the Pinnacle Plan.
- Changes in policy are not enough, there needs to be a financial commitment by the state of Oklahoma to affect positive change.

POLICY

Motor Vehicle Collisions
- Legislation banning the use of hand-held devices, such as smart phones.
- Enforcement and enhancement of child passenger safety laws, including seatbelt use.
- Sobriety testing result documentation in the Oklahoma Uniform Traffic Collision Report submitted to the Oklahoma Department of Public Safety.

Safe Sleep
- All delivery hospitals should adopt a policy regarding in-house safe sleep, including education on safe sleep after delivery but prior to discharge from hospital and that the education include statistics on sleep related deaths.
- Adoption by law enforcement agencies and the OCME of the CDC’s Sudden Unexpected Infant Death Investigation (SUIDI) protocols.

Reporting
- All hospitals and law enforcement agencies should have a policy in place to notify OKDHS/CWS of unexpected child deaths.
2013 Annual CAPTA State Data Report

(1) The number of children who were reported to the State during the year as victims of child abuse or neglect:
   - 53,965 is the number of duplicate children for FFY 2012 – Source is NCANDS Child File Data for FFY 2012

(2) Of the number of children described in (1), the number with respect to whom such reports were:
   - Substantiated – 10,331 (duplicate children) Source is NCANDS Child File Data for FFY 2012;
   - Unsubstantiated – 27,240 (duplicate children) Source is NCANDS Child File Data for FFY2012; or
   - Determined to be false – Remaining children – 16,394 comprised of alternative response non-victim, closed no finding, or other.

(3) Of the number of children described in (2):
   - The number that did not receive services during the year under the State Program funded under this section or an equivalent State program – data not collected;
   - The number that received services during the year under the State program funded under this section or an equivalent State program – Child Victim Cases Opened for Post-Investigative Services, duplicate count of children = 8315 - Source is NCANDS Child File Data for FFY 2012; and
   - The number that were removed from their families during the year by disposition of the case – 2,779, duplicate children – Source is NCANDS Child File Data for FFY 2012.

(4) The number of families that received preventive services, including use of differential response, from the State during the year – 1180 Family Centered Services cases during FFY2012. Source is Oklahoma’s SACWIS system – collected for 2012 NCANDS Agency file.

(5) The number of deaths in the State during the year resulting from child abuse or neglect – 25, 25 reported in the 2012 NCANDS Child File;

(6) Of the number of children described in (5), the number of such children who were in foster care – 0 – Source is FFY2012 NCANDS Child File;

(7A) – The number of child protective service personnel responsible for the intake, screening, assessment, and investigations of such reports, in the previous year.
   - Intake and Screening 64
   - Assessment and Investigation 474

Source is data gathered from staff database that is based on data entered into the State SACWIS All child welfare specialists, I, II, and IIIs with the following primary work responsibilities: intake, investigation, Oklahoma Child Abuse and Neglect Hotline, no clerical and no temporary hires included. These numbers were gathered January 11th, 2013, for purposes of reporting in the FFY 2012 NCANDS Agency File.
(7B) – The average caseload for the child welfare specialists described in (7A) above.

- As of 4/30/2013, the average number of reports accepted for assessment or investigation per Child Protective Services child welfare specialist, was 8.0 statewide. The average number of assessments/investigations completed for that same month, per child welfare specialist, was 6.5 statewide.

(8) The agency response time with respect to initial investigation of reports of abuse or neglect.

- 77 hours – Source is State SACWIS system. Reported in the FFY2012 NCANDS Agency File (Average Response Time in Hours)

(9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect was made.

- Priority I reports 5 hours; Priority II reports 77 hours - Source is State SACWIS System (Average Response Time in Hours)

(10) For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State

- Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions
  
  **Level I:** Requirements at this level consist of a bachelor’s degree.
  
  **Level II:** Requirements at this level consist of a Master’s Degree in a behavioral science; or a Bachelor’s Degree in a behavioral science and one year of experience in professional social work; or a bachelor’s degree and two years of experience in professional social work.
  
  **Level III:** Requirements at this level consist of those identified in Level II plus one year of experience in professional social work in CW programs.
  
  **Level IV:** Requirements at this level consist of those identified in Level III plus one additional year of experience in professional social work in CW programs.

- Data of the education, qualifications, and training of such personnel
  
  BSW or Title IV-E supported BSW – 227
  
  MSW or Title IV-E supported MSW – 45
  
  Other degrees – 1343
  
  CW training program: The OKDHS CWS Training Unit, contracting with the Center on Child Abuse and Neglect, provides competency based training for child welfare specialists and supervisors and is offered to both new child welfare specialists and experienced staff. Training is offered on several levels and is appropriate to levels of experience.

- Demographic information of the child protective personnel
  
  African American – 313
  
  American Indian or Alaskan Native – 143
  
  Asian – 20
Hispanic – 52
White – 1245
White/Hispanic – N/A
Pacific Islander – 3

- Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service specialist and supervisors.

The Pinnacle Plan, Point 3, outlines the following ratio requirements; and this with the additions of new child welfare specialists.

- Child Protective Services child welfare specialists - no more than 12 open investigations/assessments
- Family Centered Services child welfare specialists – no more than 8 families
- Permanency Planning child welfare specialists – no more than 15 children
- Resource child welfare specialists – no more than 22 resource families
- Adoption child welfare specialists – no more than 8 families or 8 children

(11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

- 735 (0 fatalities) - Source State SACWIS system – reported in the FFY 2012 NCANDS Agency File

(12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

- 2773 (All children removed have a court appointed representative; Oklahoma does not collect data on out of court contacts)

(13) The annual report containing the summary of activities of the citizen review panels of the State.

- Refer to attached Child Death Review Board report and Domestic Violence Fatality report.

(14) The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

- Oklahoma SACWIS (KIDS) has the capability for the child welfare specialist to document if a youth has a delinquent court case, delinquent adjudication, or Office of Juvenile Affairs (OJA) placement. In FFY 13, there were 86 youth under 18 years of age who met at least one of the above criteria during from April 1st, 2012 to March 13th, 2013. In the OKDHS out-of-home care population on May 1st, 2013 there were 11 youth under 18 years of age in OKDHS custody placed in the resource that identifies youth who are also in the custody of OJA.
(15) The number of children referred to a child protective services system under subsection (b) (2) (B) (ii).

- Title 10A of Oklahoma Statute requires each health care professional, attending the birth of a child that tests positive for alcohol or a controlled dangerous substance to promptly report it to the OKDHS. For the calendar year 2012, there were 322 infants that were reported and met the criteria, per policy, for substance exposed. Per policy, the child must test positive to be considered substance exposed, and not just the mother. Of those infants that were substance exposed, 36 were affected by the substances used.

(16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act.

- This requirement addresses the children under 3 years of age, who are involved in a substantiated report of abuse or neglect, to be referred to early intervention services. In Oklahoma, while policy does not require a referral on all substantiated reports, staff is required to make a referral on all children under 3 years of age, who come into OKDHS custody and this information is made available to all families who are involved with CWS regardless of whether the report of abuse or neglect is substantiated. The process and forms are outlined in the Instructions to Staff portion of policy.

Oklahoma strives to provide quality services to children and families. This document provides an update on the 2011 CAPTA plan outlining three key areas of performance. The below is copied from the original document, including updates on the action steps which are:

**Area 3**
Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

Objective 1: Review and evaluate current services to families receiving CWS in their own home after an investigation of alleged abuse or neglect.

Action Steps:
1. Contact and gather information from resource centers on current and best practice regarding serving families in their own homes. [June 2012-March 2013]
2. Request TA to assist in the revisions to policy and procedure concerning in-home cases. [July 2012 to March 2013]
3. Develop new policy and procedures for family centered service cases. [July 2012-June 2013]
4. Train staff and contracting agencies on new policy. [Ongoing training is provided to new staff in CORE and existing staff at request of District]
5. Evaluate program effectiveness. [ July 2012-October 2012]

**Area 3 Update 2013**
OKDHS reviewed and updated the policy of Family Centered Services to ensure it was in line with issues related to the OKDHS Pinnacle Plan. Form 04MP025E, used to refer families to
Family Centered Services, was updated to ensure consistency with the Assessment of Child Safety and to further transparency of family centered service work for clients. Training in regards to the policy and updated form, occurred with all regional directors and CWS supervisors. Additionally some district specific trainings of Family Centered Services were provided, at the request of the districts, which included all CWS staff in those districts. Furthermore, the Family Centered Services framework was added as a topic in CORE training and the level one CWS training was modified to involve more skills based learning. While technical assistance has not been requested from NRC for in home services, the TA received from NRC for CPS has included issues affecting and related to Family Centered Services practice. As a result of this, workgroups were established to address these issues. Evaluation of program effectiveness was occurring on a monthly basis by program manager review of the Family Centered Services Y1739 report. This process was discontinued at the time of reorganization of CWS in November, 2012.

Area 4
Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response.
Objective 1: Evaluate the effectiveness of the assessment process in responding to reports of abuse or neglect.
Action Steps:
1. Continue to gather and evaluate data regarding the assessment versus the investigative process. [Ongoing-data is collected with regards to how many of each]
2. Continue to evaluate the data to determine if there are any differences in recidivism between the two responses. [Statute and policy changes have required more movement to investigations]
3. Make needed modifications to the assessment and investigation process based on data and feedback from field staff, vital community stakeholders, and tribal partners. [Fidelity Review in July of 2012 of approximately 400 cases to ascertain what further modifications might be need to be made]
5. Develop new policy and procedure regarding the revised assessment and investigation process. [November 2012 – June 2013]
6. Train staff statewide on new policy. [July 2013 – December 2013]
7. Train community stakeholders and tribal partners on new processes. [July 2013 – December 2013]

Area 4 Update 2013
OKDHS received TA from Tarrin Reed of the NRCCPS. The Fidelity Review from July 2012, of approximately 400 cases, revealed the need for further modifications to both the assessment/investigation processes as well as some of the forms. Organizational restructuring, due to the Pinnacle Plan, delayed the follow-up until March of 2013. Three workgroups were established to enhance our safety assessment process by better defining impending danger and protective capacities starting at the intake process, all the way through the permanency phase and making the assessment of safety more uniform throughout the process as well. The end result of
these workgroups will be a clear and concise guidebook for the employees to help them assess the safety of a child, whether in the investigation process or as a permanency planning child welfare specialist making monthly visits, to stress the ongoing assessment of safety. The existing forms will be simplified and made more clear as well.

**Area 14**

Developing and implementing procedures for collaboration among CPS, domestic violence services, and other agencies in investigations, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and the provision of services that assist children exposed to domestic violence, and that also support the care giving role of their non abusing parent.

Objective 1: Determine best practice regarding intervention strategies for reports alleging child abuse or neglect involving domestic violence.

**Action Steps**

1. Develop a core group of professionals in the field of domestic violence, CPS including Tribal partners, to review state procedures. [Review completed. Core group still collaborating on further training.]
2. Develop a common definition of domestic violence. [Completed]
3. Request TA from NRC CPS regarding best practice in reports of abuse or neglect involving family violence. [In state resources used as well as collaborating with the state of Kansas who has developed some good protocols]
4. Develop a statewide protocol, desk reference and training for use in multiple practice disciplines for the response to a family when violence is present. [Completed. Desk reference continues to be utilized]
5. Review and revise policy around CPS response to reports involving family violence. [Further revisions to policy in fall of 2012 and will be effective July 1st, 2013]
6. Train community stakeholders and tribal partners on new policy. [Training on new policy scheduled for August of 2013]
7. Train staff statewide on the new policy and tools. [May 2013- December 2013]
8. Evaluate process effectiveness [January 2014- June 2014]

**Area 14 Update 2013**

OKDHS continues to work with community, tribal, and law enforcement partners concerning ways to increase awareness and understanding of how exposure to domestic violence can be child abuse. We are working with the Domestic Violence and Fatality Review Board and several law enforcement agencies in the development of further Council on Law Enforcement and Training for officers on an annual basis. Policy, effective July 1st, 2013, is more specific about how domestic violence is responded to by child welfare specialists. The desk reference, developed for child welfare specialists, is now being distributed to child welfare specialists Multidisciplinary Teams and Child Advocacy Centers.
Key 2013 Oklahoma Legislative changes

A review of the legislative changes this year, revealed that there is no new legislation significantly impacting Oklahoma’s eligibility for the CAPTA State grant.

CAPTA Fatality and Near Fatality Public Disclosure Policy
Per Section 1-6-105 of Title 10A of the Oklahoma Statutes (O.S.10A§1-6-105), all requirements of O.S.10A§106 (b) (2) (B) (x). Initially, upon a report of a fatality or near fatality, where abuse or neglect is suspected, a notification is sent to the Governor’s office with limited information. Upon completion of the investigation, if abuse or neglect is found to be the cause of the fatality or near fatality, the following is disclosed publicly:

- The cause and circumstances regarding the child fatality of near fatality;
- The age and gender of the child;
- Information describing any previous report so child abuse or neglect that are pertinent to the abuse or neglect that led to the child fatality or near fatality;
- Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality;
- The result of any such investigations; and
- The services provided by the State and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality

OKDHS CAPTA coordinator state liaison officer:
Charlotte Kendrick LCSW, CWS  Program Administrator
Protection and Prevention
Charlotte.Kendrick@okdhs.org
Phone: (405) 521-3811
Fax: (405) 521-4373

Statistical and Supporting Information

Inter-Country Adoptions
Collaboration was formed with the Oklahoma State Department of Health and a variety of other adoption related programs and adoptive families across the state. OKDHS has established a fixed rate reimbursement for post-adoptive services to allow contracting with qualified agencies and individuals across the state. Services include information and referral, educational advocacy, a parent support network, crises intervention, and case management. Pursuant to the Fostering Connections to Success and Increasing Adoptions Act of 2008, children who have special needs but who are not citizens or residents of the United States and were either adopted in another country or brought to the United States for the purposes of adoption are categorically ineligible for adoption assistance, except if the child meets the eligibility criteria after the disruption of the international adoption. OKDHS does offer information and referral services to help connect adoptive parents, no matter the type of adoption.

Inter-country Adoptions Update 2013
The State of Oklahoma reports two children entered the OKDHS custody as the result of a displacement or dissolution of an adoption from another country.
<table>
<thead>
<tr>
<th>Country of Origin</th>
<th># of Children</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russia - State of Georgia</td>
<td>1</td>
<td>Child removed due to abandonment. Is in dual custody with OJA. Will not be returning to adoptive mom as she is too ill to care for this child.</td>
</tr>
<tr>
<td>Guatemala</td>
<td>1</td>
<td>Child removed due to abandonment. Current goal is to reunify child in adoptive home.</td>
</tr>
</tbody>
</table>

### Financial Information

**Payment Limitations – Title IV-B, Subpart 1:**
OKDHS reports the amount of FY 2004 and FY 2005 Title IV-B, Subpart 1, funds that the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005. The State may not exceed this baseline amount for the corresponding types of payments after FY 2007 and replaces the 1979 baseline amount to which the State was previously held.

OKDHS: In SFY 2005, the State expended Title IV-B, Subpart 1, funds as follows: Child Care $0; Foster Care Maintenance: $340,000; Adoption Assistance: $400,000

Report the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005. The amount becomes the maximum that a State may use as match for foster care maintenance payments under title IV-B, Subpart 1, (Section 424(d)) and will serve as a baseline for future years.

OKDHS: In SFY 2005, the State expended $4,953,028 in state funds on State Family Foster Care. These funds were not used as match any other Federal funding sources.

**Payment Limitations – Title IV-B, Subpart 2:**
The FY 2011 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was $1,204,572.75 state match at 25% and a MOE of $1,520,000 to equal a total expenditure of $2,724,573.75.

### Chafee Foster Care Independence and Education and Training Vouchers Program

Annual Progress and Services Report for 2013

**Response to ACYF-CB-PI-13-04**
OKDHS is responsible for both administering and supervising the State’s Independent Living Program (IL) as described in the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Voucher Program (ETV) 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. The authority for the agency to administer children and family services such as independent living (IL) is based on the Oklahoma Social Security Act (Section 176) of Title 56, to provide "for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent" and Title 10A§1-7-103, Additional Duties and Powers of Department. OKDHS is appropriated state funds based on annual budget requests to the Oklahoma Legislature along with matching federal funds. The Governor of the State of Oklahoma serves at oversight. OKDHS is committed to working towards positive outcomes for our youth and OKDHS cooperates in the National Youth in Transition Database (NYTD) evaluations of the effectiveness of the program in achieving the purposes of CFCIP.

Interim review and discussion of progress made on meeting the objectives and goals established in the 2010-2014 five-year plan and discussion of the accomplishments and progress made during 2013.

This report was prepared by reviewing available data obtained from KIDS, the Statewide Automatic Child Welfare Information System (SACWIS), results of four National Youth in Transition (NYTD) report periods; the Independent Living (IL) Program contractor’s database, the monthly and quarterly reports provided by the two IL Program contractors, the exit interviews prepared by custody youth as they exited care, the surveys completed by CWS field staff both OKDHS and tribal, input provided by internal and external stakeholders, the ongoing tribal collaboration workgroup, members of the Oklahoma Indian Child Welfare Association, and evaluations obtained at all IL related events and activities.

In the past 10 months, the Oklahoma IL Program has continued to focus on addressing the needs identified during the development of the 2010-2014 plan. These needs are:

- Strengthening the Adult and Youth State Advisory Boards;
- Identifying in a timely manner youth needing extra support to transition successfully;
- Reaching and serving additional youth including youth who have entered a kinship guardianship or been adopted 16 years of age;
- Expanding services to meet the needs of youth with mental health diagnosis or with development or physical disabilities;
- Capturing the provision of IL related services in a quantitative manner;
- Preventing teen pregnancy among our youth in foster care; and
- Enhancing the current transition planning process.

The National Youth in Transition Database was fully implemented. The former foster youth hired to oversee the survey administration and documentation of the baseline cohorts has now been hired as an IL Specialist with Oklahoma’s IL Community Contractor, the OU National Resource Center for Youth Services (OUNRCYS). In this new position, this young adult was responsible for locating and administering follow-up surveys to the baseline cohorts who are now 19 years old. This person had been maintaining contact with the baseline population through email, phone calls, social media and the new independent living program website. It had been anticipated that the majority of the follow-up cohort would complete the survey located on the website but the OKIL program was surprised that the majority elected to use a paper copy. Oklahoma made the decision to continue to administer the NYTD survey to 17 year olds.
annually to assist in Oklahoma’s data collection and program planning. Another former foster youth, who was also a former Education and Training Voucher recipient, was hired to oversee the ongoing surveys of 17 year olds and is prepared to begin with the new baseline cohorts survey administration and documentation for the next federal year this fall.

The SACWIS enhancements completed in 2011 were planned to capture better information on the entire OKIL program process and to report progress on outcomes established in the 2010-2014 plan that was revised in the 2011 report. A WebFocus Independent Living Report, in process and anticipated for years, was completed this spring and can now provide point in time information on youth 16 years of age and above. Still to be developed, is a program that will capture the information annually. The information entry in the OKDHS SACWIS system, KIDS, on youth’s IL plan, educational attainment and IL service provision appears to be one of the areas that have not improved over the past year. The implementation of the Pinnacle Plan has meant many new child welfare specialists are being hired. As these new child welfare specialists are trained on SACWIS documentation, the information should be more available as well as more reliable. For this report year, the OKIL program has had to once again rely on multiple reports, including some from contractors, some guessing and some estimating to piece together the information to report the following progress on the three goals.

