Oklahoma Department of Human Services


Stephanie Tubbs Jones Child Welfare Services, Promoting Safe and Stable Families (PSSF) and Monthly Caseworker Visit Grant programs; Chafee Foster Care Independence Program (CFCIP), Education and Training Vouchers (ETV) Programs; Child Abuse Prevention and Treatment Act (CAPTA), State Plan Update, CFS-101, Part I, Annual Budget Request, Report-Title IV-B, subparts 1 and 2, CFCIP, and ETV.
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1. General Information

The Oklahoma Department of Human Services (DHS) is the state agency designated to administer Title IV-B and Title IV-E programs, the Child Abuse and Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Independence Program. DHS was established by the state legislature in 1936 and is an umbrella agency. Support-programs and services currently provided statewide in 77 county offices include Child Welfare Services (CWS), Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), Aging Services (AS), Developmental Disabilities Services (DDS), Child Care Services, and Child Support Services (CSS).

DHS Organizational Structure - CWS

Child Welfare Services (CWS) is the DHS division responsible for administering the state's child welfare services. CWS operates under the direction of the state's recently appointed CWS Director, Jami Ledoux. Therefore, the CWS Director reports directly to the DHS Director who then reports directly to the Governor's Office. (Refer to Attachment 1 - DHS Organizational Chart)

Within this organizational structure are nine deputy directors, who report to the CWS Director. The Child Welfare Executive Team, comprised of the nine deputy directors and the interim Child Welfare Director, leads the state child welfare team. There is a deputy director for each of the state's five regions, each providing Child Protective Services, Family-Centered Services, and Permanency Planning Services. Reporting to the five regional deputy directors, and covering 27 state districts, aligned according to District Attorneys' responsibilities, are 47 District Directors. To support the critical work in the five regions, four teams, each led by a deputy director, are responsible for Bridge, Program, Quality Assurance and Staff Development, and Child Welfare Partnerships. The Program Administrator for Operations and Business Processes also reports directly to the CWS Director.

- 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 DHS 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 finalized an adoption of a child who was in out-of-home placement.
Foster Care – is responsible for the recruitment, retention, and training of resource families. Frontline staff in these two areas report through supervisors and field managers to their deputy director.

Interstate Compact on the Placement of Children (ICPC) – is responsible for ensuring protection and services to children who are placed across state lines.

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) inquiries.

Permanency and Well-Being – is responsible for Permanency Planning services (PP), Independent Living services, Developmental Disabilities and Education related 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 exist for children and families.

Specialized Placements and Partnerships – is responsible for the 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 DHS Centralized Abuse and Neglect Hotline director and the program supervisor for policy.

The Quality Assurance and Staff Development Team is responsible for:

Technology and Governance - is responsible for DHS KIDS database 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.

Quality Assurance – 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 qualitative case reviews across the state.

- The Child Welfare Community Partnerships Team is responsible for the policy, procedures and programs for:
  - Community Collaborative – empowers communities to develop a self-sustaining collaboration to solve specifically identified problems or needs in the community.
  - Community Nurses – assist with medically related matters, thus enabling front-line CWS staff, care providers, including biological and foster families, and other entities, such as schools, courts, and medical specialists, to provide optimal care for children.
  - Community Coordination – engages and connects partners outside of CWS, including private, governmental, and public, with each other and the appropriate CW staff to create a synergy that ensures positive outcomes for families and children.

Operations and Business Processes is responsible for 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 DHS Financial Services.

**Vision Statement**

The DHS mission is to improve the quality of life of vulnerable Oklahomans by increasing people's ability to lead safer, healthier, more independent and productive lives. The purpose of Child Welfare Services is to improve the safety, permanence, and well-being of children and families involved in the child welfare system through collaboration with families and their communities.

As part of a settlement agreement reached in class action litigation DG vs. Yarbrough, Case No. 08-CV-074, DHS developed an improvement plan for the foster care system with the assistance of key internal and external stakeholders. As a result, the "Oklahoma Pinnacle Plan" (Pinnacle Plan) was created. The Pinnacle Plan is a five-year plan that began in State Fiscal Year (SFY) 2013, and addresses 15 performance areas identified in the settlement agreement. Three subject matter experts, Co-Neutrals, are involved in reviewing efforts specific to CWS' performance on these initiatives.

The Pinnacle Plan outlines the commitments and critical initiatives DHS is implementing to better serve children and families. The Pinnacle Plan aligns with the DHS mission, vision, and values and serves as a framework for implementation, commitments, and critical initiatives needed to serve Oklahoma children and families.
CWS 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 that best match the needs of the children and can provide for their safety, permanency, and well-being;
- moving to a continuum of care that best meets the needs of children in out-of-home care and provides for the least restrictive family-like placements, except in extraordinary circumstances;
- recruiting, retaining, and supporting the best child welfare staff through a commitment to ongoing staff development and ensuring manageable caseloads and workloads; and
- engaging local communities and agency partners in improving child welfare outcomes - "CWS cannot do it alone."

As part of the Pinnacle Plan, DHS links priorities for change and improvement to a strong family-centered practice model, and reinforces that model at every turn. While the Pinnacle Plan is a comprehensive approach to system reform, to make greater progress DHS and the Co-Neutrals agree it is necessary to engage in a more targeted approach that focuses specifically on the fundamental pieces of the reform effort. The agency is accomplishing this through focused core strategies that address improving workload management, increasing foster home recruitment and retention, reducing reliance on shelter care, eliminating backlog of CPS reports, increasing permanency for children in care, reducing maltreatment in care, and increasing placement stability. CWS supports these efforts through a robust staff training program, structured and supportive supervision, an effective organizational and management structure, quality assurance (QA) activities, and public outcomes reporting. Children and their families have access to a comprehensive array of services, including intensive home-based services designed to enable children to achieve positive safety and permanency outcomes. CWS practice standards serve as the guiding principles for all work within CWS.

Child Welfare Practice Standards:

1. We continually examine the use (misuse) of power, use of self and personal biases:

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

2. We respect and honor the families we serve:

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

3. We listen to the voice of children:

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

4. We continuously seek to learn who families are and what they need:

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

5. We believe in the value of "Nothing About Us Without Us":

- When we interact with family, we engage in a conversation that builds relationships, we ask strength-focused questions, we listen, and the learning allows us to develop effective service plans.
The family, the worker, and community partners develop common goals that acknowledge the family’s perspectives and the child’s need for safety, permanency, and well-being.

We are transparent with one another to ensure clarity regarding what we are thinking, our concerns, and why we are focusing on certain areas of safety and permanency.

We actively find ways for families to contribute and have control over their own lives.

We actively engage resource families, foster and kin, in the process of teaming, information sharing, and decision-making.

6. We maintain a child's permanent connection to kin, culture, and community:

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

7. We conduct our work with integrity at all levels of CWS:

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

Collaboration

Oklahoma has engaged in substantial, ongoing, and meaningful collaboration with stakeholders, tribes, and courts in the assessment of the current functioning, and
analyses of strengths and areas of need in the child welfare system over the last two years. Information gathered from focus groups, community meetings, workgroups, and reports was compiled and serves as the basis for the development of the 2015-2019 CFSP. Although not a comprehensive list, involved stakeholders are:

- Child Protection Coalition
- Child Welfare Professional Enhancement Program
- CW summits
- Court Appointed Special Advocates (CASA)
- Court Improvement Project
- Faith-based partners (Project 111, Count me in 4 Kids)
- Foster Care and Adoption Organization (Quarterly)
- Juvenile Judges Oversight Advisory Committee
- Legislative Workgroup
- Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board
- Oklahoma Commission on Children and Youth
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Indian Child Welfare Association (OICWA)
- Post Adjudicatory Review Board (PARB)
- Special Review Committee
- Stakeholder focus groups (Child Welfare Policy and Practice Group)
- State Department of Education
- Region 3 Focus Groups with stakeholders (Casey Family Programs Strategic Plan)
- Resource family focus groups
- Resource family partners (contracted providers)
- Resource family surveys
- Therapeutic Foster Care Association
- Tribal/State Collaboration Workgroup
- Tulsa Advocates for the Protection of Children
- University of Oklahoma
- Youth Service Agencies
- Youth surveys

Also, the Child Welfare Community Partnership Teams are responsible for the policy, procedures, and/or programs for:

- Community Collaborative – empowering to develop self-sustaining collaboratives to solve specifically identified problems/needs in their community.

- Community Nurses – enabling front line Child Welfare staff, care providers (biological & foster families) and other entities (ie. schools, courts, medical specialists) with medically related matters to provide optimal care for children.
Community Coordination – engaging and connecting partners outside of Child Welfare (private, governmental, and public) with each other and/or with the appropriate Child Welfare staff to create a synergy which will ensure positive outcomes for families and children.

DHS continues to ensure stakeholders are actively involved in CFSP implementation. Details regarding ongoing stakeholder involvement may be found under the Quality Assurance Systemic Factor in the "Assessment of Performance" section below.

2. Update on Assessment of Performance

Child and Family Outcomes
Safety Outcomes 1 and 2 (1355.34:34 (b) (1) (i))
(A) children are first and foremost, protected from abuse and neglect and (B) children are safely maintained in their homes whenever possible and appropriate.

Safety is the priority first and foremost, beginning with the report of abuse or neglect, until a child is able to remain safely in his or her own home when possible. This is evidenced in CWS’ commitment to timely initiation of investigations and assessments regarding child maltreatment. CWS demonstrates strengths when responding to reports of children being abused or neglected. According to CWS SACWIS/KIDS WebFOCUS report, Safety-CPS Initiation Timeliness, at the conclusion of FFY 2014 (Oct 2013 to Sep 2014), DHS initiated 97.3 percent of investigated reports of child abuse and neglect within policy timeframes. Recent data shows sustained improvement by CWS. Data from July 2013 to June 2014, from the same SACWIS/KIDS WebFOCUS report, Safety-CPS Initiation Timeliness shows 97.0 percent investigated reports of child abuse and neglect were initiated within policy at investigation completion.

Efforts to improve response to child safety include refinement of joint response protocols with law enforcement throughout the state, in collaboration with the Oklahoma District Attorneys Council. Since each protocol is unique dependent upon the law enforcement agency working with Child Welfare, they are filed in a centralized electronic folder accessible to anyone within Child Welfare Services. The "front door“ of CWS is impacted by many factors including hotline and intake decisions, risk and safety assessments, actions of the District Attorney’s office and judicial system, and others. Therefore, CWS has committed to adequately staffing the field and the Child Abuse and Neglect Hotline (CANH) with experienced CPS staff. CPS Programs staff is working with the CANH staff in addressing screening decisions through a structured and meaningful process. The recent Backlog Reduction Protocol is an example of teaming that occurred to impact communication and training efforts regarding the timely disposition of reports. Continuous quality improvement of the CANH is evidenced in two reports that address business processes and quality of information gathering and disposition. These reports will be combined to produce an action plan for SFY16.
Although data demonstrates strength in current child welfare practice regarding responding timely to CPS investigations and assessments, data also shows improvement is needed in the area of completion of CPS investigations and assessments. According to the state SACWIS/KIDS WebFOCUS report, Safety-CPS Completion Timeliness, at the conclusion of FFY 2014 (Oct 2013 to Sep 2014), DHS was performing below the national standard of 95 percent in CPS assessment/investigation completion timeliness with 61.1 percent of investigated reports of abuse and neglect being completed within policy.

This deficit in performance rate can be attributed to a number of factors. As previously indicated, DHS underwent substantial organizational change accompanied by multiple challenges. One such challenge was the significant turnover of child welfare staff. According to DHS Human Resources Management, the turnover rate for child welfare workers through child welfare supervisors from June of 2014 to June of 2015 is 18.2 percent. This is a vast improvement over the rate of 42.08 percent for the prior two years (May 15, 2012 – May 15, 2014). Another barrier is of CPS investigations and assessments falling into backlog, completion rates have made a small improvement of 63.3 percent according to the June 2014, to May 2015, Safety-CPS Completion Timeliness report. Therefore, this area remains an area of significant focus for improvement as it directly impacts the safety of children.

To combat some of these challenges, DHS continues to participate in multiple efforts to recruit and retain child welfare staff so adequate time can be spent with children and families to assess safety and needs thoroughly. The Pinnacle Plan established workload standards that are reported quarterly. According to Pinnacle Plan Measures Monthly Summary Report, June 2015, Measure 7.1 Caseloads for the quarter 1/1/15 – 3/31/15: 43.3 percent of child welfare workers met the caseload standards, an improvement from 31.2 percent in the previous quarter. DHS also continues to monitor the challenge of CPS investigations and assessments falling into backlog. As a Core Strategy, benchmarks were set, one being that the Statewide number of backlog referrals would be no more than 300. As of 6/29/15, there were a total of 747 CPS open cases with 68 cases open more than 60 days. Reducing backlog is still a DHS focus area.

Efforts continue across DHS not to only improve the completion rates of CPS assessment and investigations, but more importantly, to ensure thorough and appropriate safety-related decisions are being made. Current efforts include improvements to initial and ongoing child welfare staff training (refer to Systemic Factors: Staff Training), as well as enhancements to CPS policies and tools utilized to assist Child Welfare staff in safety-related decision-making. DHS recently updated the Assessment of Child Safety tool in October 2014. These updates included changes to the previous safety threats to better assist staff in differentiating between immediate versus impending danger, therefore warranting when CPS intervention is necessary. The updated tool also includes better guidance regarding caregiver protective capacities, to assist the workers in determining if the child can remain safely in the
home. In late 2014, a Safety Guidebook was published and distributed to all workers. See below in the Objectives for Goal 1 for further information. Improvements to the Immediate Protective Action Plan tool as well as the Safety Plan tool, have assisted workers in ascertaining if the child is in present danger or impending danger and helps them make a more informed decision regarding what level of intervention is needed.

Data to support the current quality of information gathered in CPS investigations and assessments is relatively limited as case-review information is currently unavailable. Due to Oklahoma's Child Welfare Services reorganization per the Pinnacle Plan, the State CFSR process had been suspended. Our State CFSR process is currently in the initial phase of quality implementation. Therefore, no data is available at this time. However, a recent study by The Child Welfare Policy and Practice Group (CWPPG) gives some qualitative information impacting safety-related decision making. DHS invited this qualitative review due to a growing concern of the increasing number in the population of children in out of home care. Between January 2012 and the time the review was completed in January 2014, the number of children in out-of home care had increased from approximately 8,000 to 11,000. CWG completed a comprehensive review of 118 randomly selected cases from across the state, including the two most populated counties, Oklahoma and Tulsa during the months of December 2013 and January 2014. Concurrent with the case reviews, CWG conducted stakeholder interviews in each region with groups of front-line caseworkers, supervisors and legal partners to gather information about systemic challenges that might not be identified in individual case reviews. Findings from the case review were reported on February 15, 2014 and were quantified in what CWG identified as key elements of practice:

<table>
<thead>
<tr>
<th>System Factors</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Engagement Present</td>
<td>Present in 40 percent of cases</td>
</tr>
<tr>
<td>Family Involvement in Decision-Making Occurring</td>
<td>Present in 27 percent of cases</td>
</tr>
<tr>
<td>Assessment Addressing Family Strengths</td>
<td>Present in 45 percent of cases</td>
</tr>
<tr>
<td>Basic Assessment of Needs</td>
<td>Present in 46 percent of cases</td>
</tr>
<tr>
<td>Possible Preventive Services Needed to Have Prevented Placement</td>
<td>Needed in 26 percent of cases</td>
</tr>
<tr>
<td>Family Team meeting Currently Employed</td>
<td>Present in 14 percent of cases</td>
</tr>
<tr>
<td>Removal Questionable</td>
<td>Questionable in 28 percent of cases</td>
</tr>
<tr>
<td>Possible Missed Safety Plan Opportunity</td>
<td>Occurring in 22 percent of cases</td>
</tr>
<tr>
<td>Substance Abuse a Factor</td>
<td>Factor in 47 percent of cases</td>
</tr>
</tbody>
</table>

CWG concluded, "Reviews found that a majority of families lacked engagement with the system and in some cases, the lack of engagement impeded the ability of DHS to maintain children safely in their homes or reunify children with their families. The lack of engagement was most frequent during the CPS process, which because of its intrusive and involuntary nature is unsurprising." CWG also concluded "Many of the case reviews tend to identify fundamental practice skills that are not sufficiently strong or consistent to maximize opportunities for keeping children safely within their families or for moving them quickly and successfully toward safety and permanency through reunification with
their families or guardianship or adoption," as well as, "Reviewers found that appropriate preventive services might have prevented placement in 29 percent of the cases reviewed."

Combined with the results of the CWG review and current SACWIS data reflecting the growing numbers of children in OOHC, (11,165 as of 6/21/15), DHS has identified these as significant areas for focus and are undergoing efforts to improve, aside from those previously mentioned.

DHS has partnered with Casey Family Programs to form the Sooners Sentinel Sites Project (SSSP), focusing in Oklahoma and Tulsa counties. The project was developed to support DHS in safely reducing the number of children entering care, increasing timely exits to permanency, and providing support and skill-building for child welfare workforce to strengthen practice. This intensive training initiative has led to specific findings and recommendations as a result of the analysis by the Casey Family Programs, the Child Welfare Policy and Practice Group, The Annie E. Casey Foundation, and an independent consultant.

DHS has also identified a need to increase safety-related services available for families in order to prevent children from entering out-of-home care. Family Centered Services (FCS) have remained a current practice among DHS, however are often under-utilized. Currently, there are 529 open FCS cases as of June of 2015. When participating in focus groups conducted by CWG, child welfare staff recognized the value of FCS and that they provided critical and timely intensive services to families. However, child welfare staff has recognized in these same focus groups that safety-related services required for the complex needs of families identified for FCS cases are often unavailable. In an attempt to address this need, DHS, in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), 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. To date, the renewal of the System of Care contract between DHS and ODMHSAS was completed and a five-year plan has been developed. In addition, the Title IV-E Waiver Demonstration Project will focus on families with at least one child between the ages of 0-12 who are at imminent risk of entering or re-entering foster care and provide intensive home-based services. Please refer to the section on Child Welfare Waiver Demonstration Activities and the Objectives in Goal 1 below for further information.

Protecting children from abuse and neglect while they are in out-of-home care also remains a priority of DHS. Current data demonstrates strengths in case-worker visits with children in out-of-home care in their current residence, a key practice in assessing safety. According to SACWIS/KIDS WebFOCUS report, Caseworker Contacts: Federal Measure 2, 94.1 percent of children in OOHCC were visited by child welfare staff during a
12 month period ending May 2015, performing above the national standard of greater than 50 percent. In 2013, DHS made improvements to its current practice surrounding child visitation to include additional initial visits by child welfare staff with children when they have changes in their placements. This furthers the opportunity for child welfare staff to assess children's safety on an ongoing basis. Another indicator of this strength includes data from Oklahoma's Federal Data Profile (Updated) 04/21/2014 – Statewide Aggregate Data Used to Determine Substantial Conformity, (XI) Children Maltreated by Parents While in Foster Care which states 1.828 percent (275 of 15,045 children) were victims of substantiated or indicated maltreatment by parent while placed in foster care.

Currently, DHS has identified a key goal of improving timely reunification efforts for children in out of care, which will be addressed in a later section. However, current data indicates strengths for DHS surrounding reunifying children safely. According to Oklahoma Child and Family Services Review Data Profile: FFY2014 Measure C1-4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? Oklahoma established a percentage of 8.5 percent. This is a 1.5 percent decrease in re-entries from FFY2013. This percentage falls below the national median of 15.0 percent. DHS will continue to strive to move into the 25th percentile target direction of 9.9 percent.

As previously indicated, qualitative data from case reviews would be helpful to support the data regarding safety surrounding caseworker visits and reunification; however, it is unavailable at this time due to the suspension of CFSRs statewide pending a comprehensive assessment of CQI. Efforts to resume regular case reviews were initiated in May of 2014.

When assessing outcomes surrounding repeat maltreatment and abuse and neglect of children in foster care, this promotes challenges due to changes DHS has made to promote safety for children in out of home care. Beginning November, 2012 initiatives began to align the Office of Client Advocacy's policies and procedures with Child Protective Services ensuring reports of abuse or neglect of children in out of home care are responded to swiftly and thoroughly. This includes all reports of abuse and neglect regardless of the level of placement of the alleged victim, are now sent through the abuse and neglect hotline with prioritization and screening in accordance to child protective services guidelines. Additionally, all reports, whether conducted by CPS or OCA, are conducted in accordance within the CPS policy timeframe. Implementation of these changes in the investigative process ensures the safety of children in out-of-home care and also establishes consistency in screening, prioritizing and investigating. This has also established consistency in reporting findings to the federal government regardless of the level of care, as findings regarding OCA investigations were not previously included in reported data surrounding maltreatment.

March, 2013 was the first month to include OCA investigations in the number of children who were victims of maltreatment in out-of-home care. Due to this change in reporting by DHS, it has demonstrated an increase in the numbers of maltreatment of victims in
care. For example, Pinnacle Point Measure 1.1 examines, "Of all children in foster care during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment (abuse and/or neglect) by foster parent or facility staff member." According to the Pinnacle Plan Measures Monthly Summary Report, July, 2013, Pinnacle Point Measure 1.1 saw the following significant increase between the months of February, 2013 and March, 2013 due to the inclusion of OCA reports:

<table>
<thead>
<tr>
<th></th>
<th>13-Feb</th>
<th>13-Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children served</td>
<td>9,874</td>
<td>10,154</td>
</tr>
<tr>
<td># of children w/out abuse</td>
<td>9,870</td>
<td>10,110</td>
</tr>
<tr>
<td># of children w/abuse</td>
<td>4</td>
<td>44</td>
</tr>
</tbody>
</table>

In addition, inclusion of OCA substantiations during the during the final seven (7) months of FFY 2013 could have also led to an impact in DHS Federal Child Safety Measures. According to Oklahoma's Data Profile, April 21, 2014 – Statewide Aggregate Data Used to Determine Substantial Conformity:

- IV. Absence of Recurrence of Maltreatment, DHS reported 91.6 percent (5,083 or 5,551) were not victims of another substantiated or indicated maltreatment allegation within a 6-month period, in comparison to the national standard of 94.6 percent or more. (This reflects a decrease from 93.8 percent in 2012)
- VII. Absence of Child Abuse and/or Neglect in Foster Care (12 months), DHS reported 98.91 percent (14,881 of 15,045) were not victims of substantiated or indicated maltreatment by foster parent or facility staff member, in comparison to the national standard of 99.68 percent or more. (This reflects a decrease from 99.11 percent in 2012)

Qualitative data from case reviews would give us greater insight as to if this decrease in performance is related to the inclusion of OCA substantiations, or if it is reflective of current child welfare practice. However, as previously indicated, case review data is currently unavailable.

**Permanency Outcomes 1 and 2 (1355.34 (b)(1)(ii))**

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

As indicated later in Section 1, Goals, DHS is committed to strengthening outcomes for permanency and stability for children in out-of-home care. Current data indicates some strength in these areas. However, it also reinforces the need for prioritizing this as an area of focus on the CFSP.

Similar to safety outcomes, the increase in the number of children in out-of-home care in recent years has led to examination of current practices by DHS regarding achieving timely permanency for children. Examination of Oklahoma's SACWIS/KIDS data shows
why this is an area of focus. In SFY10, fewer children entered care, while more children exited care. However, beginning in SFY11, the opposite began occurring. As the population of children in care has increased each year and children have continued to enter care, children exiting care to permanency has not increased at the same rate.

<table>
<thead>
<tr>
<th>Referrals &amp; Removal Data for State</th>
<th>SFY10</th>
<th>SFY11</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removed During SFY</td>
<td>4,371</td>
<td>4,799</td>
<td>5,642</td>
<td>5,859</td>
<td>5,523</td>
</tr>
<tr>
<td>Exited During SFY</td>
<td>5,911</td>
<td>4,574</td>
<td>4,716</td>
<td>4,774</td>
<td>4,210</td>
</tr>
<tr>
<td>Removed at End SFY</td>
<td>7,970</td>
<td>8,206</td>
<td>9,132</td>
<td>10,233</td>
<td>11,569</td>
</tr>
</tbody>
</table>

Oklahoma's Data Profile, February 14, 2014 (page 10) states that DHS scored a percentile of 58.7 percent in FFY 2013 in Measure C1-1: Exits to reunification in less than 12 months. [National median = 69.9 percent, 75th percentile = 75.2 percent]. DHS state data gleans the same results. Information from SACWIS/KIDS, WebFOCUS Report, Length of Time to Permanence Exit (October, 2013 to September, 2014) states 33.0 percent of children exit within 12 months for any permanency exit reason.

However, DHS has strengths to build upon as efforts continue to focus on improving timeliness of permanency, according to the additional measures listed in Oklahoma's Data Profile, February 14, 2014 (Page 11-12):

- **Measure C2-1:** Exits to Adoption in less than 24 months: DHS established a percentile of 40.0 percent [national median 26.8 percent, 75th Percentile = 36.6 percent].
- **Measure C3-1:** Exits to Permanency prior to 18th birthday for children in care for 24+ months: DHS established a percentile of 34.4 percent [national median 25.0 percent, 75th Percentile = 29.1 percent]. (A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification, including living with relative).

There have been several collaborative efforts across the child and family service delivery system to support these strengths. A "Permanent Connection Guidebook" was developed to help youth identify supportive adults and a permanency path. Permanency and adoption workers and youth had input into the development, and NRCYS provided training on utilization of the book. Statewide Permanency Round Tables (PRT), supported by Casey Family Programs, were completed to identify permanent connections for youth in custody ages 16 and above. Child welfare workers, placement providers, IL community contractors, IL program staff, and youth formerly in care participated in these PRTs.

Placement stability is also an area needing improvement, and data supports why it has been identified as a target goal for improvement for DHS. According to Oklahoma's Data Profile, February 14, 2014 (page13, Measure C4-1) Two or fewer placement settings for children in care for less than 12 months: DHS shows 72.9 percent of
children in this target population had two or fewer placement settings compared to the national median of 83.3 percent, 75th percentile 86.0 percent.

Additional Federal Measures for children in out-of-home care for longer periods of time support continued focus for placement stability:

- Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months: 50.8 percent compared to the national median of 59.9 percent, 75th percentile of 59.9 percent.
- Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months: 24.8 percent compared to the national median of 33.9 percent, 75th percentile of 41.8 percent.

Significant challenges faced by DHS have impacted placement stability. Recruitment and retention of appropriate placements that can adequately meet the needs of children in out-of-home care continue to remain a focus for DHS. Efforts have included partnering with various stakeholder groups throughout the state including faith-based communities through the 111 Project as well as Oklahoma Lawyers for Children. Contracts have also been established with agencies across the state to assist with retention, on-boarding, training and support of resource providers. DHS has established the Bridge Resource Support Center to assist in monitoring all inquiries to ensure there is a sense of urgency so that potential resource families are moving appropriately through the approval process. Results of these collaborations include an increase in 539 placement providers for children in out of home care (Pinnacle Plan Measures - Monthly Summary Report- June 2014, Pinnacle Plan Measure 2.1 New Family Foster Care Homes). These partnerships allow DHS to remain focused on locating kinship homes for children in care, and have shortened the approval process for resource homes from 60 to 30 days.

Increasing available family-like placements will also assist in DHS current efforts to reduce shelter usage of children in out-of-home care, further increasing placement stability. Current data (Pinnacle Plan Measures – Monthly Summary Report-June 2014, Pinnacle Plan Measure 5.1 Shelter Use Ages 0-1 years) indicates the number of overnight shelter stays experienced by children under the age of 2 decreased from 70 in December to 42 in February. Without the success of the resource family recruitment efforts, the progress made towards the goal of keeping young children in family like settings would not be possible.

Qualitative data from case reviews to identify child welfare practice trends impacting timeliness of achieving permanency as well as placement stability is currently unavailable. However, the qualitative study completed by The Child Welfare Policy and Practice Group (CWPPG) previously referenced in safety outcomes provides similar qualitative information supporting need for improved understanding and engagement with families. Such practices will improve DHS efforts in earlier identification of appropriate placements for children and better understanding of needs for families, therefore improving outcomes for permanency and placement stability.
Early identification of appropriate and stable kinship placements for children can assist in improving DHS outcomes surrounding preserving connections and continuity of family relationships. Both federal and state data indicate a need for improvement regarding location of kinship resources for children. According to Oklahoma's Point-in-Time Permanency Profile, Section II Placement Types for Children in Care, 32.6 percent of children were placed in (Relative) Foster Family Homes compared to 43.6 percent placed in (Non-Relative) Foster Family Homes.

Examination of state data is necessary due to differences in definition between "Relative" vs. "Kinship" between DHS and the Federal data collected for the Permanency Profile. DHS Policy defines "Kinship" as "continuous care for the child requiring out-of-home placement provided by a relative, stepparent, or other responsible adult who has a bond or tie with the child or a family relationship role with the child's parent or the child prior to the child's entry into foster care". Therefore, Kinship/Non-Relative placements made by DHS fall into this definition due to the previous bond or tie established, but they may not be defined "relative". However, when collecting data for the Permanency Profile, Kinship/Non-Relative placements are calculated into the (Non-Relative) Foster Family Homes federal data because of the lack of a familial relationship between the placement and the child in care. Therefore, in comparison to DHS state data collected from SACWIS/KIDS, WebFOCUS Report Y1103-Placement Report (5/19/14), placements in Foster Family Homes consisted of 34.75 percent of placements, while placements in Kinship (Relative or Non-Relative) consisted of 46.34 percent of placements. While this reflection of data shows a more positive outcome regarding maintaining connections and continuity with a child's family, there is still room for improvement.

Maintaining siblings together while in placement is a significant area needing improvement as demonstrated in a recent data analysis completed by Permanency Planning Programs Staff. Data compiled from multiple sources within the SACWIS/KIDS system on 5/7/13 showed that of all the children in out-of-home care, 3/4 of children were members of a sibling group. This same analysis showed that of those sibling groups, only 48.5 percent are placed together.

In addition, further analysis into placements of sibling groups according to placement types reinforces the need for DHS to continue efforts to locate kinship early and often for children in care. The review found in Non-Kinship homes 44 percent of sibling groups were placed together vs. 56 percent of siblings being separated. In comparison, in Relative and Kinship homes, 64 percent of sibling groups were placed together vs. 44 percent of sibling groups being separated.

Well-being Outcomes 1, 2, and 3 (1355.34 (b)(1)(iii))
(A) Families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.
Empowering families involves engagement at all avenues throughout the life of a case. At initial examination of state SACWIS/KIDS data, DHS demonstrates some strength. Regarding caseworker visits with children in foster care, data submitted on 11/07/2013 for FFY2013, Case Worker Contacts, Federal Measure 1: Children receiving monthly visits, shows 92.8 percent of children visited by any assigned child welfare worker for the 12-month period. This was above the current standard of 90 percent. During the same reporting period, Case Worker Contacts, Federal Measure 2: visits made in the child’s residence, DHS reported 94.0 percent of children visited by any assigned child welfare worker, compared to the current standard of >50 percent.

In an effort to better serve the needs of children and maintain relationships, these standards were achieved while ending secondary worker assignments for children statewide. Ending secondary assignments will further efforts to ensure safety of children through continuity of worker visitation, as well as maintain consistency of assignments to workers to families. By maintaining consistency in their worker, relationships between families can be built and sustained, giving more opportunity to truly understand the needs of our families and children.

Completions of Family Team Meetings (FTMs) also continue in child welfare practice across the state to promote involvement of families in case decision-making, understanding of needs and consistent communication. DHS data from SACWIS/KIDS WebFOCUS YI101 - Judicial/Case Planning Detail Report (5/20/14) states that 1 or more Family Team Meetings have been documented as being completed in 60 percent of all cases involving children with an open court number. In addition, according to SACWIS/KIDS WebFOCUS YI739 – Open Family Centered Services Cases (5/20/14), FTM’s were documented as completed in 51 percent of cases currently open for services. The expected standard of open cases with documented completed FTM’S is 100%.

However, as this quantitative data would demonstrate possible strengths, available qualitative information demonstrates areas needing improvement. The report completed by CWPPG regarding their qualitative review states “55 percent of cases reviewed were without a family strength assessment and 54 percent were without an assessment of family underlying needs. While Family Functional Assessments were employed in some cases, a significant number were not fully completed and/or not practically employed in developing a service plan. Staff will need to understand that assessment is a process, not an event or mere completion of the assessment tool.” Regarding FTMs during the review, “14 percent had a currently functioning team (meaning that there had been a team meeting within the past three months and there were more members than just the family and caseworker). There was no means to assess teaming quality within the scope of this review. Within team meetings that did occur, it was not unusual for families to feel that they were unable to influence the plans that were developed.”
The Permanency Planning programs staff continues to explore conducting FTMs with more fidelity and has been researching approaches that lean toward more evidence-informed approaches. While the practice and data show that FTMs are being held with some frequency in CWS, there is often a lack of clarity regarding the purpose of the FTM and whether family was truly engaged. CWS is currently working with Casey Family Programs and the Annie E. Casey Foundation to guide and select the best approach to enhance the practice in the field.

A continuing strength for DHS directly impacting all outcomes for children and families has been collaboration with stakeholders. In 2011 and 2012, a committee comprised mainly of citizens from across Oklahoma spent two years examining cases where children died due to abuse and neglect. The intent of the committee was to examine improvements DHS could make to prevent such deaths in the future. On April 4, 2013, the committee reported 37 findings to the Oklahoma Commission of Children and Youth. Although some findings were specific to DHS, many of the findings ultimately concluded that child abuse and neglect, and the effects families suffer from it, is not the responsibility of DHS alone, it is the responsibility of the community as a whole.

This momentum of "community responsibility" has continued as stakeholders remain engaged in partnerships with DHS when evaluating services to enhance families' capacities in Safety, Permanency, and Well-Being. Examples of these collaborations include:

- Faith-based community partnerships garnering improvement in services for placement options for children.
- Collaborations with legal programs (such as Oklahoma Lawyers for Children) to tap into their resources and expertise areas to improve knowledge and streamline processes.
- Trauma-focused collaborations with multiple mental health partners to seek to better understand the underlying traumatic influences often causing abuse and neglect.
- Maintaining partnerships with key decision-makers such as the Court Improvement Project to improve efficiency and process of moving children to permanency.
- Workgroups involving former custody youth, resource families and service providers to seek to improve outcomes for older children in care, communication challenges, service needs.
- Collaborative groups representing all practices and disciplines influencing child welfare to discuss improvement of outcomes and services available for children and families involved in the Child Welfare system.
- Regular meetings involving representatives of all tribes in Oklahoma, respecting the cultural heritage of children and family.
- Partnerships with local, state and federal law enforcement agencies ensuring all agencies involved with families can meet their complex needs.

In addition to all of these efforts, recent focus groups completed with foster parents across the state show improvements made in areas regarding reimbursements, as well
as improved relationships through additional contacts with private agencies. However, these same focus groups also indicate continued focus on the need for DHS to improve areas regarding communication and support for their individual needs. More importantly, foster parents continue to express the need for continued assistance when supporting their needs in regards to caring for children's educational, physical and behavioral health needs.

Educational attainment is one of the key indicators of positive future outcomes for children of all ages. Without the availability of current case review data, educational outcomes for children are difficult to ascertain. However, DHS has strengths in data collection surrounding older children, particularly among the Independent Living (IL) Program. Along with the state SACWIS/KIDS system, DHS also utilizes the National Youth in Transition Database (NYTD). Educational data collected from the NYTD 2013 report reflects 69 percent of 19 year olds participating in IL services with DHS have obtained a High School diploma or GED. In addition, examination of state SACWIS/KIDS data WebFOCUS YI107-IL Information Report, based on the data entered by Child Welfare staff, 22 percent of youth participating in the IL Program are documented as participating in Special Education services. The IL Program also completes Exit Surveys with all children exiting care, asking of their multiple experiences. Regarding education services, the following responses were received as being participated in: Education-88 percent; School Supplies-66 percent; Job Skills-63 percent; Drivers Education-48 percent; Tutoring-31 percent; and Vocational Training-17 percent.

It should be concluded that a correlation between placement stability would ultimately have an impact on the educational services children receive. As children change placements, the likelihood they will remain in the same school is minimal. Therefore, by focusing on the goal of improving placement stability, educational outcomes for children would improve. In addition, an area of focus should be improving data collection for educational needs in order to continue to evaluate progress, particularly regarding children under the age of 16. DHS is partnering with the State Department of Education to include the educational information regarding children in care in the Child's Passport. This information would include more than educational demographics, but would also include educational services regarding the child such as special education services and testing information and current and historical performance information.

DHS continues to meet the needs of children's physical health. DHS has a longstanding partnership with the Department of Health which has local clinics available in every county. All medical services for children in care are provided such as immunization, screenings, routine check-ups and well-baby checks. Women Infants and Children (WIC) nutritional services, SoonerStart evaluations and services as well as EPSDT screenings are also available. Exit Survey results from children in 2013 demonstrated that medical services were widely utilized: Dental-92 percent and Medical-89 percent. The Child's Passport has been a valuable tool, especially when managing the current challenges regarding placement instability. The Child's Passport is a web-based program allowing current placement providers to have access to
children's records. The 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, DHS has utilized child welfare resource staff and the private providers to discuss the passport during home visits, even bringing copies if needed. The resource parent handbook and okdhs.org website have been updated to contain more detailed information about access, and information is consistently included in the quarterly newsletter at least once per year. These efforts have seen steady growth in usage, with the recent quarter showing 334 new users, compared to only 84 this time a year ago according to the Child's Passport Access Report, monitored by DHS.

Understanding and treating the mental health effects of abuse and neglect for children in care continues to remain at the core of many collaborative efforts. In recent focus groups conducted with child welfare staff across the state, most concluded that counseling services as a whole were available for children. Exit survey results showed that 86 percent of children exiting care in 2013 participated in these services, and 82 percent participated in Life Skills services. However, as a proactive response to the need to improve child welfare services and services array across the state in order to positively impact child well-being indicators, DHS requested assistance from the Office of Planning and Coordination of the Oklahoma Commission on Children and Youth to build agency capacity for engaging communities. The Oklahoma Child Welfare State Stakeholder Collaborative was established in 2012 to provide leadership and support for the creation and implementation of a plan to strengthen child welfare services and service array at the local level. A local pilot collaborative resulted in Pottawatomie County, and many successful outcomes resulting in the identification of service needs for children have been achieved as a result. DHS plans to expand the use of this strategy to other parts of the state.

Focus groups among child welfare staff were completed in which the need for targeted services for children in the area of trauma was identified, particularly in the more rural areas of the state. To increase this need for children in these areas, DHS continues to utilize the five-year Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC) grant. Project partners include OUHSC Center on Child Abuse and Neglect (OUHSC-CCAN), Chadwick Center, National Resource Center for Youth Services (NRCYS), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Health Care Authority (OHCA), Oklahoma State Department of Health (OSDH) and internal leaders/champions. The goal of this project is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the child welfare system that have mental and behavioral health needs through helping Oklahoma develop and implement comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery. With the assistance of this grant and ODMHSAS, there are
now more than 500 service providers across the state trained in Trauma-Focused Cognitive Behavioral Therapy (TFCBT) in order to provide trauma-intensive services for children.

Available in almost every county in the state, DHS is expanding its use of Systems of Care through the Pinnacle Plan. 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. DHS works with ODMHSAS, OHCA, OCCY, OJA, OSDE, Parents as Partners, and various other community providers to provide wrap around.

A key component of Continuous Quality Improvement is engagement of stakeholders and input they provide in the improvements of child welfare practice. As implementation moves forward and additional information is gathered through case reviews and other methods, qualitative information will be able to shed insight as to the effectiveness of the collaborations that are ongoing, the results of communication occurring between service providers and Child Welfare, and most importantly, the quality of mental health services provided to children.

Systemic Factors:

i. Statewide Information System

Oklahoma’s Statewide Automated Child Welfare Information System (SACWIS), known as KIDS, is a comprehensive case management tool utilized by child welfare staff for documentation. The KIDS application functions as a case management system that serves as the electronic case file for children and families served by the state. The KIDS application was the nation’s first SACWIS and has been operational statewide since June of 1995. KIDS is currently on a routine maintenance release cycle which occurs every two months.

Oklahoma captures the four federally required Adoption and Foster Care Analysis and Reporting System (AFCARS) data elements in its SACWIS system. These elements include the child’s status, demographic characteristics, location, and goals. KIDS provides management information, compliance data, case tracking services, and data to support program evaluation, assessment, family/foster home approvals, and a Title IV-E payment system. It can track risk assessment completion, compliance with AFCARS, the National Youth in Transition Database (NYTD), as well as compliance with Federal regulations and State legislative changes. KIDS is functional and integrated into case worker practice. However, as is the case with most legacy systems, there are various strengths and challenges associated with the KIDS system.

Application Strengths and Challenges
A major challenge with the KIDS application is that it is 20 years old and was designed and built using the older client server framework. This framework has many inherent disadvantages over the newer N-tiered web based systems. Client server applications are more difficult to maintain and more cumbersome to update. Currently when a change is made to the KIDS system, a new version of KIDS must be pushed out to every server in the state. However, one of the main strengths of KIDS is that it has a mature maintenance phase of the Software Development Life Cycle (SDLC). KIDS has dedicated IT staff assigned only to the KIDS project and they have years of experience working on the KIDS application. KIDS also has dedicated program staff assigned to work on KIDS. The program staff are co-located with the IT staff. Program and IT staff have unrestricted access to each other and work together as a team to solve issues and answer questions that come up in terms of application/practice processes and data issues.

**Reporting Strengths and Challenges**

The primary reporting challenge KIDS faces is due to the complex data structures found in the KIDS database. These complex structures are a result of the years of databases modifications and changes in documentation practice to account for the many ongoing policy changes. Accurate and timely data retrieval from KIDS necessitates experienced and knowledgeable programmers and program staff working together to accurately define parameters as well as validate results. This process is very resource intensive in terms of personnel and time.

A KIDS reporting strength is that KIDS has specific reporting units responsible for understanding the data in the KIDS system and for understanding how that data is linked to practice. The reporting units assist other program and field staff with the development of management reports and other types of reports. The KIDS staff provides ongoing training to field and program staff on how to use these reports to manage their work and inform their practice.

**Data Quality**

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

Oklahoma has specific analysts dedicated to the various reporting responsibilities including federal reporting. The analyst assigned to federal reporting monitors the various federally required reports, such as AFCARS, NCANDS, or NYTD, using software that identifies reporting errors on a regular basis. When errors are identified, the staff makes contact with field staff in order to educate and assist with correcting correctable errors.
Data elements for all Child Welfare Federal Reporting Systems are integrated in KIDS and extracted to meet Federal submission requirements. Data compliance, data quality, and the frequencies utilities are run on a weekly basis for both adoption and foster care AFCARS. An automated AFCARS error notification is distributed by email to child welfare supervisors weekly. This notification includes an attached spreadsheet and contains errors for element 5 (Periodic Review); 23 (Date of Placement Entry); and 43 (Case Plan Goal). Included with the error notification are instructions to assist supervisors with enabling the content, distributing to staff, and guidance to understanding the errors. The weekly error notifications are reinforced by emails to Child Welfare workers/supervisors by the Federal Reports staff. The email content will identify the particular AFCARS error, provide guidance for data entry and provides contact information if assistance is needed. In addition, the KIDS system includes an AFCARS screen within the child’s at the child client level. The AFCARS screen has several nodes which display data fields related to child information, child disability, removal, termination of parental rights, placement, foster family information, court hearing information, permanency plan information tribal custody information and finance information. The screen allows for some direct data entry and will also display data entered from other screens. The Federal Reports unit is responsible for running the AFCARS utilities weekly, monitoring the data compliance and data quality. The unit developed a macro for its “AFCARS Spreadsheet” that combines the compliance and data quality utilities information into a user friendly tool for efficient monitoring and follow-up by the reports staff. The Federal Reports unit utilizes the NYTD Data Review Utility (NDRU) for monitoring the National Youth in Transition Database (NYTD) reporting system. NDRU may be run up to 3 times weekly. Weekly error notifications are generated for NYTD elements 17 (Adjudicated Delinquent); 18 (Education Level); and 19 (Special Education). The unit has developed additional reports to assist with monitoring NYTD data. These reports are distributed to State Office Program personnel within Permanency/Independent Living and to designated contract staff for the follow-up 19 and follow-up 21 report periods.

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

For all 3 reporting systems, AFCARS, NYTD, NCANDS, combining the use of the federal utilities with state developed reports and exception reports, has improved the state’s ability to monitor both compliance and data quality. Effective strategies for improving data quality are an ongoing challenge; however, data validation that involves
direct contact with child welfare staff provides the opportunity to educate and encourage proper, thorough documentation. In addition, ongoing data validation keeps the unit in touch with the functioning of both the KIDS application and the AFCARS extract.

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

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

The federal reporting data quality process was adopted by the other reporting units as well. Specifically, Oklahoma’s Pinnacle Plan reporting unit was created to meet the data demands that resulted from the class action lawsuit settlement agreement. Most of the measures outlined in the Pinnacle Plan are taken directly from federal CFSR round 2 composite component measures, the federal worker visitation measure, federal data profile elements, and other sources. All detail data including Oklahoma’s NCANDS and AFCARS submission files are submitted (monthly or semi-annually) to the monitoring organization’s data team for independent verification.

Immediately upon approval the 2016 APSR will be available at www.OKDHS.org. The contact person is Marvin Smith and can be reached at Marvin.Smith@okdhs.org.

ii. Case Review System (45 CFR 1355.34(c)(2))

The Oklahoma Juvenile Justice System is comprised of various stakeholders including attorneys, judges, children, biological and foster parents, educational providers, court appointed special advocates (CASA), and tribal affiliates. Although each of these entities serves a unique role, CWS works to promote a positive working relationship with the court system to help move children to permanency safely and timely. Oklahoma's case review system continues to allow families due process, consisting of periodic reviews for each child under the court's jurisdiction, at times more often than statutorily required. The Title IV-E Foster Care Eligibility Reviews in 2003, 2007, 2010 and 2013 all noted that Permanency Hearing Reviewing occurred timely and more frequently than the 12 months required. Oklahoma's case review system also maintains a process for termination proceedings of parental rights when a parent cannot change the behaviors that led to a child entering care.

In FFY2014, 98.50 percent of children due a case plan goal had one documented in the SACWIS database. 94.30 percent of children due a periodic review hearing had one
documented in the SACWIS database and 79.10 percent of children due a permanency review hearing had one documented in the SACWIS database. Qualitative information is unavailable at this time but will be available in the next CFSR period.

**Figure 1: Data for CFSR Items 20, 21 and 22.**

<table>
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<th>Year</th>
<th>Children Removed</th>
<th>Number That Should Have A Documented Case Plan Goal</th>
<th>Number That Have A Documented Case Plan Goal</th>
<th>Percentage</th>
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<td>15,310</td>
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<tr>
<th>Year</th>
<th>Children Removed</th>
<th>Children Due A Periodic review</th>
<th>Number With Periodic Review Completed</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>FFY2014</td>
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<td>14,350</td>
<td>13,531</td>
<td>94.30%</td>
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<th>Year</th>
<th>Children Removed</th>
<th>Children Due A Permanency Hearing</th>
<th>Number With A Permanency Hearing</th>
<th>Percentage</th>
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<td>11,887</td>
<td>9,402</td>
<td>79.10%</td>
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</table>

Data Source: AFCARS Annual File

Improvements to the case review system are due to the ongoing collaborative partnership CWS has with the Court Improvement Program (CIP) and the Administrative Office of the Courts. Several DHS and CWS staff are members serving on the CIP taskforce and multiple workgroups that focus on education, ICW, quality legal representation, and court performance measures. The Continuous Quality Improvement (CQI) Team along with CWS program staff regularly interacts with the CIP to address court-related issues regarding cooperation and communication between all parties to improve safety, permanency, and well-being for children and families. CIP recently began to explore opportunities to incorporate CQI activities into the court system. CWS provided assistance and guidance on the essence of CQI and what this process could look like for the courts and impact court improvement. Specific areas of discussion included court observations, internal collaboration and input, survey development, data collection, data analysis, program development, and evaluation. The CIP continues to open avenues of communication with judicial partners to involve CWS in trainings and workgroups that significantly impact the case review system.

Providers for all children in foster care are notified of hearings through the SACWIS system. Once the child welfare worker enters information into SACWIS as to the court hearing, which includes the upcoming court hearing, SACWIS generates a notification to caretakers of when that next court hearing will occur. It is the CW workers responsibility to ensure the notification is provided to the caretaker. In Oklahoma's two largest metropolitan counties, Oklahoma and Tulsa, the courts provided case managers
with the responsibility of monitoring case progress outside of the courtroom to ensure that hearings within the courtroom are meaningful and productive. These case managers also can assist in documenting results of case reviews, including parties who were present, ensuring inclusion of foster parents.

Currently, judges are provided with data from the SACWIS/KIDS report YI101 Judicial Report on a quarterly basis. This allows them to analyze data for the children assigned to their court room, including adjudication and dispositional dates as well as other pertinent data regarding case progress. Dates for all permanency hearings for children under their jurisdiction are included for monitoring as well as dates of when Family Team Meetings (FTMs) occurred in the case.

FTMs are one avenue for CWS to engage the family in the development of the written case plan, case decision-making, and maintaining consistent communication with all parties involved in the case. FTMs also improve family involvement and quality of case reviews. During FFY2014, FTMs were conducted on 10,309 children, with the goal of being that all children with an open case will have FTM’s conducted.

Qualitative information, while currently unavailable, will be included in the next CFSR period. During the CQI implementation phase, continual evaluation of the process occurred; however, it was apparent that the planned process was not sustainable. After implementation of four of the five planned sites, the implementation was ended to adjust the process. A revised plan has been developed that proposes Oklahoma be a self-reviewing state in the upcoming Federal CFSR. Under the new plan, quarterly reviews occur on 130 cases per year using the OSRI.

The CFSR case reviews will collect specific case level qualitative information through review of documentation and completion of interviews specific to each case. Information gathered will cover evaluating the quality of services to children and families; how child and family functioning is progressing relative to services provided; and assessing the quality of the case review process.

iii. Quality Assurance System (45 CFR 1355.34(c) (3))

Child Welfare Services (CWS) is still in the process of transforming into a learning organization led by a management philosophy of continuous quality improvement (CQI). CWS began with an extensive self-assessment process of its CQI system examining current realities, strengths, and weaknesses guided by the "Administration for Children and Families Information Memorandum: Functional Components of a CQI System," (8/27/12) as a guide. The self-assessment process involved focus groups, state research, workgroups, and technical assistance. The examination of CWS CQI system
included an understanding and consideration of the CQI history at Oklahoma CWS and across the nation. The analysis resulted in the development of a new CWS CQI Plan. CWS, led by the CQI team, will effectively measure the quality of work, inform leadership and staff of what is and is not working in the system, and work alongside all CWS staff to improve outcomes for children and families. Full implementation of the CQI process across the State represents a multi-phase effort that will be continually assessed during plan implementation. High quality implementation is essential in ensuring desired outcomes are achieved. CWS must have the capability to periodically monitor and evaluate all CQI processes during implementation stages so adjustments can be made as needed. Implementation stages focus on core components that allow the creation of a solid CQI knowledge base, building or creating written procedures for aspects of the CQI processes, mapping the on-site review instrument (OSRI), and all quality assurance activities.

**Foundational Administrative Structure**

Oklahoma's CWS is committed to improving the safety, permanency, and well-being outcomes for Oklahoma's children; however, CWS has been challenged to do better. In January 2012, the Oklahoma Pinnacle Plan: An Improvement Plan for Child Welfare Services established the direction, expectations, and values under which the CWS workforce must operate. The Pinnacle Plan outlines the commitments and critical initiatives that must be implemented to better serve children and their families.

Some organizations still adhere to the concept of "if it isn't broken, don't fix it." However, CWS recognized that to shape the future required transforming from a "compliance-based" to a "learning" organization. As a result, CWS is committed to making continual learning an organizational life way of life to improve the performance and outcomes of the whole organization.

Transforming to a "Learning" Organization involves "Change" in the mind sets of our employees, community partners, as well as the culture of our organization. Per the Pinnacle Plan, Child Welfare Services committed to the following:

"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."

To achieve this goal, CWS is in the process of developing a "comprehensive quality improvement system." Implementing this change is critical to the achievement of positive outcomes for the children and families CWS serves. A well-constructed CQI process is a key component for change in Oklahoma’s CWS. The National Resource Center for Organizational Improvement (NRCOI) defines CQI as the complete process of identifying, describing, and analyzing strengths and problems, and then testing,
implementing, learning from, and revising solutions. CQI relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the organization. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the CWS, children, youth, families, and stakeholders throughout the process.

Recognizing the importance of understanding the Children and Family Services Review (CFSR) process is only one element of a full CQI process. The message from CWS leadership to staff at all levels and to internal and external stakeholders is the division's CQI approach is not another new initiative, but a continuous cycle of learning to reshape the system statewide. The CQI approach supports the achievement of positive outcomes for children, youth, and families and the staff in improving practice that ultimately leads to healthy children, youth and families.

In the CQI process, the focus for improvement is the multiple processes and system as a whole, not the specific practitioners. The comprehensive CQI process is designed to send a strong message to all CWS staff, as well as internal and external stakeholders, that their involvement is crucial to CWS' continual learning, exploration of new ways of doing things, and opportunities for improvement.

To promote the new vision of CQI, a team of CQI leaders was created with the knowledge, skills, and attitudes to be change catalysts within CWS. Under the development and implementation of the Pinnacle Plan, the CQI Team grew from 10 to 18 designated CQI Staff. Through this structure, four CQI teams report directly to a Deputy Director responsible for Quality Assurance, Staff Development and Training, and the Technology/Governance and SACWIS Units. The CQI teams are as follows:

- Children and Family Services Review Team
- Quality Assurance Team for Permanency Planning
- Quality Assurance Team for Child Protective Services and Family Centered Services

Each CQI team is led by a program supervisor who is responsible for the direct supervision of five designated program field representatives. The CWS reorganization divided the State into five regions. To provide support throughout the State, a program field representative from each of the three CQI Teams is assigned to a specific region.

An effective CQI system requires staff at all levels of the division to embrace CQI as “mission critical.” Each member of the CWS team from frontline staff, to leadership, to program staff, plays a critical role in continuous quality improvement. Although each CWS staff member’s role in CQI is critical, the designated CQI staff, along with the CWS Executive Team, serves as CQI leaders within the division.
**Children and Family Services Review Team (CFSR)**

The CFSR team is responsible for all activities pursuant to the completion of the CFSR. The CFSR is designed to pro-actively impact the quality of life of children and families by developing local capacities to engage in continuous quality improvement activities. The CFSR Team leads the actual CFSR reviews within each region across the State and is responsible for promoting dialogue regarding the identification of areas needing improvement, barriers for improvement, and strengths in CWS practice pertaining to the outcomes of safety, permanency and well-being. The CFSR Team works with the Quality Assurance Teams in the identification of trends to focus on short-term action planning in the cases where any outcomes showed an "Area Needing Improvement.

**Quality Assurance Teams (QA)**

QA Teams are two CQI units dedicated to the collection, analysis, and use of data and information to support practice and systemic improvements within CWS. These units assist in promoting dialogue to identify improvement areas, barriers to improvement, and strengths in current CWS practice.

To develop consistency among the CQI Teams, QA shadows the CFSR reviewers during the CFSR process. The QA Teams then assist the CFSR Team facilitate dialogue about CFSR outcomes as well as identification of trends to focus on short-term action planning in cases where any of the outcomes showed an "Area Needing Improvement." The QA Teams serve as facilitators to ensure:

- appropriate strategies are developed;
- resources are utilized to achieve the strategies;
- data is analyzed; and
- CW practice improvement is occurring

QA Teams also completes targeted case reviews and/or ad-hoc reviews within the program areas of CPS/FCS or PP, when additional data is needed to further analyze specific practice trends.

To improve the existing CQI process and make CQI a comprehensive process, CWS recognizes the significance of building a sustainable and solid foundation for the incoming "CQI" staff. The foundation emphasizes knowledge and capacity in understanding a comprehensive CQI approach, administering the new OSRI, and involving and maintaining internal/external involvement, including training and education. All CQI staff is required to use the CFSR E-Training Platform to complete all training modules and obtain certification to ensure consistency in all OSRI applications.
Also, all CQI Staff are to participate in a formalized training regarding the CQI process, "Plan, Do, Study, Act" provided by the CQI program supervisors.

CWS leadership continues to explore the utilization of past and new training methods and processes in CORE training, Supervisor Case Reviews, Supervisor Academy, and Opening Meetings. The formalized training or education portion of the CQI process is another mechanism to assist in on-going development of a high quality, consistent, and sustainable comprehensive quality improvement process.

Quality Data Collection

CWS is becoming an agency heavily reliant on both qualitative and quantitative data to improve outcomes for children and families involved in the child welfare system. Collecting quality data from a variety of sources is the foundation of a CQI system. Oklahoma's SACWIS system is a comprehensive, automated case management tool that supports child welfare practice. It is used to collect and extract accurate quantitative and qualitative data and holds a state's official case record that includes a complete, current, accurate and unified case management history on all children and families served by the state or tribe's Title IV-B and IV-E entities. The history of DHS SACWIS as well as the assessment of current functioning is outlined in the “Information System” systemic factor section.

For data to be considered quality, it must be current, accurate, complete, timely, and consistent in definition and usage across the entire State. CQI in Oklahoma developed a new CQI process which utilized Quality Circles. Once the process was finalized, CQI underwent implementation in four identified counties, utilizing those Quality Circles, which focused on strategic methods to ensure quality data collection. The newly developed Federal On-site Review Instrument (OSRI) was used during the actual review phase of the Children and Family Case Reviews (CFSR). To build capacity regarding the new instrument and to ensure consistency in the application, instructions, and scoring of the review instrument, only CQI staff served as reviewers. During the implementation, the CQI Process of Quality Circles was found not to be sustainable. Therefore, the entire CQI team has been working to develop a new and sustainable process which will support Oklahoma in becoming a self review state. To become a self-review state, CQI developed further training of the OSRI instrument among the reviewers to build capacity and incorporate inter-rater reliability. Each CFSR and QA Team member is certified on the OSRI. In addition, multiple layers of QA were established through case debriefings during the CFSR as well as an instrument review after completion by a neutral party. During the CFSR, both quality quantitative and qualitative data related to in-home services and systemic factors is collected. Upon stabilization of the CW workforce's capacity and enhanced consistency of CQI
reviewers, supervisory and field staff will be integrated into the process as reviewers with CQI staff assistance. At the local level, CQI uses both qualitative and quantitative data to assess outcomes. Implementing a bi-directional feedback loop permits adjustments and improvements of the CW system at all levels. Through this CQI process, CWS staff at all levels can see the relationship between practice and data and link data to their practice.

CWS also acknowledges that qualitative data does not only come from its CFSR process. CWS uses additional sources to assess current functioning within multiple components of the CW system. This includes evaluations, surveys, and focus groups with both internal and external stakeholders, as well as additional case reviews for purposes of CPS appeals or case consultations by program staff. The challenge moving forward continues to be consistency in CQI messaging that QA at all levels of the agency is everyone’s responsibility.

**Case Review Data and Process**

Historically, Oklahoma Child Welfare Services developed an onsite case review system that mirrored the federal CFSR case review approach. Although, efforts were made to improve the quality of CW services using the CFSR as the impetus for positive change to practice and outcomes, CWS has the opportunity to become more informed and knowledgeable about what truly constitutes a comprehensive continuous quality improvement system and process. The success of the CWS vision of improving practice and outcomes is deeply in-beded in a quality implementation of the changes in the CQI process and continual monitoring through a formalized, comprehensive, and division-wide approach.

The Vision of Oklahoma's CQI system is:

1. **The Child Welfare Services division 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 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 with CQI grounded in the CWS mission, vision, and values. Conversations at all levels reflect the value of continuous learning and focus on strengthening practice to improve outcomes.

2. **Strong relationships and partnerships throughout the division will be evident.**
Strengthening relationships occurs through improved and reflective two-way communication and more solution-focused, collaborative efforts that result in a shared sense of responsibility for outcomes.

3. **CWS will see measurable and sustained improvement in outcomes.** Continuous learning results in action planning to improve systems, practice and outcomes. 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 used for learning, resulting 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.

CQI is the gradual evolution of CW practice by making subtle, positive differences working together as a team with stakeholders and staff at all levels. CWS seeks a shared vision that is a reflection of the State's value system. As a learning organization, CWS must create a supportive learning environment where individuals feel safe interacting both within teams and with others. It is in this climate that inquiry and commitment to the truth are the norm. In such an environment, decisions are not "watered down" compromise, but rather are the result of true group analysis of complex problems to identify the best actions to address the root causes of problems. It is not about gaining superficial knowledge, but about learning that results in knowledge transfer and understanding.

The goal is not to condemn failure but rather to identify needs and build on success to improve all outcomes of the children CWS serves. Those closest to the work are recognized as the experts. The CQI Team's role is to provide the data and to help staff understand it. Maintaining an inductive mindset while continuously observing behavior patterns, is a necessity to identify strengths and areas of need that directly affect practice. Problem identification must be followed by supportive action toward resolution of identified problems. Feedback is embraced, and information shared with internal and external stakeholders, staff, and programs through a continuous communication bi-directional feedback loop.

CWS piloted the CQI process in each of the five regions across the State. This method permitted periodic monitoring and adjustments as needed to ensure a successful and high quality implementation statewide of a comprehensive CQI process. CWS in the initial implementation phase explored options related to a sustainable case review process and schedule. Those options included a "whole-state" as well as a modified review process that specifically explored a small number of districts. Districts for
consideration were identified by the diversity of people served such as Native American population and population size.

During the implementation phase, continual evaluation of the process occurred and it was apparent that the planned process was not sustainable. After implementation of four of the five planned sites, implementation ceased to adjust the process. A revised plan was developed that proposes Oklahoma become a self-reviewing state in the upcoming federal CFSR. Under the new plan, quarterly reviews occur on 130 cases per year utilizing the OSRI.

CQI is currently developing the formalized sampling process to ensure a sampling universe of children who are or were recently in foster care in addition to children served in their own homes. Also included is a sampling of cases for children in tribal custody. The sample is stratified to include a proportion of cases for children of different age groups and permanency goals. The reviews are representative of the populations served by the State, including the largest metropolitan areas and the significance of other demographic and practice issues.

Case reviews are to collect specific case level qualitative information through documentation review and completion of interviews specific to each case. The information will include the quality of services to children and families and permit evaluation of how child and family functioning is progressing relative to services provided. Initially, the lead reviewers are CFSR staff to enhance capacity and consistency of application of the review. As improved capacity is developed, reviewers from both internal and external stakeholders are to be included.

CQI is formalizing a written manual to guide the case review process, standardize completion of instruments, build inter-relater reliability and ensure consistency, prevent conflict of interest, and promote unbiased reviews. The manual includes descriptions of the processes for providing feedback, team debriefing, and completion of interviews specific to each case. An additional process will be used for conducting ad hoc/special reviews, when warranted, based on Plan-Do-Study-Act. Examples of the Quality Assurance Systems that have been implemented are the Qualitative Shelter Review and the Hotline Review which are described in detail in section #5 – Program Support.

**Analysis and Dissemination of Quality Data**

Originally, CWS implemented CQI Quality Circles to analyze and disseminate multiple sources of data at the local level. Quality Circles were a group of individuals who met consistently to review data, processes, practices, and outcomes of child welfare
systems. Facilitated by trained CQI staff, the Quality Circles utilized data to guide decisions when identifying issues and trends, brainstorming solutions, setting goals, identifying action steps, as well as tracking and adjusting goals. Participants of Quality Circles consisted of those who had a vested interest in improving practice and outcomes for the children and families served.

During implementation of the comprehensive CQI, Quality Circles were determined not to be a sustainable process. In the development of a sustainable CQI process, Plan-Do-Study-Act continues to be the core fundamental structure:

- **Plan** – Develop an evidence-based quality improvement plan. The Plan Phase calls on the agency to make four main claims:
  - I observe that [there is a specific problem].
  - I think it is because [of this reason].
  - So I plan to [implement some intervention].
  - Which I think will result in [the desired outcome].

- **Do** - Implement the intervention.

- **Study** - Measure progress toward the target outcome. Monitor implementation. Provide feedback to relevant stakeholders and decision makers.

- **Act** – Determine the extent to which the problem still exists. Confirm or refute the theory of change. Adjust the intervention as needed.

The purpose of the CWS CQI system is to effectively measure the quality of work, inform leadership and staff of what is and is not working in the system, and improve outcomes for children and families served by our system. CQI provides staff with current and forward-looking performance and production data. When any safety threats are identified during the CFSR, those cases are immediately staffed with the district director and CW supervisor. QA Teams then serve as facilitators, ensuring appropriate strategies are developed, resources are utilized to achieve the strategies, data is analyzed, and child welfare practice improvement is occurring. Trained QA staff follow-up with the worker and supervisor to discuss any identified safety issues and areas that need improvement. Staffings focus on supervision, follow-up, and accountability and are tracked to completion. QA staff use data to guide decisions when identifying issues and trends, brainstorming solutions, and identifying short-term action steps, as well as tracking and adjusting goals. These staffings and action steps are documented in KIDS case review screen by the supervisor. Identified cases are reviewed quarterly by QA staff to ensure the completion of the action steps and practice improvement. To ensure accountability and follow through when the action steps were not completed, an additional staffing occurs including QA staff, the district director, regional director, CW worker, and CW supervisor.
During the implementation phase, a feedback loop was developed between CQI staff, CW supervisors and field staff to highlight and reinforce how results link to daily casework practices. Results were used by supervisors and field staff to assess and improve practice. While this feedback loop provided information at the county level, it did not include utilizing results to inform training, policy, and practice. With full implementation of the CQI process at the local level, both qualitative and quantitative data as well as real-time data can be utilized to assess outcomes. A bi-directional feedback loop will be put into place to adjust and improve the child welfare system at all levels, including program and training staff.

As a catalyst, CQI improves agency outcomes because it empowers staff to understand the children and families they serve and their practice, to self-evaluate, and make proactive decisions based on evidence and data. CWS work is linked to the results for families and outcomes. CWS practices and systems are continually improved with a feedback loop from the front line through leadership.

**Feedback to Stakeholders and Decision–makers and Adjustment to Programs and Process**

CQI's vision is to create a reflective, progressive, flexible, action-focused learning organization with strong partnerships throughout the division resulting in measurable and sustainable improvement in outcomes. Through CQI implementation, internal and external stakeholders can access data to understand practice, identify areas of need, develop action plans, and monitor and adjust those plans, based on data to improve practice. During the implementation phase, this process occurred at the local levels, providing for continual evaluation and adjustments when needed through the Quality Circles. The Quality Circle process began 30 days prior to the CFSR when the Self-Assessment Form was provided to the site to initiate both the staff and external stakeholders in focusing on the current practices in that county. Within 3 weeks of sending the Self-Assessment Form to the county, the Self Assessment Quality Circle occurs. All Child Welfare staff as well as school based social workers and foster parents are invited to attend. Also invited are those external stakeholders that work with child welfare and can provide productive feedback as to how the county functions and their current practice. While Quality Circles were not a sustainable process, the Quality Circle for County Self-Assessment did provide data to engage internal and external stakeholders in discussion of current child welfare practice. To build on the positive engagement with stakeholders, a statewide self-assessment occurs at the county level. These assessments include both internal and external stakeholders and bring all CWS staff together with community partners. The focus is to identify what is driving the performance outcomes before decisions are made on how to improve or fix outcomes. The information gathered during the assessments at the county level go to the state.
level, leading to a continuous bi-directional feedback loop. Communicating strengths and needs based on data results in informed training, policy, practice, community partnerships, service array, automated system development, and other supportive systems. The statewide CQI process can then lead to consistency of messaging, continuous learning, and improvement of outcomes.

In addition, this process reinforces the connection of how the results of CQI activities link to daily casework practices. This foundation begins with results being used by supervisors and field staff to assess and improve practice. This process emphasizes the value of:

- involving stakeholders;
- using data to drive decision-making; and
- leadership to impact and sustain change.

One of the leading principles in CQI is evaluation. CQI itself must be adjusted as results indicate a need for additional study, information, or analysis. The CQI team relies on evaluations to measure the effectiveness of the CQI process and its impact on outcomes and performance areas. The evaluation reviews short and intermediate goals as well as long-term outcomes by applying data analysis. CQI also incorporates an evaluation specific to CQI effectiveness through participants, supervisors, district directors and other stakeholders. The CQI process is designed to be a catalyst for change to improve practice resulting in better outcomes for children and families. As CWS continues to grow and transform into a learning organization led with a philosophy of CQI, capacity to effectively execute CQI activities will expand. Therefore, CWS continues to enhance the sophistication of the process as internal capacity increases.

**iv. Staff Training**

**INITIAL STAFF TRAINING: HANDS ON TESTING AND CORE**

Evaluation of Hands on Testing (HOT) for FY14 provided information to assess critical skills needed for workers to achieve positive outcomes for children and families. All new workers are enrolled in Core and after completing participate in HOT (see page 32-33 of 2015 CFSP). (All workers, including new and re-instatments must complete CORE and HOT to maintain employment HS26). Overall, 86 percent of workers were able to successfully complete HOT, with little variance based on specialty.

CORE participants complete nine surveys during training. The surveys via Survey Monkey are available for completion two weeks from ending CORE. Although Survey Monkey does not provide a return rate, CORE return rates are higher than any overall survey from the Training Unit. Other means to track return rates will be explored.
Surveys from workers completing CORE provide feedback regarding areas of desired additional training. The top two areas of desired additional training identified for FY14 were interviewing, including adult/child and Assessment of Child Safety (AOCS), and Child Abuse and Neglect Information System (KIDS) documentation. To address these needs, the Training Unit increased the amount of time spent in CORE on these activities and modified the final day as a review of all required skills for HOT. Child interview responses for additional training decreased from 35 percent in FY14 to 31 percent in FY15. Additional training requests for AOCS decreased from 37 percent in FY14 to 31 percent in FY15. In FY15, requests for additional adult interviewing training increased to 42 percent from 33 percent in FY14. In FY14, the desire for additional training on KIDS scored at 17 percent. This number decreased to 12.5 percent for FY15.

HOT is comprised of four components in which all new workers are evaluated: adult interview, child interview, assessment of child safety and use of KIDS.

KIDS training completion rate for all HOT participants remains at 97 percent with no changes due to additional training within CORE. Interviews remain the most challenging components of HOT. The highest HOT incompletion rates are for interviews: permanency planning adult interviews at 20 percent; Hotline child at 19 percent, although the number tested is low; adoption specialists adult at 17 percent; CPS adult at 16 percent; and foster care child at 15 percent. The variation reflects differences between specialties and tends toward adult interviews. This correlates with the staff survey results regarding interviews in particular adults. The Training Unit partnered with the University of Oklahoma, School of Social Work to evaluate the simulated interview component of HOT and increase the objectivity of the grading process. Results indicated CORE participant’s weakest areas for HOT were interviews, in particular, assessing safety. This result correlates with the Training Unit's internal database with little deviation between specialties. The Training Unit tracks individual training in preparation for HOT. Staff receiving individualized coaching from Training Unit personnel in FY 14 completed HOT 94 percent of the time in comparison to 86 percent overall.

HOT and CORE surveys were developed in 2012 at the inception of CORE. Survey questionnaires are sent to each HOT participant and his or her supervisor after each HOT event. The survey was designed to ask participants about adherence to select procedures and encourages supervisors to inquire about the merits of varied aspects of CORE and HOT. Return rates for the first two years from workers ranges from 33-35 percent and 20-30 percent for supervisors. Each person is e-mailed twice as a reminder to complete surveys. The FY 15 return rate for supervisors is 17 percent and 47 percent for workers. The Training Unit consistently communicates the value of surveys to each CORE class. The Training Unit will consider how to encourage a higher participatory rate for supervisors during the survey review process this year.

Worker surveys for both FY14 and FY15 indicate over 90 percent believed they were prepared for HOT during CORE and on the final day of CORE. In both FY14 and FY15, supervisor surveys related to CORE and HOT suggest a belief that workers’ critical thinking skills improve during CORE, 73 percent in FY14 and 66 percent in FY15. Supervisors noted a continued increase in KIDS skills with 77 percent in FY14 to 82
percent indicating improvement in FY15. Current survey questions shifting the focus from compliance to outcomes may result in even more actionable feedback.

Prior to HOT, a supervisor or Level III worker observes each HOT participant’s practice and attests to each worker's readiness to test. No worker tests for HOT until both parties, the worker and supervisor, believe they are prepared. Surveys in FY14 indicated that 90 percent of responding supervisors believed workers were adequately prepared for HOT. This number increased to 93 percent for FY15. These results led the Training Unit to believe each supervisor has confidence in his or her worker's ability to demonstrate the required skills.

To strengthen the reliability and validity of Child Welfare HOT graders, the Training Unit enhanced the training for graders, CW supervisor/Level III workers. Graders are responsible for HOT preparation and ongoing training of new workers following HOT completion. This structure ensures consistency between the Training Unit and the field on worker competencies. One day of training is provided for graders and experienced graders are matched with new graders to mentor until ready to grade independently. A survey is being developed to evaluate the training for graders. Anecdotally, graders who participate in training indicate they have improved knowledge and skills for HOT grading as well as coaching new workers. At this point it is not clear how outcomes can be evaluated related to grader training; however, consistency with graders appears to be trending positively.

**ONGOING STAFF TRAINING**

The Training Unit utilizes survey data for all ongoing training to support worker's increasing knowledge base, skills, and abilities. The survey, open for two weeks following course completion, uses a Likert scale from 0-5 providing feedback on whether the worker believes that the training enhanced professional expertise and whether the information presented can be applied in practice. Surveys report workers respond positively believing they receive enhanced knowledge, skills, or abilities (KSA’s) For example CW 1024 Domestic Violence has 7 questions related to KSA’s scoring 4.38 for the fiscal year . CW 1037 Child Assessment Prep Training has an overall score of 4.45. CW 1002 Intro to Child Sexual Abuse has an overall score of 4.62 providing feedback on whether the worker believes that the training enhanced professional expertise and whether the information presented can be applied in practice.

Based on trainers' performances with some courses, the Training Unit worked with contract trainers to enhance their performance. In FY14, two trainers were removed from instruction due to poor performance. The curriculum was also redeveloped for both of these trainings.

After completing HOT, CW specialist I’s are assigned courses and enrolled by the Training Unit based on their specialty. Each specialty has three courses that are of the highest priority for new workers and are taken first. 90% of CW specialists are enrolled in their top course and if not 80% of the time are enrolled in one of the top three courses. Level I courses are surveyed to collect worker feedback. All of the surveys reflect what is stated above (ie they are receiving enhanced KSA’s.)
survey are reviewed each time for feedback regarding any desired changes. Quarterly reports are provided that list workers who are delinquent with required trainings. A CW specialist I has 18 months to complete required trainings and is reenrolled by the Training Unit until classes are completed.

A CW specialist II, the only other level with required trainings, has three years after completing HOT to complete required trainings. Delinquencies are sent to each worker’s supervisor and district director. Delinquent trainings remain on the list until completed. Local administrators address through disciplinary means workers deficient. Reports are being developed to identify specialists who remain on the list for continuous quarters. In FY14, 194 CW specialists completed all of their required trainings with 246 having at least one remaining class to complete.

Occasional workgroups are created to explore training gaps. Most recently, substance abuse training was identified as an area for potential growth. In FY15, CWS partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to review curriculum with recommendations leading to curriculum improvements. The new curriculum is scheduled to begin FY16.

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

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

During the period June-August, 2014, the Child Welfare Policy and Practice Group provided training in engagement skills to CWS staff from the Tulsa County office. Some State Office staff were also participants. A total of 176 participants were trained in eight, separate three-day sessions. Modifications to the trainings evolved through workgroups evaluating the training design, purpose, and expected results, as a statewide rollout plan was developed. Surveys on each training assisted in modifications that led to a less didactic training with an emphasis on coaching and the development of expert cohorts within a region.

Training insight learned from the SSSP were imbedded in training starting with CORE and are slowly being integrated into level courses to address sustainability and address CQI needs. This process will continue. A tool is being finalized to enhance supervisor consultation. District directors will be able to evaluate supervisor consultation skills and supervisors will have another way to assess a worker’s ability to utilize training in novel situations.
Staff and Provider Training

Initial Staff Training (Contracted Staff)

The contracted staff provides services in DHS prevention cases and to a lesser extent in trial reunification cases through the Comprehensive Home-Based Services (CHBS) program administered by CWS. The University of Oklahoma Health Sciences Center (OUHSC) provides the following training for all of the contracted staff.

SafeCare Training - Evidenced-based home visiting program for families at risk of child abuse or neglect.