**Percent of youth age 16 and 17 years of age who have an IL Case Plan (Individualized Service Plan-ISP).** The Target Percentage will be 80%. Last year’s APSR indicated that OKIL could only verify 16% of youth ages 16 through 19 years of age statewide who were residing in an out-of-home placement had an IL Plan. This year the latest report from the IL Community Contractor indicated that between 50 and 60 percent of IL eligible youth 16-19 years of age residing in out-of-home placement have an IL Plan. The IL Community Contractor had to utilize many of the methods that OKIL had used last year. This included review of WebFocus KIDS reports, searching the KIDS case under multiple tabs and contact narrative screens, reviewing summaries from Family Team Meetings and Progress Reports submitted to the Court; and by asking youth about their IL Plan. This 50 to 60 percent is an encouraging number. The OKIL directly attributes this increase to the multiple strategies and planned activities identified under the IL Case Plan section of last year’s APSR. In addition, this large improvement can be attributed to the technical assistance provided by the notification team from the IL Community Contractor; improvements in the curriculum used in the CWS IL training to educate child welfare specialists on the IL process; and the introduction of the new OKIL website. Additional strategies to continue to increase the number of IL Plans are discussed in the body of this report.

**Percent of custody youth who receive independent living services.** The target percentage by 2014 is 80 percent. Preliminary results of the NYTD 13A submission indicate that 1065 individual youth received an IL service during the period covering April 1, 2012, to September 30, 2012. This represents 46 percent of the eligible youth. This percentage is slightly lower than last year’s report. The OKIL program is disappointed at this 46 percent but is confident it is due to lack of documentation instead of lack of services. Services to youth with developmental disabilities and youth in contracted therapeutic foster care (TFC) homes appear to be under reported. To address this issue, the planned activity is for the IL Community Contractor to
provide technical assistance to the TFC contracted agencies and OKDHS developmental disability case managers on identifying and documenting IL services.

Percent of youth who exit care at 18 years of age or after who obtain their GED or high school diploma by 19 years of age. The Target percentage is 70 percent. The KIDS SACWIS system indicates that 25.58 percent of youth 18 and 19 years of age had completed their high school diploma or GED. This information was gathered in mid-May prior to the last days of school and traditional graduation dates, so this report likely is not providing an accurate number. The FFY 2012 report on youth age 16 to 19 years of age indicated that 303 youth exited during that federal fiscal year because they attained the 18 to 21 years of age. Of those 303, 160 youth completed an exit interview and of those 78 had graduated high school or obtained a GED, which is 48.75 percent. Both of the 25.58 and the 48.75 percent ages appear too low and are likely due to lack of documentation on the KIDS Education Screens. OKDHS has been negotiating with the Oklahoma Department of Education on an informational interface between computer systems that would provide information on all custody children’s grades and special education status. This information will populate into the KIDS education screens. If this occurs, next year’s report should provide a much more accurate representation on how many youth are exiting with a diploma or GED certificate. The OKIL program has many educational supports provided through Chafee and OKDHS has additional educational supports that are available to the youth to insure they have an opportunity to complete their high school education. It is discouraging that graduation rates are not significantly higher.

Progress on specific strategies to meet the program outcomes will be addressed under the description of the IL program, design and delivery that follows.

Oklahoma’s CFCIP and ETV Program, Vision, Description of the Program Design and Delivery, and Discussion of Accomplishments and Progress

The planning, managing, and implementation of the Oklahoma Independent Program is assigned to two full-time program staff. In addition, there is one program staff assigned to focus on the areas of permanence for older youth and one staff assigned to clerical and support needs of the program. Currently three former foster youth work half time in the areas of the tutoring initiative, academic support, preparation for post-secondary education, NYTD related activities, and the youth’s speakers bureau.

The vision of the Oklahoma Independent Living Program is to be a youth focused and youth driven program that serves youth at various ages and stages of achieving independence and emphasizes the importance of early planning for a successful transition to adulthood. The program will promote the importance of permanent connections; encourage use of a multi-disciplinary approach for working with youth; develop culturally relevant and age appropriate resources and services; and utilize collaborations and community partners to meet the seven purposes of the Chafee Foster Care Independence Program; and to ensure the successful transition of youth from custody to self-sufficiency and successful adult living.

An OKIL mission statement was developed during FFY 2013 with the OKDHS agency’s mission as a guide. Staff and youth were consulted and agreed on the following statement:
"OKIL Mission is to empower youth to help themselves lead safer, healthier, more independent, and productive lives."

**Youth likely eligible** for the Oklahoma IL Program are youth:

- 16 and 17 years of age in OKDHS or Tribal legal custody and in out-of-home placement;
- 18, 19, and 20 years of age receiving voluntary extended services or who were in OKDHS or Tribal custody in out-of-home placement on their 18th birthday;
- who entered a permanent guardianship with kin or adoption after 16 years of age and who have not yet reached their 21st birthday*; and
- 21 and 22 years of age who on their 21st birthday were participating in the Education and Training Voucher Program.

*Only youth who exit custody from an out-of-home placement on or after their 18th birthday are eligible for housing funds.

**Estimate of the total number of youth likely to be eligible for the IL CFCIP/ETV program beginning in FY 2013 is 2292.** This figure includes all the eligible youth identified above.

**Oklahoma’s Chafee Foster Care Independence and Education and Training Vouchers Programs are** a part of the continuum in the full service array provided by CWS to meet the outcomes of safety, permanency, and well-being. The focus is on the 16-23 year old youth as they prepare for and begin transitioning to adulthood. The program provides the same resources and services to current and former OKDHS and tribal custody youth. All services are available on a statewide basis unless otherwise noted. Youth who are temporarily residing out of the state of Oklahoma also continue to be able to access services from Oklahoma by calling either their child welfare specialist or the, "Yes I Can!" toll free number or by requesting services on the OKIL website. Youth are identified beginning at 16 years of age and have a comprehensive case assessment to determine eligibility for the program and to identify youth who will need additional supports and services to achieve self-sufficiency. Eligible youth complete a life skills assessment and participate in the development and completion of their individual IL plan. Identified needs of each youth are supported with CWS, independent living and community resources and services. A court review every six months for youth 16-18 years of age monitors the progress and appropriateness of the plan and determines that IL services are being provided. Transition planning is encouraged beginning at 17 years of age particularly for those youth identified as needing additional support. A mandatory transition meeting and transition plan is required no later than 90 days before the youth’s planned exit from care. Youth are strongly encouraged to be present at all court reviews and transition meetings. If the youth is unable to be present, the youth is encouraged to provide written input for the proceedings. To strengthen the transition process independent living skills and services are also a contractual requirement for every placement provider serving youth 16 to 21 years of age. Youth 18-21 years of age who have exited care can call the “Yes I Can!” network to request services and resources that will complement their plan and their own efforts towards self-sufficiency. A case manager to assist the youth in their plan may be assigned. Youth 18-21 years of age who are involved in post-secondary endeavors that meet the definition of an institution of higher education can receive education and training vouchers until 23 years of age if they are making satisfactory academic progress. These youth are assigned an education specialist who assists the youth in developing
an education plan, meets with college personnel to determine the youth’s total cost of attendance, calculates the youth’s unmet need, requests ETV funds, and ensures that all requirements of the ETV program under the CFCIP are met.

Youth exiting after 16 years of age for kinship guardianship or adoption are eligible for the same resources and services available to other custody youth except for housing youth development funds after 18 years of age, the Medicaid 18-21 option, and tuition waivers, unless they were in out-of-home care nine months after the age of 16. The OKIL program provides a brochure outlining the IL and ETV services available to the youth, location of the IL informational website the youth and adult may access, a "Yes I Can!" card containing the toll free number the youth and adults can call to access services and resources, and a magnet that contains reminders of deadlines for applications for Education and Training Vouchers.

The following boards, services, resources, collaborations, and activities are designed to achieve the seven purposes of the CFCIP and ETV program as listed in section 477b 2A and section 477 a 1-6 of the Act:
1. help youth make the transition to self-sufficiency;
2. help youth receive the education, training, and services necessary to obtain employment;
3. help youth prepare for and enter post-secondary training and educational institutions;
4. provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults;
5. provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age;
6. make available vouchers for education and training, including post-secondary learning; and,
7. provide services to youth who after 16 years of age leave foster care for kinship guardianship or adoption.

The Oklahoma IL Program is currently structured to be guided by Youth and Adult Boards and supported by the efforts of the IL County Coordinators, IL Community Contractor and Fiscal Agent. Descriptions of these supports follow.

The State Adult Independent Living Advisory Board (CFCIP purposes 1-7) was envisioned as having the mission of lending support to implementation of OKIL services in Oklahoma. Progress achieved. The reorganization of CWS was accomplished and the implementation of the Pinnacle Plan initiatives. The OKIL program does not anticipate any major changes during the upcoming year that would require the support of a board to implement. The decision was made to postpone the identification of a new adult and/or youth advisory board and its possible functions and responsibilities until next year when a new five-year plan is developed. Planned activities: A two-day strategic planning is scheduled for early July for all of the programs included under permanency planning. This process may assist in identifying what type of agency team or community advisory board might best strengthen the purposes and goals of the OKIL program.

The Transition Work Group (TWG) (CFCIP purposes 1-7) is the external adult board identified last year to serve the function of focusing on issues and best practices around all transitioning youth; identifying resources that support those youth; aligning state, private agency,
and tribal policies, and educating and advocating on behalf of those youth. Progress achieved: At the time of the 2012 APSR, there was discussion of integrating the Transition Work Group into the Strengthening Custody and Transition Services Advisory Team. This integration was finalized. This advisory team operates under the legislatively established Oklahoma Commission on Children and Youth (OCCY). The mission of OCCY is facilitating joint planning and coordination among public and private agencies; overseeing children’s services provided by public and private entities; and promoting innovative programs through funding of model projects. In addition, OCCY has responsibility for the Post Adjudication Review Boards (PARB). PARB was established by Oklahoma statute and boards operate in each of the 26 judicial districts and review court cases involving children adjudicated Deprived or Delinquent or In Need of Mental Health Treatment. Planned activities: A subcommittee, "Systemic Issues", of transitioning youth was initiated and tasked with identifying barriers to transition and policies to address the barriers.

Governor’s Youth Council on Education and Economic Development CFCIP purposes 1-3, meets quarterly and focuses on issues and best practice around the educational and economic needs of all the state’s youth population 14-24 years of age. Progress achieved: The planned strategy in last year’s APSR was to champion a legislatively mandated career plan for every youth beginning in middle school. The Council did lend support to this legislation, which was introduced and passed by the legislators. This is of significant importance to our program youth. A career plan can guide the youth’s education class choices and provide a goal to strive to attain. In addition to the support of this legislative measure, the Council hosted a day of training and planning event in April. Included in the event were local Youth Workforce Councils, representatives of major corporations, private employers, and representatives of state agencies for child welfare and adult and family services, education, rehabilitative services, juvenile affairs, and mental health and substance abuse. The training addressed WIA eligible youth and available services. The planning identified strategies to engage workforce board members and eligible youth and identifying new program delivery ideas. Planned activities: A subcommittee of the Governor’s Youth Council will host a statewide one-day youth forum where agencies and community organization will present "best practices" related to education, employment, and housing. The OKIL program and their IL Community Contractor, OUNRCYS, will facilitate registration for the event. Participants will vote on the best practice in the three areas of housing, education, and employment. These best practices will be presented to the full Governor’s Youth Council for consideration on how to implement on a statewide basis. As an outgrowth of this training, it was decided that the OKIL program would mail a letter to each Youth Workforce Investment Board (WIB) in January 2014, offering to work with each board to identify eligible current and former foster youth in their service area that could benefit from inclusion in youth summer WIA programs. In addition the letter will outline IL services that could supplement WIA services provided to the youth and would renew CWS and the OKIL program’s commitment to provide outcomes data on WIA served youth upon request.

The State Youth Advisory Board, Youth Establishing Strength (YES!) available for youth 16-23 years of age (CFCIP purposes 1-7) has a mission to "educate and inspire change and to improve the quality of foster care in Oklahoma through collaboration with adult partners and the community." Progress achieved: As discussed under strategies in last year’s APSR this board utilized webinars, conference calls, social media, and the new OKIL website. These youth
recommitted to the board mission. But, the decision was made to meet this mission through creating a high quality, informed and trained youth speaker bureau. The youth selected the name SWAG Nation, Speaking with a Goal. SWAG Nation continued to be supervised by the IL Community Contractor but day-to-day monitoring and implementation of the program was provided by two former foster youth. One was employed full time as an IL Specialist for the IL Community Contractor and the other was employed halftime by the OKIL program as a child welfare specialist. Current and former foster youth become members of SWAG Nation by completing a training entitled "Presenting with a Purpose" that provides youth an opportunity to develop a strategic plan for sharing their story, practice telling their story to a group, build their speaking skills and increase their professionalism, understand the importance of debriefing their experience after presenting, and identify how they can use their story to make a difference. Four "Presenting with Purpose" trainings were presented statewide throughout the year. There are currently 47 active members of SWAG and 32 of them received the "Presenting With Purpose" training. SWAG Nation members have spoken at the six judicial conferences held last summer; a statewide resource parent recruitment and retention meeting; a Court Appointed Special Advocate (CASA) statewide conference; a "Youth Speak" sponsored by the Oklahoma Department of Mental Health and Substance Abuse; a luncheon for a Citizens Advocacy Group focused on the Prevention of Child Abuse and Neglect; the monthly training unit’s level one permanency planning training; and one youth filmed a video clip on SWAG Nation for the OKIL Website. Members of SWAG Nation are serving on the planning committee for the second Teen Conference of the year. Members will also serve as co-facilitators in all the small groups. **Planned activities:** Members of SWAG Nation will continue to utilize Facebook; email; and conference calls to communicate. Members will be surveyed regarding their vision of how SWAG Nation could support and guide the OKIL Program.

The **CW IL county coordinators**, CFCIP purposes 1-7, are state employees, not paid by Chafee funds, located in each county office. These IL county coordinators serve as the local IL "go to" person and are tasked with being familiar with the OKIL program and website. **Progress achieved:** At the time of the last APSR, there was uncertainty about how the CWS reorganization would affect the use of IL county coordinators. Luckily, the regional deputy directors and district directors recognized the importance of having a local contact for IL related questions. Currently there is an IL county coordinator assigned in each county. There is a "worker tab" on the OKIL website that provides names and contact information for each IL county coordinator. **Planned activities:** The OKIL program plans to have a strategic planning meeting in late summer or early fall with IL county coordinators and the IL community contractor staff. The meeting would assist in building team support; clarifying and coordinating roles, and identifying youth needs in preparation for the new five-year plan.

The **IL Community Contractor for the Oklahoma IL Program** serving youth 16-21 years of age (CFCIP purposes 1-7) is the University of Oklahoma National Resource Center for Youth Services (OUNRCYS) OUTREACH. OUNRCYS is the single point of contact for all CWS specialists and tribal specialists, care providers, and youth to access technical assistance, any IL funded resource, service, or aftercare services. **IL Specialists** are hired through this contract, are housed in several geographic areas of the state, and support all portions of the IL Program. Specific services provided by the community contractor/IL specialists are:
providing technical support and assistance to OKDHS CWS supervisors and child welfare specialists regarding the IL Case Assessment including the designation of IL Service type and the IL services and supports that could assist in a successful transition;

- assisting in referral of adolescents for services and obtaining essential documents;

- providing technical support and assistance towards aftercare preparation for youth in seven key elements of success: essential documents, education, employment, permanent connections, housing, physical/mental health, and life skills;

- providing technical support and assistance to assess and support educational and career planning for independent living youth;

- providing continued development, identification, and utilization of resources;

- assisting in entry and documentation of services in the KIDS computer system;

- staffing, coordinating and providing facilitation/technical support for all IL activities;

- developing, coordinating, and facilitating IL adult youth partnership advisory boards, and other collaborative efforts, as feasible;

- providing technical assistance to the Oklahoma federally recognized tribes concerning IL with guidance from CWS program staff;

- providing technical assistance to the CWS/IL program staff;

- providing case management, referral, and support for mentoring services as needed for identified independent living youth;

- providing technical support and assistance for OKDHS and tribal contract group homes, specialized community homes, therapeutic foster care agencies and DDS case managers serving IL populations to assess residents education, life skills, teen pregnancy prevention skills, and transition/exit needs, and to identify services and resources that will meet these needs; and

- providing technical support and assistance to OKDHS and contracted group homes, specialized community homes, therapeutic foster care agencies, and DDS case managers for reporting IL Services being provided that relate to the National Youth in Transition Database (NYTD).

Accomplishments and progressed achieved: OUNRCYS is diligent at meeting contract responsibilities, committed to continuous improvement of service delivery, and is dedicated to improving successful transitions for custody youth. The contract has served 1378 in the first two quarters of the contract year. The contract logic mapping process was completed and the three tier technical assistance is fully functional. The quarterly contract reports were revised to reflect the type of technical assistance and the outcomes of that effort. With the organization restructuring of CWS, OUNRCYS contract reports were updated to provide both statewide and regional contract information on the number of children served, outcomes or TA effort, events and participants, and activities around the "Yes I Can!" network. This regional breakdown can assist with comparison purposes as well as determining regional program support needs. The quarterly reports also provide information on events; SWAG Nation activities; NYTD efforts around the baseline follow-up cohort’s surveys; group home services; "Yes I Can!" network; educational services; and youth development fund utilization. In last year’s APSR, one of the planned activities for the IL community contractor was the restructuring of the IL specialists into "teams." The following teams are now in place.

Notification Team:
• reviews cases of youth 16 years of age within 30 days of their birthday;
• notifies child welfare specialists of what needs to be initiated in the OKIL process; and
• develops guides and supports that can assist child welfare specialists

Group Home Team:
• focuses on youth residing in group homes who likely will need extra support to make a successful transition;
• ensures 80 percent of residents 16 years of age and above have an IL Plan initiated;
• visits youth once a month; and
• supports group home staff in their efforts to provided quality IL services.

This team visits 12 OKDHS contracted homes, 13 non-contracted homes, four Job Corps centers, two OKDHS operated group homes, and five specialized community homes.

Education Team:
• focuses on academic support;
• mails education packets to freshman, sophomore, juniors and seniors fall and spring; and
• maintains the tuition waiver list; and processes Education and Training Voucher applications.

Tribal Team:
• ensures all tribal youth receive services;
• maintains contact with the Indian child welfare specialists to build relationships;
• provides technical assistance to Indian child welfare specialists and the tribes;
• attends tribal specific meetings, trainings, and events; and
• participates in the Tribal/OKDHS Workgroup.

Additional activities of the Tribal Teams are discussed under the separate heading Tribal Consultations.

Event Team:
• plans and facilitates events that provide youth with opportunities to learn and experience life skills around the seven key elements of success.

Event types are youth/adult partnership boards; youth service boards; life skills groups; IL seminars; regional events and the Oklahoma Teen Conference. Ten events were in the first two quarters of this year.

TA and Data Teams:
• support the work of all the other teams;
• guides the three tiers of TA, Universal Needs, Targeted Needs, and Intensive Needs; and
Planned activities: These teams are currently identifying the activities need to enhance their teams work. These goals should be in place by the beginning of the new contract year, which is July 1st, 2013.

The OKIL Website, www.okil.ou.edu, was introduced at the July 2012, Teen Conference. The website has two main purposes, which are to disseminate IL information and provide an online NYTD survey site. The website was designed by a team of youth, child welfare specialists, and OUNRCYS staff. The website is for the youth but also provides adults with important IL knowledge. The static sections of the website provide tabs related to:

- the seven key elements of success. Each tab provides who, what, when, where, why, and how information;
- NYTD
- Case Planning; and
- "Yes I Can!" network.

Other sections of the website are continuously updated with new material such as:

- slideshows related to IL, such as the Teen Conference promos;
- monthly "poll" questions like "I am scheduling my own medical appointments". Yes or No;
- articles related to the national month designation, for example May’s article is related to National Foster Care Month;
- videos, for example SWAG Nation has a video explaining its purpose; and
- resources and emergency help.

There is also a place on the website where youth and adults can enter questions and receive email responses.

Planned activities: Online video training will be developed to guide child welfare specialists through the steps in the IL process.

Other progress made by the IL Community Contractor: In addition to the website, OUNRCYS IL specialists have utilized social media and technology to keep the youth and their CWS specialists and tribal specialists and care providers engaged and informed. The OKIL Program has protected pages on Facebook and other social media sites. The IL Specialists use these sites to post upcoming events, solicit youth speakers, and seek program input. They also tweet and text the information on trainings seminars and events offered throughout the year. The IL specialists creativity has kept trainings, meeting, events, seminars, and conferences exciting and innovative.

The IL community contractor also trains, attends, and represents the OK IL program at other conferences and meetings. Examples of some of these trainings and meetings during the first six months of the contract year are, Overview of IL Program, HELP Clinic, and overview of IL Program for Statewide Adoption Specialists. OUNRCYS staff trained and attended the Financial Education in Oklahoma Conference, and attended the Cross Cultural Learning Collaborative
Training, several Continuum of Care Transitional Living Program meetings, and Healthy Transition Initiative meetings.

The IL community contractor also planned and facilitated the Statewide Teen Conference, which will be discussed in a separate area of this report.

OUNRCYS also responded to the state plan identified need to "expand services to meet the needs of youth with mental health diagnosis or with developmental or physical disabilities". The IL Specialists continue to focus time and effort toward the 12 OKDHS contracted group homes that serve older teen populations. Technical assistance continued to be centered on relationship building with group home staff, initiating life skills assessments, distributing resources, staffing cases, and presenting orientations on the IL program. Since some of these group home youth transition to adulthood from these placements, there is also technical assistance around facilitating meetings between youth, group home staff, and child welfare specialists to develop the youth’s 90-day transition plans. OUNRCYS also intensified their work with group homes operated by Developmental Disabilities Services (DDS). OUNRCYS assisted in the planning and facilitation of a one-day independent living event. The event occurred May 28th, 2013, and was a simplified simulated city. DDS group home staff, DDS case managers and administrators worked closely with OKDHS and OUNRCYS staff on this event. These DDS staff were the city’s mayor, landlords, employers, bankers, and such. The result was an extremely excited staff and youth. Planned activities: The IL community contractor will continue to provide technical assistance to the group home staff to identify ways to provide additional IL services to the youth. Another DDS IL event will be planned for the 2014 year.

The Fiscal Agent serving youth 16-23 years of age, CFCIP purposes 1-7, is a contracted service that issues checks for Youth Development Funds, YDF, incentive payments, teen panels, and Education and Training Vouchers, ETV; mails the checks to a designated location within two business days; collects receipts for the checks issued; and maintains a database that reflects amounts of money spent in each category of Youth Development and Education and Training Voucher funds. Progress achieved: At the time of the last APSR, the fiscal agent contract was due for re-bid. This contract was awarded to the same contractor, effective August 12th, 2012. Providing a seamless continuation of services to our youth. The fiscal agent works closely with the IL community contractor and the education specialists. Once the IL community contractor has reviewed a youth development fund request for a youth for funding availability and appropriateness to the youth’s IL Plan, the fund request is faxed to the fiscal agent who processes within two days. The Education Specialist also fax requests for checks related to the total cost of attendance to the fiscal agent for processing. This centralized access for issuing funds works well and makes the provision and documentation of all types of support and resources easier. Youth, child welfare specialists, care providers, and vendors continue to report receiving checks for resources and services in a timely manner. A total of $979,801.30 was issued in youth development and ETV related expenses through the fiscal agent in the eight months since the current contract became effective. Planned activities: There are no changes anticipated for the fiscal agent during the next year. This contract and method for issuing funds will be reviewed along with all the other processes related to the OKIL program as part of the strategic planning in preparation for the new five-year plan.
Case Assessments, life skills assessments, life skills training, and IL case plans are the foundation of the Oklahoma IL Program. A discussion of these activities follows.

**Case Assessment** (CFCIP 1-7) is a comprehensive review of the computerized KIDS case and the supporting paper case to obtain information to determine what level of service a youth will need to obtain self-sufficiency. This process was developed to identify in a timely manner youth needing extra support to transition successfully and the need to expand services to meet the needs of youth with mental health diagnosis or with developmental or physical disabilities. The level of service needed is identified by three **IL service types**:

- Regular IL refers to youth likely to achieve self-sufficiency and be able to live independently in a community. These youth need only the IL services and resources included in this CFCIP plan.
- IL/with support refers to youth who are also eligible for IL services and resources included in this CFCIP plan, but these youth were more dependent on others or the agency to meet their daily needs and may require some ongoing resources, service and support coordination among divisions of the agency or community to maintain their independence. Examples of this type of youth would be youth with mental health diagnosis and youth with developmental delays or physical disabilities.
- DDS only refers to youth whose diagnosis of mental retardation or mental retardation accompanied by another mental or physical disability may inhibit the youth’s progress towards complete self-sufficiency. The youth likely will remain dependent on some state agency and/or community resources and contracted services. All independent living preparation services for these youth will be directed by the OKDHS Developmental Disabilities Service (DDS) and independent living services will be provided by DDS case managers, care providers or habilitation training specialists (HTS). The Oklahoma IL program will support DDS independent living efforts with technical assistance from the IL community contractor, suitable IL curriculum, funding for IL related teen activities, youth development funds for youth residing in DDS group homes, and household items for youth transitioning to daily living skills homes.

**Progress achieved:** When the case assessment was introduced as a required IL activity standard during the 2009-2014 State IL Plan, the initial completion rate was low and the initial response was to assess based on what services the OKIL program alone could provide. The implementation of the IL Community Contractor "notification team" and the development of the IL Guides around the case assessment have increased the number of case assessments that are being completed; improved the quality of the assessments; and most importantly emphasized the importance of early planning for youth who are going to need additional supports and services to transition. This year there has continued to be a noticeable shift in the child welfare specialist’s understanding that to transition successfully some youth will also need the services and resources available through other OKDHS divisions, other state agencies, and local community resources. The Permanency Round Tables for older youth and increased use of the Family Group Conferences has also assisted in the identification of additional resources outside of the OKIL provisions. Reviews of some of the completed 90-day transition plans also indicates that child welfare specialists and youth are identifying housing resources, such as transitional living or rental assistance programs as exit supports; and Oklahoma Department of Mental Health and
Substance Abuse systems of care transition programs for youth with mental health. Last year’s strategy was that there was to be an increased emphasis at IL events on youth-adult conversations around supports and exposing the youth to what supports are available. This occurred. At all the IL events youth were provided a list of, "supports and services", available relating to the 7 Key Element type for the event. Over the past year, the best example of helping the youth to understand there is support available outside OKDHS and Tribal Services was structured at the closing of the regional events, Independopolis, which is a simulated city where youth complete documents to obtain an education, job, housing and furnishings. The last stop as the youth traveled through Independopolis was the resource/service room. There were local community partners as well as representatives from other state agencies. Youth visited the partners and representatives to learn more about what supports were available to them. **Planned activities:** The state program staff and the IL Community Contractor will continue to network with other state agencies and local community partners through collaborations to identify or develop additional transition supports.

**Life Skills Assessments** available to youth 16-21 years of age, CFCIP purposes 1 and 2, are to be completed with every eligible youth prior to the development of an IL Plan. **Progress achieved:** Last year’s strategy was to review other available life skills assessments to determine if a change to a new assessment would be beneficial. An OKIL program staff person in partnership with a group of identified IL youth, selected child welfare specialists, both OKDHS and tribal, and the IL Community Contractor developed a new Independent Living Life Skills Assessment. This new assessment was introduced in February, 2013. The assessment is called the 7 Key Element Life Skills Assessment. The intent of the assessment is to support a meaningful conversation between the youth and the adult, to identify the needs of the youth, and to provide a starting point to identify the life skills that will lead to the youth having safer, healthier more independent and productive lives as they transition into adulthood. The assessment includes questions around the seven key elements of Health, Housing, Education, Essential Documents, Employment, and Life Skills. This process is meant to assist child welfare specialists in providing the appropriate services for our youth 16 years of age and up. The information gathered via the assessment will then guide our child welfare specialist through the IL Plan, service provision, 90-day transition plan, and exit interview. The 7 Key Element Life Skills Assessment is available on the new OKIL website, which makes it convenient for both OKDHS and Tribal child welfare specialists to access. A paper copy is also available for those who do not have internet access. The assessment is "scored" by the IL Community Contractor and then returned to the child welfare specialists as the foundation for initiating the IL Plan. An Oklahoma Independent Living (OKIL) Guide on how to complete and document the life skills assessment was developed. The Guide even has a URL code available on the guide that takes the child welfare specialist directly to the OKIL Website page where the 7 Key Element Life Skills Assessment is located. For some of the IL youth, particularly youth receiving IL services through the Division of Developmental Disabilities, the decision may be made to continue with the Casey Life Skills assessment. This assessment is utilized in some school districts as a guide to development of the IEP. The Casey Life Skills assessment can also be utilized as the foundation of an IL Case Plan if the child welfare specialists feel this is best for their youth. **Planned activities:** The training unit was provided the new training curriculum related to the life skills assessment and it was incorporated into training. In addition, the IL community contractor will
be available to provide Tier One or Tier Two support to assist both OKDHS and Tribal child welfare specialists learn the new assessment procedure.

**IL Case Plans** are required for eligible youth 16 years of age or older in OKDHS or Tribal custody residing in an out-of-home placement. The IL Case Plan should be initiated after the completion of the IL Case Assessment, designation of IL Service Type and completion of the 7 Key Elements Life Skills Assessment. The plan should be developed during a meeting with the child welfare specialist, the youth, the resource parent or placement provider, and other permanent connections identified by the youth. There should be emphasis on the planning being youth driven and multi-disciplined. During the meeting there is:

- a review of the case assessment;
- a review of the score of the 7 Key Element life skills assessment
- a discussion of the seven key elements of success: health, housing, education, employment, life skills attainment, permanent connections, and essentials documents and how they guide the case plan; and,
- identification of the supports and services the youth needs to live independently;

For the children, 16 years of age and older, who are served by Developmentally Disabled Services the IL case plan may be called, "Vision of the Future". This plan addresses life skills attainment, health, education, employment, and plans for living arrangements/housing after exiting care. For all youth, IL plan updates and IL services provided are submitted to the court at each judicial review. A transition plan for all IL eligible youth is finalized 90 days prior to a youth’s exit from care and the date of this transition plan is documented in the KIDS IL screen.

**Progress achieved:** In the outcomes section of this report, we discussed that the OKIL program was able to document that there were more IL Case Plans being done this year. This increase can hopefully be attributed to all of the planned strategies that were identified in last year’s APSR. OKIL youth did participate as panelist at each of the judicial conferences held in six areas of the state during the summer of 2012. The youth were specifically tasked with discussing how the development and implementation of an IL Plan had impacted their ability to make a more successful transition from care. Once the youth has discussed their plan, OKIL program staff discussed the importance of judges and the youth’s attorneys inquiring about work accomplished on the youth’s IL Plan. OKIL program staff also emphasized the importance of the judge entering a finding that IL services were being provided if this information was provided to the court. Technical assistance through the development of the OKIL Plan Guides and notification teams of the IL community ontractor has also assisted child welfare specialists in knowing where to document the initiation of an IL Plan so that a data report can select this information. The Transition Post Adjudicatory Review Boards in the two judicial districts with the largest numbers of youth 16-18 years of age have also been an opportunity to create awareness and educate child welfare specialists and youth and judges about the importance of an IL Plan in the successful transition of our youth. **Planned activities:** Due to the division reorganization and implementation of the Pinnacle Plan, the IL county coordinators role was in question so they were not "re-trained" through the IL newsletter and face-to-face visits in August of 2012, as originally planned. As discussed under the heading of IL county coordinators earlier in this report, during the next year a planned activity is to have a meeting of all the IL County Coordinators to reacquaint them to the entire OKIL Process including the importance of IL Plans and where to consistently document those plans.
**Life Skills Training** available to youth 16-21 years of age, CFCIP purposes 1, 2, 3, 4 and 5, 7, is an ongoing process that results in a youth’s mastery of skills necessary for successful transition to adult living. Life skills for eligible youth are provided through resource parent and care provider instruction, IL Seminars, Teen Conferences, area events, and trainings. Although not funded by CFCIP, our eligible youth also benefit from life skills trainings available through schools, group organizations, such as scouting, and community organizations. More specific details on some of these trainings are discussed later in this report. **Progress achieved:** All OKIL life skills classes, seminars, workshops, and events presented by the IL community contractor are related to seven key elements of success. The IL Community Contractor is also providing technical assistance in the group homes on their provision of services around the same 7 key elements. One of the largest districts of IL age youth organized cooking classes provided free of charge by a well-known culinary arts institute and two districts taught life skills on budgeting, menu planning, map reading, and communication while the youth planned float trips along local rivers. In addition to life skills, provided through OUNRCYS and care providers, the youth can access Chafee youth development funds to pay for particular life skills. Youth access these funds for instructions in driver’s education, cooking, money management, and such.

**Planned activities:** The following was a planned activity from the previous APSR, which was not addressed due to a focus on division reorganization. With the completion of the surveys of the baseline and first follow-up cohort of the NYTD baseline population information is available that will help to identify needed topics for life skills training. State program staff will prepare a NYTD IL Services and Outcomes summary document. This document will be presented to the program managers in the Community Resource and Collaboration Unit, resource parents, TFC contractors, Specialized Community Homes, Group Homes, and Tribal relations, Permanency Planning Program Units, and Developmental Disabilities Services. This information will also be presented at one of the quarterly leadership meetings. This will provide an opportunity for plans to be developed among the program managers and hopefully the regional deputy directors and district directors on how to educate and train staff, and providers and contractors, on the NYTD results; improve and strengthen provision of quality life skills instructions in the resource parent’s home, group homes; and districts; and document that the life skills were provided. Another planned activity was identified under the IL County Coordinators. During that planned meeting of all the coordinators, discussions about development of local life skills training resources could also be discussed.

The following are CFCIP services, events, activities and resources that are available to support the youth 16-18 years of age and their IL plan.

**IL Youth Development Preparation Funds for youth 16-18 years of age** CFCIP purposes 1-4, 7, are funds for youth 16-18 years of age that support the youth’s IL plan and to prepare the youth for a more successful transition to adulthood. Child welfare and tribal specialists complete requests for these funds and fax them to the IL community contractor, OUNRCYS. The contractor reviews the request for funding availability for the youth and for appropriateness to supporting the IL Plan and then sends the request on to the fiscal agent. Funds in preparation category are:
Education Related  Includes goods and services that support the youth’s education. Examples are tutoring, summer school, concurrent high school/college courses, ACT and SAT exam costs, and classroom supplies.

Work Related  Includes goods and services that will support a youth’s efforts to obtain and maintain employment. Examples are work uniforms, and costs for transportation to get to work.

Miscellaneous Services  Includes goods and services required for a youth to complete his or her written IL case plan but are not covered under other funding sources. Examples are band, sports and cheerleading equipment, senior trips, prom expenses, music lessons, weight loss equipment, and animals to raise in farm related clubs.

Permanent Connections  Includes costs connected with searches for family or unrelated individuals willing to make a permanent connection to the youth and expenses associated with visits to support or maintain connections.

**Youth Development Funds "One Time Only" for youth 16-21 years of age.** CFCIP Purposes 1-7, are funds are available to support the youth’s IL case plan and aftercare needs but these funds can be accessed one time only while the youth is receiving in care or aftercare services. These funds are requested by the youth, CWS specialist or tribal specialist and faxed to OUNRCYS who approves the requests and faxes them to the fiscal agent. Since these are one-time only funds, cost code limits were assigned to some categories.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth certificate</td>
<td>Varies</td>
</tr>
<tr>
<td>Photo identification</td>
<td>Varies</td>
</tr>
<tr>
<td>Driver’s education class</td>
<td>$300</td>
</tr>
<tr>
<td>Driver’s license</td>
<td>Varies</td>
</tr>
<tr>
<td>Dorm deposit</td>
<td>$100</td>
</tr>
<tr>
<td>Dorm room/apt. needs</td>
<td>$250</td>
</tr>
<tr>
<td>Graduation expenses</td>
<td>$300</td>
</tr>
</tbody>
</table>

**Progress achieved on Preparation and One Time Only Youth Development Funds:** Youth development funds are available statewide and are dispersed by the fiscal agent through requests made by the local counties and Tribes through the IL community contractor. The OK IL program is pleased to report that the funds for the first 10 months of the year were issued to the areas and tribes in a very close proportion to the number of eligible youth in those areas or tribes. The total amount of youth development funds issued in the 10 months from July 1st, 2012,
through April 30th, 2013, was $52,527.20 in the preparation category and $39,781.84 in the one-time only category. Although the total preparation category decreased, for the fourth year in a row the Education Related category increased in the amount spent. The OK IL program thinks that this is directly related to the agency’s emphasis on education attainment. The One Time Only funds usage increased by almost 10 percent over last year. The One Time Only funds are also very popular with youth, CWS staff, and care providers. This may be because these funds are tied to accomplishments like obtaining a driver’s license or graduating high school. Use of these funds is also an indication that the youth is transitioning to a "place of their own" as signified by request for assistance with the dorm and apartment needs. **Planned activities:** Now that the OKIL website is fully functional, it will be used to publicize the importance of education and job experience. These will also be topics for the IL seminars, which should also increase fund usage. Since this is strategic planning year, these funds and their utilization will be reviewed by several focus groups including youth, child welfare specialists (OKDHS and Tribal), resource parents, group home providers, as well as community partners.