- SafeCare: The module is four to five days of training involving counseling skills, problem-solving, and specific training on the three core SafeCare modules: Home Safety, Health, and Parent-Child Interaction/Parent Infant interaction. The training aligns with the requirements set by the National SafeCare Training and Research Center (NSTRC). All trainers are certified by NSTRC and trained by OUHSC. After the training, the staff is monitored by certified SafeCare coaches employed by the contract agencies. Staff are required to be seen by a coach twice a month until they are certified and must be observed meeting criteria on each module to reach certification. They have a year from the date of training to achieve certification. Once certified they go out with staff at least once a month to monitor fidelity to the protocol. Visits occur more often when schedules allow. The coaches are certified as well and receive multiple days of training focusing on feedback skills. Coaches also have criteria to meet for certification and this process is conducted by OUHSC in collaboration with NSTRC.

- Managing Child Behavior: The offering supplements the parenting modules of SafeCare. A day and a half of training occurs after a contracted staffer is trained and had an opportunity to use SafeCare with families. The staffer is also monitored for fidelity to the criteria.

- Healthy Relationships: The module will be added to CHBS services in SFY 2016 and will involve a three day training provided by OUHSC. The training will focus on helping caregivers learn healthier ways of communicating and making better relationship choices in their lives. Contracted staff will be monitored to ensure they are meeting criteria and coaching will be available.

Additional Training provided by OUHSC

- Motivational Interviewing (MI): All CHBS staff is required to have training in MI and to use MI with families. MI is a broad approach designed to strengthen the individual's motivation to change and increase self-efficacy. New CHBS staff receives introductory training in MI from the coaches and trainers at their
agencies. MI materials were created by Dr. Thad Leffingwell, a Motivational Interviewing National Trainer. Dr. Leffingwell then conducts an onsite all day workshop at each site annually to help enhance staff’s skills.

- Domestic Violence and Safety Planning: All CHBS contracted staff receive yearly training on issues related to domestic violence and guidance on how to appropriately create safety plans with families and partner with local domestic violence resources.

**Training Provided by Contracted Agencies**

- To assist in their work with families: Trauma-Informed, Embracing Diversity, Dual Diagnosis and Child Abuse Reporting and Confidentiality.
- For worker and family safety: CPR and First Aid, OSHA-Fire Safety and Blood Borne Pathogens, Emergency Preparedness and Critical Incident Reporting.

**Ongoing Staff Training (Contracted Staff)**

**SafeCare Ongoing Training**

- The NSTRC requires that agencies providing SafeCare utilize coaches. OUHSC oversees the training of coaches and meets monthly with them to go over procedures, helps advise them on their duties and provide ongoing consultation of their work with staff. The coach’s role is to provide ongoing training to CHBS contracted staff on SafeCare and other aspects of their jobs. The coach goes on home visits and observes the contracted staff providing the intervention and gives immediate supportive and corrective feedback to ensure that the evidence based model is being implemented with ongoing fidelity. Refresher trainings are provided at least annually.

**Additional Ongoing Training provided by OUHSC**

- Motivational Interviewing: Dr. Thad Leffingwell, a Motivational Interviewing National Trainer, conducts an all day workshop at each contract agency annually to enhance staff skills.
- Domestic Violence and Safety Planning: This training is provided annually.

**Ongoing Training Provided by Contracted Agencies**

- Contract staff receive annual refresher training on Trauma-Informed training, Embracing Diversity, Dual Diagnosis and Child Abuse Reporting and Confidentiality, CPR and First Aid, OSHA-Fire Safety and Blood Borne Pathogens, Emergency Preparedness and Critical Incident Reporting.
v. Service Array and Resource Development

Services to assess the strengths and needs of children and families

CWS uses several methods to assess the strengths and needs of children and families to determine service needs and connect them with identified needed services. This process starts with the Child Protective Services investigation or assessment. The Assessment of Child Safety (AOCS) gathers information not only about the alleged abuse or neglect, but extensive information about the specific safety threats that led to the maltreatment and what protective capacities may exist in the family to control for those safety threats. From this information, the child is either determined to be safe or unsafe and the necessary intervention is decided. Assessment of the family’s needs begins to determine what services will help them correct the behaviors that led to the abuse or neglect. At times, this determination requires placing the child in DHS custody and allowing Permanency Planning workers to continue assessing the family’s needs with the Family Functional Assessment tool and ensure the family is connected to the needed services. The services assist in correcting the behaviors that led to the abuse or neglect so the child may be returned in a timely manner.

On many occasions, however, it is determined the caregivers have enough protective capacities, family supports, and accessible services are available in the community to allow the child to remain safely in the home. In these instances, a Family-Centered Services (FCS) case is opened and a Family Functional Assessment is done. A CW worker assists the family in connecting with community services and can follow the family for up to six months, or until the point the child is no longer deemed unsafe. In many of the FCS cases, a contracted service known as Comprehensive Home-Based Services (CHBS) is provided to the family as well to give extra supports in the home, on a weekly basis, along with the FCS worker. This service uses an evidenced-based model, SafeCare that is comprised of four education modules to caregivers on health, home safety, parent-child interactions, and problem solving and communication.

The upcoming Title IV-E Waiver Demonstration Project supplements this array, and allows children to remain safely in their homes by providing an intensive family preservation program, known as Intensive Safety Services (ISS), that delivers services in the home, three to five times a week, eight to 10 hours per week, for four to six weeks. The families are linked, during that four to six week period, with community services based on their needs, for continued treatment and the contracted ISS worker makes sure there are no barriers to accessing said services. Both CHBS and ISS contracted workers do further assessments in the home to decide if additional services are warranted to correct the behaviors and conditions that led to the abuse or neglect.

Services to address the needs of the family and children to create a safe home environment

Many services are available in the community to help a family create a safe home environment to either safely maintain the child in the home or return the child to the
home in a timely manner. Systems of Care, in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and multiple community agencies offer behavioral health services to children and families, to assist in maintaining the child in his or her community, avoid admission to inpatient care, and improve placement stability by supporting biological, adoptive, and resource parents in caring for a child with behavioral health needs. This service is nearly available statewide. ODMHSAS also provides, statewide, substance abuse treatment services to caregivers who have been assessed as in need of treatment.

DHS is moving toward a statewide implementation of a Trauma-informed system and trauma-responsive child welfare practice using the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC) grant received in 2012. The grant encompasses five main components:

- universal screening for the early identification of children and youth with behavioral and mental health needs;
- functional assessment measuring improvement in skill and competencies that contribute to well-being;
- data-driven, outcomes orientation case planning to match identified strengths and needs with effective services;
- progress monitoring to determine progress toward functional outcomes; and
- service array reconfiguration that ensures access to effective, evidence-based and evidence-informed treatments and services aligned with the assessed behavioral and mental health need of children and youth.

The deployment of a behavioral health screening tool is expanded in Phase 2 of the OK-TASCC to include the Title IV-E Wavier Demonstration Project. The integration of screening within CW will help identify children and youth who are at-risk for developing behavioral health difficulties and in identification and utilization of the right array of services. CWS also assisted with funding for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) training for 80 non-contracted providers to add capacity and improve access to trauma services for children and youth.

For families whose homes have been disrupted by domestic violence, CWS connects victims and families to Domestic Violence and Sexual Assault Programs that are certified by the Oklahoma Attorney General's Office. Programs are certified in 44 counties, with these programs covering the counties without a certified program. Fifty programs also are certified to provide treatment for the domestic violence batterers. The Native Alliance Against Violence identifies 21 Tribal Domestic Violence Programs.

CWS also contracts for parent assistance and sexual abuse treatment services. These services provide education, support, and child-care while parents attend education and counseling sessions as well as sexual abuse treatment services that provide individual, family, and group counseling for children and families affected by sexual abuse.

**Services to enable children at risk of foster care placement to remain with their families**
When it is determined that the child’s safety and well-being can be reasonably assured, services are provided to allow the child to remain safely in his or her home. CHBS allows CWS to accomplish this with families where the child is at moderate risk of removal. The addition of ISS will permit a child at a higher risk of removal to remain safely in his or her home as well. Systems of Care, through ODMHSAS, can provide services that also help ensure the safety of a child in the home.

Services to help children achieve permanency

Services to help achieve timely reunification are offered through CHBS, Systems of Care, parent assistance services, and sexual abuse treatment services. When children cannot be safely reunited with their families, the CWS Adoptions and Post-Adoption Services Units work to find permanent homes for them including guardianship when appropriate. All services to families and children are based upon their individual needs as determined by CWS, contracted staff, or community provider assessment.

Coordination of services to tribal child welfare programs

The Tribal Program Unit is comprised of a program supervisor who oversees five tribal coordinators. Each tribal coordinator is assigned to one of the five CWS regions and is responsible for tribal and field staff engagement, in meeting ICWA requirements through training, support, guidance, and monitoring of tribal-related KIDS data. CWS and tribal collaboration is promoted with the goal of developing improved outcomes for Native American children in the areas of safety, permanency, and well-being. In addition, CWS provides PSSF monies to fund Tribal PSSF projects and supports training of tribal child welfare staff through open invitations to attend CWS sponsored trainings. Furthermore, engagement and collaboration between CWS and tribes is also fostered through the quarterly meetings of the Tribal and State Collaboration Workgroup.

vi. Agency Responsiveness to Community

Organizational Structure
The Community Partnerships Team is responsible for policies, procedures and programs for:

- The child welfare nursing program, which provides assistance with case staffing, investigations, and planning/support related to the medical needs of children involved with child welfare.
- The community collaboratives program, which provides technical assistance and staff support to community-led collaboratives that are focused on safety, permanency, and the well-being of children and families.

Systemic Factors
The state coordinates with the Department of Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority through regularly scheduled team meetings held on at minimum a quarterly basis. The team meetings focus on a variety of topics and projects, including improvements in the delivery of health and mental health care, placement stabilization, and funding for health resources. The Child Welfare Director meets regularly with the Juvenile Judges Council as well.

In addition, the state communicates its goals and needs to stakeholders in a variety of venues, from workgroups that are brought together to focus on addressing a specific problems (such as transitions in care) to general educational opportunities such as continuing education conferences for health care, education, and legal providers.

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

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

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

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

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

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

1. Created a Coordinated School Health Team (CSHT) in Asher, Maud, Macomb and Wannette Schools (a cooperative partnership between the Collaborative, DHS, Red Rock, Gateway, the Health Dept, and the schools). The team includes a full time Team Coordinator, Drug and Alcohol Counselor, an LPC to serve children and families, a Parents as Teachers Educator, a Parent Child Interaction Therapist (PCIT), a School Based Services Specialist and a School Nurse;
2. Expanded PCIT in the county by creating a new full time PCIT Counseling position through the CSHT;
3. Created Child Welfare Community Liaison positions in the county to a wide range of partners, which has been well-received in the community and an additional request has been made by OJA for a liaison;
4. Developed and hosted the new Annual, County-wide Civic Club Luncheon in honor of Child Abuse Prevention Month;
5. Created a full-time, local Pottawatomie County Child Welfare Collaborative Coordinator position;
6. Developed a Children and the Law Task Force, which helped to secure funding to update the SANE Exam Room and encouraged the development of a CW/ Law Enforcement Procedure. The Task Force continues to work on effort to strengthen the MDT meetings and the Child Advocacy Center Services, and assisted the CAC in securing $11,300 in foundation funding;
7. Assisted with strengthening the CHBS program in the county and provides ongoing monitoring of the local CHBS services to ensure quality and utilization;
8. Established a CASA Advisory Committee, which was able to stop the dissolution of the Pott. Co. CASA program and led to doubling the volunteers, assigned CASA cases and securing $17,000 from a foundation to fill in a funding gap. Following this effort the Pott. Co. CASA received full state funding for the first time in years since losing accreditation. The Committee is also working on developing a local, annual fundraising event for CASA.

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

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

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

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

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

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

The Collaborative also launched a Transition Pilot Project on May 27, 2015, in partnership with the Road to Independence Initiative and the Capitol Hill Child Welfare, to improve transition services for custody youth under the age of 18. As a part of the project, the Capitol Hill District Director, Marcus Jones, created a specialized Transition Unit, which will receive wraparound and coaching support services through NorthCare Counseling Services. The committee is also exploring potential partnerships with CASA and Department of Rehabilitation Services to strengthen services to youth in the pilot. The Council acts as a governance body for the Road to Independence Committee and the pilot project.

A third subcommittee is currently forming around the issue of engaging the community in developing quality placements.

Other Community Efforts

*Count Me In 4 Kids* is an interest group that formed in Oklahoma County in 2012, focused on creating a forum for discussion and collaboration around at risk children and youth, including children in foster care. The group meets quarterly to discuss current activities of its members. In 2014-2015, Count Me In 4 Kids continued work on launching Safe Families, a program that provides a safe, short-term family alternative for families who are in crisis but don’t yet rise to the level of abuse or neglect. About 20 churches are solidly involved in the effort, and 2 have hired staff to specifically work on Safe Families. Child Welfare Services has been a partner of this effort, as it has had positive effects in other states at reducing the number of children entering foster care.

The 111 Project originated in 2011 as an effort to raise awareness among the faith community for the need for foster homes. In August 2014, 111 OKC collaborated with Christian Alliance for Orphans to host a National Foster Care Symposium. The event drew 45 national leaders/speakers from child welfare agencies, service providers, churches, and nonprofits. Speakers were captured in video teaching format, and those
videos have been released for free use by organizations. 111 Tulsa has been heavily involved in foster care awareness and recruitment as well, hosting several events and working with local churches on foster care support activities. Child Welfare Services has been an active partner in both these efforts.

*OK Foster Wishes* is an organization that partners with Child Welfare Services on several different projects, including Christmas and graduation activities, an emergency kinship foster parent support program which assists with obtaining beds, car seats, safety equipment, and other needs that may present a barrier to certifying an emergency kinship home, and a volunteer certification program which is being piloted in one district in Region 3.

*The Keep* is an organization that assists churches in creating a framework within their organizations to recruit and support foster homes. They have had success with this model in a couple of other states, and in 2015 a partnership between the Keep and CWS was forged, led by Bridge and Community Partnership Deputy Directors. In May 2015 a “Step 1” meeting of the Keep, 30 churches from across the state, and Eckerd foster care was held, and as a result, several churches have indicated they want to integrate the Keep model into their churches, and one pastor signed up to become a foster parent at that meeting!

*Oklahoma Lawyers for Children* and the Region 3 Foster Care Unit have teamed up to pilot a project using OLFC volunteers to assist with foster home reassessments.

The Child Welfare Nursing Program was developed as a response to community concerns about CWS understanding of children with medical needs. Quality concerns were raised by legislators and the public, and as a result, the agency recognized the complexity case workers face when assessing children with medical and developmental needs. The nursing program was established to provide expertise and assistance to those case workers at the beginning of child welfare involvement. The *child welfare nursing program* was initiated and led by the medical director, in October 2014. The goal of the nursing program is to provide expertise on health and medical issues to the case worker. A nurse manager was hired in October 2014, and 3 additional nurses have been added to the program. Each of these is embedded in the county office (Carter, Garfield, Oklahoma) within CWS. Nurses assist CW staff with prevention efforts, home visits, case consultation, assisting with identification and coordination of health services, medical records review, and assisting with placement transitions for children with health issues.

**vii. Foster Parent Licensing, Recruitment, and Retention**

The CFSP includes an assessment of needs and data that provides a process for assuring the diligent recruitment of potential foster and adoptive families that reflect the
ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. The following four items are detailed to address the recommended national standards for foster and adoptive homes:

- Item 33: Standards applied equally
- Item 34: Requirements for criminal background checks
- Item 35: Diligent Recruitment of Foster and Adoptive Homes
- Item 36: State use of cross-jurisdictional resources for permanent placements

**Item 33: Standards applied equally**

This item is addressed through the application of policy and state statute. DHS Oklahoma Administrative Code, Subchapter 340:75-7 Foster Care details the requirements for the screening and assessment of all foster care homes. This includes background checks that pertain to criminal and CW history. This makes the process objective and assures the standards are applied equally to each foster care applicant. Additionally, state statutes in Title 10A of the Oklahoma Statutes (O.S.) are specific to foster parent requirements. Challenges are typically not in the application of policy, but in applying exceptions to policy.

**Item 34: Requirements for criminal background checks**

In regards to criminal background checks for foster and adoptive homes, child welfare staff is guided by the document “Assessment of Background Information of Bridge Resource Applicant” prepared by DHS Legal Services. Again, this document is to make the process objective. Additionally, CWS policy and state statutes detail automatic bars to approval for foster care and adoption. The criminal background check requirements were assessed during the State of Oklahoma Primary Review Title IV-E Foster Care Eligibility Report of Findings for April 1, 2012 through September 30, 2012. During the period under review (PUR), the report indicated for foster family homes

> Since 2003 and evidenced in this review, Oklahoma continues to carefully monitor the approval process for foster family homes before title IV-E maintenance payments are made. The approval process includes 27 hours of pre-service training, home assessments, FBI finger print based criminal background checks, criminal background check through the Oklahoma State Bureau of Investigation (OSBI), and child welfare abuse/neglect background checks. During this eligibility review, there were no payments made to foster or kinship family placements before the approval process was complete for full licensure.

The RO would also like to note that the 2010 Oklahoma title IV-E foster care eligibility review report included concerns that CWS was not sharing child welfare background information with the Tribes for the purpose of approving foster and
adoptive homes. Oklahoma has since addressed this concern with legislation passed effective November 1, 2012, providing a process for Tribes to access child welfare abuse and neglect background checks on prospective foster families in order to appropriately screen and assess families to ensure the safety requirements within the federal regulations and State’s standards.”

During the PUR, it was reported regarding facilities:

“Documentation and support provided for the 2013 eligibility review related to safety checks for child care facility staff led the review team to a number of assessments of the Oklahoma licensing program. Based on the sample cases reviewed, it appears the Oklahoma Department of Child Care Residential and Agency Licensing Program diligently monitors the group homes, shelters and residential facilities. Preparation for the review and response to questions during the review demonstrated a collaborative working relationship between the CWS and the licensing program. Comprehensive documentation of the safety checks provided for the review illustrated that the State is consistently conducting safety checks on institutional facility staff before they are hired. Currently, before a facility staff is hired, safety checks include: criminal background checks through the Oklahoma State Bureau of Investigation (OSBI), a review of the Oklahoma State Court Network (OSCN) records, child welfare abuse/neglect background checks, sex offender restricted registry background check, and child care registry background checks.

The staff with the Licensing Records Office (LRO) is responsible for conducting monitoring visits to each facility three times a year to include a review of staff safety requirements. Once a year, licensing staff review personnel files, including all safety and background checks on every facility staff member employed by the facility. The other two reviews conducted during the year include review of background checks on newly hired staff. This monitoring process ensures that the policy and safety provisions are followed resulting in safer placements for children.”

Item 35: Diligent Recruitment of Foster and Adoptive Homes

To assist with this item, a report entitled “Placement Types by County and AGE/RACE” is sent out every month to foster care staff, contracted agencies, tribes, and therapeutic foster care agencies. The purpose of the report is to assist with recruitment. A column identifying “Hispanic” was recently added. This report helps in the recruitment of potential foster parents and adoptive families to meet the needs of the ethnic and racial diversity of children in care. Additionally, Annie E. Casey Foundation is assisting with targeted recruitment efforts by providing boot camps. The boot camps topics include: Targeted Recruitment Strategies, Recruiting for Teens, Community Recruitment, Media 101, and Beyond Recruitment. Recruiting challenges to meet the ethnic and racial diversity of children are impacted by the demographics of the recruitment area.
State Use of Cross-Jurisdictional Resources for Permanent Placements:

The Interstate Compact on the Placement of Children (ICPC) unit uses an internal Access database to track all incoming and outgoing ICPC requests. The ICPC unit has maintained the database since June 2001. The database was issued by the American Public Human Services Association. The database has an entry for each child involved in an ICPC case. The ICPC unit operates separate databases for public child welfare cases and private/independent adoptions.

Before calculating the number of home study requests, the database was filtered for:

1. all outgoing requests;
2. removed any cross references of siblings going to the same out-of-state placement so only the number of home studies, not children referred, were accounted for;
3. obtained a list of all home studies referred out-of-state from 07/01/2014-03/12/2015. Only those through 03/12/2015 were included and did not factor in those sent from 03/12-05/12 because those would not have been considered “due” by the date the data was collected; and
4. hand-counted the number of studies referred that were returned within 60 days.

The calculations for timeliness rate involved:

1. counting those home studies completed within 61-75 days;
2. added the number of studies completed within 61-75 days to the total of studies completed within the 60 days to arrive at the percentages for studies done within 75 days;
3. completed studies within 60 days divided by total studies referred out; and
4. total studies completed within 75 days divided by total studies referred out.

Home study requests received by CWS for the period of 7/1/14 through 3/12/15 for foster care, relative placement, and adoptive placement, approved within 60 days were 116 out of a total of 332 for a 34.94 percent timeliness rate. The number approved between 61 and 75 days added 16 additional home studies completed for a total of 132 or 39.76 percent timeliness rate.

As the receiving state, relative, foster care, and adoption home studies are referred out to contractors for completion. A Regulation 7 home study is completed by CWS foster care staff. To monitor the 60-day timeframe, ICPC uses the database to assure compliance. Delays, with the reason for delay, are entered into the database along with inquiries. At this time, there are no consequences when a contractor falls outside the 60-day timeframe. However, follow-ups from ICPC staff are at least once a month with an anticipated completion date requested during each follow-up contact.
3. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Goals (45 CFR 1357.15(h)):

Oklahoma Department of Human Services seeks to accomplish the following goals during the five-year period of the 2015-2019 CFSP. The goals were developed based on assessment of systemic factors, available data, and discussion with stakeholders, tribes, and courts as well as joint planning with Children's Bureau. The description of this review, analyses, and joint planning efforts that supports the rationale for selection of these goals is provided above in the Quality Assurance section of this document. These selected goals address priority concerns and focus on significant areas of improvement addressed in other operation plans such as Oklahoma's Pinnacle Plan and Oklahoma Department of Human Services Strategic Plan SFY2014-2015

Goal 1: (Safety) Increase the number of children who are remaining safely in their own homes.

<table>
<thead>
<tr>
<th>Measure</th>
<th>National Standard Or National Median</th>
<th>FFY2013 Baseline</th>
<th>FFY2014</th>
<th>Target by end of SFY19</th>
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<tr>
<td>Foster care entry rate per 1,000</td>
<td>3.7 National median for 2011</td>
<td>6.3 (5,980 children)</td>
<td>6.1 (5,776 children)</td>
<td>4.9 (4,600 children)</td>
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<tr>
<td>Children who received preventative services from the state during the year (CHBS &amp; FCS)</td>
<td>NA</td>
<td>4,629 children</td>
<td>4,528 (children and families**) This is a combined # of 2652 children in Family Centered Services Cases during FFY14 and 1876 families receiving CHBS services</td>
<td>6,000 children</td>
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We will apply for an IV-E Waiver Demonstration Project that would allow more flexibility in the use of federal funds to keep children safely in their own homes. The application was completed February 2014 yet continuing through SFY15.

If approval of the IV-E Waiver Demonstration Project is granted by the Children's Bureau, DHS intends to implement the following service interventions under the demonstration project beginning in SFY16:

- Increased investment in the current Comprehensive Home Based Services (CHBS) program to support evidence-based and evidence-informed practices (Safe Care, “Managing Child Behavior”, and Motivational Interviewing). The purpose of the expansion is to serve the expected increase in referrals once staff are re-oriented to the existing program and available services.
- Addition of evidence-informed Intensive Safety Services (ISS) to the OCS service array to provide more immediate and intensive services to prevent removal; ISS would be complemented by the addition of services to address specific issues including:
  - Evidence-informed Healthy Relationships to address domestic violence;
  - Evidence-based cognitive behavioral therapy to address parent depression.

If approval for the IV-E Waiver Demonstration Project is not granted, DHS will develop alternate strategies that are supported by the current funding for SFY16. The IV-E Waiver Demonstration Project has been approved with the Terms and Conditions being finalized and signed in October of 2014. Since that time, DHS has been working with the Children’s Bureau on the Initial Design and Implementation Report and we are nearing approval of this which will allow for implementation of ISS in July 2015. The contract has been awarded and the vendor will be ready to accept cases in July as well.

DHS will increase the number of workers dedicated to Family Centered Service and will provide adequate training and supports to workers related to safety analyses and safety planning. This will occur in SFY15. The authorized number of FCS workers for SFY15 is 50 with ten supervisor authorizations.

DHS will improve the quality of safety decisions through enhanced policy and curriculum followed by training and support in the field. This will include new

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<th>FFY2014</th>
<th>Target by end of SFY19</th>
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<tbody>
<tr>
<td>Absence of Maltreatment Recurrence</td>
<td>94.6%</td>
<td>93.8%</td>
<td>93.1%</td>
<td>94.6%</td>
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</table>

Data Source: Data Profile
curriculum and training materials and will begin with training at the annual supervisors' conference in summer 2014. The Child Protective Services and Family Centered Services program staff have continued to provide training, as requested, to districts in an effort to enhance the CORE and Level trainings. In late 2014, a Safety Guidebook was published and distributed to all workers and supervisors. It includes guidance on the identification of present and impending danger, the safety evaluation process as well examples of safety plans and the Assessment of Child Safety.

- DHS will partner with Casey Family Programs, Annie E. Casey, and the Child Welfare Policy and Practice Group to implement the recently developed "Sooners Sentinel Site Project". The SSSP is based on a successful methodology borrowed from public health in which a few smaller geographic areas are chosen to implement proven strategies and determine how best to "scale up" to a larger geographic region. The two Sentinel Sites chosen for the SSSP are Tulsa and Oklahoma Counties. Training and coaching in the following targeted areas begins in June 2014 in the first pilot site and continues through September 2014.
  - Engaging and Building Trust with Families so they can reach their goals
  - Leadership Development: All of us are leaders. How do your strengths get recognized?
  - Team Decision Making: Families are engaged when they are involved in critical decisions. How do we make the very best placement decisions together?
  - Early Childhood Development and Brain Science: What's best for babies and toddlers?
  - Family Finding: Going the extra mile to find kin and relatives to support children and parents when they are experiencing a crisis.
  - Recruiting Resource Families: finding and keeping the best resource families for the children we serve

The SSSP training has been completed in Tulsa County and Oklahoma County. DHS is now working on how to sustain the ability to be able to train future workers by both including some elements of these topics in our CORE and Level trainings as well as having staff who are trained as coaches and can assist with trainings in their specific regions.

- Lead indicators will be identified and evaluated, as systemic change as a result of this intervention is expected to occur over a longer period of time. We will work with our partners to identify lead measures that will be tracked and evaluated to assess immediate impact of the interventions. Lessons learned will be utilized to make necessary adjustments before the interventions are implemented statewide. This will occur in SFY15.

- DHS will continue to partner with national experts to receive technical assistance to enhance our CQI leadership competencies as well as CQI processes to evaluate the effectiveness of interventions and to identify areas of strengths and areas for improvement. Quantitative and qualitative data at the county level will be analyzed with input from key stakeholders and will be the basis of action planning within the division. The purpose of county specific analyses is to identify variation in performance across the state in order to gain a better understanding
of all factors influencing progress towards targeted outcomes. This will occur in SFY15. DHS will be receiving technical assistance from The Children’s Bureau’s new Capacity Building Collaborative. The Capacity Building Center for States (CBCS) has completed an assessment of Oklahoma which was presented to DHS at the second on site meeting with the staff from the CBCS on May 21, 2015. Two of the seven recommendations on that assessment were chosen by DHS leadership as areas where technical assistance would be accepted and from that the CBCS created our State Integrated Capacity Building Plan and State Work Plan. The two goals on the work plan are:
  o Strengthen the CQI system
  o Improve the consistency of safety assessment on an on-going basis throughout the life of the case
• Child Safety Meetings (CSM) are another initiative to help increase the number of children remaining safely in their own homes. These are meetings that the child welfare worker and supervisor have with the family to accomplish the following.
  o Engage the family and include them in decisions that impact their lives. When families are involved in the decision-making, outcomes improve.
  o Improve decision-making regarding child safety.
  o Articulate to the family the safety concerns that warrant consideration of out of home placement.
  o Develop specific, individualized interventions that will allow for the child to remain safely in the least intrusive and least restrictive environment.
  o Mitigate safety threats in order to prevent removal from the home by identifying and utilizing the family’s natural informal supports.
  o Identify the family’s strengths, protective capacities, and resources and how they can be used to ensure safety
These meetings occur within two business days of when a safety plan has been implemented, when emergency custody has been considered or when emergency custody has been assumed. The initiative has been under way in Region 3 for nearly a year, began in four districts in Region 4 May 1, 2015 and will be implemented throughout Region 4 over the summer. Training for the CSMs will begin in the next months in Region 5.

Important Results:
• Increased number of children remaining in their own homes through safety planning and services. In SFY14 statewide there were 6,078 removals compared to 5,071 through June 14, 2015. This represents nearly a 17% decrease in the number of children coming in to care.
• Increased knowledge of staff regarding safety planning and engagement of families. In SFY 15, the CPS program staff did many district specific trainings with regard to safety planning. The engagement of families is a subject of one of the SSSP trainings which has been completed in both Tulsa and Oklahoma counties.
• Increased number of staff trained with enhanced safety training curriculum. All new staff have been receiving the improved safety assessment training since July of 2014. The supervisors received this same training at the Supervisor’s
Conference in June of 2014. During SFY15, districts in each of the Regions received the enhanced safety assessment training and in the fall of 2014, the new Safety Guidebook was distributed to all workers and supervisors.

- Increased knowledge of systemic factors impacting progress towards goals. The two factors that have the most impact on children remaining safely in their own homes are Staff and Provider Training and Service Array and Resource Development. The Protection and Prevention Program staff have conducted numerous trainings to the DHS contracted staff throughout the last year. With regard to the service array, community resource assessment and development are a part of the Title IV-E Waiver Demonstration Project. The assessment has been done for Region 3 and will be done in the next Region of implementation as well.

**Goal 2 (Placement Stability): Increase the proportion of children who experience two or fewer placement settings.**

<table>
<thead>
<tr>
<th>Measure</th>
<th>National Standard Or National Median</th>
<th>FFY2013 Baseline</th>
<th>FFY2014</th>
<th>Target by end of SFY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or fewer placement settings for children in care for less than 12 months</td>
<td>83.3%</td>
<td>72.9%</td>
<td>76.1%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Two or fewer placement settings for children in care for 12 to 24 months</td>
<td>59.9%</td>
<td>50.8%</td>
<td>54.0%</td>
<td>59.9%</td>
</tr>
<tr>
<td>Two or fewer placement settings for children in care for 24+ months</td>
<td>33.9%</td>
<td>24.8%</td>
<td>27.5%</td>
<td>33.9%</td>
</tr>
</tbody>
</table>

**Data Source: Data Profile**

**Objectives for Goal 2:**

**Action Steps:**

- DHS will implement the strategies outlined in Attachment 2 DHS Resource Recruitment and Retention Goals, Objectives and Strategies. Specific objectives and strategies impacting this goal are outlined in this document. This will occur in SFY15
DHS will improve preparation, training, and support of public and private resource parents with four additional strategies beginning in SFY15.

- DHS resource staff and private providers will conduct quarterly home visits to the home of the resource parents for the purpose of offering ongoing support. Prior to implementation, a contact guide will be created to ensure the visits are purposeful. Input will be gathered from current resource parents and front-line staff.

- DHS will assist resource parents with completing specific training focused on trauma. This training is currently available online and will also be made available through other methods, such as in-person and on DVD, for resource parents without web access or who would prefer a classroom-type setting.

- The National Resource Center for Youth Services (NRCYS) will implement a model of support groups (network groups) for resource parents in region 5 (Tulsa metro area) and district 23 in region 2 (Pottawatomie and Lincoln Counties). Although implementation will begin in Year One, it will take time for the groups to mature and provide the support needed by families. During Year Two, NRCYS plans to extend implementation to an additional district of the state and continue expanding at a rate of one to two new districts per year through SFY2017. District 7 (Oklahoma County) will be the next site.

- The Center on Child Abuse and Neglect (CCAN) and OKDHS will implement a pilot project in regions 3 and 5 (Oklahoma and Tulsa Counties) to support resource parents and stabilize placements by providing a parenting curriculum and implementing a support model. This pilot project is modeled after an evidenced-based program and will be considered for expansion based on the results.

- Through SFY15, we will closely coordinate efforts and strategy implementation with faith-based community and other foster care partners.

- DHS will partner with 111 Project to craft a specific focus for child welfare's participation in the group.

- DHS will improve collaboration and communication with Resource Family Partners, contracted agencies.

- DHS will partner with Casey Family Programs, Annie E. Casey, and the Child Welfare Policy and Practice Group to implement the recently developed "Sooners Sentinel Site Project" as discussed under "goal 1's action steps". The specific strategies outlined in this plan targeting this goal are family engagement, family finding, and team decision-making. These strategies will focus on earlier identification of appropriate family members for safety planning and quicker placements during the CPS process, which will positively impact our ability to prevent shelter placements for children and to make the first placement for children a family like setting.

- As outlined in the Oklahoma Trauma-Informed System Implementation Plan, we will enhance practice with trauma-informed initiatives, additional screening tools, and a Systems of Care focus. This effort will enhance all aspects of the child
welfare system so that it is trauma-informed and will provide screenings, assessments, and supportive services to help children achieve permanency.
- In partnership with the Oklahoma Department of Mental Health and Substance Abuse Services, we will expand the availability and usage of Systems of Care services to children.

**Important Results:**
- Increase in approved foster and adoptive homes
- Increase satisfaction of current foster and adoptive families with support received
- Increased knowledge of staff in the areas of family engagement, family finding and team decision-making
- Increased community engagement and collaboration
- Improved placement stability for children in out of home care

Due to this being in the early stages of the process there is no information as to the progress.

**Goal 3 (Permanency):** Increase the proportion of children who reunify within 12 months of first entry.

<table>
<thead>
<tr>
<th>Measure</th>
<th>National Standard Or National Median</th>
<th>FFY2013 Baseline</th>
<th>FFY2014</th>
<th>Target by end of SFY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exits to reunification in less than 12 months</td>
<td>69.9%</td>
<td>58.7%</td>
<td>57.0%</td>
<td>69.9%</td>
</tr>
</tbody>
</table>

**Data Source: Data Profile**

**Objectives for Goal 3:**

**Action Steps:**
- DHS will increase the utilization of FTM's to achieve permanency for children. The SSSP mentioned in action steps related to goal 1 and goal 2 supports this action step.
- DHS will work with key groups providing technical assistance to incorporate family engagement, family finding, and family team meeting concepts through all aspects of child welfare training. As training and other necessary supports are provided to staff, OKDHS will see a reduction in turnover.
- DHS will increase family visitation between biological parents and children when the case plan goal is reunification.
As outlined in the Oklahoma Trauma Informed System Implementation Plan, DHS will enhance practice with trauma-informed initiatives, additional screening tools, and Systems of Care focus.
DHS will pilot the use of research based tools to evaluate the engagement and collaboration of families by children welfare specialists.
DHS will engage the Court Improvement Program to improve systemic barriers related to timeliness of reunification.
DHS will engage community collaborative boards in local communities to assess local needs related to service array for families through the CQI processes.
DHS will utilize the new CQI processes to analyze both qualitative and quantitative data related to performance outcomes specific to permanency for children. Community stakeholders will be engaged at the county level through Quality Circles in analyses of data, identification of strengths and areas of need within the system, and action planning centered on permanency for children.

Important Results:
- Increased usage of FTMs and increased fidelity to a FTM model adopted by the DHS: In FFY2014 7,382 Children had an FTM held
- Enhanced and consistent training for all frontline staff in key concepts that are the foundation of Oklahoma's Practice Model. Training components have been added to level trainings for frontline staff to enhance their knowledge and understanding of family engagement, which is the foundation of the practice model. All front line staff in regions 3 and 5 have completed family engagement training through the Sooner Sentinel Site Project.
- Reduction in turnover of frontline staff. In April 2014, Child Welfare staff received a 5% pay increase. Another raise of 6.25% or above was implemented effective 7/1/14. These pay raises are intended to help incentivize retention in CWS frontline staff. Graduated workloads for new workers have also been implemented in efforts to retain new staff. In May 2015 approximately 65% of new workers were on a graduated workload.
- Increased occurrence of visitation between parents and children. Although, Family Visitation is a priority, other competing demands on SACWIS staff have delayed report creations to track this initiative and progress toward revising this practice. Policy revisions were made in regards to parent/child visitation and now states that every child will have a visit with their parents within 7 days of removal and a minimum of twice every calendar month going forward while in out of home care.
- Improved understanding of action related to CQI concepts and increased utilization of data to inform practice and action planning: DHS developed a district score card that provides monthly data on district performance in three core areas
- Increased stakeholder involvement in action planning at the local level: Community circles were conducted in 2014 in each of the five CQI implementation sites across the state that helped facilitate regional stakeholder involvement
Improved timely reunification for children in out of home care: In FFY2014 43.7% of children exiting to reunification exited within 12 months, a 2.5% decrease from FFY2013. This is 32.4% below the federal standard of 76.1%

4. Update on Service Description

a. Child and Family Services Continuum (45 CFR 1357.15(n))

Prevention

The Oklahoma State Department of Health (OSDH) Office of Child Abuse Prevention (OCAP) is the designated lead agency of the Community Based Child Abuse Prevention (CBCAP) grant. OSDH, the Oklahoma Department of Human Services (DHS), the Oklahoma Commission of Children and Youth (OCCY), Oklahoma University Health Science Center (OUHSC), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and Oklahoma State Department of Education (OSDE) collaborate on the delivery of services. The majority of state-funded prevention activities are provided on a statewide basis, others are county specific. The Child Abuse Prevention Network conducts a myriad of public awareness and prevention activities including a "Child Abuse Prevention" month, the coordination of regional prevention networks, and the circulation of a variety of public information tools, such as handouts and brochures. The Office of Child Abuse Prevention at the OSDH refers to their prevention programs collectively as Start Right. The goals of all Start Right programs are to increase the family’s protective factors and reduce risk factors that often contribute to child abuse and neglect. These programs are modeled after the nationally recognized home visitation model Healthy Families America. Participation is voluntary and the family may remain engaged in services until their child’s sixth birthday. The number of home visits and the services rendered depend upon the family’s needs.

The focus of Start Right is on family safety, health and development, and family stability with various programs in each of those areas.

- Family safety
  - Child maltreatment
  - Domestic violence
  - Safety – car seat safety, safe sleep, fire and water safety

- Health and development
  - Physical activity of children
  - Breastfeeding
  - Postpartum depression
The "Think.Prevent.Live" campaign, sponsored by DHS, OSDH, and the Child Death Review Board, is a public information campaign with "one simple goal – to reduce the number of child deaths that could have been prevented." Preventive child care assistance is provided statewide on a case-by-case basis as referred by DHS to the Child Care Services (CCS). (Family Support)

DHS funds support the evaluation conducted by OUHSC of the SafeCare model. The collaboration began in 2002, in an effort to develop, test, and refine home visitation programming for families with young children, 5 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 abuse and/or neglect using a model, practice, feedback approach. Currently, two teams provide secondary prevention services in the Safe Families program. The program utilizes the SafeCare model for child maltreatment in high-risk families in Oklahoma County. An examination of the Safe Families program is considering the impact of adding curriculum that directly address the risk of family conflict and violence, parent depression, and child behavior problems as well as program adaptations for Oklahoma Latino communities. (Family Support/Family Preservation)

DHS dedicated significant Temporary Assistance for Needy Families (TANF) funds toward the Oklahoma Marriage Initiative to strengthen marriages and increase child well-being. Strengthening marriage or parental relationships is the key component of three of the four goals of this initiative for which block grants are provided to each state. DHS also expanded TANF services and partnered with other state agencies to train instructors in providing marriage and relationship skills to TANF families and low-income adults across Oklahoma. One such program offered by Public Strategies (PSI), a private and not-for-profit strategic planning firm, manages Family Expectations (FE) a comprehensive, couple-based intervention with the goal of strengthening couple relationships in Oklahoma County to provide the best possible environment for raising a child. FE targets the transition to parenthood because it is a crucial time that provides
"teachable moments" to encourage positive behavioral change. (Family Support/Family Preservation)

The Oklahoma Coalition Against Domestic Violence and Sexual Assault provides presentations and education activities to organize and mobilize member programs across the state to prevent, treat, and eliminate sexual and domestic violence and stalking in the state of Oklahoma and Indian Country. (Family Support/Family Preservation)

Intervention

Child Abuse and Neglect Hotline (Hotline) – The DHS Child Abuse and Neglect Hotline (Hotline) have staff 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 weekends, 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 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/DHS Training Center. This plan was activated on May 20, 2013, when a tornado hit the 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/DHS 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.

The Hotline is in the process of building a hardware infrastructure to provide means for a few staff to be set up at home to take calls in the event a disaster occurs. This process is in the beginning stages and is not near completion at this time. The plan is to have a home phone connected via an internet connection at an offsite designated location, such as staff person’s home. It would then capture the calls via a web connection into the Hotline rather than an actual phone line or hard line. The referral or
KIDS entry is done via virtual private network (VPN) drawing off the same internet connection. Both the Hotline staff and an OU IT person are working to create this as a means of answering calls. There is not an estimated completion date at this time.

DHS, in conjunction with OU, provides encrypted Tablet PCs to CWS IV, to allow greater flexibility to work where needed in times of tragedy. Tablets may be utilized to access the DHS 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 VPN and Terminal Server (TS) software. Data cards are provided to CWS IV staff at the Hotline, when needed, allowing the DHS Hotline supervisors to complete work product at an alternate location when a need arises. Significant work was done to the remote access infrastructure to accommodate additional user access.

*Child Protective Services (CPS)* - is a child welfare service provision that focuses on preventing, identifying, and treating child abuse and neglect to ensure child safety. Efforts are made to maintain and protect the child in his or her own home when safety threats can be managed and controlled. The primary purpose of CPS intervention is to protect the child, assess family strengths and needs, and provide services to remedy the conditions and behaviors that create threats of abuse or neglect. When a safety threat is identified and there is no person responsible for the child (PRFC) with the capacities to protect the child, the child welfare specialist may open a family centered service (FCS) case when safety planning can prevent removal, or a permanency planning (PP) case when court involvement is required to ensure the child's safety. *(Family Preservation/Family Support)*

**Treatment Services**

*Contingency funds* - are available to child welfare specialists for use in both in-home and reunification cases to provide funds for concrete services, such as food, clothing, utility bills, rent, home repairs, and public transportation tokens. Contingency funds are also utilized to reimburse for parent psychological evaluation when other sources of funding are not available. The one-time funds support the maintenance of children safely in their own homes or enables them to return home. *(Family Preservation/Family Support/Time-limited Family Reunification)*

*Family Centered Services (FCS)* – are provided by CWS and include appropriate referrals and services for families after the completion of an investigation of child abuse or neglect allegations. FCS' purpose is to focus on the child's safety and preserve and strengthen protective capacities of the PRFC to keep the child safely in the child's own home. *(Family preservation/Family support/Time-limited family reunification)*

*Developmental Disabilities Services (DDS)* – planning and service delivery occurs through a partnership between two divisions, CWS and DDS. CWS staff consults with DDS staff at any point in the case when it is indicated that a child may have a physical, developmental, or emotional disability. Specific guidance is indicated in policy to consider vulnerability of a child who is unable to speak, ambulate, or provide self-care.
Deprived children in DHS custody are prioritized for DDS services. This affords expedited access to a comprehensive array of evaluation, planning, residential, health, habilitation, communication, transportation, and adaptive services. (Family preservation/Family support/Time-limited family reunification/Adoption promotion)

*Diligent search* - activities may be conducted by all CW staff for children receiving child welfare service to assist with placement decisions and identifying positive connections to support the child. Specific foster care staff is assigned this responsibility and conduct the search as initial placement or subsequent placement resources are explored. (Family preservation/Family support)

*Domestic violence services* – are accessed in the community through local public and private mental health providers. Services may include shelter care, individual and group counseling for victims, and offender treatment programs. The Oklahoma Office of Attorney General maintains the list of certified providers. (Family preservation/Family support/Time-limited family reunification)

*Oklahoma Children's Services (OCS)* – are available for FCS cases to support prevention of removal of a child from the home as well as PP cases to support timely reunification. These intensive in-home services are available statewide through contracts with public mental health providers. 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). CW specialists authorize services delivered by local contractors. SafeCare, an evidence-based home visitation model that targets parenting skills related to parent-child bonding, child health, and home safety to prevent child abuse and/or neglect using a model, practice, feedback approach, is administered by CHBS providers. 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.

The services traditionally offered by OCS were for families where the children are at moderate risk of removal. CWS, through an approved Title IV-E Waiver Demonstration project, is implementing a more intense level of short-term, home-based services called Intensive Safety Services (ISS). ISS is a 4 to 6 week, intensive home-based service for families with at least one child between the ages of 0-12 who are at imminent risk of entering or re-entering foster care. Specific needs to be addressed by ISS include, but are not limited to, parental depression, substance abuse, domestic violence and home safety and environment. Services provided under ISS will be delivered by a master’s level clinician and include:

- motivational interviewing;
- cognitive behavioral therapy, when warranted;
- healthy relationships, to address interpersonal violence, when warranted; and
- managing child behavior, when warranted.
These workers will be in the home three to five times a week for up to 10 hours per week. ISS contracted workers will be responsible for linking families to other appropriate services in the community and ensuring the family is engaged in said services, which may include:

- substance abuse services;
- domestic violence services;
- psychiatric services; or
- trauma-focused cognitive behavioral therapy.

(Family preservation/Family support/Time-limited family reunification)

Independent living services (IL) – provided by the Chaffee Foster Care Independence Program (CFCIP) and Education Training Vouchers (ETV) program is youth-focused and youth-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 using culturally relevant and age appropriate resources and services. The program offers 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. (Family support/Time-limited family reunification)

Parent assistance center/sexual abuse treatment 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 a lack of appropriate vendors. (Family preservation/Family support/Time-limited family reunification)

Permanency planning services (PP) - are provided to children and families who are involved in the juvenile court system due to child abuse and neglect. Services are directed at reuniting families as expeditiously as possible after removal occurred or arranging an alternative permanent placement. The planning goals are safety, well-being, and permanency. Goals are achieved by: (1) identifying a child's specific needs; (2) identifying the family's strengths and needs, especially as they impact removal and reunification; (3) providing timely, family-focused services necessary for the realization of permanence; and (4) assuring the availability of an alternate permanent resource for a child when reunification is not feasible. (Family preservation/Family support/Time-limited family reunification/Adoption promotion)

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

**Systems of care (SOC)** - is a comprehensive spectrum of mental health and other support services that are organized into coordinated networks to meet the multiple and changing needs of children, adolescents, and families with serious emotional disturbances. SOC accomplishes this by providing community-based, family driven, youth guided, and culturally competent services statewide.

In collaboration with ODMHSAS, CWS is increasing the number of children involved in CW services who are also served through SOC. This effort focuses on maintaining children safely in their own homes, timely reunifying children with their families, and improving placement stability by supporting biological, adoptive, and resource parents when caring for children with behavioral health needs. Oklahoma is one of a few states in the United States (U.S.) that is implementing SOC statewide. Currently, SOC is available in 71 out of the 77 counties in Oklahoma. In the counties where there are no SOC sites available, children and families are able to access the nearest SOC site. (Family preservation/Family support/Time-limited family reunification)

Child Welfare Services (CWS) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have a strong partnership surrounding Systems of Care (SOC). SOC is a framework utilized by CWS to assist families with children who have severe behavioral health needs. Underneath the framework of SOC are wraparound, service coordination and community support. The level of SOC is dependent on the behavioral health needs of children referred to SOC. In addition, SOC assists CWS on safely maintaining children in their own homes, timely reunifying children, and improving placement stability.

In the spring of 2014, CWS, ODMHSAS, and the Oklahoma Systems of Care (OSOC) launched Communities of Care, an initiative of SOC, in Region 4. Region 4 was selected because it has the highest percentage of youth in custody per capita in Oklahoma. Communities of Care led to the creation of Embedded Care Coordinators and the Mobile Crisis Unit to assist CWS in Region 4 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. In addition, the Child Welfare Diversion Coordinator position was created and filled to assist CWS with the expansion of SOC within the child welfare system. The Child Welfare Diversion Coordinator has enabled bilateral communication and a strong partnership between CWS and ODMHSAS.
Since the adoption of the Children and Family Service Plan, CWS has increased the number of children participating in SOC. In SFY 2014, 451 children were served and 376 were enrolled into SOC. In SFY 2015, an estimate of 932 children will be served and 593 children enrolled into SOC. In SFY 2015, an increase of 481 children served and 217 children enrolled in SOC is expected compared to SYF 2014.

**Foster Care**

*Bridge resource family* - is a family that commits to maintaining the children's connections; working towards reunification by mentoring parents; and being a transitional or permanent connection when reunification is no longer possible. *(Family preservation/Adoption)*

*Community-based residential care, behavioral health, and placement services* - provide care and treatment for deprived children with needs exceeding the resources of their own home or 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. At these placement levels, DHS CCS licenses these programs as either a child-placing agency or residential child care facility. *(Family preservation/Family Support/Time-limited family reunification)*

*Emergency Shelter Care* - Emergency Shelter Care - services are provided to children who are removed from their own homes due to abuse or neglect. These services include voluntary placements at the parents’ request and care for children whose teen
parents are in DHS custody. Currently, emergency shelters serve children at the Pauline E. Mayer Shelter in Oklahoma City, and the Laura Dester Children’s Center in Tulsa, but closure of these two facilities is slated to occur by the end of 2015. Oklahoma Youth Services shelters, funded through the Office of Juvenile Affairs (OJA), are located across the state and provide emergency placement services for children as well. (Support services)

*Foster care* - *Foster family care* is a planned, goal-directed service that provides full-time substitute care and supportive services to children in an approved foster family home pending realization of permanence. Foster family care is considered the least restrictive setting outside the child's own home, a kinship home, or the home of tribally defined extended family members. Every effort is made to achieve placement with a foster family in a child's own community when other preferred resources are not available to minimize disruption of relationships, education, and other supports.

*Kinship family care* is the full-time care of children by a family who is related to the children by blood, marriage, adoption, or emotional tie. Kinship care differs from foster family care in that a relationship existed, prior to placement, between the caretaker, the parents, and the child in out-of-home care. Kinship family care is a preferred option when available to children.

*Therapeutic foster care* (TFC) provides behavioral management services to children in foster home settings. Children in TFC do not require 24-hour awake supervision and are accepting of relationships in a family-like setting, but require more intensive services than traditional foster care. CWS contracts for TFC with licensed child-placing agencies that provide direct clinical treatment services to children and families. (Family support/Time-limited family reunification)

*Resource family training* - is 27 hours of pre-service training for resource parents and utilizes the Guiding Principles for Oklahoma Bridge Resource families, a trauma-informed curriculum that emphasizes best practices and practical applications. (Family support)

*Respite care:* is a service for biological, foster, and adoptive families of children with special needs. These services may be utilized when there is family emergency, foster family vacation, or when the family needs short-term relief. (Family preservation/Family Support/Time-limited family reunification)

*Adoption*

*Adoption services* - are provided to the child in DHS custody when reunification efforts with the parent or legal guardian have failed or are not in the child's best interests, and permanency may be achieved through an adoptive placement. Adoption is considered for each child in DHS custody who cannot return home regardless of the child’s age or special needs. A comprehensive service array is available to identify, approve, match, and support adoptive families. (Family preservation/Family support/Adoption promotion)

*Child profile:* is a full-disclosure report prepared when the child's permanency plan is adoption. The profile includes information regarding the child's biological family and the
child's social, educational, and medical history. It is provided to the adoptive parent after the adoption authorization is completed and prior to the child's placement in the adoptive home. Promoting Safe and Stable Families (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. (Adoption promotion)

Confidential intermediary search program – is a search program that allows individuals who were separated from their birth family members through adoption and termination of parental rights proceedings in Oklahoma to have a confidential intermediary search for their birth family members. (Adoption promotion)

Mutual consent voluntary registry - is a registry established by DHS for adult adoptees and individuals separated from birth family members through termination of parental rights proceedings. It allows these individuals and their birth family relatives to indicate their willingness to have their identity and whereabouts disclosed to one another. When an adoptee and one of his or her birth family members register, a "match" between the adoptee and a birth family member may result in a reunion. The same applies to individuals and their relatives separated by a termination of parental rights proceeding. (Adoption promotion)

One Church One Child - is a nationally recognized recruitment program designed to find parents for African-American children who need permanent homes. One Church One Child provides pre- and post-adoptive services, adoptive home assessments, mentoring, recruitment, and adoption support groups in the Oklahoma, Tulsa, and Lawton areas.

Post-adoption services program – is adoption assistance that helps to secure and support safe and permanent adoptive families for children with special needs. Adoption assistance is designed to provide adoptive families of any economic stratum with needed social services, and medical and financial support to care for children considered difficult to place. Federal and state law provide for adoption assistance benefits including Medicaid coverage, a monthly adoption assistance payment, special services, and reimbursement of non-recurring adoption expenses. To date, more than 13,800 children receive services and assistance.

b. Service Coordination (45 CFR 1357.15(m))

There are multiple DHS programs that provide services for the same population as served by child welfare. Strategic planning occurs at all agency levels to promote safety, permanency, and well-being for Oklahoma children and families. The DHS strategic agency plan is to strengthen Oklahoma individuals, workforce, communities, and practices.

Title IV-A (TANF) funding is utilized to specifically support CWS programs within each component of the service continuum. Other programs delivered by DHS that support
families served by CWS include: Adult and Family Services (AFS) that provides public assistance services, including Medicaid, SNAP, and TANF programs statewide with offices in every county. Services are coordinated though Adult and Family Services (AFS). AFS administers Health Related Medical Services (HRMS), such as SoonerCare, short-term (AFDC and ABD-related), Long-Term Care, such as Nursing Home, ADvantage, and Personal Care, Supplemental Security Income – Disabled Children's Program (SSI-DCP), Tax Equity and Fiscal Responsibility Act (TEFRA), as well as the State Supplemental Payment. Low Income Home Energy Assistance Program (LIHEAP) includes the Winter Heating program every December; the Energy Crisis Assistance Program (ECAP) every March; and the Summer Cooling program every July. Child Care Subsidy staff supports the administration of the Child Care Subsidy Program. This includes development of policy and guidelines for eligibility and training on policy and procedures. Staff also manages Child Care provider contracts and provides training materials to child care providers. AFS Operations staff oversees and takes a lead role in various special projects and programs including Community Collaborative projects and Tribal TANF liaisons.

Office of Community and Faith Engagement (OCFE) promotes and supports volunteerism in collaboration with the private, nonprofit, and government sectors as a means of helping DHS recipients with real-life situations. The OCFE assists in collecting materials from communities statewide and distributes them to citizens in need. OCFE organizes various events throughout the year aimed at supporting the state's most vulnerable citizens. OCFE coordinates efforts around the State Charitable Campaign, Feed the Children, H.O.S.T.S. Literacy Program, Relay for Life, foster parent recruitment, prisoner re-entry, Newborns In Need, Back to School, Thanksgiving, Christmas, and disaster relief.

Child Support Services (CSS) acts as an economic advocate for the children of Oklahoma, ensuring parents financially support their children. CSS helps families become self-sufficient, and for those who are not receiving public assistance to remain self-sufficient.

Child Care Services (CCS) is responsible for ensuring children and parents have access to licensed, affordable, high-quality child care where children have the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment.

ASF TANF Family Formation and Workforce contracts fund multiple community programs across the state to support education, employment, transportation, substance abuse services, housing, and services for at risk youth. The youth mentoring contracted services provide participants a strong foundation of life skills necessary for completing educational goals, with emphasis on making positive, healthy choices for their life and training in prevention of risky behavior such as the use of alcohol, tobacco and other drugs.

The Children's Justice Act funds are administered and monitored by DHS and coordinated through the Oklahoma Task Force on Child Abuse and Neglect as outlined

The coordination of services provided by state, public and private agencies as well as and other stake stakeholder involvement is described in previous sections of this report. (Well-being Outcomes 1, 2 and 3 (1355.34 (b)(1)(iii)) and Quality Assurance System (45 CFR 1355.34(c) (3)(V) – 15 V. Feedback to Stakeholders and Decision –Makers and Adjustment to Programs and Process)

c. Service Description (45 CFR 1357.15(o))

Bridge resource family assessments – are supported by Promoting Safe and Stable Families (PSSF) funds through 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).

Diligent search – PSSF funds support the diligent search activities performed by Bridge staff. Internal and external search engines are records utilized to identify and locate appropriate biological family to provide supports and potential placement resources for a child in DHS custody. The CLEAR® on-line search service is available to limited staff to enhance the search capability.

Shelter hotline – In conjunction with Multi-County Youth Services and the Office of Juvenile affairs (OJA), a Youth Services Shelter Hotline was established to assist CW staff in locating temporary shelter care pending placement in foster care, kinship care, therapeutic foster care, group home care, or other placements. Shelter hotline staff contact shelters that are licensed to accept DHS custody children state-wide, 24-hours a day, seven days a week.

Systems of Care – SOC is described in service continuum, as well as Section 3. Plan for Improvement Goals (45 CFR 1357.15(h)).

Tribal projects - DHS 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. Supplemental funding is also provided for those Tribes who receive less than $35,000 from federal funding. The current grant period begins July 01, 2013, and ends June 30, 2014. It was necessary to change this funding period to the state fiscal year. DHS has contracts with 18 Tribes for projects that include parenting education, direct client services, and other PSSF services.
An assessment of the strengths and gaps in service, including mismatches between available services and family needs as identified through available data, including the Children and Family Services Review results and the consultation process, are found in previous and subsequent sections of this report. (Service Array (45 CFR 1355.34(c)(5)) and Independent living service needs and gaps (CFIIP section 477(b)(2) of the Act))

Oklahoma has allocated Title IV-B, Subpart 2 funds to each of the four primary services areas. At the time of writing, the distribution of allocated federal funds for FY16 is as follows: family support (prevention), 20%; family preservation, 25%; time-limited family reunification, 23%; and adoption promotion and support services, 21%.

d. Service Decision-Making process for Family Support Services

Oklahoma Children's Services (OCS): OCS provides time limited, needs driven, home-based services in communities through a system of two programs, Comprehensive Home-Based Services (CHBS) and Parent Aide Services (PAS). Contracts to provide these services are awarded through a competitive bid process to one lead agency in each of the five DHS Child Welfare Services regions, resulting in statewide availability of services.

Parent Assistance (PA) and Sexual Abuse Treatment (SAT) services: PA services are comprised of center based parent education groups, individual and family counseling, parent child observation, and parent child interaction therapy. SAT services are comprised of center based individual, family, and group counseling for children and families affected by sexual abuse. Community based non-profit behavioral health organizations provide these services through fixed rate contracts, eliminating the bid process. Vendors are selected based on service effectiveness and working relationships with district offices.

e. Populations at Greatest Risk of Maltreatment

The National Child Abuse and Neglect Data System (NCANDS), the Adoption and Foster Care Analysis and Reporting System (AFCARS), and the Chapin Hall Multi-State Foster Care Data Archive are routinely utilized by CWS to identify populations at greatest risk of maltreatment in Oklahoma. Children under 5 years of age who, by virtue of age, are identified specifically as "vulnerable" in policy and protocols account for 52 percent of the children who entered care in the FFY14. Additionally, in SFY 2014, approximately 83 percent of the cases in which abuse or neglect was substantiated involved children 12 years of age and under. As reflected in both quantitative and qualitative data, substance abuse and domestic violence have a high rate of occurrence in substantiated reports of child abuse and neglect. According to NCANDS data for SFY 2014, 48 percent presented with substance abuse as a contributing factor and 27 percent with domestic violence. Services identified in section 3. Plan for Improvement Goals (45 CFR 1357.15(h)) target these populations and risk factors as does the Title IV-E Wavier Demonstration Project.
Oklahoma House Bill (HB) 2251, passed in 2012, established a legal definition of a drug-endangered child (DEC) and mandated that DHS assign all reports with allegations of a DEC as an investigation and enhanced the joint response protocols between law enforcement and CW. Since that time, DHS has annually produced a reporting of those newborns that are substance exposed. In 2012, where substance use by a delivering mother was alleged, there were 269 infants who were substance exposed or tested positive. Of that number, 25 infants were considered to be affected by the substance use because they exhibited some signs of withdrawal symptoms. In 2013, the numbers rose to 322 newborns that tested positive and 36 showed signs of withdrawal and increased in 2014 with 375 testing positive and 42 with signs of withdrawal.

In March 2013, CWS policy and procedures were adopted and a voluntary program was established to assist incarcerated pregnant mothers in identifying appropriate individuals to provide care for the child when the mother continues to be incarcerated after the birth. This was done in conjunction with Oklahoma University Medical Center, and the Oklahoma Department of Corrections to ensure babies born to mothers in prison are referred to CWS to ensure a safe placement plan is established prior to the newborn leaving the hospital. Since that time, CWS has worked with 64 women. Of that number, 25 appropriate caregivers were identified and 25 had no appropriate caregiver identified and were taken into DHS custody. The remaining women were either released prior to the birth of the child or had private adoptions already arranged.

Effective November 1, 2013, HB 1067 amended state law regarding the treatment of victims of human trafficking. The law requires, in addition to other rights of human trafficking victims, any peace officer who comes in contact with a human trafficking victim shall inform the victim of the human trafficking emergency hotline number and give notice to the victim of certain rights. When the victim is a minor under 18 years of age, the law enforcement officer must also notify DHS, and the minor is placed in DHS custody for up to 72 hours during a joint investigation by DHS and law enforcement, and pending a show-cause hearing. Since the bill's passage, DHS has been made aware of fewer than 15 victims of child human trafficking. In 2014, a contract was awarded and a group home opened in southeastern Oklahoma for the purposes of safe placement for these victims.

On November 1, 2014, HB 2130 amended state law to add new grounds for parental termination of rights for children younger than 4 years of age. The bill states that the court shall not terminate the rights of a parent to a child unless it finds that a child younger than 4 years of age at the time of the filing of the petition or motion has been placed in DHS foster care for at least 6 of the 12 months preceding the filing of the petition or motion for termination of parental rights and the child cannot be safely returned to the parent's home. Although there are several bills in the 2015 legislative session that will in some way effect child welfare, none are specific to children under 5 years of age.
DHS continues to further develop policy and practice with regard to children in this age group and will collaborate with other state agencies, local governments, and community partners to protect the population of children at highest risk of maltreatment.

f. Services for Children Under the Age of Five (section 422(b) (18) of the Act)

The percentage of children that came into care for the first time in Oklahoma who were under 5 years of age in calendar year 2014 comprised 62.2 percent 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 focusing on service strategies for these children.

DHS has multiple methods of identifying and tracking children under 5 years of age and the service needs of this population. DHS 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 provide multiple data viewpoints, such as point in time, entry and exit cohorts.

**Figure 1 (Data only available up to 12/31/2014)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number First Time Placements</th>
<th>Number First Time Placements for Children Under 5 Years of Age</th>
<th>Percentage of All First Time 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 2010</td>
<td>3340</td>
<td>2259</td>
<td>67.63%</td>
<td>59.05%</td>
<td>30.32%</td>
</tr>
<tr>
<td>CY 2011</td>
<td>3500</td>
<td>2473</td>
<td>70.66%</td>
<td>61.67%</td>
<td>32.71%</td>
</tr>
<tr>
<td>CY 2012</td>
<td>4599</td>
<td>2912</td>
<td>63.32%</td>
<td>64.35%</td>
<td>37.42%</td>
</tr>
<tr>
<td>CY 2013</td>
<td>5082</td>
<td>3181</td>
<td>62.59%</td>
<td>64.76%</td>
<td>49.64%</td>
</tr>
<tr>
<td>CY 2014</td>
<td>4778</td>
<td>2975</td>
<td>62.26%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Data Source: Chapin Hall Multi-State foster Care Data Archive**

The percentage of children that came into care for the first time who were under 5 years of age in calendar year 2014 did not see an decrease for the first time in three years, (Figure 1).
Figure 2

<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 2010</td>
<td>7,848</td>
<td>3,147</td>
<td>40.1%</td>
</tr>
<tr>
<td>FFY 2011</td>
<td>8,262</td>
<td>3,369</td>
<td>40.8%</td>
</tr>
<tr>
<td>FFY 2012</td>
<td>9,212</td>
<td>3,772</td>
<td>40.9%</td>
</tr>
<tr>
<td>FFY 2013</td>
<td>10,700</td>
<td>4,411</td>
<td>41.2%</td>
</tr>
<tr>
<td>FFY 2014</td>
<td>11,466</td>
<td>4,810</td>
<td>42.0%</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 out-of-home care at the end of the federal fiscal year (FFY) remained relatively steady over the past five federal fiscal years (Figure 2). This steady average occurred despite the fact that the number of children in care vacillated over the same period. However, as seen in Figure 2, the number of children under 5 years of age increased over the last five years. Although it is not possible to project exact numbers, if this trend continues at the same rate, there could be approximately 5000 children, under 5 years of age, in care at the end of FFY 2015. CWS is working on numerous projects at this time to address this issue, including implementation of the Title IV-E Waiver Demonstration Project.

Figure 3

<table>
<thead>
<tr>
<th>Year</th>
<th>Asian</th>
<th>Black</th>
<th>Indian</th>
<th>Multi-Racial</th>
<th>Pac Island</th>
<th>Unknown</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2010</td>
<td>0.10%</td>
<td>15.20%</td>
<td>11.80%</td>
<td>25.60%</td>
<td>0.10%</td>
<td>0.00%</td>
<td>47.20%</td>
</tr>
<tr>
<td>FFY 2011</td>
<td>0.00%</td>
<td>12.90%</td>
<td>12.30%</td>
<td>26.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>48.40%</td>
</tr>
<tr>
<td>FFY 2012</td>
<td>0.10%</td>
<td>11.40%</td>
<td>10.60%</td>
<td>28.30%</td>
<td>0.00%</td>
<td>0.10%</td>
<td>49.50%</td>
</tr>
<tr>
<td>FFY 2013</td>
<td>0.01%</td>
<td>10.30%</td>
<td>11.30%</td>
<td>30.00%</td>
<td>0.07%</td>
<td>0.02%</td>
<td>48.30%</td>
</tr>
<tr>
<td>FFY 2014</td>
<td>0.10%</td>
<td>9.80%</td>
<td>12.40%</td>
<td>28.90%</td>
<td>0.20%</td>
<td>0.00%</td>
<td>48.60%</td>
</tr>
</tbody>
</table>

Data Source: AFCARS Data Files

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 remained relatively steady from FFY 2013 to FFY 2014. The number of African American children decreased each year since FFY 2010 for a total decrease of 5.40 percent over the last four years. The percentage of Indian and white children continues to increase while the percentage of multi-racial children saw a slight decrease (Figure 3).
### Figure 4

<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>11.10%</td>
</tr>
<tr>
<td>FFY 2010</td>
<td>3147</td>
<td>311</td>
<td>9.90%</td>
</tr>
<tr>
<td>FFY 2011</td>
<td>3369</td>
<td>329</td>
<td>9.80%</td>
</tr>
<tr>
<td>FFY 2012</td>
<td>3772</td>
<td>406</td>
<td>10.80%</td>
</tr>
<tr>
<td>FFY 2013</td>
<td>4411</td>
<td>544</td>
<td>12.30%</td>
</tr>
<tr>
<td>FFY 2014</td>
<td>4810</td>
<td>514</td>
<td>10.70%</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 shown a marked decrease to 10.70 percent of the population for FFY14 (Figure 4).

**Data Summary**

The population of children entering care for the first time under 5 years of age in Oklahoma is very significant, around 62 percent. 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 40 to 42 percent of Oklahoma’s population of children in care at any given point in time. Approximately 10 percent 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 for this particular population of children.

**Reducing the Amount of Time Young Children Spend in Care**

Chapin Hall conducted an analysis on the population of children in out-of-home (OHC) care in Oklahoma and is providing assistance in understanding the data analysis and developing and implementing strategies to reduce the average length of stay in OHC. The analysis scored and ranked the 27 districts of jurisdiction based on their permanency rates for children in care. Districts 3, 7, 15, and 23 were identified as the four priority districts. The four priority districts all show below average permanency rates for children under the age of five. These findings provide a basic starting point for
understanding how exit patterns explain the timeliness of permanency within each district. There is more to learn in terms of how, within districts, children of different ages exit to various destinations and how long it takes to achieve those exits. Those details can inform how Oklahoma will target efforts at expediting permanency for different types of children. Chapin Hall and Child Welfare Services convened in Oklahoma City on April 21st, 2015 to begin rolling out targeted CQI efforts in district 7. The CQI efforts are still being developed at this time.

**Activities Taken to Provide Developmentally Appropriate Services**

CWS was awarded in 2012 the *Oklahoma Trauma Assessment & Service Center Collaborative (OK-TASCC)* demonstration grant through the Administration on Children, Youth and Families, Children’s Bureau, on the “Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare” through the Oklahoma Department of Human Services. This project’s goal is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the child welfare system that have mental and behavioral health needs through helping Oklahoma develop and implement a comprehensive, integrated, and reliable continuum of screening, assessment, and aligned service delivery. The OK-TASCC selected core services and activities, including early screening, functional assessment, data-driven case management resulting from screening and functional assessments, and monitoring through ongoing screening and assessment that will increase early detection and referrals for trauma-based assessment. The selected screeners, the Child Behavioral Health Screener (CBHS; one for ages birth up to age 4 and one for ages 4-17), will help determine the children for referral to mental health assessment, and subsequently treatment, or may not need further clinical assessment at the time of screening. The OK-TASCC project built upon current screening initiatives, enhancing efforts to develop a trauma screening tool for children birth up to age 4 years old. The OK-TASCC project team is currently piloting the Survey of Well-Being of Young Children (SWYC) through primary care visits to the Fostering Hope Clinics in Oklahoma City and Tulsa and to behavioral health visits at the Child Study Center in Oklahoma City.

The Fostering Hope Clinic through OU Tulsa is working to imbed infant and early childhood mental health (IECMH) consultation into the clinic specifically for families with children 0-3 years of age. Multidisciplinary case staffing is more reflective in nature and those participating have identified the changes as very positive.

Systems of Care (SOC) is hiring an Infant and Early Childhood Services Manager to support integration of IECMH training and support. ODMHSAS and DHS are currently exploring the possibility of dedicated time for an experienced infant mental health professional to CWS State Office to provide ongoing consultation and support related to the needs of infants and young children.
Smart Start Oklahoma received an ACF grant to support linking children 0-5 years of age at risk of entering foster care and those in the child welfare system to quality early care and education programs. CWS partnered with Smart Start and the Community Action Coalition to boost referrals to Early Head Start and Head Start Programs throughout the state. A multidisciplinary meeting was held January 2015 to brainstorm ways to increase referrals. In July 2015, Smart Start and DHS will partner to bring all the state's Head Start directors and child welfare district directors together for a meet-and-greet and informational session for each agency to learn more about the other and to boost referral rates. Smart Start is contracting with the Oklahoma Association of Infant Mental Health to provide the Nurturing First Relationships training that addresses the impact of stress and trauma on the developing brain, the significance of and healing through nurturing early relationships, self-care, and identification of early childhood resources. The training will be in five counties, Comanche, Garfield, Kay, Muskogee and Oklahoma, with high infant mortality rates and is targeted toward child welfare, mental health, early care and education, home visitation, early intervention and Bridge Resource Families.

Through collaboration between the Parent Child Center of Tulsa and the Schusterman Family Foundation an Infant Mental Health Community Consultant (IMHCC) position was created for Tulsa. The IMHCC is interfacing with higher education, child welfare, court, child care, mental health to promote best practices for supporting the unique developmental, mental health and relationship needs of children 0-3 through relationship-focused services and supports. The IMHCC has provided training to child welfare, CASA and juvenile court personnel.

SoonerStart/Early Intervention services are provided by the Oklahoma State Department of Health (OSDH) and available statewide. This early intervention program is designed to meet the needs of infants and toddlers with disabilities and developmental delays. All children in Oklahoma, under 36 months of age, are eligible for the services. CWS policy requires that all children meeting the age criteria, who enter DHS custody, be referred for a SoonerStart assessment and are to receive on-going service when developmental delays or mental conditions such as downs syndrome or cerebral palsy are identified.

SoonerStart services may include:

- diagnostic and evaluation services;
- case management;
- family training, counseling, and home visits
- certain health services;
- nursing services;
- nutrition services;
- occupational, physical and speech-language therapy; and
- special instruction
Services are offered at no charge to families and provided in a natural environment, such as the home, foster home, or child care facility. This program is mandated by federal and state law and funded through various federal and state sources.

g. Services for Children Adopted from Other Countries (section 422(b)(18) of the Act).

The State of Oklahoma reports two children entered into DHS custody as the result of a displacement or dissolution of an adoption from another country.

<table>
<thead>
<tr>
<th>COUNTRY OF ORIGIN</th>
<th>REMOVAL BEGIN DATE</th>
<th>EXIT REASON</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUSSIA</td>
<td>09/05/2014</td>
<td>Child was removed for sexual abuse. Custody transferred to OJA.</td>
<td>See information below as to child A.</td>
</tr>
<tr>
<td>ECUADOR</td>
<td>09/10/2014</td>
<td>Parents returned child to Ecuador (left him in hotel with credit card). Since child’s return to Oklahoma, child has been placed at an emergency shelter.</td>
<td>See information below as to child B.</td>
</tr>
</tbody>
</table>

Child A was adopted from Russia via a Group of Doctors in which Natasha Story was the person who assisted them. Child A was adopted when she was 4 in January 2002. Her birthday is 12/13/97 she is 16 now almost 17.

Per the adoptive mother, child A started acting out 1 year ago and she is now in a behavioral health center in Oklahoma with a diagnosis of RADS. Her behavior began with her running away. The family called the police each time she ran away. The last time she ran away she accused her Adoptive Father of sexual abuse and went into DHD custody for 6 months. The adopted mother stated for 6 months they did not have a lot of contact with child A, but when she was out of DHS Custody she came home and would have spurts of normalcy but would become upset and run away. The family sought a behavioral health center as a form of treatment. They were told by her counselor last week that she would be released on the 20th of this month. She stated the family meets with the counselor weekly. The family has 3 natural born children (31, 29, 27) and 4 adopted children of which 3 are 17yo and 1 is 16 (child A). Child A is currently in OJA Custody.

Child B was adopted from Ecuador through the Joshua Tree Adoption Agency. The adoptive parents believe child B to be in an Emergency Shelter (but really don’t know where he is since the shelter is now closed). Child B was born on 1/5/00. He was adopted in 2012. He requested that the adoptive relinquish their rights to him and they did. The adoptive parent stated that they mortgaged their home to send him to a Boarding School in Ecuador. She stated he was 13 when he went to Ecuador, and
back here in the US in Custody at 14. They had no knowledge what happened until he showed up with nothing, no ID, his bank account was cleaned, and he had not debit card. He was 14 when he came back. He stated he is 15 and changed his name. Due to threats, the entire family has a protective order against him until he turns 18.

5. Program Support – Training and Technical Assistance for Counties and Other Entities

CPS program staff provides level trainings to both new and experienced staff in Out-of-Home Investigations, Assessment of Child Safety, Child Death, and CPS Policy and Protocol. The unit conducted numerous district specific trainings across the state, over the last year, related to the identification of safety threats and writing and implementing effective and appropriate Immediate Protective Action Plans and Safety Plans. CPS program staff review cases at the request of supervisors and district directors to ensure compliance with policy and protocol as well as provide guidance on findings and safety decisions. CPS program staff also provided training regarding the basics of child abuse and neglect reporting to school staff and contract staff. Several CPS program staff provided mentoring to supervisors at the request of their district director.

Family-Centered Services (FCS) program staff provides level trainings to both new and experienced staff on FCS policy and protocol. In addition to specific FCS policies and protocols, information on family engagement, assessment, safety planning, and identification of client behavioral change is presented. This same training is given upon request to specific districts across the state. FCS program staff review cases at the request of supervisors and district directors to ensure compliance with policy and protocol as well as guidance on the appropriateness of using FCS in certain situations.

Oklahoma Children’s Services (OCS) program staff provides training to both CWS and contract staff on the OCS referral process and roles and responsibilities of DHS staff and contract staff. OCS program staff train the contract staff on child welfare policy, critical incident protocol, and documentation requirements.

Program Support-Technical Assistance and Anticipated Capacity Building Needs

In March of 2015, staff from the Children’s Bureau and James Bell and Associates came and provided technical assistance for DHS with regard to the Title IV-E Waiver Demonstration Project. Staff member from the Centers for Capacity Building (CBC) for States came as well to inform DHS about their services. As a result of that meeting, DHS has agreed to be a pilot state for the CBC and a meeting was held on April 30, 2015 to start that process. Initial ideas about technical assistance needs centered on Continuous Quality Improvement, on-going assessment of child safety, and the Title-IV-E Waiver Demonstration Project. Another meeting was scheduled for May 21, 2015 for the next steps of the assessment. Technical assistance and capacity building is being provided for the state of Oklahoma in several different manners. The Capacity Building Center for STATES has meet with Oklahoma Leadership on several occasions to build working partnerships, assess the states strengths and areas needing assistance.
and developed a high level Theory of Change for work relations capacity building. An integrated capacity building work plan was also co-created to include actions steps for Center for States will take in order to assist the State in meeting the objectives of the plan. The two areas of focus have been decided upon and they are the continuing development the CQI process and improving the staff’s ability to identify safety threat. This is still in the early stages and more work with Center for States will occur.