**Teen Conference** for youth 16-21 years of age, CFCIP purposes 1-5, is an event planned and facilitated by the IL community contractor. The conference is held on a college campus in Oklahoma and allows learning through specialized skills workshops, life skills simulations, and recreational activities. The learning experiences are based on the seven key elements of success: housing, health, education, employment, life skills, essential documents, and permanent connections. The child welfare or tribal specialists, resource parents, mentors, and sometimes therapists accompany youth to the event. The youth incorporate the learning of independent living skills within an environment that promotes networking and peer support. **Progress achieved:** Because of the long waiting lists that have occurred for the last several years, plans were made to have two teen conferences during this APSR period. The first conference was held at the University of Oklahoma in July of 2012. There were 161 participants at the Teen Conference. This three-day conference theme was "What Moves You?" The content focused on how personal interests can shape an IL Plan. One keynote speaker opened the conference with a message on overcoming adversity and finding balance to fulfill your potential of what you love. The second keynote speaker talked about understanding yourself, your culture, and seeing beyond stereotypes to find what truly moves you. Evaluations indicated that 65 percent of the participants indicated on the conference evaluation that the conference was very good and 21 percent indicated it was above average. The second Teen Conference is scheduled for the first week in June, 2013. Enrollment is at full capacity of 250. The theme of this conference is "Be Prepared" and promises to be a very exciting conference. Both conferences are planned by a committee of current and former custody youth, child welfare specialists and the IL Community Contractor. Technical assistance from OU National Resource Center for Youth Development is accessed to insure the philosophy and practices of Trauma Informed Care and Positive Youth Development were incorporated throughout the conference. The conference goals are to create a safe learning environment in which youth and their adult partners worked together to develop deeper relationships while learning more about the seven key elements for success and practicing independent living life skills. **Planned activities:** The three-day format for the teen conference is being maintained but due to funding only one conference will be offered during the next report period. As part of the year-long strategic planning, there will be a discussion with Regions regarding future teen conferences locations, formats, and such.
**Tutoring Initiative** youth 7-21 years of age, CFCIP 1-3, 5, 7, is part of a larger effort in Oklahoma to increase the number of foster youth who graduate from high school or attain GEDs. This is a focused effort to locate tutoring resources for eligible youth who were identified as in need of additional educational assistance. A half-time employee, who is a former foster youth, is the academics coordinator for the tutoring initiative. Youth in need of tutoring are identified through self-referral, resource parent or child welfare specialist referral, or by contact from any of the youth’s permanent connection support system. Identified students in need of tutors are assigned to volunteer/cost free tutors, when available. If that free option is not available and the youth is 16 years of age or above, the youth is connected to a service provider who is paid through Youth Development Funds. Progress reports are received from each tutor and reviewed monthly for each student. Care providers, school personnel, and the students are contacted in order to obtain feedback on progress. Progress report information is entered into the youth’s electronic case file for use by the child welfare specialist when reporting IL services to the court. Tutoring services are also entered as an independent living NYTD service, other financial supports, for youth 16 years of age and above since the tutoring is paid with youth development funds made available through the grant. **Progress Achieved:** This federal year the Tutoring Initiative had an increase in the youth matched with tutors as did funding usage under the Education Related category of youth development from which the tutoring is paid. **Planned activities:** Education attainment is one of the three broad goals identified for the Oklahoma Chafee Independent Living Program and tutoring is a major support for our youth in attaining that goal. While the Tutoring Initiative is currently centralized with OK IL program staff, there will be consideration of returning the responsibility of determining the well-being need of tutoring to the child welfare specialist who will locate a tutor and request youth development funds to pay for the tutoring.

**Resource Materials** for youth 16-21 years of age, CFCIP purposes 1-5, are available for each youth by calling OUNRCYS:
- "A Future Near Me", a workbook that contains 100 questions to guide a youth toward self-sufficiency;
- "The Path Before Me", a tribal version of the "A Future Near Me";
- luggage – each eligible youth is provided with a new piece of luggage;
- gas cards;
- go phones and phone cards; and
- flash drives.

**Accomplishments and progress achieved:** Technical assistance to distribute the resources is handled through the IL Community Contractor. The youth report they like receiving the resources, especially the luggage, gas, and phone cards. At the time a youth completes their 7 Key Element Life Skills assessment, they are provided the resources listed above and the new IL Youth brochure that lists the IL services and resources that are available to them. The youth have met to discuss what they would like in the way of an "organizer" for their essential documents. But they have not agreed on the best solution. The youth who attended the July, 2012, Teen Conference will be offered the opportunity to complete a survey that discusses possible new resource options. To the program’s surprise, the number one answer was a first aid kit! The second teen conference will provide the survey so a large number of youth will have weighed in on new recommendations resource materials. In addition, the OKIL program will seek every opportunity over the coming year to survey, inquire, question, all of the program’s partners to
seek suggestions on recommended new resources. The IL county coordinators will be able to discuss this at the planned retreat and members of the Tribal Work Group will be asked to make recommendations.

The following services and resources are offered to youth who are approaching 18 years of age and plan to exit care, those 18 to 21 years of age who remain in state or tribal custody on a voluntary basis to complete their high school education or GED, and those youth who have exited care and are not yet 21 years of age.

**Independent Living Incentive Payments** 16-23 years of age, CFCIP purposes 1, 2, 3, 4 and 5, 7, are monetary payments for youth exiting OKDHS and Tribal custody from an out-of-home placement; for youth who complete supplemental assessments that relate to specific topics such as education, pregnancy, parenting, and homelessness; for youth who complete targeted surveys that assist program development such as the IL resource survey mentioned in the previous section; and for youth who complete the Education and Training Voucher application process. The exit incentive payment is calculated based upon the youth’s accomplishments between when IL services were initiated at 16 years of age or above and when the youth exits care. Activities for which the youth receives compensation at exit include educational attainment, employment, placement stability, volunteerism, life skills development and future planning. Educational Assessment incentives may be issued if a youth is requested to complete an Educational Assessment as part of his IL case/transitional plan. Youth receiving aftercare services through the "Yes I Can!" network may be requested to complete the additional assessments listed above. Post-Secondary students who completed the Education and Training Voucher Program application process are also issued an incentive payment.  

**Progress achieved:** Providing financial incentives offers opportunities for the youth, no matter their placement, to have some funds available so they can practice budgeting skills. For the 10 months from July 1, 2012, to April 30, 2013, $91,545 were issued in Incentive Payments directly to youth 16-21 years of age. This is just under a 10 percent increase over last year. Issuing these funds reinforces the message that the youth’s opinions and accomplishments are important which is the focus of positive youth development. **Planned activities** for the coming year include a review of the Exit Interview categories for which the youth receive incentives. These areas were established at the time of the Chafee Grant was initiated. As the OKIL Program’s administration of the grant has changed and improved particularly the use of the 7 key elements to guide the youth’s transition, it seems to make sense that incentives should be around achievements in those seven areas. A team of current and former youth, child welfare specialists, and program staff will review the incentive process to determine if categories of incentives should be changed.

**Exit interviews** for youth 16-21 years of age, CFCIP purposes 1-5, are a part of the incentive payment process. Exit interviews are completed at the 60 day point in the 90-day transition plan process prior to any youth exiting OKDHS or Tribal custody or placement on or after age 18. The exit interview form requests information on the youth’s current educational and employment status, placement type, if the youth has children and if their children reside with them. The youth is also asked to complete a checklist of services that they have received while in custody. The form also asks what the youth sees his or herself doing in three years, what three changes they think would make the CW system better, and whether they give permission for the agency to contact the them from time to time to see how they are doing. At the exit interview, available
aftercare services are explained and youth are provided a laminated "YES I CAN" card with a toll free number to request aftercare services.  **Progress achieved:** The exit interview is an integral part of the information gathering for the CFCIP outcomes. The interviews will continue to be analyzed for suggestions youth have on how to make the system better. At the end of each month, program managers are provided copies of any exit interview where a youth responds positively or negatively regarding any changes he or she would make in the child welfare system. Copies of the exit interviews are also sent to regional deputy directors. During the last federal fiscal year, 303 youth exited care because they had reached 18 years of age or older. Just over half or 160 of the eligible youth completed an exit interviews and received their incentive payment and opportunity to provide information on future plans and how to improve CW. **Planned activities:** The exit interviews will be promoted at all the youth events, seminars, and conferences. OKIL program and IL community contractor will look at the possibility of offering the opportunity for the youth to complete the exit interview on the new OKIL website when the youth did not complete one at exit.

**IL Youth Development Supportive Services funds** for youth 18-21 years of age, CFCIP purpose 5,7, were established to provide financial support to the 18-21 year old youth who elects to remain in "voluntary care after 18 years of age to complete their high school education or GED, or to former youth who encounter emergencies as they begin to establish themselves in the adult world." The youth, or CWS specialist or Tribal specialist requests these funds if the youth is in voluntary care and the youth if the youth has exited care. OUNRCYS approves the requests and faxes to the fiscal agent.

- **Education related expense** tutoring, concurrent high school/college classes. ACT and SAT tests, class supplies
- **Car expenses** must be necessary to maintain employment or education
- **Alternative transportation** buses, taxis, bicycles
- **Medical expenses** doctor or dentist visit, prescriptions, glasses, medical insurance
- **Counseling and Mentoring** outpatient sliding scale services for substance abuse, counseling, mentors;
- **Furniture or appliances** to establish independent living arrangements
- **Miscellaneous** includes goods and services that are planned with the youth to complete their goal of transition to independence and are not covered by any other contingency fund, IL service or community resource
- **Clothing** for youth only
Accomplishments and progress achieved: For the 10 months from July 1st, 2012, to April 30th, 2013, supportive services in the amount of $135,010.28 were issued. Although the amount of the funds utilized is lower than the previous year, the youth accessing the allotted funds once again appear to have accessed them in a proportion closely related to the number of former foster youth in each of the OKDHS geographical regions and in relation to the number of tribal youth enrolled. The most popular and most accessed fund continues to be the car expense category. This is understandable since Oklahoma is largely rural with only limited mass transportation in only the largest cities; however, this is a significant amount of funds and OKIL wants to insure these funds are used wisely and support a larger plan to insure successful transitions. Progress achieved: These funds continue to be dispersed based on the stated need of the youth calling "Yes I Can!" network and this process runs smoothly. As mentioned in last year’s strategies a survey was developed and executed at the Teen Conference in 2012, regarding priority guidelines a youth must meet prior to accessing the car expense category. The youth who responded to the survey were much more "strict" in their recommendations of guidelines than the OKIL program staff have been. The number one guideline suggested was that only youth who had obtained a high school diploma or GED could access the car fund. This suggestion alone has the potential of raising the percent of youth who obtain a high school education! There were also recommendations regarding the youth having completed a driver’s education class and no driving violations in the previous year. Planned activities: During this strategic planning year, we will be looking at all the categories of the supportive services area with a keen eye on the car expense category. Additional youth will be offered the opportunity to complete the survey and several adult focus groups will be convened to discuss if categories need to be added or eliminated and to discuss revised guidelines for the car expense category.

The "Yes I Can! youth alumni network for youth 18-21 years of age, CFCIP purposes 1-5,7, provides outreach and services to our youth 18-21 years of age who have exited care. At the time the youth exits care, they are provided a laminated card with the toll free number for the "Yes I Can!" network. Two OUNRCYS IL specialists and two part time former foster youth answer the toll free number. In addition, University of Oklahoma practicum students are also responding to "Yes I Can!" calls as part of their practicum experience. Staff that answer the toll free number provide information and referral services that complement the youth’s own efforts toward self-sufficiency. Referrals may be made to local community resources or government agencies, or the youth may be assisted with Supportive Services or Housing Youth Development Funds. Case management is available through the area IL specialist if the youth appears to be able to benefit from the service. All youth who are pregnant, parenting a child, homeless, and some youth with a mental health problem are offered a case manager. Progress achieved: An average of 744 calls were received by the "Yes I Can!" network during the first two quarters of this report period. There were 80 new "Yes I Can!" aftercare cases established during the same time period. Three youth have accepted face-to-face case management. As mentioned in the previous APSR, the 90-day transition plans are accessible to the "Yes I Can!" staff so these are utilized as starting points when a youth calls in to request their new "Yes I Can!" case be established and begins to request services. Planned activities: During the next year "Yes I Can!" staff will be looking at data regarding time between exit of care and first contact with the
aftercare network; age when most financial support requests are made; and age when youth begin to be less likely to call for additional services. This data will help guide the decisions regarding funds distribution, times resources are most needed and budgeting.

**IL Youth Development Housing funds** for youth 18-21 years of age, CFCIP purposes 1-7, are for housing needs for youth in preparation for living on their own or for emergencies youth encounter while learning to live independently. Youth who are eligible for this category must have been in OKDHS or tribal custody and in out-of-home placement on their 18th birthday. All youth who access this service will be required in most cases to participate in an IL case plan that includes a full time work schedule or school schedule or a combination of the two. Youth who access this service after exiting care must show proof of their recent work or school efforts. Housing may be provided in a variety of settings such as apartments, houses, trailers, room and board facilities, host homes, foster family homes and dorms. A general guide is that youth may access housing youth development funds six times between 18 and 21 years of age but this guide is flexible depending on the needs of each youth. The "Yes I Can!" network receives requests for housing in the community through the toll free number and complete requests for these resources. Oklahoma defines eligible categories under room and board as rent and utility deposits, rent and utility payments, and food. 

**Accomplishments and progress achieved:** Total costs spent on the housing category decreased for the third year. In the period from July 1st, 2012, through April 30th, 2013, the amount spent on housing expenses was $149,035.74. The OKIL program is unsure what the explanation is for the decrease. A possible answer is that transitioning youth seem to more aware that living independently is challenging. More transitional opportunities have become available and "acceptable" to our youth and they are taking advantage of these programs to keep the housing expenses lower and to have additional time to practice their life skills in a supported setting. The OKIL program continues to pay more in Education and Training Voucher Program (ETV) funds in the room and board category, $299,065.93, than housing from Chafee base funds. The ETV funds spent on the room in board category increased by more than $42,000 over last year’s expenditures. As mentioned earlier in this section, in addition to accessing Chafee and ETV funds for housing, the OKIL program has coordinated with community entities for housing assistance. One example is Neighborhood Services Organization (NSO), a long established community organization in Oklahoma City that operates a transitional living program for young men 18-24 years of age. The OKIL program had several young men exiting care from a group home in Oklahoma City who were not sufficiently ready to maintain full time employment and housing on their own. These young men entered the NSO transition living program. The IL Program supports the youth with some youth development housing and work related funding. NSO provides the case management, education, employment preparation and counseling. Job Corps is also a resource that has become a transition plan for youth who are not ready to live independently in the community and desire to obtain technical skills. One of the IL Specialists from the IL Community Contractor visits these youth once a month and coordinates with Job Corps on transition plans for the youth. HOPE Community Services is also assisting with rental payments for youth with mental health issues transitioning to independence in several areas of the state. Young females exiting care from a group home in Area II have accessed a "community demonstration" transitional living project initiated by the Oklahoma Commission on Children and Youth in the far southwest corner of the state. Additional housing collaborations and resources will be discussed under the collaboration category. 

**Strategies for next year:** The IL Program will continue to work and coordinate with
other state and federal agencies and non-profit organizations around identifying or creating affordable housing for our transitioning youth. A statewide continuum of community based developmentally appropriate residential and housing options continues to be the goal of OKIL as well as all the members of the Strengthening Custody Youth Transitions Advisory Team. If needed, the IL Program will also reallocate funding to impact the need for housing. Besides the IL contracted services, resources, events and providers listed above that are made possible through monies provided by the Chafee Foster Care Independent Living Program, the State of Oklahoma provides other resources and services that support the Oklahoma IL Program. State statute, OKDHS, other governmental agencies and community resources support the CFCIP Purposes through the following programs, resources, and services.

Voluntary services after 18 years of age CFCIP purposes 1-5, allows youth who have not completed their high school education or obtained a G.E.D. by their 18th birthday to request voluntary placement to complete their educational goal. Youth may sign a request to receive services until their 21st birthday or until they complete their secondary education, whichever comes first.

Specialized Community Homes for youth 16-21 years of age, CFCIP 1-5, are five foster family homes that provide care for five same sex youth between the ages of 16 and 21 years of age that are still in state or tribal custody. The foster parents are paid a salary to provide ongoing intensive instruction and preparation in all the life skills necessary to prepare the youth in the home for a successful transition to adulthood. This living situation differs from a foster home setting based on the more challenging behaviors of the residents and the amount of time focused on the life skills preparation.

The Oklahoma Independent Living Program Website CFCIP purposes 1-7, is a state run website that provides an opportunity for present and former foster care youth to access a variety of information about the independent living program as well as information related to education, housing, mental health, and basic medical needs. The IL community contractor also provides IL information on Twitter and Wikipedia.

The Oklahoma Higher Learning Access Program also known as "Oklahoma’s Promise". (OHLAP) CFCIP purposes 1, 2 and 3, is a unique program set up by the Oklahoma Legislature and administered by the Oklahoma Regents for Higher Education for eighth, ninth, and tenth grade students that helps pay for tuition at an Oklahoma public two-year college or four-year university. Once enrolled in the program, youth are eligible for benefits regardless of whether or not they remain in OKDHS custody as long as they maintain the behavioral and scholastic requirements established by OHLAP. You may learn more about the OHLAP by logging on to www.okhighered.org/ohlap.

Tuition Waivers CFCIP purposes 1, 2 and 3, 5, 7, are provided for post-secondary education and vocational-technical programs at all institutions within the Oklahoma state system of higher education for youth who were in OKDHS or tribal custody for any nine months between 16 and 18 years of age. Tuition waivers are provided by the State of Oklahoma Regents for Higher Education. Waivers are valid until the youth reaches 26 years of age or completes a baccalaureate degree.
**Lou Hartpence Scholarships** for youth 18-23 years of age, CFCIP purposes 1, 2 and 3, are available through an endowment to assist selected OKDHS custody youth in obtaining higher education. Youth are selected through an application process, must maintain a "C" or better average, and be enrolled in 12 credit hours or more. Selected youth receive $1000 their first and second year of college, $2000 for their third year and $3000 of scholarship assistance for their fourth year.

**Youth With Promise Scholarships** for youth 18-23 years of age, CFCIP purposes 1, 2 and 3, 5, 7, are sponsored by private donors, the Oklahoma County Children’s League, and Oklahoma City Community Foundation and are to assist youth with higher education needs such as tuition at private colleges, books and fees not covered by grants or scholarships, and other special needs such as eye glasses.

**Page Week** for youth 16-21 years of age, CFCIP purposes 1-4, is an event in which our youth are invited yearly to participate as pages for a week in the Oklahoma House of Representatives. For a youth to participate the youth must make application. The selection process requires evaluation of the youth’s participation in the Oklahoma IL program, volunteer, and school activities. Once selected, youth have the opportunity to learn about the legislative process and personally meet with their legislators. Legislators have the opportunity to listen first hand to the issues that arise with our youth in out-of-home placement. In addition, the legislator provides housing for the week, transportation, supervision, and work stipends.

**Collaborations and initiatives** continue to be an important but challenging aspect of the IL Program. A discussion of these initiatives and collaborative efforts follows:

The **Community Transformation Team** "The Bridge" in Tulsa is a long established collaboration. This collaborative effort focuses on all youth related issues in the Tulsa Metropolitan area. The collaborative partners are Oklahoma Department of Mental Health and Substance Abuse, Tulsa Mental Health Association, Oklahoma Health Care Authority, which has oversight of the Oklahoma Medicaid program, OKDHS, Office of Juvenile Affairs, Department of Health, and Youth Services of Tulsa. Tulsa is one of the designated sites for the Oklahoma Healthy Transition Initiative Grant, which focuses on transitional living and wraparound services for youth with mental health issues. Youth currently and formerly in OKDHS or tribal custody with mental health challenges, who meet the eligibility requirements, and reside in or near the second largest metropolitan area continue to be able to access these services. Their focus for the past year has been a process to "Map the Path to Transition" for youths aging out of OKDHS, OJA or disenfranchised community youth. The Bridge Building team have discussed the issues of psychotropic drug use in foster care, the need for medical passports for continuity of care, the need of mental health case management for those with severe mental health issues, the need for more trauma informed trained therapists and have heard from both youths who are aging out and experienced foster parents. A member of the team visited California and toured First Place for Youth, a very successful project to help youth 16-24 years of age, who are currently or formerly in foster care and presented information on how they run their housing program.
**OK Foster Grads** is a faith-based organization that, "collaborates resources for youth aging out of state custody to create permanent connections while fostering independence and contribution to community." This initiative is still in the formative stage but plans to develop the follow three programs:

- FLUX – An annual foster graduation party
- PERKS - mentor/partnership/permanency program
- SKILLS - apprenticeship program

OK Foster Grads hosted the fourth annual graduation party for youth who graduated high school from area III. Attendance included the youth’s resource and biological families and their child welfare specialists. The celebration included being served a meal, many door prizes for the graduates, time for everyone to line dance, and inspirational messages. Feedback is always positive on this event. This fairly new initiative has not expanded past FLUX phase one yet but have begun to distribute a quarterly newsletter with information that support foster parents and youth in care.