The state is also working with Eckerd Rapid Safety Feedback: A Business Intelligent Approach to Child Welfare Quality. The purpose is to improve Outcomes, Change Practice and Drive Service Innovation. It will provide current and forward looking performance and production data. It will also provide a deeper understanding of our clients and their probability of success. By using the Mind Share software, which utilizes predictive analysis there should be a decrease to the number of severe maltreatment or death of Oklahoma children who are known to child welfare. The CQI – Quality assurance teams will be involved in ensuring the fidelity of this process by conducting reviews on the cases that have been identified by the MindShare software. It has been found that the process that Eckerd has implemented in Florida provides positive feedback from line staff due to shared risk and staffing process felt more like mentoring and coaching. There was also a change in the fields perspective of QA since this process utilizes a large case sample with critical thinking questions vs. small case sample of compliance driven questions. There is also a high level of interaction between line staff and quality staff. This is also in the early stages of development and many more development meetings will have to occur before implementation.

Examples of the Quality Assurance Systems that have been implemented are the Qualitative Shelter Review and the Hotline Review. During the Qualitative Shelter Review, CQI employed a case review process using a structured protocol involving all children in OKDHS custody under the age of 6 who entered and spent a night in any shelter across the state in the months of October, November and December 2013. The total population included 141 children. Of the 141 children, 21 children were removed from the review population. Of these 21 children, 14 children were noted as entering the shelter prior the review period and 7 children previously entered as exceptions to shelter placement prior to the start of the review (Exceptions noted in PP1/I15). During the course of the review, three (3) additional children were removed from the population. One (1) was removed due to being placed in a shelter host home and two (2) were removed due to placements being entered into our SACWIS system erroneously. This brought the total to 117 cases actually reviewed during the process.

The review involved CQI staff reviewing information from documentation in KIDS (our SACWIS system) and the Shelter Authorization Form. The CQI team then interviewed the worker and/or Supervisor of the worker who sought authorization for the shelter placement, worker and or Field Managers from any resource units which may have assisted the worker in locating a placement. The interviews included questions designed to determine the events that precipitated the child entering the shelter and the efforts to prevent a shelter stay by locating a family-like setting in either traditional or
kinship foster care. Reviewers completed the instrument, which detailed the efforts in placing the child in a family-like placement and any barriers that prevented placement into a family-like setting.

The information gathered from this review was provided to leadership and used to ensure that statewide consistent use of the Shelter Authorization Form and that all efforts had been exhausted prior to the child spending the night in a shelter, which is an improvement in practice.

CQI was also tasked with being a part of the Hotline Review Workgroup with the intent of doing a quantitative review to look at the quality of information gathered in making screening decisions and how that impacts outcomes, also keeping in mind that the initial decisions made by the hotline directly affect the caseload of frontline staff. Phase 1 review was conducted February 2nd through February 10th 2015. Phase 2 of the hotline review was conducted on April 6th through April 10th 2015.

Overall objectives of this Hotline Review:
1. Collection/Sufficiency of quality information by Hotline.
2. Decision-making regarding disposition of referrals by Hotline.
3. Reasons behind overrides.
4. Efficiency in the overall Hotline process. (OU has completed an evaluation of the process)
5. Impact of decision-making at Hotline level on outcomes. (Office of Business Quality is assisting with the further analysis of the Qualitative Review)
6. Sustainable CQI efforts specific for Hotline needs. (Esther Rider-Salem)

Phase I consisted of a review of a stratified random sample of referrals which resulted in an override. The sample consisted of a representation of the population of override referrals, with an appropriate confidence level (95%, ±5) as well as maintaining statistical significance. Information was reviewed to examine why the override occurred, and if the information provided after the referral was originally disposed supports the justification for the override. Identification of trends surrounding overrides was also examined during this phase of the review. A total of 336 referrals with an override decision were reviewed during this phase.

Phase 2 consisted of stratified random sample of accepted and screened out with an appropriate confidence level (95%, ±5). Information was reviewed to examine decision making based on overall information gathering. A total of 391 accepted referrals were reviewed and a total of 377 screened out referrals were reviewed during this phase.

A comprehensive summary of the review was provided to the hotline staff as well as other program staff to assist with the development of a sustainable CQI process for the
hotline. Along with the hotline review, OU conducted an evaluation of the Hotline Process and provided feedback to the hotline staff as to improve the actual Hotline Process.

Lily Alpert from Chapin Hall has been assisting in Region 3 to identify possible reasons for the county’s permanency trends, the group raised a number of hypotheses pertaining to activities that take place at the very beginning of a case—e.g., timeliness of the Family Functional Assessment (FFA), ISPs developed to match needs indicated in the FFA, etc. Interventions associated with these hypotheses would be most likely to affect an admissions population—children just coming into care. To explore the idea of permanency efforts for children on the current caseload, they assembled an analysis of permanency trends among Oklahoma County in-care populations. Their suggestion will be to focus first on strategies for these children—i.e., what can we do to move children currently in care to a safe, permanent setting as soon as possible—and then come back to the admission cohort strategies. The CQI team has been participating with Chapin Hall and Region 3 staff and further meetings have been scheduled to address the areas identified.

**Maltreatment in Care Review**

While maltreatment of custody children in out-of-home care has not increased, it has not decreased either. In order to develop target strategies to reduce these occurrences, a quantitative review of confirmed maltreatment cases occurring during FFY14 was conducted to identify trends related to the maltreatment. To accomplish this, a case review process was done using a stratified random sample focusing on maltreatment by resource caregivers and maltreatment by parents. The resource caregiver cases were subcategorized by institutions/facilities and by foster homes. The findings resulting from this review determined there was no significance as to caregiver, parent or child demographics, how long the child had been in the placement or in custody, whether or not the child had special needs, or the length of time the caregiver or parent had been caring for the custody child(ren). Caseworker visits with the child(ren) in their placement occurred on a regular monthly basis and sometimes more often. With the exception of institutions/facilities, overwhelmingly the type of maltreatment by caregivers and parents was neglect, specifically failure to protect, threat of harm, and lack of supervision. Numerous foster homes had other high-need non-custody children in the home which impacted the safety of custody children. Institutions/facilities higher rate of physical abuse were due to injuries sustained during escalations or holds. There was history of prior allegations of maltreatment of the same nature in the institutions/facilities, foster homes and parent homes. With the exception of children in institutions/facilities, the substantiated maltreatment resulted in the child(ren) being removed from the resource home or their own home. The resource homes were all closed or no longer utilized for placement of custody children. In conclusion, the review identified the following specific trends. Institution/facility caregivers disregarded or failed to diligently follow established protocols for de-escalations and holds. Maltreatment by foster home caregivers had been occurring over a period of time and went unobserved and/or unaddressed by permanency planning and resource workers/supervisors.
Maltreatment by parents involved issues of substance use and domestic violence for which relapse plans and protective capacities were not addressed prior to the child(ren) being placed back in the home.

6. Consultation and Coordination Between States and Tribes

CWS includes a Tribal Program Unit led by a tribal liaison and supervisor of the five tribal coordinators, one assigned to each region. The Tribal Program Unit is organizationally located in the Specialized Partnerships and Placement Unit. The primary responsibility of the Tribal Program Unit is to facilitate collaboration with the tribes and CWS to promote better safety, wellbeing, and permanency outcomes for Native American children. Each tribal coordinator is responsible for interacting with the tribes and assisting CWS field staff in meeting Indian Child Welfare Act (ICWA) requirements through training, support, guidance, and monitoring KIDS data.

One specific engagement process with the tribes for CWS program improvement is through a Tribal and State Collaboration Workgroup that meets quarterly with tribal and CWS Leadership. The workgroup is co-facilitated by CWS Tribal Program Unit staff and ICW program staff. All tribes and their representatives are invited to attend the quarterly meetings. These meetings are also attended by the DHS Tribal Liaisons and various program staff. Below is a list of the tribal representatives that attended the most recent Tribal and State Collaboration Workshop in June of 2015.

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Representative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osage</td>
<td>Lee Collins, Anne Davis</td>
</tr>
<tr>
<td>Chicksaw</td>
<td>Kendra Lowden</td>
</tr>
<tr>
<td>Alabama-Quassarte</td>
<td>Annie Merritt</td>
</tr>
<tr>
<td>Iowa Tribe of Oklahoma</td>
<td>Mary Davenport</td>
</tr>
<tr>
<td>Kickapoo Tribe of Oklahoma</td>
<td>Melissa Trevino, Jodi Owings</td>
</tr>
<tr>
<td>Muscogee Creek Nation</td>
<td>Robyn Wind, Kim Hummingbird</td>
</tr>
<tr>
<td>United Keetoowah Band</td>
<td>Susan Alexander</td>
</tr>
<tr>
<td>Cherokee Nation</td>
<td>Lou Stretch, Hettie Charboneau, Charla Miller</td>
</tr>
<tr>
<td>Seminole Nation</td>
<td>Tracey Haney</td>
</tr>
</tbody>
</table>

An open agenda is provided for tribes to include CWS issues. The Tribal and State Collaboration Workgroup identified focus areas for ICWA compliance as part of a strategic plan that includes CW practice and collaboration, placement, policy, and training. By July 1, 2015, a baseline data report for each region will include the four
ICWA Components listed in the APSR. Four primary objectives were identified to promote ICWA compliance and establish measurable outcomes.

1) Objective: A secondary Regional Indian Child Welfare Workgroup, co-facilitated by a tribal representative and the tribal coordinator that engages with the local field staff to work toward specific training, support, and collaboration in ICWA compliance. These workgroups will identify and monitor other CWS program specific child case staffings or taskforce and ensure the ICW representatives are included for instance at Child Safety meetings, Permanency Roundtable, or Adoption Criteria staffing.

Measurement: The Tribal coordinators conduct a monthly review of the KIDS Web Focus ICWA Data Report Y1105, Child Resource Home Y1104, and the Child Information Data Report Y1104. Regional data is reviewed for ICWA compliance by each county to identify data errors, timeliness issues, and tribal engagement. The reports are sent to CWS district directors and supervisors to disseminate to field staff and reviewed during Regional ICWA Workgroup meetings. Two key areas will be included in a baseline report to measure progress in ICWA Compliance:

- a review and measure of notification of Indian parents and tribes through the KIDS data field, Letter to Verify Indian Eligibility date (Y1105); and
- a review of active efforts to prevent the breakup of the Indian family from the KIDS Web Focus ICWA Report (Y1105). The ICWA report includes the data element of a Court Finding indicating if Good Cause was Found or Good Cause to Deviate. Policy and practice require a Good Cause finding at every hearing with diligent efforts documented.

2) Objective: To meet placement preferences, through a Regional Foster Care Recruitment Strategic Plan developed by each regional ICWA Workgroup, including collaboration with CWS foster care recruiters, resource family partners, and other local recruitment taskforce. The objective is to increase the number of tribal foster Homes within in region to ensure appropriate placement planning for each child and keep the children connected to kin and culture.

Measurement: Placement preferences of an Indian child is reviewed and measured through the Tribal Resource Home Report (Y1104). The data reflects the children are in relative or kinship placement and meet the first ICWA placement preference. Interstate Compact for the Placement of Children placements count since these placements are approved only for relative or kinship purposes. A regional ICWA Adoption Criteria staffing will be held once per quarter with data indicating the number of ICWA children with a non-identified placement and the number of ICWA children placement in an ICWA compliant home as a result of the staffing.
3) **Objective:** A third area to corroborate outcomes is a random Snapshot ICWA Case review of 3 percent of cases per CWS district to be implemented twice a year. The tribal coordinator and the assigned ICW representative will review KIDS, Case File, and Court Documents, and document findings on a Snapshot tool. Completed reviews of practice strengths and improvements are shared with Leadership. The Regional ICWA Workgroups incorporate the findings in the development of specific training in areas of policy, Subchapter 19, “Working with Indian Children,” Oklahoma Administrative Code 340:75-19, with an intentional discussion with local and regional leadership.

**Measurement:** The Snapshot tool is entered in a spreadsheet and compiled according to two focus areas:
- notification of Indian parents and tribes and engagement of tribes; and
- placement preferences and diligent search efforts by the assigned CWS worker.

4) **Objective:** To promote ICWA compliance, specific training for field staff and engagement of tribes is vital. Training includes, practice, policy, legal, and cultural awareness in collaboration with tribes, CWS program staff, field staff, community and judicial partners to identify training. The Tribal State Collaboration Workgroup and regional ICWA Workgroups channel information to share resources and identify key areas of program improvement. Tribes as sovereign Nations are a partner in the process and included for all children where ICWA applies. The tribal right to intervene in state proceedings, or transfer proceedings to the tribal jurisdiction is a component of training for CWS supervisors and CWS specialists. CWS policy includes a section addressing the transfer of jurisdiction. Other identified ICWA training includes new Worker Academy, regional ICWA legal aspects training, New Supervisor ICWA Training, and region/ or district specific training.

**Measurement:** Attendance and completion of identified training is one measurement. For regional or district trainings a pre- and post-test questionnaire results of the questionnaire identifies key areas of training.
- Tribal representatives are invited to CWS training. Participation is compiled in quarterly reports.
- Historical perspective ICWA training is required for on the job training for a new worker. Completion of the training is compiled in a quarterly report.
- A pre- and post-test will be provided prior to each training session. A 10 question instrument will assess the participant’s ICWA knowledge of the identification of an Indian child, active efforts, good cause to deviate, and historical or generational trauma of the tribes in Oklahoma.

Each year, the Annual Program Services Review is shared with tribes at the Tribal State Collaboration Workgroup meeting. Information is being obtained as to any revisions on the Tribal IV-E agreements for this year. All of the tribes APSR are compiled and sent via ACF.
The following information was obtained through the SACWS with the identified population as FFY 14 Children with America Indian as Primary &/or secondary race statewide:

- The number of American Indian children in OKDHS custody that were in an out of home placement was 4,906.
- The number of judicial findings “ICWA Applies” was 3,187.
- The number in Tribal Custody placed in a Tribal home with a IV-E agreement was 350.

7. Monthly Caseworker Visit Formula Grants

Monthly Caseworker Visits

DHS performance in relation to target percentages:

Measure 1: Monthly Caseworker Visits Completed

<table>
<thead>
<tr>
<th>FFY</th>
<th>Target Percentage</th>
<th>Reported Percentage</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>90%</td>
<td>92%</td>
<td>Exceeds Target</td>
</tr>
<tr>
<td>2014</td>
<td>90%</td>
<td>94.3%</td>
<td>Exceeds Target</td>
</tr>
<tr>
<td>2015</td>
<td>95%</td>
<td></td>
<td></td>
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<tr>
<td>2016</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>95%</td>
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<tr>
<td>2018</td>
<td>95%</td>
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</tr>
<tr>
<td>2019</td>
<td>95%</td>
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Monthly Caseworker Visits Report Items

CWS reports on items 1 through 7 during the report period.

1. Aggregate number of children in the data reporting population: 15,012

2. Total number of monthly caseworker visits made to children in the reporting population: 122,361

3. Total number of complete calendar months children in the reporting population spent in care: 132,227
4. Total number of monthly visits made to children in the reporting population that occurred in the child's residence: 115,710

5. Percentage of visits made on a monthly basis by caseworkers to children in out of home care: 94.3%

6. Percentage of visits that occurred in the residence of the child: 94.6%

7. Percentage of visits to children in Tribal custody: 17.4%

**Measure 2: Monthly Caseworker Visits Made in Child’s Home**

<table>
<thead>
<tr>
<th>FFY</th>
<th>Target Percentage</th>
<th>Reported Percentage</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
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<td>95%</td>
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<td>2017</td>
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<td>2018</td>
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<tr>
<td>2019</td>
<td>95%</td>
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**Strategies to Meet Target Data Percentages**

The Oklahoma Pinnacle Plan, Pinnacle Point 6, contains strategies to address the quality and continuity of CW specialists' contact with children, including changes in the frequency of visits. Beginning July 1, 2013, the Pinnacle Plan required 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. Additionally by December 1, 2013, each child was required to be visited two times within the first two months of placement. However, CWS has been involved in negotiating the last target date of December 1, 2014, due to a shortage in field staff and high caseloads. To date, there is no final decision regarding the date for meeting this requirement.

Strategies for improvement are data and practice-oriented and include:

- review contact guides for caseworker visits to ensure consistency in approach by CW specialists when visiting children of varying ages, always assessing for safety throughout the life of the case;
• implement enhanced training on caseworker visitation through training in Level 1 Permanency courses for all CW specialists, including those working in Child Protective Services, Bridge, and Family Centered Services;

• train CW specialists to use the secure email on mobile devices via the transcription feature, in order to more efficiently and accurately document caseworker visits;

• develop To-Do lists for every CW specialist upon completion of the CORE Hands On Testing that includes a How-To for caseworker visits;

• continue to refine policy to offer more detailed direction to CW specialists providing guidance on engagement with the child and caregiver; and

• provide ongoing monthly, quarterly, or both, monthly and quarterly monitoring, exact procedures to be determined by individual districts.

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 also contain high quality cameras that assist staff with more accurate documentation, resulting in more effective supervisor consultation.

8. Adoption and Legal Guardianship Incentive Payments

Oklahoma did not receive an adoption Incentive award for 2014.


CWS was approved for a Title IV-E Wavier Demonstration Project in October, 2014. Under the Demonstration Project Terms and Conditions, the State is authorized to implement a demonstration project to expand the array of services available for families with children at risk of entering foster care or who may be likely to re-enter foster care. Specifically, the State will implement a new level of short-term, intensive home-based services called Intensive Safety Services (ISS). The goals of the State’s demonstration will focus on:

• increasing positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth; and
• preventing child abuse and neglect and the re-entry of infants, children, and youth into foster care.

The primary target population includes title IV-E eligible and non-IV-E eligible children 0–12 years of age who are at risk of entering or re-entering foster care. To be eligible for the intervention, families must have at least one child in the primary target population age group.

ISS is a four to six week, intensive home-based services for families with at least one child between the ages of 0-12 who are at imminent risk of entering or re-entering foster care. Specific needs to be addressed by ISS include, but are not limited to, parental depression, substance abuse, domestic violence, and home safety and environment. Services provided under ISS will be delivered by master's level clinicians and will include:

• motivational interviewing;
• cognitive behavioral therapy, when warranted;
• healthy relationships to address interpersonal violence, when warranted; and
• managing child behavior, when warranted.

These workers will be in the home three to five times a week for up to 10 hours per week. ISS contracted workers will be responsible for linking families to other appropriate services in the community, which may include:

• substance abuse services;
• domestic violence services;
• psychiatric services; and
• trauma-focused cognitive behavioral therapy

In developing the Title IV-E project, CWS ensured that the expected outcomes of the project were in alignment with the goals of the 2015-2019 CFSP.

• CFSP Safety Goals – (A) Children are first and foremost, protected from abuse and neglect; and (B) Children are safely maintained in their homes whenever possible and appropriate.
• CFSP Permanency Goals – (A) Children have permanency and stability in their living situations; and (B) Continuity of family relationships is preserved for children.
• CFSP Well-Being Goal – Families have enhanced capacity to provide for their children’s needs

Historically Title IV-B part 2 funds have been used, in part, to fund the states preventative services offered through the Oklahoma Children’s Services, Comprehensive Home-Based Services (CHBS) program. The Waiver project, ISS, expands the CHBS program to provide a more intensive model to help families that CHBS could not. The IV-B funding will continue to serve in the same function permitting
the Waiver project to focus on the families in greatest need of the service that, in turn, will have the greatest impact on the families served by CWS.

10. Quality Assurance System

As referenced in the self-assessment of the Quality Assurance System, Child Welfare Services (CWS) is still in the process of transforming into a learning organization led by a management philosophy of continuous quality improvement (CQI). CWS began with an extensive self-assessment process of its CQI system examining current realities, strengths, and weaknesses guided by the "Administration for Children and Families Information Memorandum: Functional Components of a CQI System," (8/27/12) as a guide. The self-assessment process involved focus groups, state research, workgroups, and technical assistance. The examination of CWS CQI system included an understanding and consideration of the CQI history at Oklahoma CWS and across the nation. The analysis resulted in the development of a new CWS CQI Plan. CWS, led by the CQI team, in effort to effectively measure the quality of work, inform leadership and staff of what is and is not working in the system, and work alongside all CWS staff to improve outcomes for children and families. Full implementation of the CQI process across the State represented a multi-phase effort that was continually assessed during plan implementation. High quality implementation is essential in ensuring desired outcomes are achieved. CWS must have the capability to periodically monitor and evaluate all CQI processes during implementation stages so adjustments can be made as needed. Implementation stages focused on core components that allowed for the creation of a solid CQI knowledge base, building or creating written procedures for aspects of the CQI processes, mapping the on-site review instrument (OSRI), and all quality assurance activities.

During the CQI implementation phase, continual evaluation of the process occurred during which time it became apparent that their planned process was not sustainable. After implementation of four of the five planned sites, implementation was ceased in order to adjust the process. At the conclusion of reviewing all four (4) implementation sites, the CFSR Team reviewed a total of 27 Child Welfare cases, while utilizing the Federal Onsite Review Instrument (OSRI) in all cases.

A revised plan has been developed which prepares for the proposal to be a self reviewing state in the upcoming Federal CFSR. Under the new plan, quarterly reviews will occur on 130 cases per year utilizing the OSR, which was developed by the Childrens’s Bureau for round 3 of the CFSR. As we build capacity in our CQI Teams, a review of their process will occur in order to determine if the amount of cases reviewed will be increased.

The CFSR Case reviews will collect specific case level qualitative information through review of documentation and completion of interviews specific to each case.
Information gleaned will include the quality of services to children and families and evaluate how child and family functioning is progressing relative to services provided.

Section D. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

ACF found Oklahoma to be in compliance with NYTD requirements for the submission of NYTD data for the period ending March 31, 2015.

Key 2015 Oklahoma Legislative changes

A review of the state legislation this year, revealed no new statutory changes significantly impacting Oklahoma’s eligibility for the CAPTA State grant.

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. There are no significant changes to the previously approved CAPTA plan. Below are updates to the three key areas since June 30, 2014 as well as how they align with the goals of the 2105-2019 CFSP.

Area 3

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

Objective: Review and evaluate current in-home services to families after an investigation of alleged abuse or neglect.

This aligns with the Safety Outcomes from the CFSP: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their homes whenever possible and appropriate.

Action Steps:

1. Family-Centered Services (FCS) works with the family in the home and the child not in custody. Policy updates were done that will be in effect later this year. Two significant changes were made to FCS:
   (1) The FCS worker is required to complete a Family Functional Assessment even when the family is referred to contracted services.
   (2) Secondary assignments are no longer allowed. All family members must be within the same county to be able to work a FCS case.

2. FCS training materials were reviewed and modified to be consistent with best practice and policy. This is an on-going process.

3. Creation and introduction of competency tests on all statewide level trainings to ensure that workers learn and retain the information presented in training.
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: Review and evaluate the effectiveness of the assessment process in responding to reports of abuse or neglect.

This aligns with the Safety Outcomes from the CFSP: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their homes whenever possible and appropriate.

Action Steps:

1. The revised Immediate Protective Action Plan (IPAP) and Safety Plan forms were made available. These revisions require the worker to describe the present danger and safety threats as well as the actions required to control for them as opposed to simply recounting tasks and/or services recommended.
2. The Assessment of Child Safety was revised and came on-line in KIDS in October of 2014. The revisions to this form significantly placed more emphasis on protective capacities and made the safety threats more descriptive.
3. A Safety Guidebook was created and supplied to all workers in September of 2014. This guidebook takes workers through the safety assessment process and assists them and their supervisors in making sound safety decisions. It includes definitions and guidance on the identification of present and impending danger, the development of IPAPS and Safety Plans, and the safety evaluation process.

The work done in Areas 3 and 4 are a culmination of work started in July 2012 with a fidelity review of approximately 400 cases, that revealed the need for modifications to the assessment and investigative processes as well as some processes within FCS. This work was initially guided by the National Resource Center for Child Protective Services and their consultation continued through 2013.

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

This aligns with the Safety Outcomes from the CFSP: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their homes whenever possible and appropriate. It also aligns with the Well-Being Outcome; (A) Families have enhanced capacity to provide for their children’s needs.

Action Steps:

1. The Domestic Violence Desk Reference manual was revised with the collaboration of DHS program staff, domestic violence treatment providers, and the Attorney General’s Office.
2. In late 2014, DHS sent representatives to the Lethality Assessment Protocol Training designed for law enforcement. Oklahoma Statute now requires that whenever law enforcement is investigating a domestic violence crime, they are required to assess the victim for potential danger. DHS was invited to send representatives to the training as child welfare workers often respond to these situations as well as during a joint response.
3. The domestic violence treatment community and the Program Manager of the Domestic Violence Fatality Review Board are conducting focus groups with parents who had their children removed and placed in DHS custody due to domestic violence. The focus groups solicit input as to what both the treatment community and DHS could have done differently that would have been helpful. From these focus group results, the Domestic Violence Task Force will develop better protocols and guidance for child welfare workers to use when working with families involved with domestic violence.

CAPTA state grant funds, since June 30, 2014, have supported work being done in all of the above areas.

Citizen Review Panels – Annual Reports

- Refer to attached Child Death Review Board (CDRB) report and Domestic Violence Fatality (DVFRB) report.

CDRB – 2014 Recommendations to DHS with DHS response directly below each one

- Adopt a policy directing workers to connect a referral to a case number upon assignment of the referral.
The Instructions to Staff will be updated in OAC 340:75-3-200 to guide child welfare workers on when to case connect newly assigned referrals to appropriate KIDS cases.

- Ensure all children in custody have a trauma-focused cognitive behavioral therapist.
  - Since trauma-focused cognitive behavioral therapy may not be indicated for all children in custody, CWS will work to ensure that all children in custody have a behavioral health screening early on to ensure early identification of children with behavioral health needs. When the screen is positive, CWS will ensure the child is referred for a trauma-informed clinical assessment and when indicated by the assessment, ensure the child receives necessary and appropriate service.

- All child death investigations should be worked jointly with Law Enforcement.
  - All child death investigations, where there is suspicion of a crime or the cause of death is unknown, are worked jointly with law enforcement. CWS investigates some deaths where the child died from natural causes or never left the hospital due to concerns regarding surviving siblings. In those instances, there may not be a joint investigation with law enforcement. CWS staff is instructed to notify law enforcement immediately upon obtaining information that may indicate a crime has been committed. Law enforcement does not routinely work with CWS on child death investigations where there are no allegations of abuse or neglect.

- Public operated shelters in Tulsa and Oklahoma City should not be closed without a comprehensive plan and resources in place to meet the needs of children who are removed and housed in the two shelters.
  - CWS is committed to ensuring those children currently in the shelters have appropriate placements prior to the closing of the shelters as well as working on a plan with field staff to discontinue admissions. CWS is already working with community partners for assistance with a comprehensive and acceptable plan.

**DVFRB – 2014 Recommendations to DHS**

The DVFRB had no new recommendations. Below are updates on activities with regard to past recommendations.

- The Domestic Violence Desk Reference was updated
- Child welfare workers now receive specific domestic violence training in their Level I training as opposed to Level II.
• The request that DHS hire a domestic violence liaison has not been implemented due to budgeting constraints. However, staff from the Attorney General’s office, domestic violence treatment providers, and DHS meet and collaborate monthly.

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Section E. Chafee Foster Care Independence Program

Chafee Foster Care Independence and Education and Training Vouchers Program

Annual Progress and Services Report for 2015
Response to ACYF-CB-PI-15-03

DHS is responsible for 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 DHS and tribal youth in the care and custody of federally recognized tribes. The authority for the department to administer children and family services, such as IL, is in the Oklahoma Social Security Act, Section 176 of Title 56 of the Oklahoma Statutes (56 O.S. § 176), to provide “for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent” and 10A O.S. §1-7-103, Additional Duties and Powers of Department. DHS 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 as oversight. DHS is committed to working towards positive outcomes for our youth and DHS cooperates in the National Youth in Transition Database (NYTD) evaluations of the effectiveness of the program in achieving the purposes of CFCIP.

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

Oklahoma's CFCIP and ETV 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 youth 16 to 23 years of age as they prepare for and begin transitioning to adulthood. The program provides the same resources and services to current and former DHS and tribal custody youth. All services are available on a statewide basis unless otherwise noted. Youth who are temporarily residing outside of Oklahoma also continue to be able to access services from Oklahoma by calling the youth's child welfare specialist, the Yes I Can! network's toll-free number, or by requesting services on the Oklahoma Independent Living (OKIL) website, www.okil.ou.edu.

Youth are identified beginning at age 16 for a comprehensive case assessment to determine eligibility for the program and to identify those youth who will need additional supports and services to achieve self-sufficiency. Eligible youth complete a self-report assessment related to the 7 Key Elements of Success: Health, Housing, Education, Employment, Life Skills, Permanent Connections, and Essential Documents; and participate in the development and completion of their individual IL plan. Each youth's identified needs are supported with child welfare, independent living, and community resources and services. A court review every three to six months for youth 16 to 18 years of age monitors the progress and appropriateness of the plan and verifies that IL services are being provided.

Transition planning is encouraged for each youth beginning at 17 years of age and particularly for those youth identified as needing additional supports. A mandatory Family Team Meeting is held with youth and supportive adults 120 days prior to the youth's 18th birthday to discuss and initiate the 90-day transition plan. Youth are strongly encouraged to be present at all court reviews and transition meetings. When the youth is unable to be present, the youth is encouraged to provide written input for the proceedings.

To strengthen the transition process, IL skills and services are part of the 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 the youth's plan and own efforts towards self-sufficiency. Youth 18 to 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 age 23 as long as satisfactory academic progress is made. These youth are assigned an education specialist who assists the youth in developing an education plan, meeting with college personnel to determine the youth's total cost of attendance, calculating the youth's unmet need, requesting ETV funds, and ensuring that all requirements of the ETV program under the CFCIP are met.
Youth exiting after 16 years of age for guardianship or adoption are eligible for the same resources and services available to other youth in custody except for housing youth development funds after age 18, the Medicaid 18 to 26 option, and tuition waivers, unless the youth was not in out-of-home care nine months after 16 years of age. The OKIL program provides a brochure outlining the IL and ETV services available to the youth, location of the IL informational website that the youth and adult may access, a Yes I Can! card containing the toll free number that the youth and adults can call to access services and resources, and a magnet that contains reminders of deadlines for applications for ETV.

Youth eligible for the Oklahoma IL Program are:

- Youth ages 16 and 17 years of age who are in DHS or tribal legal custody and in out-of-home placement;
- Youth ages 18, 19 and 20 years of age who are receiving voluntary extended services or who were in DHS or tribal custody in out-of-home placement on their 18th birthday;
- Youth who entered a permanent guardianship with kin or adoption after 16 years of age and who have not yet reached their 21st birthday*; and,
- Youth 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 eligible for the IL CFCIP/ETV program in FY 2016 is 2214.** This figure includes all the eligible youth identified above.

The planning, managing, and implementation of the OKIL is assigned to three full-time program staff. There is one clerical program staff assigned to support the program's needs. Currently, there are four half-time staff and three are former foster youth who work in the areas of the tutoring initiative, academic support, preparation for post-secondary education, NYTD related activities, and the youth speakers bureau. In addition, the ETV program has 6 half-time staff to assist in service delivery. The greatest strength of the Chafee IL program service array is that the resources and services are available statewide, easily accessible, and offer flexibility and creativity in supporting the youth's IL plan. The provision of the service array is managed through two major contracts, a fiscal agent contract and an IL community contract.

The fiscal agent contract managed by Eastern Oklahoma Youth Services issues checks for youth development funds, incentive payments, youth advocacy opportunities, and the Education and Training Vouchers. This contract provides an efficient method for getting the supports to the youth in a timely manner no matter the type of need, designated recipient, or vendor.
The IL community contractor has been the National Resource Center for Youth Services (NRCYS) for the past five years. NRCYS is the single point of contact for all DHS and tribal workers, care providers, and youth to access technical assistance, any resource, service, or aftercare support. A brief list of services provided by NRCYS includes:

- providing welcome resources as youth reach the age of 16 years;
- providing independent living specialists who assist DHS and tribal child welfare staff;
- providing technical assistance and consultation to professionals serving the IL program youth. Technical assistance may be provided by phone, email, written materials, or face-to-face;
- facilitating seminars, events, and teen conferences so youth have opportunities to learn about and practice the 7 Key Elements for Success;
- staffing the Yes I Can! Alumni network;
- maintaining the OKIL website, that is a user-friendly resource for youth and adults that provides information regarding the IL program process, the 7 Key Elements for Success, upcoming events and training, and youth relevant information; and
- processing and documenting youth development funds.

The IL community contractor has exceeded the contractual expectations each year. NRCYS has been active, visible, and quick to respond to any request for resources, services, or technical assistance. The events, seminars, and conferences are designed around the 7 Key Elements for Success. Event and training evaluations obtained from youth and workers are always positive and indicate that participants improved their knowledge and skill sets.

**Description of the services, resources and supports accessible through the two IL contracts or IL program staff**

**Youth welcome resources** include luggage, "A Future Near Me" or "A Path Before Me" life skills book, and a journal entitled "Through My Eyes."

**Seminars, events, and annual teen conferences** are offered so youth have opportunities to learn about and practice the 7 Key Elements of Success.

**Youth Development Funds** support youth in care and youth in transition:

- preparation funds for youth 16-18 years of age include education-related, work-related, permanent connections related, and miscellaneous;
- supportive funds for youth 18-21 years of age in transition include education-related, work-related, transportation-related, furniture, and appliances, counseling, mentoring, medical expenses, and miscellaneous;
• housing funds for youth 18-21 years of age who exited care at age 18 or after and are transitioning. These funds include rent and utility deposits and payments and room and board payments that include rent, utilities, and food; and
• one time only funds for youth 16-21 that include costs of birth certificates, photo identification cards, driver education classes, driver license, dorm deposits, dorm or apartment needs and graduation expenses.

Youth advocacy opportunities are coordinated by the IL community contractor and provide youth with a chance to enhance their strengths and character through interactions with community and state collaborative organizations.

Educational attainment is one of the key indicators of positive future outcomes so extra emphasis is placed on the IL program educational opportunities. Tutoring services were already available for youth. The tutoring initiative is coordinated by a former foster youth who recruits tutors; matches youth to needed tutors; provides updates to DHS and tribal workers; and documents services for DHS custody youth in the KIDS case. The IL community contractor improved and expanded educational surveys for youth 16 to 18 years of age. The surveys capture current grade levels, education support needs, career interests, college and career technology school preferences, and readiness for post-secondary education endeavors. The information gained from the surveys is used to guide the IL community contractor's efforts around career exposure, regional college and career technology center tours, and information dissemination.

Incentive payments are issued as a youth exits care and are based on youth accomplishments and life skills development, education attainment, future planning, and outcomes surveys.

Credit reports for each youth 16 years of age and older are to be obtained annually. When there is a consumer credit report, a copy is provided to the youth and the IL program assists with resolving any inconsistencies in the report. Policy is in place but complete implementation is still pending. By the beginning of FFY 2016, the process should be working.

Aftercare services are provided through the Yes I Can! alumni network. Yes I Can! assists and young adults 18-21 no longer in DHS or tribal custody. Supports can be financial assistance through youth development funds, resources referrals, and case management provision.
Section F. Review and discussion of progress made on meeting the objectives and goals established in the 2015-2019 five year plan and discussion of the accomplishments and progress made during 2015.

This report was prepared by reviewing available data obtained from KIDS, the Statewide Automatic Child Welfare Information System (SACWIS), results from four NYTD reporting periods, the IL program contractor’s database, the monthly and quarterly reports provided by the two IL program contractors, the exit interviews from custody youth as they exited care, the surveys completed by CWS and tribal field staff, 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. Oklahoma was awarded a planning grant (Road to Independence) to evaluate our current Independent Living program and how services were being delivered to our youth and received within the community. As part of this research, focus groups were conducted with various community partners and providers, staff within the Agency as well as with current and Alumni foster youth in order to get input from both our internal and external stakeholders.

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

In the past ten months, OKIL has continued to focus on addressing the program needs and gaps in service identified during the development of the 2015-2019 plan. These needs are:

Education

- Improve the credit recovery and credit transfer process;
- Expand the tutoring program;
- Increase career assessments and career mentors; and
- Explore the use of career academies.

Education accomplishments for FY 2015 include collaboration with the Oklahoma Department of Education to share educational records with CWS that automatically populate into the SACWIS. Eventually, this will help in the recovery and transfer of
educational credits. Oklahoma made changes to the life skills assessment to include questions regarding the need for tutoring. Once the assessment results are received, they are filtered for youth interested in receiving tutoring services so the appropriate referrals can be made. OKIL is currently providing tutoring services for 20 youth across the State. The Department of Human Services Research and Statistics department has submitted an application for a Performance Partnership Pilot (P3) grant. This grant would assist in administering career assessments, begin a partnership with a local career academy, and provide wrap around services to help identify barriers youth may have to completing their high school education.

**Employment**

- Obtain guidance from other DHS divisions who provide training and employment readiness and build on already established community partnerships; and
- Enhance connections with the community youth workforce boards to assist with career exploration, job skills attainment, and work experience.

Employment accomplishments include collaboration with the State Workforce Investment Board and a grant received by the Oklahoma Department of Commerce. This program, My Career, My Future, My Choice, offers free tutoring to help with math and reading; summer work experience or a temporary job; help with resume writing and interviewing; and workshops to learn important life skills. The goal is to decrease the barriers youth face to job readiness and increase opportunity for employment, education, training, and support services needed to succeed in the labor market.

**Stable Housing**

- Identify regions or districts in the state where youth are transitioning that do not have supported housing options to access; and
- Explore supporting and enhancing current transitional living housing options.

DHS was awarded a Department of Health and Human Services planning grant to develop a model intervention for youth and young adults with child welfare involvement who are at risk of homelessness (HHS-2013-ACF-ACYF-CA-0636). This planning project called "The Road to Independence (RTI) Network" is supervised by the DHS Office of Planning, Research and Statistics. The RTI project is in the process of submitting a final proposal for the implementation grant that when awarded would focus on a “Housing First” approach for youth in foster care who are at risk for homelessness. The grant is set to be awarded in October 2015.
Financial Literacy

- Identify financial literacy resources available in the state, regions, districts and counties and develop a resource list;
- Identify financial institutions that might partner with DHS and tribes to provide financial literacy activities and education;
- Pursue ways to increase youth's financial assets while the youth is in custody; and
- Explore ways to track if youth who have had placement moves are receiving the fourteen units of financial literacy that are provided through the Department of Education.

The established outcomes are youth:

- who enter a guardianship or adoption after age 16 will receive IL services that support the youth's life skills development, education, and employment attainment;
- who are likely to remain in foster care until age 18 will receive the services needed to achieve the maximum level of self-sufficiency;
- will graduate high school or obtain a General Educational Development (GED); and
- likely to remain in foster care until 18 years of age will have essential documents and a transition plan that addresses the youth's options and needs around housing, health (including insurance), education, employment, life skills, and permanent connections.

Three broad goals that support achievement of these outcomes are listed along with targets and accomplishments for FY 2015.

1. Percent of youth in custody 17 and 18 years of age that have a case assessment. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 70 percent have a completed assessment.
2. Percent of youth in custody who receive an IL Service Type. The target is 80 percent. As of the last quarterly report provided by the community contractor, NRCYS, 71 percent completed an IL Service Type.
3. Percent of youth in custody 19 years of age graduated or with a GED. The target is 69 percent. As of the last quarterly report provided by the community contractor, NRCYS, 62 percent graduated or obtained a GED.

NYTD Database

DHS frequently shares information on the NYTD outcomes and service reports with multiple state agencies, community partners, and youth. The Independent Living
program is represented in numerous State collaborative groups in which we share our NYTD outcomes in order for them to have a better understanding of the services provided to foster youth in Oklahoma and areas that continue to need improvement. These Collaborative groups include Tribes, Research and Statistics Department within our agency, Workforce Investment boards, Department of Rehabilitation Services, Oklahoma Commission on Children and Youth, National Resource Center for Youth Services, Youth Services of Oklahoma, Office of Juvenile Affairs, Homeless Alliances, Universities, etc. We reach out to those collaborative groups through community meetings, conferences, focus groups, etc. in order get their input and suggestions on how we can continue to provide improved services to our foster youth. The RTI grant staff has used the NYTD reports extensively in data analysis and in presentations to all stakeholders. After year one of the CFSP 2015-2019 period the Oklahoma IL program outcomes for youth will be the NYTD outcomes. During the CFSP 2015-2019 period, complete outcomes for NYTD baseline cohorts 1 and 2 will be available to provide a great longitudinal view of Oklahoma’s efforts.

Activities performed in FY2015 and Activities planned in FY 2016:

Life skills events, seminars, and conferences; resources; educational supports; and "wraparound" youth development funds are the major CFCIP services. The events, seminars, and conferences are activities planned to reach an audience of 16 through 21 year olds. The one exception is a simulated city that allows youth to practice real life responsibilities. Youth who have developmental disabilities are offered a simulation "Independence City" that is modified to match their abilities.

State Teen Conference is the largest statewide event offered for youth ages 16-21. It is 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 7 Key Elements of Success: Housing, Health, Education, Employment, Life Skills, Essential Documents, and Permanent Connections. CWS staff, tribal workers, resource parents, mentors, and sometimes therapists accompany youth to the event. The youth incorporate learning independent living skills within an environment that promotes networking and peer support. There were 254 participants at the Teen Conference. This three day conference theme was “The World Needs More Heroes…Who Will Answer the Call?” The focus was on the youth being able to experience themselves as capable, powerful individuals. What started as a conference focused on finding that one amazing superhero ended with the discovery of the collective heroics of the group. Advocacy, Leadership, Critical Thinking, Being Goal Oriented, and Overcoming Crisis…those are the true hero skills. Evaluations indicated that participants gave the conference an overall positive rating of 90 percent.
Conferences are planned by a committee of current and former custody youth, child welfare workers, community partners, and the IL community contractor. The conference goal was to create a safe learning environment where youth and their adult partners worked together to develop deeper relationships while learning more about the 7 Key Elements for Success and practicing independent living life skills.

Oklahoma serves youth ages 16 to 18 years of age by providing educational supports that may include tutoring, events related to college and career technology campus tours and completion of Free Application for Federal Student Aid (FAFSA); utilization of youth development funds to assist with summer and night school; concurrent education; fees to apply for post-secondary education, high school graduation expenses, and technical assistance for completing applications for ETV. In addition to education supports, youth can access youth development funds to support their IL plans in the areas of work, permanent connections, or through a miscellaneous category that youth, care provider, and child welfare workers agree will support the youth’s transition.

Oklahoma serves youth ages 16 to twenty-one years of age who exited care at age 18 by providing the Yes I Can! network toll free number as the single point of contact to request services. Young adults can receive telephone case management and face to face case management when requested. The youth development fund categories are expanded to support this population’s additional needs, such as funds for housing and utility deposits, housing and utility payments, furniture, and apartment needs. Educational supportive services continue to be available to encourage young adults to complete their high school education when not completed by the time they exit care. ETV is also available to support youth in post-secondary education.

**Collaboration with other Private and Public Agencies**

The Oklahoma CFCIP is involved with several public and private agencies in helping youth in DHS and tribal foster care achieve independence.

**OK Fostering Wishes** is a faith-based organization that supports and celebrates the educational successes of custody youth. This organization has an annual graduation party for the youth in DHS or federally recognized tribal custody who complete their high school education or GED. The youth, placement provider, and the child welfare worker attend a dinner and the graduates are provided gifts of electronic tablets and dorm room needs. Agencies and private organizations are available at the celebration to discuss aftercare supports and services available to the youth as they transition.

**Stand in the Gap "Life Launch"** is a faith-based organization that provides mentors to youth who are preparing to transition from foster care from the two metropolitan areas
with the largest number of older foster youth, Oklahoma City and Tulsa. These mentors continue to be available to the youth as they experience life after foster care. They are currently working with 14 foster youth across the State.

**Healthy Teens OK!** is an ongoing project of the Interagency Coordinating Council for the Prevention of Adolescent Pregnancy and STDs and coordinated by the Oklahoma Institute for Child Advocacy. Support for the project has been 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 provides funding for items for group home staff; retention incentives for youth participants; and training for more group home staff and the Youth Council leaders.

**Next Steps** is a collaboration developed by a group of community service providers to create housing options for youth over age 18 in the city of Lawton and the surrounding area. Lawton is the location of a DHS contracted group home for females as well as a large number of youth eligible for IL services. In 2012, the local Housing Authority Executive Board approved using a five bedroom unit for housing specifically for female former foster youth. This house operates with an on-site overnight house manager, case manager, and mentor. In the past year, additional housing was also made available for males over age 18 who exited from foster care.

The **Community Transformation Team** 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 Department of Mental Health and Substance Abuse, Tulsa Mental Health Association, Oklahoma Health Care Authority that administers the Oklahoma Medicaid program, DHS, OJA, Department of Health, and Youth Services of Tulsa. In the past five years, this community team:

- encouraged the development of a post adjudicatory review board to focus on youth transition from foster care in the Tulsa community;
- supported activities for a healthy transition for youth with mental health issues; and
- supported transitional living programs through the local Youth Service agency and the Mental Health Association.

This collaboration will continue to be active in the identification and development of services that will support youth transitioning from custody.
Lorraine Bacone Learning Work Community (L.B. LWC) continues to be an evolving collaborative between the college and community of Muskogee, Oklahoma. The program assists youth formerly in DHS or tribal custody who are interested in obtaining a college education from an institution of higher education in Oklahoma. This 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 degree while providing them assistance in obtaining financial support, housing, and opportunity for personal development. Youth enrolled in the program are assigned work study experiences at the Murrow Indian School. The college is working with the ODMHSAS to provide Systems of Care transitional services for students who could benefit from mental health services. The program's intent is to graduate students who are educationally and emotionally equipped to become leaders in their respective communities.

R is for 4 Thursday Project is a collaboration of higher education professionals, community members, and foster alumni college students working toward increased understanding and support of former foster youth who attend, or who have graduated from Oklahoma colleges or universities. This initiative was the result of a former foster student attending Northeastern State University, a four year college, and 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 recognized the need for some type of additional support for these students and launched the “R is 4 Thursday” project which began as a Facebook site (www.facebook.com/Risforthursday) dedicated to former foster youth at four year higher education institutions. The Facebook page was launched in February 2013. The initial focus of the project was providing 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. This project has spread to additional Oklahoma campuses where staff are identified as the contact for any student who was formerly in DHS or federally recognized tribal custody. One university campus identified a contact person and also identified campus based scholarships to assist former foster youth. One goal is to ensure the college students are connected, via technology, with volunteers and services on state campuses and in Oklahoma's communities.

Norman Public Schools Collaborative is a collaborative between the Special Services Department of Norman Public Schools, Department of Rehabilitative Services, ODMHSAS, OJA, Oklahoma Commission on Children and Youth, and DHS. Norman, Oklahoma, south of the Oklahoma City metropolitan area, has 22 facilities that provide residential services to youth with mental health, behavioral, and developmental challenges. These facilities serve almost 200 youth. Fourteen facility sites provide
services to youth that are 15 years of age and over half of the youth have Individual Education Programs (IEPs). In addition, there are 138 youth 16 years of age or older and 60 of those youth have IEPs. Only 10 of the 198 youth are from Norman and adjudicated through the local juvenile court. The remainder of the youth are placed in Norman facilities from other areas of the state and adjudicated through other judicial districts. This collaboration plans to combine financial resources of the agencies and local school system to hire an additional vocational rehabilitative counselor to coordinate services to the youth on a Transition IEP. This counselor's activities would include participating in the IEP meetings, facilitating career assessments and exploration, connecting the youth with post-secondary education opportunities, and coordinating with other vocational rehabilitative workers in the youth’s home community as the youth transitions from care.

The Governor’s Youth Council on Education and Economic Development focuses on issues and best practice around the educational and economic needs of all the state’s youth population ages 14-24. The council includes representatives from each state agency, local Youth Workforce boards, and industry as well as private citizens. In the past issues, the council addressed improving high school graduation rates, career assessments, virtual online high schools, and career fairs.

Lou Hartpence Scholarships for youth 18-23 is available through an endowment to assist selected DHS custody youth in obtaining their 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 ages 18-23 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.

Coordinated services with “other federal and state programs for youth”

My Career, My Future, My Choice, a Collaboration with the State Workforce Investment Board and funded through a grant received by the Oklahoma Department of Commerce, offers free tutoring to help with math and reading, summer work experience or a temporary job, help with resume writing and interviewing, and workshops to learn important life skills. The goal is to decrease the barriers youth face in terms of job
readiness and increase opportunity for employment, education, training and support services they need to succeed in the labor market.

**Collaboration with Developmental Disabilities Services (DDS)** resulted in a one day independent living event that is a simplified simulated city. DDS group home staff, DDS case managers, and administrators worked closely with DHS and NRCYS staff on this event. DDS staff acted as the city’s mayor, landlords, bankers, and employers. The result was an extremely excited staff and youth. Another DDS IL collaborative event is planned for 2016.

**The Oklahoma Higher Learning Access Program also known as “Oklahoma’s Promise” (OHLAP).** OHLAP 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 will help 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 DHS custody as long as they maintain the behavioral and scholastic requirements established by the OHLAP.

**Tuition Waivers** 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 DHS or tribal custody for any nine months between the ages of 16 and 18. Tuition waivers are provided by the State of Oklahoma Regents for Higher Education. Waivers are valid until the youth reaches age 26 or completes a baccalaureate degree.

**Page Week** for youth ages 16-21 is an event where DHS youth are invited yearly to participate as pages for a week in the Oklahoma House of Representatives. A youth must apply to participate. 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 meet personally 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 legislature provides housing for the week, transportation, supervision, and work stipends. 25 youth from across the State were selected to participate in FY2015.

**Collaboration to reduce the risk of CWS youth and young adults becoming victims of human trafficking**

**Homeless Youth Alliance** is a committee made up of governmental agencies, public and private agencies, and community service partners to address the youth homeless
population and the special issues this population faces that put them at risk. The Alliance was recently awarded a $25,000.00 planning grant for an emergency youth shelter project.

**CFCIP Training**

Training regarding independent living is coordinated through the DHS Training Unit and is contained in that report section. A two-day "Overview of the IL Program" is jointly trained with IL program and IL community contractor staff and is presented quarterly as part of the training.

**Youth Involvement**

Youth involvement in service planning, design, and delivery is an ongoing process. As transitioning youth complete an exit interview that provides suggestions for CWS and IL program improvement. Youth events offer youth an opportunity to complete surveys. Youth advocates facilitate focus groups to discuss possible new services and resources. Three former youth are employed by the IL program. The positions focus on the tutoring initiative, educational processes, the Youth Advocacy Board, and NYTD. The Youth Advocacy Board is very active and is comprised of approximately 15 alumni foster youth who meet quarterly to discuss and problem solve issues facing foster youth today. A retreat is scheduled for August 2015 to specifically focus on defining “Normalcy” for the State of Oklahoma.

**Consultation with Tribes**

The IL program continues to coordinate with tribes through work on the Tribal/state workgroup and through technical assistance provided through the IL community contractor. The benefits and services under the IL program are available to youth in tribal custody on the same basis as DHS custody youth. The IL brochure is the same for tribal and DHS custody youth. An application specific to youth in the custody of a federally recognized tribe and for the adults who work with those youth is available on the IL website. In addition, tribes are notified by email of all IL related activities and events. Tribal youth were involved in each IL activity and accessed all the IL services and resources provided through the CFCIP.

By October of each year, the IL program sends a letter to each tribe with an approved Title IV-E plan or a Title IV-E tribal/state agreement to advise the tribe of their option to receive a portion of the state's CFCIP and/or ETV allotment to provide services to their tribe's custody youth or to youth formerly in custody. The IL program negotiates in good
faith with any tribe that requests to develop an agreement to administer, supervise, or oversee the CFCIP or ETV program.

ETV Program

ETV makes funding available for post-secondary training and education for youth eligible for the CFCIP. Additionally, youth participating in the ETV Program on their 21\textsuperscript{st} birthday and making satisfactory progress towards completion of that program can continue to be eligible for the ETV Program until they reach age 23 years.

The IL program makes every effort to coordinate with other appropriate education and training programs in the state, including programs available through the tribes. The IL program takes steps to prevent duplication of benefits under this and other federally supported programs. The IL program tracks each ETV voucher awarded during an academic year.

The IL program hired six part time education specialists to administer the ETV Program. The education specialists are supervised by one of the IL program staff. The education specialist assists youth eligible for the program in their transition from custody through a post-secondary setting. The education specialist:

- works with the students to develop educational and transitional plans once the students gain admission to a post-secondary institution;
- meets 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;
- processes all requests for the ETV funds for the students and educates the students regarding receipts to document use of the funds when there is not an invoice from the educational institution;
- assists the students in developing a good working relationship with school personnel not only in financial aid, bursar and business office, but also in the bookstore, student relations and housing offices, and other offices connected to the campus;
- assists in problem solving crisis situations that might affect the youth's attendance at the schools and will locate connections in the community to provide support to the students;
- identifies living situations for breaks, holidays, and summers; and
- assists with annual applications for FAFSA and other scholarship, and encourage career exploration.
During FY2015, the education specialists participated in a statewide convening with "R is 4 Thursday." The discussion at the convening focused on strengthening relationships between the education specialists and campus advocates that led to campuses starting youth led and youth driven mentoring groups. To simplify the application process and make it more accessible, the ETV application was added to the OKIL Website where it can be completed and submitted online.

Education and Training Vouchers statistics are included in Attachment E.

The names, address, and telephone number of the programs’ contact persons:

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Programs Supervisor
Oklahoma Independent Living Program
Oklahoma Department of Human Services, Children and Family Services Division
P. O. Box 25352
Oklahoma City, OK  73125
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Updates to Targeted Plans within the 2015-2019 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Progress and Accomplishments FY2015

The foster care recruitment goal for FY2015 was established during Pinnacle Plan negotiations to recruit 904 new foster family homes. As of 4-30-15, a total of 681 new foster homes have been approved to provide foster care. The statewide Foster Home Calculator is updated monthly. Additionally, a report is generated with data on children in care based on placement types by county, age, and race as well as sibling groups of two to ten children who are or are not placed together by county. This information is shared with CWS leadership, tribal partners, and resource family partner agencies.

CWS is developing a statewide recruitment plan for FY2016 with the information provided through these two reports. In addition to newly designated CWS staff, Recruitment Coordinators allow CWS, tribal partners, and the resource family partner agencies to be better informed as to the children who need placement. CWS, resource family partners, and TFC agencies are assessing the pool of currently approved foster families to identify families who have not taken placement in more than 90 days to determine the feasibility of future use of the home. In some cases, families who originally applied to do TFC and have not accepted a placement for more than 90 days are being approached about providing traditional foster care.
The CFSP previously identified strengths and needs as reported by foster parents, private agencies who provide both traditional and therapeutic foster care, service providers, faith-based partners, and staff. A determination and assessment was made as to the progress in meeting each of the previously identified needs.

**Needs**

- **Accurate data.** The foster and adoption leadership team was involved in on-going conversations with KIDS to understand the current data and report development process to provide the needed data for recruitment strategies.
- **Sharing data on a regular basis with agency partners.** Mutually sharing data regarding home availability and needs pertaining to resource families and children in care is now a strong element of the relationship between CWS and contractors.
- **Concrete assistance for resource families.** For example, welcome baskets were piloted in one county for new kinship families. Other assistance is being offered on a case-by-case basis with contingency funds when funding is available. Work with faith-based communities included provision of needed items for children placed in foster homes. Procedures for travel reimbursement and respite vouchers were updated to streamline the process.
- **Community volunteers to support resource families.** Some areas of the state have volunteers that assist with transportation to and from parent/sibling visits and court hearings. Volunteers through faith-based organizations provided various supports to foster and adoptive families.
- **Closer collaborations with educational and community partners.** A pilot project is in place with Tulsa Public Schools with a focus on developing foster homes within the child’s school district, and reserving these homes for local children.
- **Improved customer service for resource families including, but not limited to, timely return of phone calls.** A “Support is Everyone’s Job” campaign is currently in development with plans to roll out in the fall of 2015.
- **Treating resource families as a team member.** Resource families were included in all foster care workgroups related to barrier busting the approval process, identifying needs in the placement process, and improving the support process. This continues to be a need and is not only a Resource Unit issue but also an one for Permanency Planning and Child Protective Services staff.
- **Timely receipt of fingerprint background results.** This need improved with the introduction of live scan September 2014 and the process resulted in a reduction from an average of 66 days to an average of 32 days to receipt of results.
- **Improvement in tribal relations.** Two Collabroshops were conducted with the assistance of Annie E. Casey Foundation to build relationships between DHS staff, resource family partner staff, and tribal staff, as well as to improve the recruitment efforts.
• Increase the number of CWS staff and reduce workloads. CWS is in the process of an extensive effort to recruit staff to get enough foster care staff to meet the workload standards.
• Exit surveys to assist in evaluation of resource satisfaction to improve recruitment and retention. Foster care field managers are contacting families to obtain feedback prior to closure of any foster home.
• Get CWS staff to understand the training resource families receive. CWS in partnership with OU NRCYS Services developed a modified version of the Guiding Principles Training that is a six-hour condensed version of the 27-hour foster care format.
• Dedicated liaison or staff for retention functions. Foster parent support workgroup was created for the entire state to explore this issue. “Support is Everyone’s Job” campaign will be launched in the fall of 2015.
• Access to translation services. Services are provided in a variety of ways including through the Latino community, through CWS staff, and through CHBS services, but continues to be an area for improvement.

The table below shows the recommended and current recruitment for Bridge resources.

<table>
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<th></th>
<th>Statewide Total</th>
<th>Region 1</th>
<th>Region 2</th>
<th>Region 3</th>
<th>Region 4</th>
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</table>

The Recruitment Plan was divided into four sections: General Recruitment, Targeted Recruitment, Child Specific Recruitment, and Retention. Progress and accomplishments are detailed within each section.

**General Recruitment**

1. Maintain the Bridge Resource Support Center. This center is the point of contact for all interested individuals related to foster care and adoption. The center tracks CWS timeliness of response to inquiries and assists families, when needed.
   The center is maintained with additional duties added that include processing of Tribal foster care claims, foster parent travel claims, and administrative duties. The staff continues to track timeliness of responses to inquiries for adoptive families; however, the resource family partner agencies are managing this for foster home inquiries. The Bridge Resource Support Center staff provides information about the five private agencies and immediately transfers families on the phone who are ready to select an agency.
2. Maintain the Bridge website at www.okbridgefamilies.org. This website provides information to the general community and for resource parents. Included on this website are links to the partner agency websites where the public can obtain information such as location and hours.

The website is being updated with the assistance of Annie E. Casey Foundation. Because the website needed a complete overhaul, major work had not been done to update it. The focus is now on a complete content revision for a new and improved website.

3. Use social media, such as Facebook and Twitter, to educate the public regarding the need for resource parents for children in DHS custody. The messages are to include information related to specific populations where identified needs exist, such as foster and adoptive homes for children with therapeutic needs, developmental disabilities, children under 12, and sibling groups.

This effort continues and was successful with recruiting homes. Examples include daily posts to social media for specific child and sibling recruitment efforts as well as frequent posts for general recruitment informing the public of the need for foster and adoptive families for children.

4. Purchase advertising on radio and TV, when funding is available, to educate the public about the need for resource parents for children in DHS custody. In addition, CWS partner agencies will purchase advertising related to the recruitment of traditional and therapeutic foster care (TFC) homes.

DHS worked with local radio and television stations across the state to run public service announcements for recruitment of traditional and therapeutic foster families. DHS in relationship with a Tulsa, television station spotlighted a child waiting for adoption. This partnership expanded to Oklahoma City and Lawton television stations, increasing the opportunities to inform the public of children waiting for families in Oklahoma. The resource family partner agencies as well as TFC agencies used multiple forms of media to educate the public of their need for foster families.

5. Provide training to CWS staff regarding their roles and responsibilities for the recruitment of a diverse array of resource parents.

Annie E. Casey Foundation is providing a recruitment boot camp for recruitment coordinators. Each region has at least one recruitment coordinator that will be trained.

Targeted Recruitment

1. Utilize technical assistance to educate CWS, traditional and TFC agencies, and tribes on targeted recruitment. This six day training helps agencies know the needs of the children in their areas by age, gender, diversity, sibling groups, and behavioral needs. In addition, the recruiters can learn targeted recruitment techniques to reach and engage individuals most likely to foster or adopt our population of children and teens. Technical assistance is
provided to resource partners to assist in creating and implementing targeted recruitment plans focused on each region’s needs.

Annie E. Casey provided recruitment boot camp training throughout the past year and begins a new session starting May 2015 and concluding September 2015. This training includes the following topics that focus on targeted recruitment: Targeted Recruitment Strategies, Recruiting for Teens, Community Recruitment, Media 101, and Beyond Recruitment.

2. Create contractual requirements for partner agencies to create and modify targeted recruitment plans based upon data. These plans are updated a minimum of once a year.

   Contractual language is modified for the upcoming year to include targeted recruitment requirements.

3. Establish a method of data dissemination so all partners in the recruitment and retention process make data informed decisions.

   Data is sent monthly to resource family partner agencies, CWS foster care workers, and tribal liaisons.

4. “Re-recruit” foster families to expand their placement parameters. In addition, contact former foster and adoptive parents and invite them to return to being a foster parent. Kinship caregivers are offered the opportunity to become a foster parent to non-related children.

   The Bridge Resource Support Center is in the process of contacting former foster parents that closed in good standing within the last two years to see if they would consider re-opening. CWS staff continually evaluates kinship foster families and adoptive families for the possibility of providing traditional foster care and contacts these families to ask them to consider re-opening.

**Child Specific Recruitment**

1. Focus on the identification and approval of relative and non-relative kin when a child initially enters care to increase placement with siblings in the same community and improve stability and timeliness to permanency that results in a larger percentage of children in kinship care.

   Oklahoma and Tulsa County CWS staff received “Family Finding” training through the Sooner Sentinel Sites Project. Also, the Foster Care Unit is hiring additional staff to reach workload standards to assist with timely approvals. Contracts with private agencies were expanded multiple times during this fiscal year that will eventually move more of the work with traditional foster homes to private agencies to relieve the workload pressure on staff providing for kinship families.

2. Utilize AdoptUSKIDS, AdoptOKKIDS, Adoption Exchange, Waiting Child, Heart Gallery, Project111, Count Me in 4 KIDS, OK Foster Wishes, OKC Thunder, tribal partners, faith-based collaborations, and any interested party who can protect the confidentiality of the child while searching for an adoptive home in presenting child specific profiles on children who are legally free for adoption but are currently without an identified family.
DHS worked closely with AdoptUSKIDS and AdoptOKKIDS to post information on waiting children as well as utilizing the Adoption Exchange and the Heart Gallery to help identify possible adoptive placements for waiting children. DHS worked with two other news stations to develop versions of the Waiting Child program in Lawton and Oklahoma City. Project 111 in Tulsa and in OKC worked with DHS to make the public aware of the need for families to care for children in DHS custody and to provide support for those families. OK Foster Wishes expanded during Christmas 2014 and provided gifts for children in foster care statewide. The OKC Thunder basketball team partnered with DHS to sponsor children awaiting an adoptive family. Many other community partners including private foster care agencies and tribal partners assisted in identifying and supporting adoptive families for children who are legally free and without an identified adoptive family. The website postings on AdoptUSKIDS, AdoptOKKIDS, and Adoption Exchange continue to be a resourceful tool for adoptive family recruitment. During this fiscal year, 76 children registered on the listing sites with 774 inquiries. These inquiries are handled by one person in the state which permits CWS to provide the family or agency with redacted information on the child. When the family's interest continues they are able to provide the child's study for consideration. CWS had one authorization this fiscal year. As a result of the Thunder involvement, DHS did have new videos this fiscal year with three children, a sibling group and a single child.

3. Partner with agencies focusing on family finding for youth who are likely to age out of care.

Oklahoma DHS has a contract with Eckerd for Group Home Diversion and Transition Services, initiated in 2013, for youth in Tulsa and Oklahoma County. Specifically their services include the management and delivery of family search and engagement services to locate family members or significant others to become a supportive connection for the youth. Youth referred for the program include those in shelters and group homes. Deaconess Adoption Agency also partnered with DHS and specific group home facilities to offer support and mentoring to youth in placement with a plan to recruit families for these waiting children.

4. Ensure Permanency Roundtables (PRT) held for children and youth who are likely to reach the age of majority without obtaining permanency.

PRTs are held monthly with two to three PRTs a month. Approximately 50 PRT’s were completed in 2015 in Regions 1, 2, 4 & 5, and 16 were planned for May 2015. PRTs for children aging out of care were completed in December 2014. However, these children will be continuously reviewed and PRTs held as needed.

5. Partner with private, licensed child-placing agencies to help recruit adoptive families for children who are legally free without an identified family.

DHS partnered with multiple private adoption agencies to recruit adoptive families for children who are legally free without an identified permanent family. These agencies attend monthly statewide staffings as well as
frequent meetings with the adoption leadership team to break down any barriers to this partnership. Additionally, the Adoption Field Managers met with the Private Agencies on a quarterly basis. The private partners and their families were invited to the Adoption events held three times a year to meet some of the children with the goal of adoption. Currently CWS has approximately five agencies that actively participate on a regular basis in the partnership. Private partners provided 49 families for consideration with 16 of the families actively looking for placements. In this fiscal year, CWS had three possible matches with one placement and one that was just authorized for full disclosure to occur shortly.

6. Provide a six hour class on Child Specific Recruitment techniques and strategies to our private partners.
   As previously discussed, Annie E. Casey Foundation provided boot camp training.

7. Partner with the Wendy’s Wonderful Kids (WWK) recruiters who support child specific recruitment efforts for children awaiting adoption and assist in creating connections for youth who may age out without a permanent home. WWK currently has 10 children for whom they are actively pursuing adoption. For 2014-2015, they worked with 13 children. Of those children, CWS is currently looking at kinship/relative placements for three. CWS also was able to finalize three children for adoption.

Retention

1. Require all new CW staff to complete the Customer Service Training in the Learning Management System
   This is completed through the CORE training program.

2. Require all CW staff to complete the Guiding Principles Training for Staff as a part of their CORE classwork or no later than the second year of implementation of this Recruitment Plan.
   This was implemented and is continuing.

3. Hold yearly focus groups with resource parents in each of the 27 districts. These focus groups are scheduled and facilitated by the district director.
   These focus groups are held at the district level. Identified issues are addressed at the local level and programs are made aware of more global/systemic issues.

4. Partner with Deputy Director for Partnerships to create an identification card for resource parents that enables them to receive discounts at restaurants, movie theaters, amusement parks, putt-putt golf, sports functions, and other activities. This proposal is not operational at this time.

5. Create and disseminate public thank you messages for resource parents.
   Public service announcements were broadcast that recognize the importance of being a foster parent. This effort needs more focus in future months.

6. Send individual thank you cards to resource parents when they are deciding to no longer provide this service for CWS.
The field managers personally contact all foster families prior to closing the home to provide thanks and determine if there are issues that need to be resolved.

7. Hold a yearly recruitment and retention conference for resource parents. A conference was held in August 2014. Positive feedback was received from the foster families in attendance and from the President of the Foster Parent Association.

A. Foster and Adoptive Parent Diligent Recruitment Plan

Changes and Additions contained in the attachement

B. Health Care Oversight and Coordination Plan Updates – May 2015

Updates and changes contained in the attachement

C. Disaster Plan, Section 422(b)(16) of the act

Natural disasters, man-made crises, or medical events can affect the routine ways DHS operates and serves children, youth, and families. DHS has appropriate disaster plans in place that comply with the Children and Family Services Improvement Act of 2006.

Each DHS county office develops and updates an Emergency Operations Plan/Continuity of Operations Plan (EOP/COOP). The EOP part of this plan covers emergency sheltering and evacuations for DHS employees, clients who happen to be at local offices when events occur, and residential clients at DHS-operated facilities. The COOP part of the plan addresses each office's essential operations and the needed staff and equipment to continue those essential operations in the event the office suffers a disaster.

Each office's EOP/COOP must be reviewed and updated annually. The plan includes emergency contact information for DHS staff at the state, region, and local office levels. It also includes community emergency contact information. The plan requires each office to develop workaround procedures to ensure that essential services resume as quickly as possible after a disaster. And, each plan requires an internal communication plan be developed to ensure employees are kept aware of situational changes and critical decisions. Each county plan is required to detail a protocol to respond to new Child Welfare cases and how to provide services in areas adversely affected by a disaster. Copies of completed plans are submitted to the DHS Office of Inspector General, Security & Emergency Management Unit.

In addition to office specific Emergency Operations Plan/Continuity of Operations Plan, Child Welfare Services has additional plans in place to ensure the needs of children and families are secured as well. Child Welfare staff and resource parents are required to contact each other in the event of a disaster. The Y1102, Disaster List, is a WEBFOCUS report available to all staff and is created from information entered into
KIDS. This list provides the resource parent's name, address, contact numbers, and all children currently placed in the home. CW staff uses this list to check on the families in the event of a disaster. An enhancement to this report was requested to include the emergency contact information provided in the Disaster and Emergency Plan Information Sheet. This form is a part of the required documentation when approving a new resource home. The family provides emergency contact information for where the resource family would go in the event of an emergency or who to contact when unable to reach the resource parent at the provided contact number. The information sheet is not included in this report, but can be made available upon request.

Therapeutic Foster Care (TFC) agencies have the responsibility for assuring children placed in certified homes are safe during emergency situations or other disasters. Each agency develops internal disaster protocol for families to report in or be contacted by agency staff; however, each agency is responsible for contacting DHS program staff via office phones, cells phones, or email following a disaster to report the status of all TFC homes in the affected area. TFC program staff also initiates phone calls to TFC agency staff via office phones, cell phones, and emails to confirm status of homes when the agency has not reported. If neither TFC agency staff nor the family can be contacted via phone, TFC staff contact the county office to request assistance to confirm the children's well-being.

In the event of a disaster, providers in DHS contracted group homes will be contacted by the Specialized Placements and Partnerships Unit (SPPU) liaison to inquire about the status and needs of children in DHS custody. This information will be forwarded to the administrators of SPPU for further action and reporting if necessary. A spreadsheet has been developed listing all contact persons for facilities in which DHS children are placed. This spreadsheet is maintained electronically by CWS and the SPPU liaison, and a paper copy will be retained by all SPPU staff at home. Due to space limitations, this spreadsheet is not included in this report, but is available upon request. All providers and CW staff have been given the phone numbers for local sheriff and police departments, as well as other emergency personnel.

The centralized Child Abuse and Neglect Hotline has two sites, one in central and the other in northeastern Oklahoma. Should one site be disabled, the other site remains open 24/7. Should both sites be disabled, DHS institutes "re-pointing" the Hotline within three to four hours to the Child Welfare Training Center in south central Oklahoma. The Hotline administration is responsible for notifying the DHS Director and Public Relations offices as well as the Oklahoma Management Enterprise Services office should the entire Hotline become inoperable. In that event, a message will be posted on the DHS Internet homepage advising the public to contact the county office to make child abuse and neglect reports. A link to each individual county office will be available along with phone numbers and a message to contact law enforcement when there is an emergency.

The two DHS 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 DHS shelters are not included in this report, but are available upon request. Tablet PC’s and Data Cards were provided to each DHS operated shelter and group home to have access to in the event of a disaster.

DHS also provided various technology solutions to all child welfare workers and supervisors to allow greater flexibility to work where needed. PCs, Tablets, or laptops may be utilized to access the DHS Network and critical applications via a secure Virtual Private Network (VPN) and Terminal Server (TS) software. This access allows teams of staff to relocate to any area of the state that may be impacted by a disaster. Significant work was done to the remote access infrastructure to accommodate access by additional users.

**SACWIS Disaster Recovery Plan**

The SACWIS Disaster Recovery Plan (DR) is a prescribed set of activities to restore computer services to child welfare personnel in the event of a catastrophic failure of normal, established services. The restoration of the KIDS application and related databases is conducted at an off-site, compatible computer facility with the capacity to host all authorized child welfare persons at their normal work-site location. The off-site computer facility emulates equipment and services that would necessarily be required by an actual loss of computer services.

The Information Services Division (ISD) of the Office of Management and Enterprise Services (OMES) supporting the Oklahoma Department of Human Services (OKDHS) conducts disaster recovery (DR) exercises yearly to test ISD at DHS’s ability to recover effectively from an unforeseen long-term outage or disaster. Disaster Recovery (DR) planning and exercising is considered an operational necessity. ISD at DHS conducted an onsite disaster recovery exercise from November 3 through November 7th 2014 to test its ability to recover a selected number of DHS agency-wide applications and systems, including the agency’s Human Resource Management (HRM), the DHS Finance Division System, and the DHS mainframe environment – which included Child Welfare Services (CWS), Child Support Services (CSS), and Adult and Family Services (AFS).

The Oklahoma SACWIS (KIDS) database is located on a virtual machine located on the Mainframe at OMES. Although there issues arose during the z/VM and z/OS recoveries that took up quite a bit of time, the Database (DB) recoveries for IMS, DB2, and KIDS worked well. In spite of the delays in the recovery, the KIDS database was validated successfully – with a few issues. A number of items were recognized during the initial lessons learned meeting as needing improvement with regards to the Mainframe DR Recovery. Solutions will be incorporate in the future DR exercises.

**CWS Staff Training Plan**
The following Title IV-E training plan is allocated in the following methods. When the training encompasses the entire realm of CW practices, then the random moment time study results are applied and, when appropriate, the Title IV-E allocation is claimed at 75 percent with Title XX receiving the largest share of the allocation. When 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. The same methodology for adoptions and the courses that mix foster care and adoption is used with each catalogue of federal assistance (CFDA) receiving the appropriate share of the costs.

The CWS 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 (HOT.), 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 CW specialist’s job duties, building on CORE and Level I workshop information.
- **Level III** training is for experienced CW specialists and offers a variety of workshops that address the evolving staff needs and interests, such as advanced sexual abuse, advanced substance abuse, and mentor certification.
- **Lead Specialist** training is for CW specialists who are interested in being a supervisor the future. The workshops educate and prepare CW 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 process 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 CW specialists complete an online assessment. New CW 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, DHS initiated Hands On Testing (HOT) with participants
who completed CORE. HOT is a minimum skills competency test with four components: interviewing, documentation, SACWIS data entry, and safety threat identification. New CW specialists must complete CORE training and successfully pass all HOT components prior to the assumption of work responsibilities.

After the CORE training and passing of HOT, CW 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 builds on existing skill sets and experiences. After three years of mandatory training, experienced staff selects advanced workshops to meet needs specific to their job responsibilities. CWS supervisors continue to complete two courses of instruction. The Supervisor's Academy is nine days and provides a general orientation to management, focusing on supervisory skills, personnel practices, and procedures, such as purchasing and facility repairs. The Academy 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 CWS fieldwork. All supervisors also attend quarterly training on program issues needing additional attention that are identified by field or program staff.

**PIP and CFSP**

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

Content for CORE and all level trainings are continually examined by DHS. The training program ensures each workshop is modified as needed for consistency with current and planned modifications to policy and practice, with an emphasis on those related to implementing the state’s Practice Model. DHS continues to seek staff feedback at all levels of DHS in continuing development and improvement of the training program.

In FY 15, the major goals were to provide training and initiate certification testing for all levels of CW specialists, I, II, III and supervisor. These tests cover knowledge and skills expected of child welfare specialists and supervisors at each level and are a requirement for obtaining or retaining employment at 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. DHS chose to take a proactive
approach in this area, since the state’s CW training program always made short term training available to several external stakeholders, including contracted service agencies, tribal CW agency staff, court personnel, and law enforcement. DHS plans to continue this practice in the future.

**University Partnership**

DHS continues to work in its partnership with the University of Oklahoma (OU), 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 CW practice that is more responsive and social work education can be linked to improved outcomes for children and families.

The OU Anne and Henry Zarrow School of Social Work provides the following services:

**Case Management Services**

The format includes quarterly meeting a year with each meeting consisting of case presentation and discussion specifically related to implementation of various aspects of the CWS Practice Model. Participants include CWS supervisors from across the state and attendance is mandatory for three of the four sessions. Several Clinical Specialists 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 DHS in the CWS program. This is accomplished through a partnership between DHS, the OU's MSW and BSW programs and three participating universities across the state that have accredited BSW programs. In May 2013, 10 CWS students graduated from BSW and MSW programs and accepted employment with DHS CWS. In addition, 21 current DHS 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 OU 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 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
revise 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 DHS to be included in the CFSP
APSR.