**Department of Rehabilitative Services** continued their collaborative effort coordinated between the Oklahoma Department of Rehabilitative Services (DRS), OKDHS, and OU National Resource Center for Youth Services. DRS assumed responsibility for the costs and the majority of the planning for the event. The event will be held on June 26, 2012, and is being called "Take Charge of your Future!" This will be a DRS outreach event that includes resource information, motivational speakers, and a youth panel focusing on empowering youth with disabilities by discussing strategies for self-advocacy. Child welfare specialists, OKDHS and Tribal, resource parents, youth, and DRS related vendors will be available to discuss supports available for youth with challenges. This collaboration was the result of these agencies attending the Governor’s Youth Council and the Transition Work Group. DRS and OKDHS envision future collaborating around the school IEP Transition Plans that are developed for youth in the public schools. The transition goals of the Department of Education, DRS, and OKDHS are similar. The goal is for a mechanism to be developed through IEP meetings where resources can be shared and coordinated for transitioning youth.

**Stand in the Gap Ministries** Stand in the Gap Ministries is a prayer-based, church-driven, small-group-empowered movement that fills the gaps in the social service system, in the ministry of the local church, and in the lives of individuals. Life Launch is one of the programs sponsored through Stand in the Gap. In 2010, Life Launch initiated a pilot in the Tulsa area, partnering with The Tulsa Boys Home, a group home, and the Bair Foundation, a therapeutic foster care agency, both serving OKDHS custody youth, and Tulsa Hope Academy. The goal of Life Launch is investing in the lives of young people to support them, starting "wherever they are" and to help and encourage them on their journey as they strive to achieve independence and self-sufficiency. This is accomplished through a continuum of caring relationships, community connections, and support resources. Life Launch mentors worked with young men in the City of Tulsa and these mentors were active in getting these youth to IL seminars and teen conferences. Life Launch is now fully operational in the Oklahoma City area. The Oklahoma City group is led by a former foster youth. The initial focus was youth in area group homes that may not have permanent connections as they plan their transition to adulthood.
Lorraine Bacone Learning Work Community (L.B. LWC) has just completed the first academic year. This community on the campus of Bacone College was inspired by a former custody youth who graduated from the college in 2011, with the assistance of Education and Training Vouchers. This youth talked about the need for a community of support for former foster youth, especially during the times between college sessions. Bacone College took on the challenge and established the program. The program assists former OKDHS custody and tribal custody youth who are interested in obtaining a college education from an institution of higher education in Oklahoma. This year round program allows the students to have residency throughout the year as they complete their college education. The L.B. LWC assists students in obtaining their associates or bachelor’s degrees while assisting them in obtaining financial support, housing, and opportunity for personal development. Youth enrolled in the program are provided experiences to interact with business and professional leaders in the community as well as be actively involved in volunteering with education and service oriented groups in the community. The intent of the program is to graduate students who are educationally and emotionally equipped to become leaders in their respective communities. Nine students entered the program for academic year 2012-2013.

Healthy Teens OK! is a project of the Interagency Coordinating Council for the Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases and coordinated by the Oklahoma Institute for Child Advocacy. Support for the project was provided by the Merrick Foundation, the Women’s Foundation of Oklahoma, and the Centers for Disease Control and Prevention (CDC). Oklahoma is one of nine state projects that are part of a national CDC-funded initiative to promote science-based approaches to teen pregnancy prevention. The Power Through Choice curriculum, developed for use with youth in Foster Care and Group Homes, was piloted in Oklahoma group homes prior to receiving the CDC grant. The grant allows expansion to other group homes in Oklahoma. The CDC grant was enhanced with an additional grant from the Annie E. Casey Foundation that will provide funding for items for group home staff, retention incentives for youth participants, and training for more group home staff and the Youth Council leaders. The clinical trials to determine the effectiveness of the Power Through Choice curriculum are under way and continue through June 2014.

Next Steps is a collaboration developed by a group of community services providers to create housing options for youth 18 years of age and over in the Lawton area. Lawton is the location of an OKDHS group home for females as well as a large number of OKIL eligible youth. This year the Lawton Housing Authority Executive Board approved using a five-bedroom unit for housing specifically for former female foster youth. The house will have an on-site overnight house manager, case manager, and mentor. Two additional units were added to assist former foster youth with children and are currently occupied.

R is for 4 Thursday Project is a new initiative that was in the formative stage for two years. This initiative was the result of a former foster student who was attending a Northeastern State University (NSU) four year college mentioning to a professor in the social work department the challenges of former foster youth attending college. This professor and a fellow professor at Oklahoma State University (OSU) saw the need for some type of additional support for these students. The ETV Education Specialists assisted the professors in making contact with the students at NSU and OSU. The results of these interviews was the launch of "R is 4 Thursday"
project, which is a Facebook site, www.facebook.com/Risforthurday, dedicated to former foster youth at four year higher education institutions. The Facebook page was launched in February, 2013. The purpose of the project is to provide a place for former foster youth to share their experiences, identify obstacles in navigating college life, and to provide assistance and resources to these youth throughout their journey.

**Oklahoma Bridge to Independence Network**  This new collaborative was the result of a data sharing certificate program. The Oklahoma project was to develop an information sharing project targeted to youth and young adults 16-21 years of age, who were approaching independence and young adulthood, but had few or no connections to a supportive family structure or community. The key state agencies include OKDHS CWS, the Office of Juvenile Affairs, the Oklahoma Health Care Authority, and the Oklahoma Department of Mental Health and Substance Abuse Services. The goal of the network is to improve outcomes for youth and reduce their unnecessary entry deeper into the juvenile and criminal justice system. Project activities include identifying policy and research data projects that support the goal, a review of existing databases for data elements, establishing agency responsibilities for data sharing, establishing data sharing agreements, and assuring safeguards are in place to prevent breaches of personal information.

**Positive Youth Development**
The OK IL Program attempts to have youth involvement in all program areas. In the past year, youth were involved in the following activities:
- all youth completing an exit interview have the opportunity to make suggestions on how they would improve the OKDHS child welfare system;
- the "Presenting with Purpose" curriculum. This curriculum trains youth to have a powerful voice as they advocate for change, assists the youth in keeping their speeches focused, and protects the youth from feeling vulnerable while presenting. Forty-seven youth were trained through this curriculum. Those who successfully complete "Presenting with a Purpose" receive an additional financial incentive when they speak because they were "professionally" trained.
- Youth co-planned and then co-facilitated small groups and life skills workshops at the 2012 Teen conference. One former youth served as the emcee for the conference.
- Three former custody youth who have all graduated college continue to be employed by OKDHS to manage the outcomes survey administration and documentation for NYTD; to manage the Tutoring Initiative; and support the youth speakers bureau, SWAG Nation.
- The IL Program’s IL Community Contractor now employs three former youth one a full time basis, two in the accounting department, and as an IL Specialists on the contract, and one former custody youth on a half time basis.
- A youth is assigned to the advisory committee of each federal grant that OKDHS has received.
- The ETV program is utilizing older post education students to provide targeted mentoring to new students.
**Chafee Medicaid Option**
Youth in OKDHS or Tribal custody in an out-of-home placement on their 18th birthday are eligible to receive extended medical coverage, currently Medicaid 18-21, due to a change in Oklahoma’s Medicaid plan permitted by the Chafee Foster Care Independence Act of 1999. The Oklahoma State Medicaid Plan was amended to include the Medicaid IL 18-21 option in 2001, and this option was funded in 2003. Online application and reapplication will be rolled out in October 2013. The Oklahoma Health Care Authority who administers the Medicaid program is developing policy and guidelines regarding extending Medicaid to age 26.

**Coordination with Tribes**
The Chafee Foster Care Independence and Education and Training Voucher Programs were established to provide a centralized system for requesting any IL Service. The OKIL program coordinated with the tribes through work on the Tribal Work Group and technical assistance provided through the IL community contractor IL specialists. Tribes are notified by email, FAX, and letter, and this year website, of all IL related activities and events. Tribal youth were involved in each activity and have accessed each IL service and resource provided as a result of the Chafee Foster Care Independence Act program in Oklahoma for many years. There continues to be some challenges in identifying new tribal youth eligible for the IL program, particularly if there is a turnover in tribal staff connected to CW. The OUNRCYS IL specialist’s Tribal Team mentioned earlier in this report has the primary purpose to assist with educating individuals about the processes of the OKIL program to ensure that all tribal youth receive services. The Tribal Team maintains contact with the Indian child welfare specialists to build relationships, provide technical assistance to Indian Child Welfare and the tribes, and attend tribal specific meetings, trainings, and events. The Team attended Tribal Work Group meetings in August 2012, and September 2012, where they presented information on the new OKIL website, upcoming IL events and provided an opportunity for questions and answers on the OKIL program. The team participated as an exhibitor at the Cross Cultural Learning Collaborative hosted by the Oklahoma Department of Mental Health and Substance Abuse Services. In October and December, the Tribal Team attended the Southern Plains Child Protection Team Meeting where several youth were staffed. In November, IL specialists and SWAG Nation Tribal Youth provided a training session on OK IL program. Also in November, the team provided technical assistance to the Choctaw Nation Indian Child Welfare supervisor and specialist regarding the OKIL Process. The Tribal Team provided training at the National Indian Child Welfare Conference in April, 2013. The Tribal Team attended the Tribal Work Group meetings in January and February. The Seminole Nation and Cherokee Nation have requested technical assistance regarding services available through the OKIL program and meetings are being. The Chickasaw Nation and the Sac and Fox Nation are completing their application to receive IV-E funding directly and have indicated they may need technical assistance regarding the Chafee Foster Care Independence Act.

**Planned activities over the next year:** Several tribes have indicated that they would prefer to use tribal specific documents related to the OKIL Program. The 90 Day transition plan "My Transition Plan" was developed with tribal youth input and the document was submitted to the Oklahoma Indian Child Welfare Association for input and approval. This document does have the OKDHS letterhead/logo on the form and may also be included in the development of all the new IL forms. The plan is that tribal specific documents will be completed through workgroups
by early fall, 2013. A tribal tab is being developed on the OKIL website. The icon for this tab was approved by the Indian Child Welfare Association and should appear on the website mid-summer. The tribal documents that are developed will be housed under this icon/tab. Another activity planned for September 2013 is the Completing the Circle Event that will be held at the Citizen Potawatomi Nation campgrounds. One of the concerns of past events is how to make this event different for older youth. The planning committee is looking at several speakers and musical performers who would be of interest to IL age youth.

Another planned activity that is being addressed in another section of the APSR is the development of a Tribal/State Work Group. The plan is that Directors and Supervisors and other representatives of the Tribal Nations and CWS program administrators and supervisors, program managers and field managers will make up the work group. Consistent and committed attendance at the workgroup meetings will be the expectation. The OKIL program manager will be a regular attendee at this workgroup.

The OKDHS OKIL program manager is ready to assist any Tribe who is completing their new IV-E agreements. In addition, the OKIL program manager is willing to negotiate in good faith with any Tribe that requests to develop an agreement to administer or supervise the Chafee Foster Care IL Program or the ETV Program.

The following is information on Oklahoma’s Education and Training Voucher Program

Oklahoma has developed the following Education and Training Voucher Program (ETV) based on the Chafee Foster Care Independent Program, CFCIP Purpose 6. The Oklahoma ETV program makes available funding for post-secondary training and education for eligible youth.

Youth eligible for services under the OKDHS ETV Program are youth:
1. eligible for services under the Oklahoma Chafee Foster Care Independent Living Program;
2. who were likely to remain in out-of-home care but obtained permanency through a legal guardianship after 16 years of age;
3. adopted from out-of-home care after obtaining 16 years of age; and
4. participating in the ETV Program on their 21st birthday as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress towards completion of that program can continue to be eligible for the ETV Program until they reach 23 years of age.

ETV funding can be used at any institution of higher education as defined by the Higher Education Act. These institutions must meet the following three criteria:
1. admits as regular students only persons with a high school diploma or equivalent; or those persons who are beyond the age of compulsory school attendance.
2. are public or non-profit, or proprietary institutions of higher education, or are post-secondary vocational institutions; and
3. are accredited or pre-accredited and are authorized to operate in the state.

In addition, the institution is defined as, a school that:
1. awards a bachelor’s degree or not less than a two year program that provides credit towards a degree; or
2. provides not less than one year of training towards gainful employment, or
3. is a vocational program that provides training for gainful employment and has been in existence for at least two years.

The ETV funds can be used for tuition, if student is not eligible for the Oklahoma tuition waiver, books, fees, rental or purchase of equipment, materials and supplies, room and board, personal and healthcare expenses, transportation, child care for dependent, and tutoring. Each institution establishes the definition of what items are included in the previous list of categories. The amount of the ETV voucher shall be disregarded for the purposes of determining the recipient’s eligibility for, or the amount of, any other federally supported assistance, except that the total cost of education assistance to a student from ETV and other Federal programs shall not exceed the total cost of attendance at the institution. For purposes of determining a year’s eligibility for ETV’s, the school year is considered either the fall, spring, and summer semesters or the beginning date and 12 months after for post-secondary training programs.

Oklahoma makes every effort to coordinate with other appropriate educational and training programs in the state and will take steps to prevent duplication of benefits under this and other federally supported programs.

The OK IL Program has hired six part time education specialists to administer the OKDHS ETV Program. The six education specialists are supervised by one of the State program staff. The education specialists assist eligible youth in their transition from custody through a post-secondary setting. The education specialists work with the students to develop educational/transitional plans once the students gain admission to a post-secondary institution. The education specialists meet with the students and representatives of the financial aid and bursar’s office to determine the total cost of attendance, create a budget, and identify the items that will be paid by the ETV voucher. The education specialists process all requests for ETV funds for the students and educate the students regarding receipts to document use of the funds. The education specialists assist the students in developing a good working relationship with school personnel not only in the financial aid and business office but also in the bookstore, student relations’ offices, and offices connected to the campus. The education specialists assist in problem solving crises that might affect the youths’ attendance at the schools and will locate connections in the community to provide support to the students. The education specialists identify living situations for breaks, holidays, and summers; assist with annual applications for FASFA and other scholarships, encourage career exploration, and assist with job location once the students completes their education. OKIL Program staff also developed a working relationship with the Oklahoma State Regents for Higher Education Scholarship Coordinator who is responsible for both the Tuition Waiver and OHLAP scholarships. Progress achieved: The education specialists relationships with financial aid, bursars, and housing staff at various colleges and career technology centers plus the OKIL program staff’s relationship with the Oklahoma State Regents for Higher Education is supportive.

Statistical and Supporting Information for the ETV Program
Total number of students receiving ETV awards for the 2011-2012 school year: 175
Of the 175 students from 11-12 school year, 66 were first time ETV recipients. Total number of students receiving ETV awards for the 2012-2013 school year: 181. Of these 181 students, 76 are first time ETV recipients. Of these 181 students, 71 of the students are between the 21 and 23 years of age. Total number of ETV awards since the first ETV awards in 03-04: 980.

Of the 66 new students that began during FY 2011-2012 the racial breakdown was:
- White: 31 youth
- Black: 22 youth
- Indian: 13 youth (2 former tribal custody)

In addition, 15 of the 66 had remained in voluntary custody after 18 years of age to complete their high school education prior to attending post-secondary education.

Seven of the 66 youth had been adopted after 16 years of age and 1 of the 66 had entered a guardianship after 16 years of age.

Of the 76 new students that began during FY 2012-2013 the racial breakdown was:
- White: 45 youth
- Black: 18 youth
- Indian: 13 youth (9 former tribal custody)

In addition, 30 of the 76 had remained in voluntary custody after the age of 18 to complete their high school education prior to attending post-secondary education.

Six of the 76 students had been adopted after 16 years of age and 3 of the 76 had entered a guardianship after 16 years of age.

2013 Confirmed Graduation Statistics for current ETV students:
- 5 Bachelor degrees (pastoral counseling, social services, 2-family studies, fine arts,)
- 2 Associate degrees (criminal justice and behavioral science)
- 2 Certificates of Completion (computer-IT and auto mechanics)

The names, addresses, and telephone numbers of the programs’ contact persons:
Cathy Connelly - OKDHS, CWS
P. O. Box 25352 Oklahoma City, OK 73125
(405) 521-3778
(405) 521-4373 (fax)

CW Staff Training Plan
The following Title IV-E training plan is allocated in the following methods. If the training encompasses the entire realm of CW practices then the random moment time study results are applied and if appropriate, the IV-E allocation is claimed at the 75 percent with Title XX receiving the largest share of the allocation. If the training involves only foster care staff and foster care topics the penetration rate is applied and the IV-E portion is claimed at 75 percent, same methodology for adoptions and the courses that mix foster care and adoption with each CFDA receiving the appropriate share of the costs. Other trainings that could be claimed against
IV-E are sometimes not do to revenue maximization were claiming against other federal programs brings in more revenue.

The CW Comprehensive Training Program provides resource families, providers and staff with the values and skills necessary for their roles. The training program includes:

- **New CW Specialist** orientation consists of four weeks of CORE training in the classroom, mandatory workshops, and eight weeks of on-the-job training including pre- and post-CORE activities, structured mentoring and intensive supervision. The final step in CORE training is the Hands On Testing (H.O.T.), which they must pass to complete CORE.
- **Level I** training provides instruction building on existing skills and experiences for staff in the first year of CORE training.
- **Level II** training is specific to the child welfare specialist’s job duties, building on CORE and Level I workshop information.
- **Level III** training is for experienced child welfare specialists and offers a variety of workshops that address the evolving needs and interests of staff, such as advanced sexual abuse, advanced substance abuse and includes Mentor Certification.
- **Lead Specialist** training is for child welfare specialists who are interested in supervision in the future. The workshops educate and prepare child welfare specialists for a future in CWS leadership.
- **Supervisor Training** is for CWS supervisors who desire more knowledge in the field of CW, to build their skills, and includes Supervisor Certification in the mandatory supervisor trainings.
- **Critical Incidents Stress Debriefings** are provided to staff to help deal with specific incidents of stress such as the death or serious injury of a child. Four psychologists who are experts in the field of critical incident stress debriefings provide this service.
- **Case Management Groups** are mandatory for all CWS Supervisors. Quarterly training topics are presented in the morning section and in the afternoon, case situations are discussed.

**Overview of Staff Training**

All CWS staff is required to complete pre-CORE activities while waiting for CORE to begin. Prior to attending CORE, new child welfare specialists complete an online assessment. New child welfare specialists complete four weeks of classroom training and four weeks of on-the-job training, two weeks in the middle of CORE and two weeks post CORE, back in the county office. In SFY 2013, OKDHS initiated Hands-On Testing (H.O.T.) with participants who completed CORE. H.O.T. is a minimum skills competency test with four components: interviewing, documentation, SACWIS data entry and safety threat identification. New child welfare specialists must complete CORE training and successfully pass all components of H.O.T. prior to the assumption of work responsibilities.

After the CORE training and passing of the H.O.T., child welfare specialists are enrolled by the training section in Level I classes. Additional job specific training is provided during the next two years (Level II). This training is designed to build on existing skill sets and experiences. After three years of mandatory training, experienced staff selects advanced workshops to meet
their needs specific to their job responsibilities. CWS supervisors will continue to complete two courses of instruction. The Supervisor’s Academy is nine days long and provides a general orientation to management, focusing on supervisory skills, personnel practices and such procedures as purchasing and facility repairs. This is completed in the first nine months of an individual’s classification in a supervisor position. CWS supervisors participate in an additional week of training specific to the values, laws and principles of CW fieldwork. In addition, all supervisors participate in quarterly training regarding program issues identified by field or program staff as needing additional attention.

**PIP and CFSP**

During the state’s Federal CFSR in 2007, the OKDHS training program was a systemic component found in compliance. The training program has set both short and long-term goals to continue this success in the future. As was done with integration of the state’s Practice Standards, CW training will continue to systemically reinforce the OKDHS ongoing efforts to improve outcomes for families and children through training activities to support goals CFSP and Oklahoma’s Pinnacle Plan. As the CFSP goals will emphasize continued implementation of the state’s Practice Model, the training program will proactively respond through integration of practice concepts into existing curricula, as well as implementation of new training.

The state will continue the process of continual examination of content for CORE and all level trainings. The training program will ensure each workshop is modified as needed to ensure consistency with current and planned modifications to policy and practice, with particular emphasis on those related to implementing the state’s Practice Model. OKDHS will continue to seek feedback from staff at all levels of OKDHS in continuing development and improvement of the training program.

In FY 14, the major goals will be to provide training and initiate certification testing for all levels of child welfare specialists, I, II, III and Supervisor. These tests will cover knowledge and skills expected of child welfare specialists and supervisors at each level and will be a requirement of obtaining and/or retaining employment at that specific hire level.

**Fostering Connections**

Section 203 of the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) provides for expansion of IV-E funding to provide for short-term trainings for private CW agency staff and court personnel. OKDHS has chosen to take a proactive approach in this area, as the state’s CW training program has always made short term training available to several external stakeholders, including contracted service agencies, Tribal Child Welfare agency staff, court personnel, and law enforcement. OKDHS will plan to continue this practice in the future.

**University Partnership**

OKDHS will continue to work in its partnership with the University of Oklahoma, Anne and Henry Zarrow School of Social Work, as well as the other universities across the state that have accredited social work programs. Advanced education is affiliated with practice that is more responsive and social work education can be linked to improved outcomes for children and families.
The University of Oklahoma Anne and Henry Zarrow School of Social Work will continue to provide the following services:

**Case Management Services**
The format includes four meeting per year, with each meeting consisting of case presentation and discussion specifically related to implementation of various aspects of the CWS Practice Model. The meetings are held each quarter. Participants include CWS Supervisors from across the state and attendance is mandatory for three of the four sessions. There are 15 groups located in several different locations statewide. Several Clinical Specialists will provide consultation in person or via teleconference related to Family Team Meetings (FTM).

**Title IV-E CW Professional Enhancement Program-BSW/MSW professional education**
The mission of the CW Professional Enhancement Program is to enhance and support Oklahoma’s public child welfare workforce by providing professionally trained social workers to take positions with OKDHS in the CWS program. This is accomplished through a partnership between OKDHS, the University of Oklahoma’s MSW and BSW programs and three participating universities across the state that have accredited BSW programs. In May, 2013 a total of 10 CWS students graduated from BSW and MSW programs and accepted employment with OKDHS CWS. In addition, 21 current OKDHS employees participated in the MSW programs at OU Norman and OU Tulsa, with three employees graduating with MSW degrees.

**Methodology:** The enrollment driven budget model used by the University of Oklahoma Outreach Sponsored Programs in administering financial support for CW is based on the ratio of CW students to non-CW students in each class taught in the social work programs at all the participating universities. All participating universities collect new information each year to compute the amount of Social Work instructional costs for the university. Updating of the participation ratio for all the universities in the program is done yearly with a representative from OU Sponsored Programs and OU traveling to each of the schools to meet with the designated staff, including the CWS coordinator and fiscal staff. Each university provides data to update the participation ratio of CW to non-CW students enrolled in social work classes. All expenditures are monitored closely to assure compliance with federal and state regulations. This information is provided annually to OKDHS to be included in the Child and Family Services Plan Annual Progress and Service Report.

OKDHS will allocate the costs of the BSW/MSW CW Professional Enhancement Program, operated by the University of Oklahoma, through the following process:

1. By application of the percentage rate of IV-E students to the entire social work student body to calculate applicable University costs. This calculation is made for each of the subcontracting universities, Southwestern Oklahoma State University, Northwestern Oklahoma State University, East Central University, and Oral Roberts University, and for the University of Oklahoma.

2. By application of the OKDHS calculated IV-E Penetration Rate, percentage of costs related to the portion of OKDHS caseload in out-of-home placement that is IV-E eligible.
3. OKDHS will claim the appropriate costs at the 75 percent IV-E Training FFP rate and the 50 percent IV-E administration FFP rate. Costs claimed at the 75 percent FFP rate include instructor and other directs costs as well as the cost of the stipends paid to participating social workers preparing for employment with OKDHS and tuition, books and fees for existing OKDHS staff. Costs claimed at 50 percent FFP include all administrative costs incurred for operation of the University IV-E program.

Target Audience: BSW and MSW students, including current OKDHS employees, who have signed a contract obligating them to a specific period of employment with OKDHS in a Title IV-E compensable activity.

BSW Courses

Provider Codes: Classes offered at all schools, unless otherwise noted. University of Oklahoma (OU); East Central University (ECU); Northwestern Oklahoma State University (NWOSU), Southwestern State University (SWOSU); Oral Roberts University (ORU).


Interviewing Skills for Generalist Practice. An introduction to the basic interviewing process for conducting ethical generalist practice in a multicultural society. Interviewing skills presented will include: basic attending, empathic listening, observation, reflection of feelings, supportive confrontation and structuring of an effective non-judgmental interview. (OU)

Trauma Informed Care in Social Work Practice. Embeds into social work practice an understanding of the traumatic impact maltreatment has on individuals and families. (OU)

Generalist Practice with Individuals and Families. Uses a generalist practice model focused on knowledge, values and skills of professional social work practice with various client systems. Course emphasizes development of skills for assessment and intervention with individuals and families.

Generalist Practice with Families and Groups. Uses a generalist model focuses on knowledge, values and skills requisite for social work practice with various client systems. Course emphasizes development of knowledge and skills specific for work with families and groups.

Human Behavior: Individuals and Families. Within a social systems framework and biopsychosocial perspective, students learn empirically based theories, which deal with life-span development and family behavior. This course provides a theoretical foundation for micro and mezzo level generalist practice.

Human Behavior: Groups, Organizations and Communities. Students learn theories related to group, organization and community dynamics and behavior. Special attention is given to establishing theoretical foundations for the assessment of mezzo and macro level systems.
Social Welfare Policy. An overview of social welfare in modern times, including its philosophy, history, values, and ethics, is studied within a broad social science framework. Policy practice is presented from a generalist perspective.

Cultural Diversity and Oppression. Focuses on social and cultural diversity, including the interests and needs of social and cultural minorities from their perspectives. The nature of diversity is stressed while theoretical explanations of oppression, racism, and discrimination are examined.

Honors Reading. Will consist of topics designated by the instructor in keeping with adoption, foster care and related CW issues. The topics will cover materials not usually presented in regular coursework. (OU)

Social Work Research I. An introduction to research methods applied to the profession. Problem identification and formulation, study design and instrumentation are included. The student is required to develop a research design appropriate to generalist social work practice.

Social Work Research II. The project based on the research design developed in Social Work 4083 is completed. Students are engaged in practice evaluation using skills in data collection, analysis of data, and report writing.

Generalist Practice with Organizations and Communities. Uses a generalist model focuses on knowledge, values and skills requisite for social work practice with various client systems. Course emphasizes development of knowledge and skills specific for assessment and intervention with organizations and communities.

Understanding Child Abuse and Neglect. Introduction to the topic of child abuse and neglect. Examines the history of the field, different forms of abuse and neglect, causative factors, abuse and neglect dynamics, the social services system, and prevention strategies. (OU)

Child Abuse and Neglect. Course is designed to provide the student with a broad knowledge of issues and methods relevant to CW, with emphasis on gaining practical knowledge base for working in the field of CW as a generalist social worker. (NWOSU)

Child Abuse Seminar. The course examines the historical perspective of child abuse, the impact on child development of maltreatment and theoretical basis within a cultural context. The content also includes development of policy pertaining to CW laws and systems perspectives. (SWOSU)

Special Topics in Social Work and Social Welfare. Focus is on issues significant to social work or social welfare. Cost allocated only if topic is IV-E related. (OU)

CW and Sexually Abusive Families. Focus on child sexual abuse as a special content area of social work practice within CWS. (OU)
**Practicum Seminar I and II.** Integration of knowledge, values, and skills derived in social work courses with practicum situations. Can be done concurrent or block depending on the university.

**Practicum I and II.** A structured, educationally directed experience in social work practice, provided under the supervision of a qualified social worker as practicum instructor. Cost allocated if placement is in the public CW agency in a IV-E compensable function. Can be done concurrent or block, depending on the university.

**Seminar – Social Work in CW.** The course is a survey of CW as a field of social work practice and within the context of the larger CW system in the U.S.; Oklahoma CWS is a component of the course with the introduction of Oklahoma CWS and Indian Child Welfare through use of professional social worker guest speakers. (ECU)

**MSW Courses**
**Providers:** University of Oklahoma, Norman and Tulsa Campuses; University of Oklahoma Health Sciences Center (OUHSC)

**Alcohol and Drug Abuse.** Survey of theoretical and research writings on the etiology, dynamics and social work treatment of substance abuse (alcohol and drugs) in contemporary American society. Considerable emphasis on social work practice (casework and group work) with substance abusers in specific populations, including CW.

**Independent Study.** Contracted independent study for topic not currently offered in regularly scheduled courses. Independent study may include library and/or laboratory research and field practicum projects. Cost Allocated only if topic is IV-E compensable.

**Advanced Standing Seminar.** A seminar course designed to enhance the preparation of advanced standing students for master’s level study in Social Work. Foundation content in human behavior, practice, policy, research, and diversity and ethics are overviewed. Individualized student professional development is emphasized.

**Social Work Research Methods I.** The course is an introduction to the design and implementation of quantitative and qualitative research methods that are appropriate to social work and human services program evaluation.

**Social Work Research Methods II.** The course is an introduction to applied data analysis methods that are appropriate to research in social work practice and human services program evaluation.

**Generalist Practice with Individuals, Families, and Groups.** The first of two required foundation year courses in the generalist social work practice. The course explicates a generalist perspective that focuses on the knowledge, values, skills, and techniques appropriate to assessment and interventions with individuals, families, and groups.

**Generalist Practice with Groups, Organizations, and Communities.** The second of two required foundation year method courses in the generalist social work practice. Continuation of
the exploration of the generalist perspective focusing on the knowledge, values, skills, and techniques appropriate to assessment and treatment planning with groups, organizations, and communities.

Models for Gender and Culturally Sensitive Practice. Feminist and culturally sensitive methods of facilitating empowerment at all-sized system levels will be presented within a generalist practice model. A strengths and wellness perspective will be emphasized. Issues related to diversity among women and special populations will be interwoven throughout the course content.

Understanding Child Abuse and Neglect. Introduction to the field of child abuse and neglect. Examines the history of the field, different forms of abuse and neglect, causative factors, abuse and neglect dynamics, treatment planning, the social services system, and prevention strategies.

Special Topics in Social Work and Social Welfare. Focus is on issues significant to social work or social welfare. Cost allocated only if topic is IV-E compensable.

Child Abuse/Neglect Seminar I and II. This elective is offered by the OUHSC and is an interdisciplinary training program focusing on the CW system in Oklahoma. Participants include graduate students in social work, law, psychology, and medicine.


Death and Dying. Not cost allocated.

Social Gerontology. This course overviews the sociological aspects of aging. It examines the institutions of society that affect the older population and that are affected by them. Not cost allocated.

CW and Sexually Abusive Families. Focus on child sexual abuse as a special content area of social work practice within CWS. Emphasis will be placed upon intervention.


Seminar in Community Health. Not cost allocated.

Social Work and the Law. Examines law and the legal system. Special attention is given to legal issues impacting CW programs, clients, and the profession of social work.

Infant Mental Health. Covers brain and physical development of children up to 2 years of age, including the effects of trauma and adverse events on brain development.
**Ethiopian Social Welfare Issues.** The course provides students with knowledge of social welfare issues in Ethiopia and knowledge of local, national and international responses in educational institutions, various organizations and by services providers. This content is presented within the historical, social, cultural, economic and political context of Africa in general, and Ethiopia specifically. Not cost allocated.

**Human Behavior: Individuals and Families.** Within a social systems framework and bio-psycho-social perspective, students learn empirically based theories, which deal with life-span development and family behavior. This course provides a theoretical foundation for micro and mezzo level generalist practice.

**Human Behavior: Groups, Organizations, and Communities.** Students learn theories related to group, organization, and community dynamics and behavior. Special attention is given to establishing theoretical foundations for the assessment of mezzo and macro level systems.

**Alcohol and Other Drugs.** Provides an integrated focus on the action of drugs and the consequences of AOD use, abuse, and addiction. Historical and current policies as well as issues are also examined. Attention is given to diverse populations, including CW, as an estimated 80 percent of CW cases involve substance abuse; research finding and theoretical perspectives.

**Clinical Practice with Addictions.** Not cost allocated.

**Social Work with American Indians.**

**Trauma Informed Care in Social Work Practice.** Embeds into social work practice an understanding of the traumatic impact maltreatment has on individuals and families.

**School Social Work.** Prerequisite: graduate standing in social work or permission of instructor. Designed to help prepare students for social work practice in school settings. It covers a range of practice and policy issues along with the multiplicity of school social worker roles and responsibilities. Not cost allocated.

**Social Welfare in a Changing World.** An historical and descriptive review of U.S. social welfare programming, introduction to social welfare policy analysis, and the role of the social work profession in affecting change in social welfare policy.

**Human Diversity and Societal Oppression.** Focuses on social work practice issues in the context of human diversity, differential power, societal oppression, and discrimination. Emphasis is on the interpersonal transactions between and within groups who differ by race, ethnic/cultural heritage, religion, gender, socio-economic status, sexual orientation, physical limits, and generational status.

**Social Work Practicum I and II.** Professionally supervised foundation and concentration year practicum placements in a public CW agency in a Title IV-E compensable activity.
Research Investigations in Social Work. Initiation and completion of an individual or group research project dealing with some aspect of social work. Students are expected to demonstrate knowledge of the scientific method as applied to social work. Emphasis will be on student’s capacity to elaborate implications of research findings for social work theory and practice. Cost allocated only if project is IV-E related.

Advanced Direct Practice with Populations at Risk. This course will focus on a critical analysis of traditional and emerging social work practice approaches as well as advanced interviewing and assessment skills and techniques. Specific attention is focused on the application of practice models in complex situations, particularly those involving populations at risk and diverse clients, behaviors, strengths, needs and values.

Administration in Social Work. Prerequisite. First in a sequence of two advanced practice seminars in the administration and community practice concentration. Course content is based on a social systems model. Primary attention is given to the roles of administrator and planner in social work/social welfare settings.

Supervision and Consultation. Addresses the development of skills in supervision and consultation of social work practice in agency context. The tasks of supervision and consultation are addressed in a social systems context and address the issues confronting supervisors in a multicultural society.

Advanced Group Work. Advanced social group work practice using a social systems perspective to enhance well-being in the group context.

Advanced Social Work Practice with Families. Provides an integrated learning experience in the theory and practice of social work with families. An overview of theories of family functioning and contemporary approaches to family-oriented practice which provides a systemic base for understanding and utilizing the helping process with special attention given to the design and implementation of practice evaluation.

Proposal Development. Prerequisite: second-year graduate standing in social work, concentration in administration and community practice, concurrent enrollment in 5553 and 5763. Designed to enable students to obtain skills in planning and program implementation through development of funding proposals.

Medical Social Work. Not cost allocated.

Adult Psychopathology. The study of adult psychopathology based on the current diagnostic and statistical manual of mental disorders. Several diagnostic categories will be addressed from a bio-psycho-social perspective, emphasizing the theoretical foundation for these mental illnesses. Provides information for child welfare specialists dealing with parents with mental health issues, which affect their ability to care for their children.
The DSM-IV in Social Work: Assessment and Diagnosis. Designed to assist the student in understanding and using the prevailing psychiatric taxonomic system, the diagnostic and statistical manual of mental disorders (DSM-IV-TR). Helps students understand the significance of various diagnoses for clients and implications for treatment planning.

Perspectives on International Social Work. Designed to help students acquire knowledge about international social work, models of practice, developmental processes, and strategies. Specific attention is given to the methods and skills of social work practice with international communities. Emphasis is given to social problems adversely impacting at-risk international populations. Not cost allocated.

Child and Adolescent Psychopathology: Assessment and Treatment. Provides an overview of clinical information necessary to effectively assess, diagnose and provide social work treatment for children and adolescents in need of mental health services. Provides information for child welfare specialists dealing with children and adolescents on their caseloads who have mental health issues affecting their placements and wellbeing.

Community Analysis and Organization. Examines the community and the state as a social system. Within this framework, several concepts, theories and approaches to practice are examined. Special attention is given to social problem identification, assessment, funding advocacy and related matters.

Social Work Practicum I, II and/or III. Concentration-focused candidacy year professionally-supervised practicum placement. Cost allocated if in a public CW setting in a IV-E compensable activity.

Directed Readings. Directed readings and/or literature reviews under the direction of a faculty member. Cost allocated only if topic is IV-E related.

Advanced Integrative Seminar for Direct Social Work Practice. Drawing on material from all previous required courses, this seminar provides students in the direct practice concentration with an opportunity to integrate theories and techniques of social work practice and to develop knowledge and skills in the evaluation of practice methods and outcomes.

Research for Master’s Thesis. Cost allocated only if IV-E related.

Social Service Monitoring and Evaluation. This seminar is designed to enable students to integrate learning experiences in the administration and community practice concentration through monitoring and evaluation.
### SFY 2014 Staff Pre- and In-Service Training Activities

The following pre-service and in-service activities occurred during SFY2012 to develop the values, knowledge and skills of new and experienced CWS staff. The following training was provided through a contract with The University of Oklahoma Health Science Center.