DHS allocates the costs of the BSW/MSW CW Professional Enhancement Program,
operated by OU, 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 OU.

2. By application of the DHS calculated IV-E Penetration Rate, percentage of costs
   related to the portion of DHS caseload in out-of-home placement that is IV-E
   eligible.

3. DHS claims 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 DHS
   and tuition, books and fees for existing DHS staff. Costs claimed at 50 percent
   FFP include all administrative costs incurred for operation of the University IV-E
   program.

The target audience is BSW and MSW students, including current DHS employees, who
signed a contract obligating them to a specific period of employment with DHS 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).

Statistics for Social Work. Introduction to statistics and data analysis in social work
and the helping professions. Covers descriptive statistics, inferential statistics and data
interpretation. (OU)

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 bio-psycho-social perspective, students learn empirically based theories that 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.** Consists 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 focused 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 a 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 CW 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, 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 (AOD). 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.


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.

**Cost Allocation Chart**

Updates and changes in the Attachment

**Section G. Statistical and Supporting Information**

**2016 CAPTA Annual State Data Report**

(1) The number of children who were reported to the State during the year as victims of child abuse or neglect.

- 66,893 is the number of duplicate children for FFY2014 – Source is NCANDS Child File Data for FFY2014

(2) Of the number of children described in (1), the number with respect to whom such reports were.
• Substantiated – 14,131 (duplicate children) Source is NCANDS Child File Data for FFY2014
• Unsubstantiated – 45,079 (duplicate children) Source is NCANDS Child File Data for FFY2014
• Determined to be false – 0
  (Remaining children – 7,683 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) = 10,327 Source is NCANDS Child File Data for FFY2014
• The number that were removed from their families during the year by disposition of the case – 2925 (duplicate children) – Source is NCANDS Child File Data for FFY2014

(4) The number of families that received preventive services, including use of differential response, from the State during the year.

• 1003 Family-Centered Services cases during FFY2014. Source is Oklahoma’s SACWIS system collected for 2014 NCANDS Agency file.

(5) The number of deaths in the State during the year resulting from child abuse or neglect.

• 34 (34 reported in the 2014 NCANDS Child File)

(6) Of the number of children described in (5), the number of such children who were in foster care.

• 1 – Source is FFY2014 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 of reports filed in the previous year – 51 personnel
• Assessment and Investigation of such reports – 520 personnel
Source is data gathered from Staff Database which is based on data entered into the State SACWIS – All Child Welfare Specialists, I, II, and III's with the following primary work responsibilities: Intake, Investigation, Oklahoma Child Abuse and Neglect Hotline (no clerical and no temporary hires included). The numbers were collected 10/01/2014 for purposes of reporting in the FFY2014 NCANDS Agency File.

(7B) – The average caseload for the child welfare specialists described in (7A) above.

- As of 04/30/2015, the average number of reports accepted for assessment or investigation per Child Protective Services child welfare specialists was 6.53. Source is the YI750B – data collected for month ending April, 2015 on 05/04/2015
- The average number of assessments/investigations completed in April, 2015 was 5.41. Source is the YI768D – data collected for month ending April, 2015 on 05/04/2015

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

- 53 hours – Source is State SACWIS system. Reported in the FFY2014 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 has been made.

- Priority I reports 4 hours; Priority II reports 53 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 and one year 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 child welfare 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 child welfare 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 – 48
  - Other degrees – 1803

  CW training program: The DHS CWS Training Unit, contracting with the OU 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 – 404
  - American Indian or Alaskan Native – 183
  - Asian – 19
  - Hispanic – 68
  - White – 1396
  - White/Hispanic – 5
  - Pacific Islander – 0
  - Unknown - 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 the necessity for additional child welfare specialists to meet the workload requirement.

  - 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.

- 1409 (5 fatalities) – distinct children - Source State SACWIS system – reported in the FFY2014 NCANDS Agency File – 894 children substantiated whose families received Family Preservation Services in the previous 5 years. 650 children substantiated who were reunited with their families in the previous five years. 135 children duplicated between the two counts.

(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.

- 2925 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 Review Board 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 CW worker to document if a youth has a delinquent court case, delinquent adjudication, or Office of Juvenile Affairs (OJA) placement. In FFY14, there were 157 youth under the age of 18 years who met at least one of the above criteria during the period of 10/01/2013 – 09/30/2014. In DHS out-of-home care population on 04/30/2015, there were 28 youth under 18 years of age in DHS 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).

- 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 DHS. For State Fiscal Year 2014, there were 375 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, 42 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.

- 4169 - number of children determined to be eligible for referral. Source is State SACWIS system reported in the FFY2014 NCANDS Agency File
- 512 - number of children documented as referred. Source State is SACWIS system reported in the FFY2014 NCANDS Agency File

**CAPTA Fatality and Near Fatality Public Disclosure Policy**

Per Section 1-6-105 of Title 10A of the Oklahoma Statutes (10A O.S. §1-6-105), all requirements of 10A O.S. §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, when 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 of 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

**Child Maltreatment Deaths**

DHS uses KIDS as the source of information for child maltreatment fatalities. All deaths alleging child maltreatment are reported to DHS. The Department of Vital Statistics forwards the death certificates for all child deaths to the Child Death Review Board (CDRB) and the CDRB reviews all child deaths. When a child death, involving child maltreatment is discovered by the CDRB that has not been reported to DHS, the CDRB notifies DHS to take action. DHS 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.

Sources of Data on Child Maltreatment Deaths

**The Oklahoma Child Death Review Board 2014 Annual Report Includes the 2015 CDRB Recommendations**

**A Report of the Oklahoma Domestic Violence Fatality Review Board 2014 Domestic Violence Homicide in Oklahoma**

Education and Training Vouchers

Annual Reporting of Education and Training Vouchers Awarded

<table>
<thead>
<tr>
<th>Name of State: Oklahoma</th>
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<tbody>
<tr>
<td><strong>Total ETVs Awarded</strong></td>
</tr>
<tr>
<td>147 52</td>
</tr>
<tr>
<td><strong>2014-2015 School Year</strong></td>
</tr>
<tr>
<td>(July 1, 2013 to June 30, 2014)</td>
</tr>
<tr>
<td>128 58</td>
</tr>
</tbody>
</table>

Section H. Financial Information

Payment Limitations – Title IV-B, Subpart 1:
DHS 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.

DHS: 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.

DHS: 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 2013 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was $1,370,567 state match at 25% and a MOE of $1,520,000 to equal a total expenditure of $2,890,567.
Domestic Violence
Homicide in Oklahoma

Executive Summary

Dear Stakeholder,

In 2013, 90 victims lost their lives to domestic violence in Oklahoma. This is unacceptable.

A mission to reduce the number of domestic violence related deaths in Oklahoma guides the work of the Oklahoma Domestic Violence Fatality Review Board (DVFRB). We believe that the best way to accomplish this mission is for communities and systems, indeed all of us, to come together to address the epidemic of domestic violence.

The DVFRB, an eighteen-member multidisciplinary team composed of representatives from state agencies, organizations, agencies and associations was established in July, 2001, pursuant to O.S. 22 §1602. The board convenes eleven times each year (including two joint meetings with the Child Death Review Board [CDRB]), to review domestic violence fatalities in Oklahoma and propose recommendations to improve and coordinate the response across the multiple systems that serve victims of domestic violence in our state. Ongoing case reviews and trend analyses continue to shed light on the gaps that exist in our systems and serve to inform the development of recommendations to close these gaps.

Recommendations serve as an opportunity for our legislature, state agencies, and community organizations to review and update policies, protocols, administrative procedures and professional practices to better serve victims of domestic violence and their children. Recommendations encourage systems to work together to strengthen the safety net across our communities and achieve positive outcomes for victims.

While we identify problems and propose solutions, we also take the time to recognize the leadership, vision, commitment and exceptional service of the dedicated professionals serving victims every day.

Thank you.

Jacqueline Steyn, LPC
Program Manager, DVFRB
Office of the Attorney General

Cover: The highlighted counties/numbers on the front page represent the 90 victims (men, women, and children) who died as a result of domestic violence in Oklahoma in 2013, as compiled by the Oklahoma Domestic Violence Fatality Review Board.
## 2013 Domestic Violence Fatalities in Oklahoma

### Table 1: 2013 Domestic Violence Related Deaths

<table>
<thead>
<tr>
<th># Homicide Victims</th>
<th>County</th>
<th># Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adair</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Beckham</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Caddo</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Carter</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cherokee</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cleveland</td>
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<tr>
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<td>Comanche</td>
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</tr>
<tr>
<td>1</td>
<td>Craig</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Delaware</td>
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<tr>
<td>2</td>
<td>Garfield</td>
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<tr>
<td>2</td>
<td>Garvin</td>
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<tr>
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<td>Johnston</td>
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</tr>
<tr>
<td>2</td>
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<td>Washington</td>
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<tr>
<td><strong>90 Victims</strong></td>
<td><strong>10 Perpetrators</strong></td>
<td></td>
</tr>
</tbody>
</table>
2013 Domestic Violence Fatalities in Oklahoma

State Overview 2013

National data from 2012, exposed Oklahoma’s ranking of 3rd in the nation for women killed by men in single victim, single offender homicides for the second consecutive year (Violence Policy Center, 2014). This is the worst ranking for Oklahoma from 1999 to present (Table 2).

“Domestic violence affects thousands of Oklahoma families each year. Though we have had successes in preventing domestic violence homicides by providing assistance to victims and prosecuting those who threaten others with domestic violence, our diligence to raise awareness and prevent this cycle of violence must remain constant.”

Oklahoma Attorney General E. Scott Pruitt

<table>
<thead>
<tr>
<th>Report Year</th>
<th>Data Year</th>
<th>Oklahoma National Rank</th>
</tr>
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<td>7</td>
</tr>
<tr>
<td>1999</td>
<td>1997</td>
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</tbody>
</table>

“Domestic Violence Death Ranking” means number of females murdered by men in single victim/single offender incidents (Violence Policy Center, 2014).

According to the Oklahoma State Bureau of Investigation, 2013, law enforcement reported 207 homicides in Oklahoma, of which 49 were classified as domestic abuse murders; firearms were used in 67.1% of the reported homicides. Other domestic abuse offenses reported by law enforcement included 828 sex crimes, 2,076 assaults, and 19,848 assault and batteries, representing an increase of 2.3% from 22,280 in 2012 to 22,801 in 2013. (OSBI, 2013).
2013 Domestic Violence Fatalities in Oklahoma

Overview

In 2013, the Oklahoma Domestic Violence Fatality Review Board (DVFRB) identified 100 people in Oklahoma who lost their lives as a result of domestic violence. These deaths included domestic violence victims killed by partners and ex-partners; family members killed by family members; children killed by abusers or other family members; roommates killed by roommates; and suicide deaths of abusers (Table 3).

| Table 3: Breakdown of 2013 Domestic Violence Homicides in Oklahoma |
|-----------------------------------|---|
| Total domestic violence cases      | 86 |
| Total domestic violence homicide victims | 90 |
| Total domestic violence attempted homicide victims | 1 |
| Total domestic violence perpetrators | 89 |
| Total domestic violence perpetrators who died | 10 |

Of the 100 people who died, 90 were identified as domestic violence homicide victims and 10 were identified as domestic violence homicide perpetrators who died as a result of suicide or law enforcement/bystander intervention (Figure 1). The 10 perpetrators of domestic violence who died represented 11.2% of the 89 perpetrators of domestic violence homicide in 2013.

![Figure 1. Domestic Violence-Related Deaths](image)
2013 Domestic Violence Fatalities in Oklahoma

2013 Victim Demographics

2013 Victim Gender
Of the 90 victims, 46 (51%) were female and 44 (49%) were male (Figure 2). Of the 44 male victims, 24 were killed by male perpetrators and 20 were killed by female perpetrators. Of the 46 female victims, 40 were killed by male perpetrators. No adult females were killed by other adult females.

2013 Victim Age
The youngest homicide victim was 5 months old. The oldest victim killed was 80 years old (Figure 3). There were 12 victims under the age of 5. The average age of victims was 37.1 years.

2013 Victim Race
Of the 90 victims, 60 (67%) were Caucasian, 17 (19%) were African American, 8 were Hispanic/Latino Origin (9%), and 5 (5%) were Native American (Figure 4).
2013 Domestic Violence Fatalities in Oklahoma

2013 Perpetrator Demographics

### 2013 Perpetrator Gender

Of the 89 perpetrators, 65 (73%) were male and 24 (24%) were female (Figure 5).

Of the 24 female perpetrators, 17 killed their intimate partners and 7 killed a child (e.g. children killed by their mothers, foster mothers and other relatives).

### 2013 Perpetrator Age

Of the 89 perpetrators, 11 (13%) were under 21, 51 (57%) were 21 to 40, 19 (21%) were 41 to 60, and 8 (9%) were over 60 (Figure 6).

The average age of perpetrators was **36.7** years.

### 2013 Perpetrator Race

Of the 89 perpetrators, 54 (61%) were Caucasian, 21 (23%) were African American, 9 (10%) were Native American, and 5 (6%) were Hispanic/Latino Origin (Figure 7).
2013 Domestic Violence Fatalities in Oklahoma

2013 Cause of Death (COD)

In 2013, victims were killed by firearms (48%), knife/cutting instruments (15%), blunt force (22%), asphyxiation (6%), automobiles (1%), drowning (1%), strangulation (1%), fire (4%), and undetermined (1%).

Perpetrators who committed suicide or suicide by police/bystander intervention following the murder were overwhelmingly killed by firearms (90%) and hanging (10%) (Figure 8).

Figure 8. Domestic Violence Homicide by Weapon 2013
2013 Domestic Violence Fatalities in Oklahoma

2013 Relationship Type

In 2013, the majority of domestic violence homicides were perpetrated by intimate partners (48%) and family members (46%). In 4% of the cases, the homicide was categorized as a triangle. The remaining homicides were perpetrated by roommates (2%) (Figure 9).

2013 Murder Suicide

An event is referred to as murder suicide when someone first murders another individual or individuals and then kills himself or herself. In 2013, there were 8 murder suicide cases in which the victim and the perpetrator died and 1 attempted murder suicide in which the perpetrator died but the victim survived. In an additional case, there was no victim but the perpetrator died in a domestic violence-related incident.

2013 Convictions

As of December 15, 2014, there were 23 convictions (8 jury trials/15 pleas) and 43 cases with charges pending for 2013 cases.
2013 Domestic Violence Fatalities in Oklahoma

Intimate Partner Violence Fatalities Specific (IPV)

In 2013, 48% of domestic violence homicides were categorized as intimate partner (IPV) homicides. Cases were categorized as “intimate partner homicides” if the victim/perpetrator relationship was: husband/wife, ex-husband/ex-wife, boyfriend/girlfriend, ex-boyfriend/ex-girlfriend common-law husband/wife.

Of the 90 domestic violence homicide victims in 2013, **43 (48%)** were killed by intimate partners. The youngest IPV homicide victim was 14 years old. The oldest intimate partner victim was 73 years old. The average age of intimate partner victims was **39.8**. No victims were pregnant at the time of their death compared with 3 pregnant victims in 2012.

Women were more likely than men to be killed by an intimate partner. Twenty-six (60%) intimate partner homicide victims were female and 17 (40%) were male (Figure 9). The majority of IPV homicide victims were Caucasian (63%) and, consistent with national data, victims of color were disproportionately represented in these statistics (21%) (Figure 10).

In 2013, 25 (55%) of IPV perpetrators were Caucasian, 14 (31%) were African American, 3 (7%) were Native American and 3 (7%) were of Hispanic/Latino origin (Figure 11).
### 2013 Domestic Violence Fatalities in Oklahoma

**Intimate Partner Violence Fatalities Specific (IPV)**

Between 1998 and 2013, **593** victims were killed by their intimate partners (IPV). While not every county has an Attorney General Certified Domestic Violence Shelter, each shelter has a catchment area that includes all 77 counties. Victims may access shelter in any county regardless of which county they reside in (Table 3).

#### Table 3: Intimate Partner Homicide Victims (IPV) by County 1998 - 2013

<table>
<thead>
<tr>
<th>County</th>
<th># DV Victims</th>
<th># IPV Victims</th>
<th>Shelter</th>
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</thead>
<tbody>
<tr>
<td>Adair</td>
<td>11</td>
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<td>Latimer</td>
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Recommendations to Improve System Response to Domestic Violence and Prevent Homicide

2014 DVFRB Recommendations

Attorney General Certified Domestic Violence and Sexual Assault Programs and Tribal Programs

Recommendation 1: Attorney General (OAG) Certified Domestic Violence and Sexual Assault Programs and Tribal Programs should expand their services to include dating violence and sexual violence prevention education in local schools, colleges and universities.

Among adult victims of rape, physical violence, and/or stalking by an intimate partner, 22% of women and 15% of men first experienced some form of partner violence between 11 and 17 years of age (CDC: National Intimate Partner and Sexual Violence Survey [NISVS], 2010). When we consider Oklahoma’s state ranking of 3rd for women killed by men in single victim/single offender incidents (VPC, 2013), together with the well-established intergenerational cycle of violence, early prevention and education efforts become a critical component of the overall strategy to decrease domestic violence homicide in Oklahoma.

Prevention strategies, currently being utilized in Oklahoma and across the country, have been proven to prevent or decrease dating violence. Some programs “change norms, improve problem-solving, and address dating violence in addition to other youth risk behaviors, such as substance abuse and sexual risk behaviors” while others “prevent dating violence through changes to the school environment or training influential adults, like parents/caregivers and coaches, to work with youth to prevent dating violence” (CDC, 2014).

OAG Certified Domestic Violence and Sexual Assault Programs and Tribal Programs employ domestic violence/sexual assault advocates who possess the appropriate education, training, experience and expertise to provide these services. Currently, five OAG Certified Domestic Violence and Sexual Assault programs in Oklahoma provide prevention education programs in their local schools, colleges and universities. Additionally, there are several tribal programs providing similar programs across the state. The board would like to encourage other OAG Certified Domestic Violence and Sexual Assault Programs and Tribal Programs, to expand their services to include prevention education programming.

Visit the following websites for more information:


Recommendation 2: OAG Certified Domestic Violence and Sexual Assault Programs and Tribal Programs should enhance non-residential services by offering individual advocacy, court advocacy and groups for victims of domestic violence who do not reside in the emergency shelter.

While many victims of domestic violence are in need of emergency shelter services, there are many others whose services and safety needs would be better met through non-residential services. OAG Certified Domestic Violence and Sexual Assault Programs currently provide non-residential services to varying degrees. The intent of this recommendation is for programs to ensure that the same services routinely provided to victims in shelter such as individual advocacy, court advocacy and groups are equally available to victims not residing in shelter.

Court System

Recommendation 1: Court Clerks and Deputy Court Clerks should be provided with basic professional development/training on Protective Orders (PO’s), including information about Full Faith and Credit.

Making the decision to file a PO is not easy and is compounded by the fact that the justice system can be both overwhelming and confusing. Fortunately, in some jurisdictions, victims have access to assistance and support from Domestic Violence Advocates or Victim Witness Coordinators. However, in other jurisdictions, a Court Clerk may be the first and only person a victim of domestic violence speaks to when she or he is trying to obtain a PO. In these instances, the court clerk provides information to the victim such as which forms to fill out, information related to the process and, sometimes, provides additional information such as eligibility criteria or under what circumstances a PO is valid. Therefore, the court clerk must possess sufficient knowledge to be able to provide the victim with accurate information. If the court clerk provides inaccurate information, such as advising a victim that sexual assault does not meet the eligibility criteria for a PO or that the PO will not be valid in another state where the victim will be relocating, victims may then choose not pursue a PO.

Law Enforcement

Recommendation 1: Law enforcement should implement the Lethality Assessment Program (LAP) utilizing the protocol developed by the Maryland Network to End Domestic Violence (MNEDV).

The law passed this spring, House Bill 2526, and put into effect on November 1, mandated 11 validated questions; it did not specifically address the accompanying protocol. The research demonstrates it is the protocol, not just the questions, that increases victim safety. Therefore, even though HB 2526 did not dictate that law enforcement agencies utilize the full MNEDV protocol, the board strongly believes that law enforcement agencies should implement the full protocol to ensure the full protective nature of the process. Further, though the full protocol will place further unfunded burden on domestic violence service providers, their role and cooperation in the protocol is vital to promoting victim safety (see more information p. 13).
Update on Past Recommendations and Achievements

Making a Difference in Oklahoma

Since 1998, the DVFRB has submitted recommendations based on intensive case review and analysis of trends. Recommendations are centered on system improvements, including increased awareness, training for allied professionals, policy and protocol considerations for the court system, law enforcement and child welfare, batterer intervention programs and others. Always, the goal is to close safety gaps across the multiple systems that intersect with victims of domestic violence and their children.

Oklahoma Lethality Assessment Program (LAP)

Spanning several years, the Oklahoma Domestic Violence Fatality Review Board (DVFRB) recommended training on dangerousness and lethality risk indicators for professionals outside of domestic violence programs who work with victims of intimate partner violence (IPV). Since law enforcement are so often contacted by victims at some time prior to their death, they are well-positioned to help victims assess their level of danger and connect them to safe services. The question often asked by the board is “does the victim know how much danger she is in”? Factors that can help us assess the level of danger an abused woman has of being killed by her intimate partner have been extensively investigated by Dr. Jacquelyn Campbell of the Johns Hopkins University School of Nursing. Based on Dr. Campbell’s body of research, the Maryland Network to End Domestic Violence (MNEDV) developed the Lethality Assessment Program (LAP) as a “strategy to prevent domestic violence homicides and serious injuries.” More information on the MNEDV LAP can be accessed from [http://mnadv.org/lethality/](http://mnadv.org/lethality/)

In Oklahoma, the LAP was evaluated during a three-year study funded by a grant from the National Institute of Justice (NIJ). DVFRB members, Janet Wilson, PhD. R.N and Sheryll Brown, M.P.H., were two of the primary researchers. The study, *Police Departments’ Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation* (Messing et al., 2014).

**LAP study participants:**

- Experienced less frequent and less severe violence;
- Engaged in protective strategies both immediately after the event (e.g., seeking services, removing/paring their partner’s weapons) and at follow-up (e.g. applying for and receiving an order of protection, establishing a code with family and friends); and
- Experienced greater satisfaction with the police response.

Study results are available on the NCJRS website: [https://www.ncjrs.gov/pdffiles1/nij/grants/247456.pdf](https://www.ncjrs.gov/pdffiles1/nij/grants/247456.pdf)
Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation (Messing, Campbell, Wilson, Brown, Patchell & Schall, 2014), examined the effectiveness of the LAP. The LAP, a collaboration between police and OAG Certified Domestic Violence Service Providers, involved two phases. First, a police officer on the scene of a domestic violence incident used an 11-item risk assessment (Lethality Screen) to identify victims at high risk of homicide. Second, if the victim screened in as “high risk”, the officer immediately connected her via telephone to a collaborating OAG Certified Domestic Violence and Sexual Assault Program for safety planning, advocacy, and referral for services.

Earlier this year, Representative (now Senator) Kay Floyd, D-Oklahoma City, and Senator David Holt, R-Bethany, authored House Bill 2526 to address the problem of domestic violence in Oklahoma. The bill was signed into law by Governor Mary Fallin on April 29, 2014 and went into effect November 1, 2014. The legislation provides Oklahoma peace officers with a list of questions to assess an IPV victim’s level of danger at the scene and requires officers to provide referrals to services. In the fall of 2014, the Office of the Attorney General, Victim Services Unit, conducted three LAP regional trainings funded by a Violence Against Women (VAWA) grant. The training utilized a “train the trainer” model to assist law enforcement agencies across Oklahoma to prepare for implementation of the new legislation. The training team included Janet Wilson, PhD, R.N. (OU School of Nursing), Sheryll Brown, MSW, (Oklahoma State Department of Health), Captain Kimberly Flowers (Oklahoma City Police Department), Kristie Mitchell (YWCA Oklahoma City) and Jacqueline Steyn (Office of the Attorney General). The training was facilitated by Lesley March (Chief, Victim Services Unit, Office of the Attorney General). Additional trainings will be offered in the spring, 2015.

Implement training for Mental Health Professionals in Oklahoma

In efforts to promote safety for victims, training recommendations for mental health professionals have been made by the DVFRB and others spanning several years. In the Domestic Violence Homicide in Oklahoma Annual Report (2013), we highlighted the “Mental Health Training for Mental Health Professionals” initiative in Oklahoma. The initiative emerged from the work of the DVFRB, leading to the development of a Mental Health and Domestic Violence committee comprised of multiple mental health and substance abuse agencies and organizations in Oklahoma including the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Other partners included the Oklahoma Office of the Attorney General, Victim Services Unit (DVFRB), together with the Oklahoma Coalition Against Domestic Violence and Sexual Assault and the YWCA Oklahoma City.

In addition to placing “domestic violence liaisons” in all agencies contracted to the Oklahoma Department of Mental Health and Substance Abuse Services to coordinate safe referrals to OAG Certified Domestic Violence and Sexual Assault Programs, the committee recently completed the online training curriculum, “Trauma-Informed Domestic Violence Training for Mental Health Professionals”. The training will be delivered using a webinar format and is expected to be available in the spring/summer, 2015.
Best Practice Guidelines for Oklahoma Department of Human Services (DHS) Child Welfare Workers

Domestic violence training recommendations for DHS have been made by the DVFRB over several years. Child welfare workers frequently provide services to families impacted by domestic violence. In fiscal year, 2013, 25.1% of all DHS Child Welfare substantiated reports were for domestic violence. In addition, approximately 30% to 50% of TANF (Temporary Assistance to Needy Families) recipients disclose domestic violence.

In 1999, the National Council of Juvenile and Family Court Judges (NCJFCJ) presented principles of “safety, well-being, and stability for all victims of family violence and the need to hold batterers accountable for their violence” (NCJFCJ, 1999 p. 6). The project included recommendations developed from diverse social and legal systems and with strong representation from judicial leaders. The recommendations have come to be known as the “Greenbook” Recommendations (NCJFCJ, 1999). An understanding that successful collaborations are built through “cross-communication” and “cross-training” for system partners is central to the development of these recommendations.

Earlier this year, the DVFRB Program Manager, Jacqueline Steyn and the OAG VSU Chief, Lesley March, met with Director Ed Lake and his team to discuss the recommendation made by the DVFRB in 2013 to create an internal position within DHS to act as a liaison between OKDHS and Attorney General Certified Domestic Violence and Sexual Assault Programs. Currently, DHS is updating the Domestic Violence Manual for Child Welfare Professionals: A Desk Reference Guide (2012). The new updates are expected to provide additional guidance to child welfare professionals based on trends from the field and best practices for domestic violence. The updated guide is expected to be disseminated to child welfare workers across the state. The manual is currently used extensively in training to assist workers in the areas of screening, safety planning and danger/lethality assessment at the very complex intersection of child maltreatment and domestic violence. In addition, DHS currently has several domestic violence initiatives underway in support of safety for children living in families where a parent is being abused. The DVFRB looks forward to continued collaboration and partnership with DHS in these initiatives and future projects.

Educate Healthcare Providers in Health Care Settings

In 2012, the DVFRB made a recommendation for healthcare providers to be trained in use of the National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings (2004) developed by the Family Violence Prevention Fund. In early 2014, DVFRB Program Manager and DVFRB member, Janet Wilson, PhD., R.N. met with Jane Nelson from the Oklahoma Nursing Association (ONA) for a discussion on implementation of the board’s recommendations. Several preliminary ideas were considered to move this recommendation forward to nursing professionals in Oklahoma.
2013 DVFRB Activities

DVFRB members broaden the reach of the board by regularly conducting activities outside of their regular duties. Some examples include:

- DVFRB member, Janet Wilson, PhD, R.N., OU College of Nursing, acted as consultant to the National Domestic Violence Fatality Review Initiative, Flagstaff, AZ. In addition, Dr. Wilson engaged in the following DVFRB-related activities:
  2. *Violence Prevention Emerging Best Practices*, Oklahoma District Attorney Council, Quarterly Victim Services Roundtable Discussions hosted by tribal groups throughout Oklahoma – reporting on DVFRB findings and impetus/progression of OK-LA study
  3. 2014 Partnership Conference on Domestic & Sexual Violence and Stalking, September 24 – 25, 2014, Embassy Suites Hotel & Conference Center, Norman, Oklahoma. Dr. Janet Sullivan Wilson, Sheryll Brown (DVFRB member, Oklahoma State Health Department), Captain Kim Flowers (Oklahoma City Police Department), and Kristie Mitchell (YWCA, Oklahoma County,) presented DVFRB case analyses, impetus & research on the Oklahoma Lethality Assessment Protocol.
  5. ONA Award for Impact on Public Policy (ONA representative to DVFRB), Oklahoma Nurses Association Annual Conference, Tulsa, Oklahoma, October, 2014.

- DVFRB member, Karen Frensley, LMFT, (Oklahoma Department of Mental Health and Substance Abuse Services) and Jacqueline Steyn (DVFRB Program Manager, Office of the Attorney General) presented at the 2014 Partnership Conference on Domestic & Sexual Violence and Stalking, September 24–25, 2014, Embassy Suites Hotel & Conference Center, Norman, Oklahoma, *Domestic Violence: What All Mental Health Professionals Need to Know!*

- DVFRB member, Kristie Anderson and other child welfare professionals, presented with DVFRB Program Manager at the Annual Meeting of Child Welfare Supervisors, June 2014, on *Domestic Violence Best Practices for Child Welfare Workers*.

- DVFRB member, Maria Alexander, DVFRB designee for the State Commissioner of Health, was instrumental in the development of a prompt and efficient process for the DVFRB to be able to determine the number of domestic violence homicide victims who sought services through local health departments prior to their death. In addition, her efforts have resulted in all health departments in northeast Oklahoma reposting information on domestic violence resources in the public bathrooms and in waiting rooms.
• DVFRB Program Manager, Jacqueline Steyn and board members, Dr. Janet Wilson and Sheryll Brown, provided training on Danger Assessment to Victim Witness Coordinators from prosecutors’ offices across the state at the Victim Witness Coordinator Meeting July 17, 2014.

• DVFRB Program Manager, Jacqueline Steyn, provided domestic violence training for juvenile court personnel, including judges, prosecutors, child welfare professionals, and Court Appointed Special Advocates (CASA’s) at five regional trainings (CIT) provided by the Oklahoma Administrative Office of the Courts, Children’s Court Improvement Program. Ms. Steyn also provided several trainings for domestic violence advocates, crime victim services students, batterer intervention facilitators, juvenile affairs staff, substance abuse professionals, and attorneys on the DVFRB and lethality risk factors.

• DVFRB member, Jennifer McLaughlin provided training at several conferences and included information about the work of the DVFRB and assessing dangerousness/lethality.

Acknowledgements

The members of the Domestic Violence Fatality Review Board and the staff of the Oklahoma Office of Attorney General gratefully acknowledge the time and effort rendered during this project. The outcomes of this project would not have been possible without the gracious cooperation and collaboration of the officials and their staffs acknowledged here:

- Oklahoma State Bureau of Investigation
- Office of the Chief Medical Examiner
- Oklahoma Department of Human Services
- Oklahoma State Department of Health
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Office of Juvenile Affairs

Many thanks to all of the County Sheriffs, Police Chiefs, District Attorneys, Court Clerks and their staffs who have helped us gather the case materials. We realize many of you already are pushing the boundaries of time and we appreciate your hard work. A special thanks to the Oklahoma District Attorneys Council, Violence Against Women Act (VAWA) Board and Grants Division. The S.T.O.P. Violence Against Women Act Grant funds this project. Without this support, this project would not be possible.
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<thead>
<tr>
<th>Office Represented</th>
<th>Member</th>
<th>Designee</th>
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<tbody>
<tr>
<td>Listed Directly In Statute</td>
<td></td>
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</tr>
<tr>
<td>Chief Medical Examiner</td>
<td>Eric Pfeiffer, M.D.</td>
<td></td>
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<tr>
<td>Commissioner of the Department of Mental Health &amp; Substance Abuse Services</td>
<td>Terri White, M.S.W.</td>
<td>Karen Frensley</td>
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<tr>
<td>State Commissioner of Health</td>
<td>Terry Cline, Ph.D.</td>
<td>Maria Alexander</td>
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<tr>
<td>Chief, Injury Prevention Services of the State Department of Health</td>
<td>Sheryll Brown, MPH, Director</td>
<td>Brandi Woods-Littlejohn (Chair)</td>
</tr>
<tr>
<td>Oklahoma State Bureau of Investigation</td>
<td>Stan Florence, Director</td>
<td>Beth Green (Co-Chair)</td>
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<tr>
<td>Office of the Attorney General</td>
<td>Scott Pruitt, Attorney General</td>
<td>Lesley March, AAG, Chief Victim Services Unit</td>
</tr>
<tr>
<td>Oklahoma Department of Human Services</td>
<td>Ed Lake, MSW, Dir.</td>
<td>Debra Knecht</td>
</tr>
<tr>
<td>Office of Juvenile Affairs</td>
<td>T. Keith Wilson, JD</td>
<td>Donna Glandon, JD</td>
</tr>
<tr>
<td>Appointed by the Attorney General of Oklahoma for two-year terms</td>
<td></td>
<td></td>
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<tr>
<td>Oklahoma Sheriffs Association</td>
<td>County Sheriff</td>
<td>Mike Booth, Sheriff</td>
</tr>
<tr>
<td>Oklahoma Assoc. of Chiefs of Police</td>
<td>Chief of Police</td>
<td>W. Don Sweger, Chief</td>
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<tr>
<td>Oklahoma Bar Association</td>
<td>Private Attorney</td>
<td>Karen Mueller, J.D.</td>
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<tr>
<td>District Attorneys Council</td>
<td>District Attorney</td>
<td>Jeff Smith, District 16</td>
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<tr>
<td>Oklahoma State Medical Association</td>
<td>Physician</td>
<td>Martina Jelley, M.D.</td>
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<tr>
<td>Oklahoma Osteopathic Association</td>
<td>Physician</td>
<td>Lori Hake, D.O.</td>
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<tr>
<td>Oklahoma Nurses Association</td>
<td>Nurse</td>
<td>Janet Wilson, Ph.D., RN</td>
</tr>
<tr>
<td>Oklahoma Supreme Court</td>
<td>District Judge</td>
<td>Mike Warren, J.D.</td>
</tr>
<tr>
<td>Oklahoma Coalition Against Domestic Violence &amp; Sexual Assault</td>
<td>Survivor</td>
<td>Shelly Collins</td>
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<tr>
<td>DVFRB Staff</td>
<td>Citizen</td>
<td>Jennifer McLaughlin, MSW</td>
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<tr>
<td>Oklahoma Domestic Violence Fatality Review Board</td>
<td>Jacqueline Steyn, LPC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Manager</td>
<td></td>
</tr>
</tbody>
</table>
Oklahoma Domestic Violence Fatality Review Board
Oklahoma Office of Attorney General
313 N.E. 21st Street
Oklahoma City, OK 73105
Phone: 405-522-1984
Fax: 405-557-1770
Email: Jacqueline.Steyn@oag.ok.gov

If you or someone you know needs help in a Domestic Violence situation, please call:

Safeline
1-800-522-SAFE (7233)

If you need general information about Domestic Violence, please call:

Oklahoma Coalition Against Domestic Violence and Sexual Assault
(405) 524-0700

The Office of the Attorney General, Victim Services Unit – (405) 521-3921

If you need more information about the Oklahoma Domestic Violence Fatality Review Board, please call:
The Office of the Attorney General
(405) 522-1984

If you are in an emergency situation please dial 9-1-1 immediately.

Please go to https://www.oag.ok.gov
- This report
- The DVFRB Mission, purpose and definitions
- Methods and limitations of data collection and data
- History of the DVFRB

Please disseminate this report widely.


Submitted by: Jacqueline Steyn, Program Manager, DVFRB
Kody E. Young, Research Assistant

With assistance from: Lesley March, Chief, Victim Services Unit, and Victim Services Staff

Research assistance provided by:
Jessica “Liz” Wallace, OSU-OKC Intern
Dirce Gillin, OU Intern
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The Oklahoma Child Death Review Board
2014 Annual Report
Includes the 2015 CDRB Recommendations
The mission of the Oklahoma Child Death Review Board is to reduce the number of preventable deaths through a multidisciplinary approach to case review. Through case review, the Child Death Review Board collects statistical data and system failure information to develop recommendations to improve policies, procedures, and practices within and between the agencies that protect and serve the children of Oklahoma.

Acknowledgements
The Oklahoma Child Death Review Board would like to thank the following agencies for their assistance in gathering information for case reviews:

The Police Departments and County Sheriffs’ Offices of Oklahoma
Department of Public Safety
Office of the Chief Medical Examiner
Oklahoma Department of Human Services

Oklahoma State Bureau of Investigation
Oklahoma State Department of Health - Vital Statistics

Contact information:
Oklahoma Child Death Review Board
1111 N. Lee Ave., Ste. 500
Oklahoma City, OK 73103
http://www.ok.gov/occy

Phone: (405) 606-4900
Fax: (405) 524-0417
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Recommendations

The following are the 2014 annual recommendations of the Oklahoma Child Death Review Board as submitted to the Oklahoma Commission on Children and Youth.

FISCAL (Legislative)
Those state agencies that serve to safeguard Oklahoma’s children require adequate funding in order to perform their duties. Oklahoma needs to make certain tax regulations and reforms are in place that ensure revenue will not be reduced and a budget that can be balanced. A stand-still budget, much less budget cuts, will not provide Oklahoma with the foundation it needs to build capacity nor to provide strong infrastructure, safe communities and healthy, thriving children. Agency improvement and policy changes are ineffective without a financial commitment by the state of Oklahoma to affect positive change.

Office of the Chief Medical Examiner (OCME)
Provide the OCME with funding to continue OCME improvement goals and maintain infrastructure, including but not limited to additional OCME investigators.

- The Board reviewed and closed 112 infant deaths in 2014, of these, 80 (71.4%) had an Undetermined Manner of Death. The Board is of the opinion that had an OCME investigator conducted a more extensive scene investigation, a more definitive Manner of Death may be determined.

The Oklahoma Child Death Review Board (CDRB) supports the OCME’s funding request.

Oklahoma Department of Human Services (OKDHS)
Provide the OKDHS with funding to hire additional child welfare staff with a salary competitive with positions in other states to be in compliance with the recommended national standard issued by the Child Welfare League of America and in accordance with the Pinnacle Plan. Stable funding is also necessary to ensure continuity of support services provided by the OKDHS.