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Description</th>
<th>Administrative Functions</th>
<th>Setting/Venue</th>
<th>Duration Category</th>
<th>Provider</th>
<th>Training Length</th>
<th>Audience</th>
<th>Estimated Cost/ Cost Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE Level I</td>
<td>Four weeks of classroom and one week of on the job training. Focuses on purpose and philosophy of OKDHS CWS, policies and procedures, skills for engagement and interviewing, procedure and best practice towards safety, well-being and permanency for children and families.</td>
<td>Referral to services; Development and maintenance of case plan; Case management; Placement of Children; Recruitment/Licensing of Foster Homes; IV-E Eligibility Determination or Redetermination</td>
<td>Pre-service</td>
<td>Short term</td>
<td>OKDHS training staff; Contract trainers</td>
<td>16 days per CORE-22 CORE Groups</td>
<td>OKDHS</td>
<td>$490,000 Random Moment Time Study with IV-E @ 75 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Level I Introduction to Child Sexual Abuse</td>
<td>This basic introduction to working with sexually abused children identifies normal child sexual development, behavioral signs of sexually abused children, and the long-range impact of abuse on their lives.</td>
<td>Referral to Services; Preparation for and Participation in Judicial Determinations; Placement of Child; Development and Maintenance of Case Plan</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>Contract Trainers</td>
<td>Two Days x15</td>
<td>OKDHS</td>
<td>$14,800 Random Moment Time Study with IV-E @ 75 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
<td>------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Level I Diversity</td>
<td>This course challenges child welfare specialists to examine their sensitivity and responsiveness to the diverse cultures of the populations they serve. Participants will examine their own culture, traditions, and economic values - recognizing the potential impact upon their own outlook and the decisions they make concerning their clients. We will examine the growing diversity created by four generations currently co-existing in the workplace and will examine the growing diversity created by ‘class’: generational poverty, middle class, and wealth.</td>
<td>Placement of Child: Case Management</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>Contract Trainers and OKDHS Staff</td>
<td>Two Days x15</td>
<td>OKDHS</td>
<td>$27,000 Random Moment Time Study with IV-E @ 75 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Level I Family Centered Services</td>
<td>Offers an overview of policy and best practice in Family Centered Service casework. The training will also include discussions on the philosophy and history of FCS services, poor prognosis indicators, assisting clients to identify protective capacities and how to determine whether it is an FCS case. At the end of this one day training participants will be able to: Identify and apply the philosophy and purpose of FCS within the scope of CPS and/or Permanency Planning; Apply FCS protocols in their investigation and identify whether or not cases qualify to become FCS cases; Assist clients in identifying protective capacities to promote safety and family preservation; Engage and apply skills that motivate clients to access services in support of their plan.</td>
<td>Referral to Services</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>One Day X13</td>
<td>OKDHS</td>
<td>$6,500 NOT IV-E eligible training</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-----------------</td>
<td>----------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Level I Specialized CPS Services</td>
<td>Offers new child welfare specialists advanced training on assessments and investigations as well as training on prevention and voluntary services. Upon completion of this class, child welfare specialists are able to identify risk factors and utilize them in all aspects of the CPS screening process, assignment of CPS investigations and assessments, prioritization as a time frame for response, and form conclusions of an assessment or findings of an investigation. Child welfare specialists are trained on how to identify and use CPS and Family – Centered policy as a resource in following required investigative and assessment protocols.</td>
<td>Referral to Services</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>Two Days x11</td>
<td>OKDHS</td>
<td>$12,000 NOT IV-E eligible training</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/ Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Level I Specialized Foster Home Policy</td>
<td>This workshop is for child welfare specialists who are responsible for recruiting foster parents and completing foster family assessments. Upon completion of this class, child welfare specialists will be able to: apply current Foster Care policy, utilize and maintain resource screens in the KIDS system to process and manage cases from inquiries to closure, use KIDS to set up resources, understand and utilize all Foster Care forms, utilize financial screens for claims, utilize written plans of compliance, understand the process for Foster Home closures.</td>
<td>IV-E Eligibility Determination or Re-determination; Recruitment/Licensing of Foster/Adoptive Homes and Institutions</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>Two Days x4</td>
<td>OKDHS</td>
<td>$1,250 Foster Care with IV-E @75 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-----------------</td>
<td>----------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| Level I Prep for Court | This workshop gives participants knowledge of the legal system to help alleviate this anxiety. Through lecture, role-play, and demonstration, the workshop addresses: Courtroom etiquette, coping with cross-examination, and effective non-verbal and verbal communication. | Preparation for and Participation in Judicial Determinations; Placement of Child | Initial In-Service | Short Term | OKDHS Attorneys | Two Days x14 | OKDHS                        | $14,500  
  Foster Care with IV-E @75 percent |
<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Description</th>
<th>Administrative Functions</th>
<th>Setting/Venue</th>
<th>Duration Category</th>
<th>Provider</th>
<th>Training Length</th>
<th>Audience</th>
<th>Estimated Cost/ Cost Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I Out of Home Care</td>
<td>Out of Home Care training will provide an in-depth overview of placements for children in the OKDHS CW system. Upon completion of this class child welfare specialists will be able to: assess the level of risk in a child’s current placement, approach all placements as planned and goal-directed, demonstrate knowledge of the concept of continuum of placement, list the resources provided by shelters, TFC and host homes, understanding the dynamics and procedures of kinship, foster care, tribal foster care and therapeutic foster care placements, utilize community resources in meeting the needs of children on their case loads, understand the dynamics of the adoption process, and understand the impact of transitioning between placements.</td>
<td>Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>Two Days x7</td>
<td>OKDHS</td>
<td>$4,000 Foster Care with IV-E @75 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>-------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>----------</td>
<td>-----------------</td>
<td>---------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Level I Skills for Interviewing</td>
<td>Provides child welfare specialists with techniques on how to improve their interviewing skills with children and adults on CPS and Permanency Planning cases.</td>
<td>Development and Maintenance of Case Plan; Case Management</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
<td>Three Days x25</td>
<td>OKDHS</td>
<td>$80,000 Random Moment Time Study with IV-E @ 75 percent</td>
</tr>
<tr>
<td>Level I Substance Abuse</td>
<td>This two-day workshop will provide child welfare specialists with a base understanding of working with substance abusing individuals and families. Participants will gain knowledge on how to recognize warning signs as well gain a better understanding of the dynamics of substance abusers. Child welfare specialists will learn how to improve communication skills with substance abusing clients and how to utilize assessment tools.</td>
<td>Development and Maintenance of Case Plan; Case Management</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
<td>Two Days x12</td>
<td>OKDHS</td>
<td>$32,000 Foster Care with IV-E @75 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/Cost Allocation</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------------------</td>
<td>-----------------</td>
<td>----------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Level I Specialized</td>
<td>This class will cover in more detail and use examples of situations that</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan;</td>
<td>Initial In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>Two Days x12</td>
<td>OKDHS</td>
<td>$11,500 Adoptions with IV-E @ 75 percent</td>
</tr>
<tr>
<td>Permanency Planning</td>
<td>students have encountered while in the field on a wide range of Permanency</td>
<td>Case Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planning subjects first introduced to staff in CORE training. Topics for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>this training include: Creative Strategies for Permanence, strategies to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shorten Stays, and tips on handling new and Inherited Cases.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level I Resource Family</td>
<td>This training will guide Foster Care and Adoption child welfare specialists,</td>
<td>Recruitment/Licensing of Foster/Adoptive Homes and Institutions</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Staff and OKDHS Staff</td>
<td>Three Days x7</td>
<td>OKDHS</td>
<td>$13,500 50 percent Foster Care and 50 percent Adoptions with IV-E @ 75 percent FFP</td>
</tr>
<tr>
<td>Assessment</td>
<td>as well as contractors through the process of assessing and preparing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>potential resource families to meet the needs of children from the CW system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost/ Cost Allocation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------</td>
<td>----------------</td>
<td>----------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| Level I Child Assessment and Preparation Training | This workshop will give permanency-planning child welfare specialists an overview of adoption policy and updates on SWIFT outcomes and procedures, which will help, facilitate timely placements for children waiting for adoptive families. | Referral to Services; Preparation for and Participation in Judicial Determinations; Placement of Child; Development and Maintenance of Case Plan; Case Management | Continuing In-service | Short Term | OKDHS Staff | One Day x5 | OKDHS                           | $2,600  
Random Moment Time Study with IV-E @ 75 percent |
| Level II Advanced CPS Policy              | Focuses on the decision making process in assigning CPS Investigations/Assessments, the CPS Investigation process, assessing safety, guidelines in confirmations, and making out-of-home placements. | Referral to Services; Placement of Child                                                  | Continuing In-service | Short Term | OKDHS Staff | One Day x6 | OKDHS                           | $3,000  
Not Eligible for IV-E |
<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Description</th>
<th>Administrative Functions</th>
<th>Setting/Venue</th>
<th>Duration Category</th>
<th>Provider</th>
<th>Training Length</th>
<th>Audience</th>
<th>Estimated Cost/ Cost Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level II Permanency Planning for CPS</td>
<td>This workshop provides an overview of the Permanency Planning program with an emphasis on the crucial aspects of our first contacts with families. Topics covered in this course include: ASFA 1997; Creative Strategies for Permanency; ASFA Principles; ASFA Goals; ASFA Methods; ASFA Provisions; Ways That May Shorten Length of Stay; CPS Activities that Impact Permanency; Parent/child Visitation; Reunification and Good Services.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>One Day x5</td>
<td>OKDHS</td>
<td>$1,500 50 percent Foster Care and 50 percent Adoptions with IV-E @ 75 percent FFP</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level II Advanced Foster Care Policy</td>
<td>This workshop will review and introduce new Foster Care Policy issues. Topics in this class include: Initial Screening and Requirements; Inquiries from other states; Background Investigation; History of CA/N Investigations; Disposition of Foster Home Assessment; Denial of the Assessment; Kinship Reimbursements; Placement Considerations-Requests for Exceptions; Foster Care Reviews; How child welfare specialists can help resource parents; Written Plans of Compliance; Reassessments; Closure of Home and Clothing Policy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement of Child; Recruitment/Licensing of Foster/Adoptive Homes and Institutions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting/Venue</th>
<th>Duration Category</th>
<th>Provider</th>
<th>Training Length</th>
<th>Audience</th>
<th>Estimated Cost/Cost Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>One Day x2</td>
<td>OKDHS</td>
<td>$700 Foster Care with IV-E @75 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>-----------------------</td>
<td>--------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Level II</td>
<td>This two-day workshop provides an advanced understanding of working with substance abusing individuals and families and developing ISP’s. Topics covered in this class include; Children of Substance Abusing Families; why are Substance Abuse cases difficult and frustrating; to manage; what make Alcohol and Other Drug Abuse A Critical CW Issue; Spectrum of Substance Abuse; Ramification on child safety; Women and Substance Abuse; Co-occurring substance abuse and mental Illness; How to talk with kids about parental substance abuse; How to Motivate Parents into TX and Enhance TX Readiness; Levels of TX; Substance Abusing Families; Typically Have Other Problems; Substance Abuse TX and Recovery; 13 Principles of Effective Drug Addiction TX; Understanding Relapse; PP for Families with Substance Abuse Issues; Adoptions and Safe Families Act; Goals and Services; Developing a Safety Plan for a Child Remaining in the Home and Ways to Combat Barriers.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$13,500</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Level II Out of Home Investigations</td>
<td>Policy and Protocol will be discussed in detail in relation to child abuse/neglect referrals and CPS investigations/assessments of foster homes, trial adoptive homes and childcare center/homes. Topics covered in this class include; Child Abuse/Neglect Investigations/Assessments in Child Care Centers/Homes; Oklahoma Administrative Code; Protocol for Investigating CA/N Reports in Child Care Centers or Homes; Referral Acceptance; Demographics Example; CCL/CPS Coordination; DCL and CPS Roles; CCL/CPS Coordination; Contact with the Alleged Child Victim; Non-Victims or Witnesses; Other Agency Notification; Medical Consultation; Contact with the Facility/Home; Report to District Attorney; Completion Notification; Related Forms; Confidentiality; Separate or Companion Investigations; Child Care Locator; Facility Search; and Division of Child Care Licensing.</td>
<td>Referral to Services; Placement of Child; Recruitment/Licensing of Foster/Adoptive Homes and Institutions</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Level II Overview of IL</td>
<td>Components of the Oklahoma Independent Living Program will be shared and the guiding policies reviewed.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
</tr>
<tr>
<td>Level II Parenting the Sexually Abused Child</td>
<td>This workshop focuses on understanding behaviors and their relationship to modifying those behaviors, handling disclosures, and creating boundaries that help the family and child feel safe.</td>
<td>Referral to Services; Placement of Child; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider Type</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Level II Dynamics of Domestic Violence</td>
<td>This workshop will address the effects of domestic violence on children. Topics covered in this class include: effects of domestic violence on children; CPS policy; ways to increase the child’s safety in violent homes; tools to ease children’s anxiety in homes where violence occurs; system responses and alternatives; and ways to address battering as a parenting style.</td>
<td>Referral to Services; Placement of Child; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Level II Medical Aspects</td>
<td>This training focuses on injuries associated with child abuse, particularly fractures, head trauma, and other injuries that may be misdiagnosed as accidental.</td>
<td>Referral to Services; Placement of Child; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Level II Planning for Successful Reunification</td>
<td>This workshop helps develop competencies in: ASFA and Reunification; Research in Reunification; Principles of Reunification; Visiting for Successful Reunification; Concurrent Planning; Substance Abuse and Reunification Case Planning.</td>
<td>Referral to Services; Preparation for and Participation in Judicial Determinations; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Level II Effects of Child Abuse and Neglect</td>
<td>This workshop covers important issues and how they relate to Child Neglect. The legal basis for Neglect will be covered along with the dilemma in Intake with such topics as &quot;Intake/Screening, Assessment/Investigation, Ongoing Services and Permanency outside the home.&quot; Child Maltreatment will be discussed as well as determining urgency, the three primary stages of the screening interview, the nature of the telephone and its barriers, as well as special issues such as divorce and custody, and known versus unknown reporters.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Level II Advanced Legal</td>
<td>This workshop will introduce child welfare specialists to competencies that will help them have a better understanding and working knowledge of the judicial system. Participants will gain a working knowledge of the rules of confidentiality, foster care and movement of children, adoption services, consent for medical care and treatment of custody children, working with foreign national families, the behavioral health inpatient commitment process, the Interstate Compact on the Placement of Children, legal liability and courtroom decorum. Through lecture, question and answer and demonstration, this workshop addresses Oklahoma Statutes related to these topics.</td>
<td>Preparation for and Participation in Judicial Determinations; Placement of Child</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>OKDHS Attorneys</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Level III Domestic Violence</td>
<td>This workshop will address the effects of domestic violence on children. Research shows that children suffer lasting effects many areas of their lives from domestic violence. Participants will learn how to increase the safety for children in violent homes. This training also will provide participants tools to ease children’s anxiety in homes where violence occurs. Various system responses will be discussed and alternatives provided. The child welfare specialist will also learn how to address battering as a parenting style and require accountability.</td>
<td>Referral to Services; Placement of Child; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Level III Bipolar Disorder</td>
<td>This workshop will address what do child welfare specialists need to know about the disorder. Can children really have bipolar disorder (BD)? Why do we have so many children diagnosed with BD now? And adults too? What treatments work? Are the children over medicated? What are reasonable expectations for parents with BD?</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Level III Investigating Allegations of Child Sexual Abuse</td>
<td>This workshop prepares protective service child welfare specialists to investigate cases involving sexual abuse allegations. It covers the contexts both true and false allegations can arise; age related changes in normal childhood sexual behaviors, thinking, memory and moral development; and research – based forensic protocols, best practices, and skills for effective interviewing and investigations.</td>
<td>Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Level III Writing ISP</td>
<td>This workshop will focus to the specific elements that need to be included in an effective ISP (Individualized Service Plan). When written well, the ISP not only identifies goals and tasks for the client, family, but also becomes a helpful tool for the child welfare specialist in promoting and monitoring change. Included will be: 1) a focus on the SMART format for writing effective goals; 2) action plans; and 3) contribute to goal.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Level III SASSI</td>
<td>SASSI - Substance Abuse Subtle Screening Inventory – This workshop aims to provide accurate, substantive, and brief psychological instruments for those working in the helping professions to aid in the identification of individuals with substance use disorders.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Level III Miss My Family</td>
<td>Protecting children from abuse and neglect sometimes means they must be removed from their homes. While we are aware of the safety issues involved in the removal, how much do we focus on the emotional results of the move: Separation from their home, their family, their friends, their school? What about the losses, pets, toys, their own bed? In this workshop, we will identify loss responses in children and learn techniques to reduce loss-induced trauma, including step-by-step ways to prepare children during an emergency removal situation.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Level III Trauma in the CW System</td>
<td>This workshop offers keys to prevention and intervention strategies for secondary traumatic stress (STS) that are effective in CW organizations.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In – Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>------------------------</td>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Stress Management</td>
<td>Somewhere between the extremes of &quot;too little&quot; and &quot;too much&quot; stress exists an amount of stress that is healthy, motivating, and stimulating. Therefore, stress cannot and should not be eliminated, <em>but it can be effectively managed</em>. When stress reaches an extreme level, it can be debilitating and even threaten your life or career. With too little stress, you lose stimulation and motivation. You simply do not have any reason to face each new day. Both extremes can contribute to deterioration of your physical, mental, emotional and behavioral well-being.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Level III How to Present Cases in Different Venues</td>
<td>This one-day workshop will engage participants in discussions of the needs of the unique audiences and how to tailor case presentation accordingly with particular on preparation.</td>
<td>Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>OKDHS</td>
</tr>
<tr>
<td>Level III Preparation and Presentation of Case Information</td>
<td>This one-day workshop will engage participants in discussions of how to effectively prepare and communicate relevant case information, with emphasis on hearings. Participants will have the opportunity to practice skills learned by testifying in a mock trial.</td>
<td>Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract trainers</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Level III Use of Medication in Mental Health</td>
<td>This workshop reviews the history of medication as being the predominant treatment for many mental health problems. The classes of drugs are reviewed as to how they work their use for various classes psychiatric disorders and their risks and benefits. Special attention regarding the benefits and risks for children and adolescents in particular.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level III Time Management</td>
<td>Time Management is one of the core differences between effective and ineffective people, and is an important challenge for lead child welfare specialists to balance a caseload with provision of back up supervision. Effective time management requires a shift in thinking, that is, a concentration on results versus appearing to be busy. The goal of this workshop is to address the difficulties lead child welfare specialists have in managing their time specific if to their caseload responsibilities. The content will address some of the myths associated with time management, the importance of planning, and offer insight as to how easily time is wasted. Specific strategies for organizing your caseload will also be addressed.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting/Venue</th>
<th>Duration Category</th>
<th>Provider</th>
<th>Training Length</th>
<th>Audience</th>
<th>Estimated Cost/ Cost Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
<td>One day x2</td>
<td>OKDHS</td>
<td>$520 Random Time and Study @ IV-E @ 50 percent</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Level III Motivational Interviewing</td>
<td>Motivational interviewing (MI) is a proven, client centered intervention method for addressing ambivalence and resistance to change. MI is shown to improve case outcomes, promote change, and improve compliance. MI uses a menu of strategies and 5 principles to assess readiness to change and to address ambivalence and resistance on the part of the client. These are the centerpieces of motivational interviewing and are key in assisting the client in setting and achieving case goals. The workshop provides opportunities for learning and practicing MI skills in exercises and role-plays. Participants will learn to assess their own skills and to give feedback to others using Motivational interviewing strategies. Participants will also how to integrate these skills into their existing methods of casework.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Level III Safety Planning</td>
<td>This workshop will provide participants with a practice model, focusing on solution building clients competency and signs of safety.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Level III Understanding the Dynamics and Intervention with Sex Offenders</td>
<td>This workshop is &quot;Sex Offender 101&quot;. It describes the characteristics of men who engage in sexually abusive behavior, addresses some myths about sex offense and sexual offenders and how to interact effectively with families that are impacted by sexual abuse. Sex Offender treatment and community management of offenders is included in this training.</td>
<td>Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Level IV</td>
<td>This workshop provides critical tools for developing child welfare specialist competency, and offers effective methods for determining where child welfare specialists need improvement.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Developing child welfare specialist Competency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFS-CWS Management Academy</td>
<td>This workshop is mandatory for all new supervisors and provides an introduction to leadership, management and coaching skills, along with instruction on specific program areas in CWS.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainers and OKDHS Staff</td>
</tr>
<tr>
<td>Management Academy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Supervisors New Supervisors Program Instruction</td>
<td>This workshop is mandatory for all new supervisors and provides specific instructions related to multiple program areas in CWS. These include CPS, Permanency Planning, ICWA, Foster Care, Adoption, Legal, KIDS for Supervisors and KIDS Report.</td>
<td>Case Management</td>
<td>Continuing In- Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Level IV Packaging Your Communication Skills</td>
<td>A supervisor’s ability to be effective is dramatically impacted by the repertoire and quality of his/her communication skills. This highly interactive workshop will identify and explore the many ways a supervisor can carry out his/her professional role. This course gives participants opportunity to engage in a series of discussions and activities to accentuate the importance of what a supervisor is communicating to build skills, confidence and self awareness in communication style and the impact of effectiveness in practice, professional image and career growth.</td>
<td>Case Management</td>
<td>Continuing In- Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>----------------------</td>
<td>-------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Level IV How to be a Good Clinical Specialist</td>
<td>This workshop will discuss the impact of supervisors on the work with clients. It will include how to coach and mentor child welfare specialists around issues of assessment, case planning, intervention with clients and implementation and closure.</td>
<td>Case Management</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Level IV Dealing with Difficult Employees</td>
<td>This workshop examines: the elements of effective performance management; the basics in addressing employee performance problems; giving effective feedback; the principles of progressive discipline; developing a performance improvement plan; and effective documentation.</td>
<td>Case Management</td>
<td>Continuing In Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/ Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
<td>-------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Level IV Keeping Them: Strategies for Retaining Your Team</td>
<td>This workshop will help supervisors develop their skills in retaining staff by increasing their ability to supervise assertively and use positive reinforcement to motivate and recognize staff. They will explore strategies for overcoming challenges and adopting proactive skills to prevent performance problems. Supervisors will learn about conflict and social interactional styles they may encounter in supervision to manage with flexibility and practice giving corrective feedback in a productive way.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>-------------------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Level IV High Performance Team</td>
<td>This two-day workshop will define the role of supervisors in creating and sustaining high performance teams. It will offer participants some ways to think about current strengths and create a strategic plan for excellence.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Level IV Establishing Your Model for Effective Supervisor</td>
<td>This workshop formerly called &quot;Ten Tips for Supervisors&quot; is about meeting management case consultation, feedback on staff performance, teaching, reviewing reports, providing support. Following the Kadushin’s Model of supervision, this explores specific and practical tips for any new or tenured supervisor.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Misc Basic Child Fatality</td>
<td>This workshop is designed specifically for child welfare specialists and Supervisors who are involved or may become involved in a child death or near death case. Child welfare specialists must have completed CORE but do not have to have completed Level I or Level II classes. Participants will review policy and procedures for child fatality cases. Child welfare specialists who work with child fatality cases face a great deal of stress and related feelings due to the trauma of the case.</td>
<td>Referral for services</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer and OKDHS Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Misc Advanced Child Fatality</td>
<td>This is advanced training concerning the CPS investigation of child deaths resulting from suspected abuse or neglect. It is designed specifically for CPS staff, child welfare specialists, supervisors, and administrators and is appropriate for staff who may be involved in a child death or near death. It is preferred that participants have previously attended Basic Child Fatality Training.</td>
<td>Referral for services</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer and OKDHS Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/ Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------------</td>
<td>-------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Misc Assessment of Child Safety</td>
<td>This training will discuss in-depth the Assessment of Child Safety including when it should be completed and the six key questions in gathering information. Participants will learn the difference between a safety plan and a service plan, when an immediate protective action plan is needed versus a safety plan, and where to document it all on the Assessment of Child Safety form. Other information will include when an Assessment of Child Safety should be completed and common mistakes made on safety plans.</td>
<td>Referral for services</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>Contract Trainer and OKDHS Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>-------------------------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>MiscTrauma Training of Trainers</td>
<td>This training will teach selected staff to become trainers on the CW Trauma Training Toolkit. The CW Trauma Training Toolkit is designed to teach basic knowledge, skills, and values about working with children who are in the CW system and who have experienced traumatic stress. It also teaches how to use this knowledge to support children’s safety, permanency, and well-being through case analysis and corresponding interventions tailored for them and their biological and resource families.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>OKDHS STAFF</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Misc Trauma Informed care</td>
<td>The CW Trauma Training Toolkit is designed to teach basic knowledge, skills, and values about working with children who are in the CW system and who have experienced traumatic stress. It also teaches how to use this knowledge to support children’s safety, permanency, and well-being through case analysis and corresponding interventions tailored for them and their biological and resource families.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>OKDHS STAFF</td>
</tr>
<tr>
<td>Leadership Summits</td>
<td>Emphasis is upon providing information and training to supervisors with emphasis on statewide planning for CWS.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>------------------</td>
<td>-------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Regional Quarterly Supervisor Training</td>
<td>Training provided quarterly, by region, to all supervisors statewide. Program representatives and other speakers will provide updates on policy, statutes and other information as requested and/or vital to management of CWS.</td>
<td>Case Management</td>
<td>Continuing In-Service</td>
<td>Short Term</td>
<td>OKDHS Staff</td>
</tr>
<tr>
<td>Statewide Adoption Celebration</td>
<td>This is an event to recognize and celebrate the achievements of the SWIFT Adoption program, including child welfare specialists, foster parents, adoptive parents and resource child welfare specialists.</td>
<td>Recruitment/Licensing of Foster adoptive Homes and Institutions</td>
<td>Conference</td>
<td>Short Term</td>
<td>Contract Staff</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration Category</td>
<td>Provider</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Statewide CWS Supervisors Conference</td>
<td>This is a conference/training for CWS supervisors. The topics for breakouts and focus groups were determined after the examination of the Implementation of the Pinnacle Plan.</td>
<td>Case Management</td>
<td>Conference/workshop</td>
<td>Short Term</td>
<td>Contract Trainers/ OKDHS Staff</td>
</tr>
</tbody>
</table>

The contract includes cost for office space for OKDS staff and all of the contract staff who work on this contract. Also included are three classrooms. The total cost of the space is $199,662.60
Staff Training Cost Allocation Plan
Sixty percent of children in care are eligible for support authorized through provisions of Title IV-E of the Social Security Act, penetration rate. The maximum authorized rate of federal financial participation (FFP) for direct training services is 75 percent. The overall rate of FFP for training services represents the sum of 62.39 percent x 75 percent for a total of 45 percent. Indirect training costs are subject to FFP at the rate of 50 percent x 62.39 percent, penetration rate, for an actual FFP of 30 percent. The University of Oklahoma contributes to the cost of services provided by the Health Sciences Center for the delivery of staff training services at an indirect cost rate of 33.7 percent. OKDHS is billed indirect costs at a rate of 10 percent.

The staff training expenditures listed above do not include related and incidental costs, such as travel and per diem associated with training.

The University of Oklahoma, and its partner universities, anticipate a SFY 14 budget of approximately $1.2 million support of academic instruction for current and future CW professionals.

The following training is through a contract with The University of Oklahoma Norman Campus, Office of Sponsored Programs for the College of Continuing Education.

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Description</th>
<th>Administrative Functions</th>
<th>Setting/Venue</th>
<th>Duration Category</th>
<th>Provider</th>
<th>Training Length</th>
<th>Audience</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide Adoption Celebration</td>
<td>Celebrates the adoptions of children by bringing the adoptive parents and families together</td>
<td>Recruitment/Licensing of Foster/Adoptive Homes and Institutions</td>
<td>Conference</td>
<td>Short Term</td>
<td>Contract Staff</td>
<td>Four Hours</td>
<td>OKDHS Staff</td>
<td>$11,000</td>
</tr>
<tr>
<td>Training Activity</td>
<td>Description</td>
<td>Administrative Functions</td>
<td>Setting/ Venue</td>
<td>Duration Category</td>
<td>Provider</td>
<td>Training Length</td>
<td>Audience</td>
<td>Estimated Cost</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>----------</td>
<td>----------------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>Online Training</td>
<td>Topics include Pre-CORE assessment, substance abuse training and KIDS training. Adoption Community Online training is included.</td>
<td>Data Collection and Reporting. Recruitment/ Licensing of Foster/Adoptive Homes and Institutions</td>
<td>Continuing In-service</td>
<td>Short Term</td>
<td>OKDHS Trainers</td>
<td>Online</td>
<td>OKDHS</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

**Cost Allocation Methodology**

SATTRN training workshops for CWS are funded by various federal programs along with state appropriated dollars, based on a federal government approved cost allocation plan. Federal sources of funding include Title XX (SSBG), Title IV-B CW (Part 1), Title IV-E Foster Care, and Title IV-E Adoption Assistance. Costs are allocated between Title IV-E and non-Title IV-E sources based on the number of paid foster care and adoption assistance days for Title IV-E eligible children, including SSI IV-E eligible / non-reimbursable youth, in relation to the total number of paid foster care and adoption assistance days. Foster care and adoption assistance payment data from the most recent quarter will be used for allocating costs to all benefiting programs.
OKDHS RESOURCE RECRUITMENT and RETENTION GOALS, OBJECTIVES AND STRATEGIES UPDATE

FY 2013
OKDHS developed the "Pinnacle Plan" that establishes the direction, expectations, and values from which the workforce will operate, resulting in more empowered families and a more empowered agency that knows where it is going and why. We expect this will lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. OKDHS must instill a sense of hope and forward progress among our families, children, staff, and community.

The Pinnacle Plan outlines the commitments and critical initiatives that will be implemented to better serve children and their families.

OKDHS is committed to:

- **equity**, where all children, youth, and families have access to and receive unbiased treatment and services;
- keeping children **safe with their families** through prevention services, kinship placements, and timely reunification whenever possible;
- ensuring every child is **safe while in out-of-home care** and custody by recruiting, retaining, and **supporting resource families** who best match the needs of the children and can provide for their safety, permanency, and well-being;
- moving to a continuum of care that best meets the needs of children in out-of-home care and provides for the **least restrictive family-like placements**, except in extraordinary circumstances; and
- **engaging local communities** and agency partners in improving CW outcomes.

Pinnacle Point One focuses on the recruitment and retention of an array of new resource families, foster and adoptive, who are available to meet the needs of our children who need temporary and permanent placement. The goal is to recruit homes that will be the "Bridge" for the child, whether it is bridging with the child’s biological family toward reunification or bridging with the family who may become the child’s permanent family through adoption if reunification is no longer the goal.

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

OKDHS will place children according to the following standards and will be consistent with placement preferences outlined in Section 1-4-204 of Title 10A of the Oklahoma Statutes and the federal Indian Child Welfare Act (ICWA). All children will be placed in accordance with their individual needs, taking into account a child’s need to be placed as close to home and community as possible, the need to place siblings together, and the need to place children in the least restrictive, most family-like setting. Children for whom adoption is the permanency goal should, whenever possible, be placed with a family where adoption is a possibility.

**Children will be placed with families so they do not experience temporary shelters.**

**Meeting the Need**

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

3-19-13 Update

PINNACLE POINT 1– We must expand quality placement options and supports to ensure safety of children in out-of-home care, reduce utilization of shelter care, improve placement stability, and achieve positive permanency outcomes.

- 1,376 new resource homes were approved YTD, which is a record pace and on target to meet goal of nearly 2000 homes. This includes family foster homes, contracted, shelter host, and emergency homes, and adoptive homes, but does not include kinship homes. Seventy-three (73) therapeutic foster care (TFC) homes were approved YTD and the goal is 150.
- Children under 2 years of age are no longer being cared for in shelters unless part of a large sibling group or an infant with a teen mother. We are confident the goal of placing children under 6 years of age with families rather than shelters can be reached by June 30th, 2013. Today’s daily shelter report lists 258 children in shelters statewide with 18 children between 2-5 years of age; 110 children between 6-12 years of age; and 130 children between 13-17 years of age.

- On March 8th, 2013, foster care recruitment contracts were awarded to 10 agencies covering 24 districts. Three districts in Northwest Oklahoma had no proposals so they will be resubmitted.

- The online application for prospective foster parents was developed and is in pilot status.

- Reimbursement rates were increased in fall 2012.

- Staff were hired to assist with the trauma-informed system project and the pilot work continues in six sites around the state and includes trauma screenings for children entering the system and improved service coordination with providers.

Initiatives (SFY 2013 and SFY 2014)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Action</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/12</td>
<td>Complete RFP for recruitment and retention of resource family homes.</td>
<td>Original RFP cancelled by Director April, 2013, new RFP submitted for bids May, 2013. Expected contract award date mid July, 2013</td>
</tr>
<tr>
<td>12/31/12</td>
<td>Time to approval of foster parents is 60 days.</td>
<td>On-going, we have seen a significant increase in our timeliness rate of completion and has decreased from 120+ days</td>
</tr>
<tr>
<td>6/30/13</td>
<td>Develop an online application process for prospective foster parents</td>
<td>Achieved 06-30-2013</td>
</tr>
<tr>
<td>6/30/13</td>
<td>Increase reimbursement rates, over a five-year period.</td>
<td>Resource parents received their first reimbursement increase August, 2012</td>
</tr>
<tr>
<td>6/30/13</td>
<td>Increase usage of Child’s Passport by resource parents</td>
<td>On-going, discussion of the Child’s Passport was added to all resource staff training, to notice to foster parents, and will be added to quarterly visit document</td>
</tr>
<tr>
<td>6/30/13</td>
<td>Ensure resource parents have adequate information at placement</td>
<td>Currently developing a matching system for better placement practice that reflects the needs of children in care</td>
</tr>
<tr>
<td>6/30/13</td>
<td>All children 6 years of age and younger will be placed in family-like settings</td>
<td>On-going, development of an increased resource pool is key</td>
</tr>
<tr>
<td>6/30/13</td>
<td>No children are placed in</td>
<td>OKDHS will continue to ensure families</td>
</tr>
</tbody>
</table>

201
Strategies and Methods Utilized

Diligent Recruitment

Technical Assistance
Oklahoma utilized TA from AdoptUsKIDS on September 6th, October 3rd, March 28th, and April 4th for consultants Jackie Pray, Mary Brooks and Pat Rhodes to develop strategies for recruitment and retention of resource families.

Market Segmentation-TA consultants Jackie Pray and Mary Brooks met with OKDHS to work on market segmentation and utilizing social media to recruit foster parents. Prior to the TA the consultants asked staff in Oklahoma to submit recruitment and retention data. Results of the data analysis were shared with administrative and management staff during the first day of TA, and was used to the framework future development of use of market segmentation.

Social Media-TA consultant Pat Rhodes presented at our Annual Recruitment and Retention Conference October, 2012, and returned to the state in April, 2013, to work with OKDHS Resource Staff, Office of Communications Staff, and community stakeholders to discuss the use of social media in our recruitment efforts. We discussed Facebook, Twitter, blogs and other media outlets to engage families who might be interested in becoming resource parents.

MEPA-IEPA-TA was also received from NRCFA consultants John Levesque and Rose Handon on completing our MEPA-IEPA training video for resource families and staff.

Support Group Grant
OKDHS along with National Resource Center (NRC) are collaborating Support Group Network for resource families. The plan is to have the Networks begin in Tulsa, Pottawatomie and Lincoln Counties. The groups will be comprised of foster and adoptive families with a foster parent as the facilitator of the group. The goal is to then roll the network support groups out to other counties in the state. A series of meetings between OKDHS staff and NRC have occurred to work on logistics and develop a plan for implementation.

Coordination with the Tribes
OKDHS and tribal partners began a series of meetings to collaborate on and bridge the gaps in communication. On April 17th, 2013, a Tribal work group meeting was held with TA from Casey Family Services to bring tribal partners and OKDHS in to discuss ways to improve our communication. A joint meeting was held in May 5th 2013, with OKDHS and tribal foster home and adoptive staff to discuss recruitment of tribal homes, making ICWA compliant placements and staffed Native American children with the goal of adoption.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/13</td>
<td>Develop a matching system for children and available homes</td>
<td>On-going, currently in the process of developing the capability in our database</td>
</tr>
</tbody>
</table>

unapproved, non-relative placement are approved resources according to state and federal guidelines, prior to placement

202
**Casey Family Programs**

Sue Stibe and Patsy Sellers consulted with OKDHS in developing the Proposal for Privatization of Traditional Foster Care. The Request for Proposal was disseminated and suppliers will present their evaluations in May. The successful suppliers will then be reviewed. They were also key in our defining data for how we count newly recruited families.

**Agency Initiatives**

OKDHS received approval to hire 100 temporary child welfare specialists to be the initial first contact with families who are interested in being foster parents. The goal was to have foster and adoptive parents be the first contact for families interested and help nurture them through the application process. The project will last for a period of six months or until we can successfully hand these responsibilities to the successful private providers.

Collaboration with Oklahoma Lawyers for Children volunteers to complete initial inquiries on families in the Oklahoma City metro area. They will assist families in the initial stages of the approval process and in completing paperwork.

<table>
<thead>
<tr>
<th>Other Statewide OKDHS Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recruitment</strong></td>
</tr>
<tr>
<td>October 5th, 2012, Annual Recruitment and Retention Conference was held with workshops on the following topics: Social Media Faith Based Connections</td>
</tr>
<tr>
<td>October 4th, 2012, Faith-Based &quot;8308&quot; event in Tulsa about how those in the faith community could and should be involved with the children in foster care.</td>
</tr>
<tr>
<td>October 18th-19th, 2012, OCOC 25th National Conference held in OKC to bring attention and recognition of the need for foster and adoptive homes. Guests included Father George Clements and Antwon Fisher.</td>
</tr>
<tr>
<td>Adoption Events held October 13th, 2012, March 9th, 2013, and May 4th, 2013, to provide waiting adoptive parents and children an opportunity to meet. Approximately 212 families expressed interest in approximately 165 children who attended these events.</td>
</tr>
<tr>
<td>OCOC made 173 presentations in various community venues throughout the state disseminating recruitment literature and</td>
</tr>
<tr>
<td>responding to bridge resource inquiries, targeting minority families.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>AdoptUsKids Program has approximately 72 children and youth featured on the AdoptUsKids photo listing. In addition, children and youth are featured on Adoption.com and Adoption Exchange.</td>
</tr>
<tr>
<td>Video Bios - Adoption, in conjunction with the OKDHS Office of Communications, are taping video biographies of children waiting on permanent homes. Videos are used for targeted recruitment for these children. Twenty-six video biographies are completed.</td>
</tr>
<tr>
<td>November 2011, National Adoption Month-Informational meetings were held with the families in their areas to inform them of the children that are waiting for placement.</td>
</tr>
<tr>
<td>The OFBCI held quarterly meetings in Tulsa and Oklahoma counties.</td>
</tr>
<tr>
<td>Presentations occurred in Tulsa and Oklahoma City for 111 Project.</td>
</tr>
<tr>
<td>Completed and distributed binders of children with the goal of adoption to the county offices. There is a bio and picture of each child or sibling group. These binders are also being distributed to 30 private agencies.</td>
</tr>
<tr>
<td>Count Me in 4Kids Oklahoma City Metro collaboration group to increase the awareness of the need for foster and adoptive placement.</td>
</tr>
<tr>
<td>Orientation for Resource Parents are being held in a number of counties by OKDHS staff and OFBI.</td>
</tr>
<tr>
<td>Development of PSAs and recruitment materials with Gov. Fallin. For recruitment of Resource families for National Adoption Month and National Foster Care Month.</td>
</tr>
<tr>
<td>Continuing work on Market Segmentation RFP in order to determine our best potential recruitment &quot;market.&quot;</td>
</tr>
<tr>
<td>Bridge Resource Support Center has the initial Bridge Conversation with families and then follows up throughout the approval process.</td>
</tr>
<tr>
<td>OKDHS revised the application process and reduced the number of days for completion, the attainment of supporting documents and</td>
</tr>
</tbody>
</table>
59 children featured on the Adoption Exchange. 386 families inquired about those children.

Tools Created to Manage Resources

- Web based data reports for adoption were created to assist staff in securing placements for children with the goal of adoption.
- Web based data report created to identify children who are legally free with the goal of adoption.
- Web based report created to track finalized adoptions
- Web based data reports for foster care to identify foster homes with vacant beds
- Web based report to identify open approved beds
## Annual Reporting of State Education and Training Vouchers Awarded

**Name of State:** Oklahoma

<table>
<thead>
<tr>
<th></th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
</table>
| **Final Number:** 2011-2012 School Year  
(July 1, 2011 to June 30, 2012) | 175                | 66                 |
| **2012-2013 School Year**  
(July 1, 2012 to June 30, 2013) | 181                | 76                 |

**Comments:**