- Ninety-five (32.0%) death cases had a child welfare referral prior to the death.
- Sixty (20.2%) death cases were due to abuse and/or neglect.
- Twenty-eight of the 42 near death cases (66.7%) the child maltreatment allegation(s) were substantiated.
- Twenty-seven (64.3%) of the near death cases had a child welfare referral prior to the near death.
- Twenty-nine of the near deaths (69.0%) had a sibling with a child welfare referral prior to the near death.
- Two hundred two (68.0%) of the deaths had accessed assistance through the Temporary Aid for Needy Families (TANF) program; 40 (95.2%) of the near deaths had accessed TANF.
- One hundred thirty-three (44.8%) of the death cases had accessed OKDHS’s Child Support Enforcement services; 32 (76.2%) of the near deaths accessed this program.

The CDRB supports OKDHS’s funding request of $713,143,886.
Recommendations

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
Provide the ODMHSAS with funding to support the mental health and substance abuse treatment needs of children and caregivers, including ensuring treatment beds for those children whose delinquency is deemed to be in need of mental health treatment.

- Six (4.8%) of the 124 unintentional deaths were due to accidental overdose or acute intoxication.
- Nine (21.4%) of the 42 near deaths were accidental overdoses/acute intoxications.
- Forty-four (14.8%) death cases had at least one caregiver with a history of substance abuse.
- Forty-one (13.8%) had at least one caregiver with a history of being a victim of child maltreatment.
- Twelve (4.0%) had a caregiver with a mental illness.
- Nine (3.0%) were born drug exposed.

While these caregiver and drug exposed infant numbers may seem relatively low, the information is not available on 100% of the cases, therefore, it can be deduced that the numbers are actually higher.

The CDRB supports the ODMHSAS’s funding request of $141,104,999.

Oklahoma Health Care Authority (OHCA)
Provide the OHCA with enough funding to provide children and families with medical care, including screening services. One hundred ninety-six (66.0%) death cases were of children who relied on SoonerCare for their medical coverage; 30 (71.4%) of the near death cases had SoonerCare.

The CDRB supports the OHCA’s funding request of $120,501,441.

Office of Juvenile Affairs (OJA)
Provide OJA with funding to support juvenile delinquency prevention, reduction and treatment.

The CDRB reviewed 20 (6.7%) cases where the child had OJA involvement.

The CDRB supports the OJA’s funding request of $17,861,647.

Oklahoma State Department of Health (OSDH)
Provide the OSDH with funding to continue support for injury prevention and infant mortality reduction initiatives.

- One hundred twenty-four deaths (41.8% of the total deaths reviewed and closed) were a result of unintentional injury, with over 50% (69 or 55.6%) associated with motor-vehicles.
- One hundred twelve (37.7%) cases were infant deaths. Although Oklahoma has made some progress in reducing the infant mortality rate (6.8 per 1,000 live births in 2013), we still remain above the national rate (5.96 per 1,000 live births in 2013) and racial disparities are well above the national and state rate (16.5 per 1,000 live births in 2013 for African American infants).
Recommendations

- Eighty-nine deaths (30.0%) were related to unsafe sleeping environments

The CDRB recommends OSDH’s prevention programs continue to be appropriately funded.
- Sixty (20%) death cases were ruled child abuse and/or neglect by the CDRB and 28 (66.7%) of the 42 near death cases were substantiated by OKDHS.

The CDRB support the OSDH’s funding request of $18,523,641.

Additionally, the CDRB supports the agency’s request for $49,178,000 for a bond initiative to construct a new public health laboratory and retain accreditation and vital public health services. This would also support the efforts of the OCME in its duty to identify manner and cause of death for children.
- In 2013, the OSDH Public Health Laboratory received about 194,000 specimens and ran about 661,000 tests, including newborn screenings for genetic disorders for all babies born in Oklahoma. Additionally, the lab conducts tests for respiratory viruses and foodborne illnesses that can cause outbreaks.

LEGISLATION

The CDRB reviewed and closed 69 traffic related deaths in 2014, with 51 victims being in a vehicle (i.e. does not include pedestrian/bicycle/ATV/trailer bed deaths). Of these 51, almost half (49%) were not utilizing a safety restraint. Twenty (39.2%) were children under 4’ 9” (or between the ages of 4 and 8 whose height is unknown) who were not in a booster seat; six of these twenty were in seat belts.
- Expand the current seat restraint legislation to include backseat passengers through age 17.
- Increase the fine for those aged 13 and over not using seat restraints to $100 for the first offense and $500 for subsequent offenses.
- Enact legislation banning the use of hand-held devices while operating a motor vehicle and the use to be a primary offense.
- Enhance legislation to require children up to age two to be in a rear facing car seat.
- Enhance car seat legislation to require children age two to four to be in a forward facing car seat.
- Enhance booster seat legislation to require children over 4 years of age and under 4’ 9” to be in a booster restraint.

POLICY

Hospitals

- All delivery hospitals should adopt a policy regarding in-house safe sleep and provide education on safe sleep after delivery but prior to discharge from hospital. The education should include statistics on sleep related deaths. The CDRB reviewed and closed 89 (30%) deaths related to unsafe sleep environments in 2014.
- All hospitals should have a written policy to notify the OKDHS Child Welfare division of unexpected child deaths.
- All birthing hospitals should have a written policy to implement, with fidelity, the Period of PURPLE® Crying abusive head trauma prevention program.
Law Enforcement

- Increase the depth of suicide investigations to include mental, medical and social history (i.e. past history of attempts, medications, counseling, note of intention, social media, psychiatric diagnosis, family history of attempts/deaths, stressors, relationship status). The CDRB reviewed and closed 27 (9.0%) cases of Suicide and a majority did not have this information collected.
- Enforce child passenger safety laws, including appropriate seat restraint use. The CDRB reviewed and closed 69 cases that involved motor-vehicles, 51 of which were applicable to seat restraint use, and found seat restraint use to be 49.0%.
- Adopt the Center for Disease Control's Sudden Unexpected Infant Death Investigation (SUIDI) protocols, including scene recreation and use of photographs. The CDRB reviewed and closed 112 (37.7%) infant death cases in 2014; of these 112 infant deaths, 80 (71.4%) had an Undetermined Manner of Death. The Board is of the opinion that with the utilization of these protocols, a more definitive Manner of Death may be determined and prevention avenues may be identified.
- Adopt a policy to notify the OKDHS Child Welfare division of unexpected child deaths.
- All child death investigations should be worked jointly with OKDHS/Child Welfare.

Office of the Chief Medical Examiner

- Adopt the Center for Disease Control's SUIDI protocols. As stated previously, the CDRB reviewed and closed 112 (37.7%) infant death cases in 2014; of these, 80 (71.4%) had an Undetermined Manner of Death. The Board is of the opinion that with the utilization of these protocols, a more definitive Manner of Death may be determined and prevention avenues identified.
- Adopt a policy to notify the OKDHS Child Welfare division of unexpected child deaths.
- Adopt a policy that ensures all drug-exposed newborns that die within the first 30 days of life have the drug-exposure listed in the Other Significant Medical Conditions of the Report of Investigation by Medical Examiner.

Oklahoma Department of Human Services

- Adopt a policy directing workers to connect a referral to a case number upon assignment of the referral.
- Ensure all children in custody have a Trauma Focused Cognitive Behavioral Therapist.
- All child death investigations should be worked jointly with Law Enforcement.
- Public operated shelters in Tulsa and Oklahoma City should not be closed without a comprehensive plan and resources in place to meet the needs of children who are removed and housed in the two shelters.

Oklahoma Department of Mental Health and Substance Abuse Services

- Create a Child Welfare liaison position to ensure children in custody and their caregivers are receiving appropriate mental health and substance abuse services.
- Extend the number of Trauma Focused Cognitive Behavioral Therapists available for children and families.
Board Actions and Activities

Include but are not limited to:

- Continued collaborations with the Oklahoma Domestic Violence Fatality Review Board, including case review.
- Continued collaboration with the Oklahoma Violent Death Reporting and Surveillance System, Injury Prevention Services, Oklahoma State Department of Health.
- Continued participation with Central Oklahoma Fetal Infant Mortality Review Advisory Council.
- Continued partnership with Preparing for a Lifetime; It’s Everyone’s Responsibility, a statewide program aimed at reducing infant mortality.
- Fifteen letters to the Office of the Chief Medical Examiner
  - Three letters requesting a review of the case for possible amendment of Manner and/or Cause of Death.
  - Five letters requesting clarification of Report of Autopsy content.
  - Two letters recommending the OCME report unexpected child deaths to the Oklahoma Department of Human Services/Child Welfare Division and/or documentation of the assigned referral number.
  - Two letters requesting documented findings be included in the Other Significant Medical Conditions section of the Report of Investigation by Medical Examiner.
  - One letter requesting an update on the agency’s policy regarding diagnosis sleep-related deaths.
  - One letter recommending all drug-exposed newborns that die within the first 30 days of life have the drug-exposure listed in the Other Significant Medical Conditions of the Report of Investigation by Medical Examiner.
  - One letter advising a previous recommendation regarding the OCME had been rescinded.
- Twenty-three letters to the Oklahoma Department of Human Services
  - One letter requesting referrals are connected to a case number upon receipt.
  - One letter recommending DHS educate workers on the heightened risk of additional suicide for relatives that have experienced a suicide of a family member, the need for mental health referrals for these families and recommending ensuring the referral is followed through on by the family.
  - One letter requesting a copy of the family’s safety plan.
  - One letter inquiring as to the safety of a surviving sibling.
  - One letter inquiring if collaboration with a family’s tribe was conducted to ensure services were provided to the family.
  - One letter inquiring what, if any, recommendations from the Office of Juvenile System Oversight, Oklahoma Commission on Children and Youth, were implemented.
  - One letter inquiring as to the delay in completing a death investigation and its associated Report to District Attorney.
  - One letter recommending an internal higher level of review when multiple reports on a child are received.
  - One letter requesting the status of a referral made by the CDRB.
  - Two letters expressing concern for lack of referring suspected crimes to a law enforce-
Board Actions and Activities

- One letter expressing concern for policy not being followed regarding victim/alleged perpetrator being interviewed at the same time.
- One letter requesting clarification of the investigation’s findings, as the Report to District Attorney had two different findings documented.
- Two letters requesting an administrative review of cases.
- One letter questioning the appropriateness of the monitor in a Family Centered Services case.
- One letter recommending the Termination of Parental Rights on a surviving sibling.
- One letter recommending ensuring a family seeks the services that are recommended and documentation of such.
- One letter requesting clarification of documentation of an investigative finding in the Case Contacts prior to the closing of an investigation.
- One letter inquiring why a family with previous history was assigned a new case number.
- One letter recommending specific guidelines for conducting allegations of medical neglect.
- Two letters of commendation for exceptional investigations.

- Six letters to District Attorneys
  - Four letters inquiring if any charges were brought against person’s involved in the case.
  - Two letters requesting additional investigation.

- Two letters to Hospitals
  - One letter recommending a hospital notify the Department of Human Services of an unexpected child death.
  - One letter advising of a missed medical diagnosis.

- Nine letters to Law Enforcement Agencies
  - Two letters recommending the use of the CDC’s SUIDI protocols.
  - Three letters recommending notifying OKDHS/CW of unexpected child deaths and/or conducting a joint response with OKDHS/CW.
  - One letter inquiring if the case was still open and was it referred to the District Attorney for any charges.
  - One letter recommending more information be collected in suicide investigations.
  - One letter recommending responding to a child death scene and write a report.
  - One letter of commendation for an exceptional investigation.

- Referred one case to the Oklahoma Commission on Children and Youth, Office of Juvenile System Oversight.

- Recommended a physician use the American Academy of Pediatrics’ safe sleep guidelines when educating families.
The Oklahoma Child Death Review Board is comprised of five review teams. The total number of deaths reviewed and closed in 2014 by all five teams is 297. The year of death for these cases ranged from 2005 to 2014.

### 2014 Deaths Reviewed

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<thead>
<tr>
<th>Manner</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Accident</td>
<td>124</td>
<td>41.8%</td>
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<tr>
<td>Homicide</td>
<td>27</td>
<td>9.1%</td>
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<tr>
<td>Natural</td>
<td>30</td>
<td>10.1%</td>
</tr>
<tr>
<td>Suicide</td>
<td>27</td>
<td>9.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>89</td>
<td>29.9%</td>
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### Race

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<tr>
<td>African American</td>
<td>43</td>
<td>14.5%</td>
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<tr>
<td>American Indian</td>
<td>35</td>
<td>11.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
<td>0.7%</td>
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<tr>
<td>Multi-race</td>
<td>36</td>
<td>12.1%</td>
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<tr>
<td>White</td>
<td>181</td>
<td>60.9%</td>
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### Gender

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<tr>
<td>Males</td>
<td>176</td>
<td>59.3%</td>
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<tr>
<td>Females</td>
<td>121</td>
<td>40.7%</td>
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### Ethnicity

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<th>Number</th>
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<tr>
<td>Hispanic (any race)</td>
<td>30</td>
<td>10.1%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>267</td>
<td>89.9%</td>
</tr>
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</table>
Government Involvement

The chart below indicates a child’s involvement in government sponsored programs, either at the time of death or previous to the time of death. The Oklahoma Department of Human Services (OKDHS) Child Welfare cases are those children who had an abuse and/or neglect referral prior to the death incident. It does not reflect those child deaths that were investigated by the OKDHS.

Additionally, there were 19 (6.4%) cases that had an open Child Welfare case at the time of death. Those manners of death include: five natural, four accident, one homicide, and nine undetermined, as ruled by the Office of the Chief Medical Examiner. There were four children in foster care at the time of death; those manners of death include two natural and two undetermined.

<table>
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<tr>
<th>Number of Cases with Previous Involvement in Selected State Programs</th>
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<tr>
<td><strong>Agency</strong></td>
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<tr>
<td>OKDHS - TANF</td>
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<td>Oklahoma Health Care Authority</td>
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<td>OKDHS - Child Support Enforcement</td>
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<td>OKDHS - Child Welfare</td>
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<tr>
<td>OKDHS - Food Stamps</td>
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<td>OKDHS - Foster Care</td>
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<tr>
<td>Office of Juvenile Affairs</td>
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<tr>
<td>OKDHS - Disability</td>
</tr>
<tr>
<td>OKDHS - Child Care Assistance</td>
</tr>
<tr>
<td>OSDH - Start Right</td>
</tr>
<tr>
<td>OKDHS - Emergency Assistance</td>
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<tr>
<td>OSDH - Children First</td>
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Accidents

The Board reviewed and closed 124 deaths in 2014 whose manner of death was ruled Accident, also known as Unintentional Injuries. Vehicular deaths continue to be the top mechanism of death for this category.

<table>
<thead>
<tr>
<th>Mechanism of Death</th>
<th>Type</th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Vehicular</td>
<td>69</td>
<td>55.7%</td>
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</tr>
<tr>
<td>Drowning</td>
<td>22</td>
<td>17.8%</td>
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</tr>
<tr>
<td>Asphyxia</td>
<td>11</td>
<td>8.9%</td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td>6</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>Poisoning/O.D.</td>
<td>6</td>
<td>4.8%</td>
<td></td>
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<tr>
<td>Firearm</td>
<td>4</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Hyperthermia</td>
<td>2</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Crush</td>
<td>1</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Animal Attack</td>
<td>1</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td>1</td>
<td>0.8%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>13</td>
<td>10.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>18</td>
<td>14.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>14</td>
<td>11.3%</td>
</tr>
<tr>
<td>White</td>
<td>78</td>
<td>62.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>12</td>
<td>9.7%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>112</td>
<td>90.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>68</td>
<td>54.8%</td>
</tr>
<tr>
<td>Females</td>
<td>56</td>
<td>45.2%</td>
</tr>
</tbody>
</table>

Accidental Deaths by County

Oklahoma Child Death Review Board 2014 Annual Report
The Board reviewed and closed 27 deaths in 2014 whose manner of death was ruled Homicide.
Six of the eight (75.0%) physical abuse homicides were due to abusive head trauma.

<table>
<thead>
<tr>
<th>Mechanism of Death</th>
<th>Method</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>13</td>
<td>48.1%</td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>8</td>
<td>29.6%</td>
<td></td>
</tr>
<tr>
<td>Stabbing</td>
<td>2</td>
<td>7.4%</td>
<td></td>
</tr>
<tr>
<td>Asphyxia</td>
<td>1</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Drowning</td>
<td>1</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td>1</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>3.7%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>5</td>
<td>18.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>4</td>
<td>14.9%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>5</td>
<td>18.5%</td>
</tr>
<tr>
<td>White</td>
<td>13</td>
<td>48.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>2</td>
<td>7.4%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>25</td>
<td>92.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>20</td>
<td>74.1%</td>
</tr>
<tr>
<td>Females</td>
<td>7</td>
<td>25.9%</td>
</tr>
</tbody>
</table>

Homicide Deaths by County

Oklahoma Child Death Review Board 2014 Annual Report
The Board reviewed and closed 30 deaths in 2014 whose manner of death was ruled Natural.

### Mechanism of Death

<table>
<thead>
<tr>
<th>Illness/Disease</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>6</td>
<td>20.0%</td>
</tr>
<tr>
<td>Congenital Anomaly</td>
<td>5</td>
<td>16.7%</td>
</tr>
<tr>
<td>Other Infection</td>
<td>4</td>
<td>13.4%</td>
</tr>
<tr>
<td>SIDS</td>
<td>4</td>
<td>13.4%</td>
</tr>
<tr>
<td>Asthma</td>
<td>3</td>
<td>10.0%</td>
</tr>
<tr>
<td>Other Medical Conditions</td>
<td>3</td>
<td>10.0%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>Atelectasis</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>Hepatomegaly</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>Neurological</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>1</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>9</td>
<td>30.0%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2</td>
<td>6.6%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>5</td>
<td>16.7%</td>
</tr>
<tr>
<td>White</td>
<td>14</td>
<td>46.7%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>6</td>
<td>20.0%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>24</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>15</td>
<td>50.0%</td>
</tr>
<tr>
<td>Females</td>
<td>15</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

[Map of Oklahoma showing county data]
Suicides

The Board reviewed and closed 27 deaths in 2014 whose manner of death was ruled Suicide. Ten (37.0%) were noted to have a history of child maltreatment. Ten (37.0%) had made threats of suicide, in 10 (23.8%) cases this information was not collected. Nine (33.3%) left a suicide note, in three (11.1%) cases this information was not collected. Seven (25.9%) were noted to have had previous mental health treatment, in 12 (44.4%) cases this information was not collected. Seven (25.9%) were noted to have problems in school, in 14 (51.9%) cases this information was not collected. Six (22.2%) were receiving mental health services at the time of death, in 10 (37.0%) cases this information was not collected. Six (22.2%) had a history of prior attempts, in 12 (44.4%) cases this information was not collected. Four (14.8%) were noted to be on medication for mental health at the time of death, in 14 (51.9%) cases this information was not collected. Three (11.1%) had a family history of suicide, in 21 (77.8%) cases this information was not collected. Three (11.1%) were noted to have a history of substance abuse, in 15 (55.6%) cases this information was not collected.

### Mechanism of Death

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>14</td>
<td>51.9%</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>13</td>
<td>48.1%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>American Indian</td>
<td>3</td>
<td>11.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>3</td>
<td>11.1%</td>
</tr>
<tr>
<td>White</td>
<td>19</td>
<td>70.4%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>21</td>
<td>77.8%</td>
</tr>
<tr>
<td>Females</td>
<td>6</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>27</td>
<td>100%</td>
</tr>
</tbody>
</table>

Suicide Deaths by County
The Board reviewed and closed 89 deaths in 2014 ruled Unknown. A death is ruled Unknown by the pathologist when there are no anatomical findings discovered at autopsy to definitively explain the death.

Eighty-eight (98.9%) were two years of age or younger.
Eighty (89.9%) were less than one year of age.
Seventy-five (84.3%) were noted to be related to an unsafe sleep environment, with another three (4.6%) noted to be possibly-related to an unsafe sleep environment.
Three (3.4%) were suspicious for inflicted trauma and not related to the sleeping environment.
Two (2.2%) were born prematurely due to maternal drug use.
Two (2.2%) were run over by a motor vehicle but not ruled “Accident” by the Office of the Chief Medical Examiner due to the circumstances surrounding the situations.
One (1.1%) was a result of probable hyperthermia but “heat related trauma” was listed only as an Other Significant Condition.
One (1.1%) was positive for methamphetamine at the time of death, indicating recent exposure, but the method and timeframe for exposure is unknown and the contribution, if any, of the methamphetamine exposure to the cause is unknown.

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>15</td>
<td>16.9%</td>
</tr>
<tr>
<td>American Indian</td>
<td>8</td>
<td>9.0%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>9</td>
<td>10.1%</td>
</tr>
<tr>
<td>White</td>
<td>57</td>
<td>64.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>10</td>
<td>11.2%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>79</td>
<td>88.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>52</td>
<td>58.4%</td>
</tr>
<tr>
<td>Females</td>
<td>37</td>
<td>41.6%</td>
</tr>
</tbody>
</table>
Traffic Related Deaths

The Board reviewed and closed 69 traffic related deaths in 2014 ruled “Accident” by the Office of the Chief Medical Examiner. The bicycle fatality was not utilizing a helmet. In the four ATV deaths, one (25%) was wearing a helmet.

<table>
<thead>
<tr>
<th>Vehicle of Decedent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car</td>
<td>24</td>
<td>34.8%</td>
</tr>
<tr>
<td>SUV</td>
<td>18</td>
<td>26.1%</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>12</td>
<td>17.4%</td>
</tr>
<tr>
<td>Pick-up</td>
<td>6</td>
<td>8.7%</td>
</tr>
<tr>
<td>All-Terrain Vehicle</td>
<td>4</td>
<td>5.8%</td>
</tr>
<tr>
<td>Van</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>1</td>
<td>1.4%</td>
</tr>
<tr>
<td>Trailer Bed</td>
<td>1</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position of Decedent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rear Passenger</td>
<td>27</td>
<td>39.1%</td>
</tr>
<tr>
<td>Front Passenger</td>
<td>15</td>
<td>21.8%</td>
</tr>
<tr>
<td>Operator</td>
<td>10</td>
<td>14.5%</td>
</tr>
<tr>
<td>Truck/Trailer Bed</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>Unknown Passenger Placement</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>12</td>
<td>17.4%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>1</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>38</td>
<td>55.1%</td>
</tr>
<tr>
<td>Females</td>
<td>31</td>
<td>44.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use of Safety Restraints</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properly Restrained</td>
<td>26</td>
<td>51.0%</td>
</tr>
<tr>
<td>Not Properly Restrained</td>
<td>25</td>
<td>49.0%</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>18</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributing Factors*</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speeding (including unsafe speed for conditions)</td>
<td>25</td>
<td>36.2%</td>
</tr>
<tr>
<td>Drug/Alcohol Use</td>
<td>13</td>
<td>18.8%</td>
</tr>
<tr>
<td>Reckless Driving</td>
<td>12</td>
<td>17.4%</td>
</tr>
<tr>
<td>Driver Inexperience</td>
<td>9</td>
<td>13.0%</td>
</tr>
<tr>
<td>Ran Stop Sign/Light</td>
<td>7</td>
<td>10.1%</td>
</tr>
<tr>
<td>Driver Distraction</td>
<td>4</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>American Indian</td>
<td>10</td>
<td>14.5%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>8</td>
<td>11.6%</td>
</tr>
<tr>
<td>White</td>
<td>49</td>
<td>71.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>6</td>
<td>8.7%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>63</td>
<td>91.3%</td>
</tr>
</tbody>
</table>

*Not every fatality had a known contributing factor.
The Board reviewed and closed 22 accidental deaths in 2014 due to drowning. None of the drowning victims had a personal floatation device available to them. Eleven (50%) were three years of age or younger; five (22.7%) were one year of age.

### Location of Drowning

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Body of Water (i.e. creek/river/pond/lake)</td>
<td>10</td>
<td>31.8%</td>
</tr>
<tr>
<td>Private, Residential Pool</td>
<td>7</td>
<td>45.5%</td>
</tr>
<tr>
<td>Bathtub</td>
<td>4</td>
<td>18.2%</td>
</tr>
<tr>
<td>Hot tub</td>
<td>1</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>3</td>
<td>13.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2</td>
<td>9.1%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>5</td>
<td>22.7%</td>
</tr>
<tr>
<td>White</td>
<td>12</td>
<td>54.6%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>1</td>
<td>4.5%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>21</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>15</td>
<td>68.2%</td>
</tr>
<tr>
<td>Females</td>
<td>7</td>
<td>31.8%</td>
</tr>
</tbody>
</table>
The Board reviewed and closed 89 deaths that were related to sleep environments. Five (5.6%) deaths occurred when a caregiver fell asleep during feeding (2 bottle/3 breast); an additional two (2.2%) were placed to sleep with a bottle propped. Twenty-five (28.1%) of these deaths occurred in a sleep space designed for infant sleep (i.e. crib/bassinette/cradle), while 45 (50.6%) had a crib/bassinette available in the home. For 35 (39.3%) cases, crib availability is unknown. Eight (12.1%) were exposed to second hand smoke; for 78 (87.6%) cases, this information is unknown.

### Manner of Death for Sleep Related Deaths

<table>
<thead>
<tr>
<th>Manner</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental</td>
<td>8</td>
<td>9.0%</td>
</tr>
<tr>
<td>Natural (SIDS/hypoxia/pneumonia)</td>
<td>6</td>
<td>6.7%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>75</td>
<td>84.3%</td>
</tr>
</tbody>
</table>

### Position of Infant When Placed to Sleep

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Back</td>
<td>32</td>
<td>36.0%</td>
</tr>
<tr>
<td>On Side</td>
<td>5</td>
<td>5.6%</td>
</tr>
<tr>
<td>On Stomach</td>
<td>14</td>
<td>15.7%</td>
</tr>
<tr>
<td>Unknown*</td>
<td>38</td>
<td>42.7%</td>
</tr>
</tbody>
</table>

### Position of Infant When Found**

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Back</td>
<td>13</td>
<td>14.8%</td>
</tr>
<tr>
<td>On Side</td>
<td>7</td>
<td>7.9%</td>
</tr>
<tr>
<td>On Stomach</td>
<td>35</td>
<td>39.8%</td>
</tr>
<tr>
<td>Unknown*</td>
<td>33</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

**does not include one infant found feet up beside bed

### Sleeping Location of Infant

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Bed</td>
<td>51</td>
<td>57.3%</td>
</tr>
<tr>
<td>Crib</td>
<td>14</td>
<td>15.7%</td>
</tr>
<tr>
<td>Bassinette</td>
<td>10</td>
<td>11.2%</td>
</tr>
<tr>
<td>Couch</td>
<td>9</td>
<td>10.1%</td>
</tr>
<tr>
<td>Car Seat</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Chair</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Cradle</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Floor</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Playpen</td>
<td>1</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>8</td>
<td>9.0%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>81</td>
<td>91.0%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>14</td>
<td>15.7%</td>
</tr>
<tr>
<td>American Indian</td>
<td>12</td>
<td>13.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>7</td>
<td>7.9%</td>
</tr>
<tr>
<td>White</td>
<td>55</td>
<td>61.8%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>49</td>
<td>55.1%</td>
</tr>
<tr>
<td>Females</td>
<td>40</td>
<td>44.9%</td>
</tr>
</tbody>
</table>

### Sleeping Arrangement of Infant

<table>
<thead>
<tr>
<th>Sleeping Arrangement</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>33</td>
<td>37.1%</td>
</tr>
<tr>
<td>With Adult and/or Other Child</td>
<td>47</td>
<td>52.8%</td>
</tr>
<tr>
<td>Unknown*</td>
<td>9</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

*This information is unknown due to the lack of information collected by scene investigators
Firearm Deaths

The Board reviewed and closed 31 deaths in 2014 due to firearms.

### Manner of Death for Firearm Victims

<table>
<thead>
<tr>
<th>Manner</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>14</td>
<td>45.2%</td>
</tr>
<tr>
<td>Homicide</td>
<td>13</td>
<td>41.9%</td>
</tr>
<tr>
<td>Accident</td>
<td>4</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

### Type of Firearm Used

<table>
<thead>
<tr>
<th>Type of Firearm</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handgun</td>
<td>18</td>
<td>58.0%</td>
</tr>
<tr>
<td>Hunting Rifle</td>
<td>6</td>
<td>19.4%</td>
</tr>
<tr>
<td>Shotgun</td>
<td>4</td>
<td>12.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>5</td>
<td>16.1%</td>
</tr>
<tr>
<td>American Indian</td>
<td>3</td>
<td>9.7%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>3</td>
<td>9.7%</td>
</tr>
<tr>
<td>White</td>
<td>20</td>
<td>64.5%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>2</td>
<td>6.5%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>29</td>
<td>93.5%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>25</td>
<td>80.6%</td>
</tr>
<tr>
<td>Females</td>
<td>6</td>
<td>19.4%</td>
</tr>
</tbody>
</table>
## Fire Deaths

The Board reviewed and closed 6 deaths in 2014 due to fires. Five (83.3%) died of smoke inhalation; one (16.7%) died from a combination of smoke inhalation and thermal injuries.

### Fire Ignition Source

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Heater</td>
<td>4</td>
<td>66.6%</td>
</tr>
<tr>
<td>Electrical Wiring</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>White</td>
<td>2</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Females</td>
<td>3</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

### Working Smoke Detector Present

<table>
<thead>
<tr>
<th>Detector</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>50.0%</td>
</tr>
</tbody>
</table>
Abuse/Neglect Deaths

The Board reviewed and closed 60 cases where it was determined that child maltreatment (abuse or neglect) caused or contributed to the death. Thirteen (21.7%) cases were ruled abuse, 45 (75.0%) cases were ruled neglect, and two (3.3%) were ruled both. Nine of the 15 (60.0%) abuse cases were due to abusive head trauma. Twenty-one (35.0%) cases had a previous referral for alleged child maltreatment; four (6.6%) had an open referral at the time of death. Thirty-two (53.3%) cases had at least one caregiver with child welfare history as an alleged perpetrator; in twelve (20.0%) of these, both caregivers had child welfare history as an alleged perpetrator. Twenty (33.3%) had at least one caregiver with a history of substance abuse. Ten (16.7%) had a caregiver noted to have a history of domestic violence as a victim. Nine (15.0%) cases had a caregiver noted to have a history of domestic violence as a perpetrator. Six (10%) had a supervisor who was not a primary caregiver.

<table>
<thead>
<tr>
<th>Manner of Death for Abuse/Neglect Cases</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
<td>26</td>
<td>43.4%</td>
</tr>
<tr>
<td>Homicide</td>
<td>14</td>
<td>23.3%</td>
</tr>
<tr>
<td>Natural</td>
<td>3</td>
<td>5.2%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>17</td>
<td>28.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>10</td>
<td>16.7%</td>
</tr>
<tr>
<td>American Indian</td>
<td>5</td>
<td>8.3%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>10</td>
<td>16.7%</td>
</tr>
<tr>
<td>White</td>
<td>35</td>
<td>58.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>7</td>
<td>11.7%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>53</td>
<td>88.3%</td>
</tr>
</tbody>
</table>

Gender | Number | Percent |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>33</td>
<td>55.0%</td>
</tr>
<tr>
<td>Females</td>
<td>27</td>
<td>45.0%</td>
</tr>
</tbody>
</table>
Near Deaths

The Board reviewed and closed 42 near death cases in 2014. A case is deemed near death if the child was admitted to the hospital diagnosed in serious or critical condition by the treating physician as a result of suspected abuse or neglect. Four (9.5%) investigated for alleged abuse only; 10 (23.8%) for abuse and neglect; 28 (66.7%) for neglect only. Ten of the abuse cases were specific to abusive head trauma. Twenty-nine (69.0%) had a sibling with a previous child welfare investigation, 14 (33.3%) were confirmed. Twenty-eight (66.7%) were substantiated by OKDHS as to having been abuse and/or neglect. Twenty-seven (64.3%) had a previous referral that was investigated by OKDHS, twelve (28.6%) of those were confirmed. Thirty-six (85.7%) had at least one biological parent as the alleged perpetrator.

### Injuries in Near Death Cases

<table>
<thead>
<tr>
<th>Injury</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>12</td>
<td>28.6%</td>
</tr>
<tr>
<td>Poison/Overdose</td>
<td>9</td>
<td>21.4%</td>
</tr>
<tr>
<td>Natural Illness</td>
<td>7</td>
<td>16.6%</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td>Drowning</td>
<td>2</td>
<td>4.8%</td>
</tr>
<tr>
<td>Fall</td>
<td>2</td>
<td>4.8%</td>
</tr>
<tr>
<td>Firearm</td>
<td>2</td>
<td>4.8%</td>
</tr>
<tr>
<td>Dog Bite</td>
<td>1</td>
<td>2.4%</td>
</tr>
<tr>
<td>Electrocuted</td>
<td>1</td>
<td>2.4%</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>1</td>
<td>2.4%</td>
</tr>
<tr>
<td>Fire/Burn</td>
<td>1</td>
<td>2.4%</td>
</tr>
<tr>
<td>Vehicular</td>
<td>1</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>20</td>
<td>47.6%</td>
</tr>
<tr>
<td>Females</td>
<td>22</td>
<td>52.4%</td>
</tr>
</tbody>
</table>

### OKDHS Services in Near Death Cases

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>40</td>
<td>95.2%</td>
</tr>
<tr>
<td>CSE</td>
<td>32</td>
<td>76.2%</td>
</tr>
<tr>
<td>Medical</td>
<td>30</td>
<td>71.4%</td>
</tr>
<tr>
<td>Disability</td>
<td>9</td>
<td>21.4%</td>
</tr>
<tr>
<td>Foster Care</td>
<td>4</td>
<td>9.5%</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>1</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>9</td>
<td>21.4%</td>
</tr>
<tr>
<td>American Indian</td>
<td>8</td>
<td>19.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
<td>4.8%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>2</td>
<td>4.8%</td>
</tr>
<tr>
<td>White</td>
<td>21</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (any race)</td>
<td>4</td>
<td>9.5%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>38</td>
<td>90.5%</td>
</tr>
<tr>
<td>Organization</td>
<td>Member</td>
<td>Designees</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>The Child Protection Committee of the Children’s Hospital</td>
<td>Ryan Brown, MD, John Stuemky, MD</td>
<td>Amy Baum, MSW, LCSW, Chair</td>
</tr>
<tr>
<td>Office of Juvenile Affairs</td>
<td>T. Keith Wilson, JD</td>
<td>Donna Glandon, JD, Vice-Chair</td>
</tr>
<tr>
<td>OSDH, State Epidemiologist</td>
<td>Kristy Bradley, DVM, MPH</td>
<td>Tina Johnson, MPH, RN</td>
</tr>
<tr>
<td>Post Adjudication Review Board</td>
<td>Jay Scott Brown, MA</td>
<td>Melanie Johnson, MCJ, MHR, LPC, LMFT, LADC</td>
</tr>
<tr>
<td>American Academy of Pediatrics, OK. Chpt.</td>
<td>Ryan Brown, MD</td>
<td>Brandi Woods-Littlejohn, MCJ</td>
</tr>
<tr>
<td>OSDH, Injury Prevention Services</td>
<td>Sheryll Brown, MPH</td>
<td>Jennifer Austin, JD, Lori Puckett, J.D.</td>
</tr>
<tr>
<td>Oklahoma District Attorney’s Council</td>
<td>Susan Caswell, JD</td>
<td>Carolyn Parks, MHR, RN</td>
</tr>
<tr>
<td>Commissioner of Health</td>
<td>Terry Cline, PhD</td>
<td>Andi Grosvald Hamilton, MSW</td>
</tr>
<tr>
<td>Oklahoma State Bureau of Investigation</td>
<td>Stan Florence, MS</td>
<td>Charles Mackey, Adam Whitney</td>
</tr>
<tr>
<td>Oklahoma Health Care Authority</td>
<td>Nico Gomez, MBA</td>
<td>Kenneth Goodwin, RN, Beverly Rupert, BSN, RN</td>
</tr>
<tr>
<td>Indian Child Welfare</td>
<td>Tracy Haney, BS</td>
<td></td>
</tr>
<tr>
<td>Oklahoma Court Appointed Special Advocate</td>
<td>Angela Henderson, BS</td>
<td></td>
</tr>
<tr>
<td>OSDH, Office of Child Abuse Prevention</td>
<td>Annette Wisk Jacobi, JD</td>
<td>Deborah Knecht, BA, Kristie Anderson, BA</td>
</tr>
<tr>
<td>Oklahoma Department of Human Services</td>
<td>Ed Lake, MSW</td>
<td>Angela Dickson, MSW, Alicia Lincoln, MSW, MSPH</td>
</tr>
<tr>
<td>OSDH, Maternal and Child Health</td>
<td>Joyce Marshall, MPH</td>
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</tr>
<tr>
<td>Oklahoma Osteopathic Association</td>
<td>Julie Morrow, DO</td>
<td></td>
</tr>
<tr>
<td>Chief Child Abuse Medical Examiner</td>
<td>Sara Passmore, DO, John Stuemky, MD</td>
<td></td>
</tr>
<tr>
<td>Office of the Chief Medical Examiner</td>
<td>Eric Pfeifer, MD</td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Lt. Miguel Ramos, BS, OCPD</td>
<td>Christina Cantrell, PhD</td>
</tr>
<tr>
<td>Oklahoma Psychological Association</td>
<td>Susan Schmidt, PhD</td>
<td>Jennifer Hardin, BS, Penny Hill-Malone</td>
</tr>
<tr>
<td>Oklahoma Commission on Children and Youth</td>
<td>Lisa L. Smith, MA</td>
<td>Cindy Goble, JD</td>
</tr>
<tr>
<td>Oklahoma Bar Association</td>
<td>G. Gail Stricklin, JD</td>
<td></td>
</tr>
<tr>
<td>Oklahoma Coalition Against Domestic Violence and Sexual Assault</td>
<td>Jennifer Thomas, MA, LPC, CDSVRP</td>
<td></td>
</tr>
<tr>
<td>National Association of Social Workers, OK Chpt.</td>
<td>Jon Trzcinski, LCSW, MSW</td>
<td></td>
</tr>
<tr>
<td>Oklahoma Department on Mental Health and Substance Abuse Services</td>
<td>Terri White, MSW</td>
<td>Teresa Capps, MEd, LPC</td>
</tr>
<tr>
<td>Oklahoma Medical Association</td>
<td>Vacant</td>
<td></td>
</tr>
<tr>
<td>Oklahoma Emergency Technician Association</td>
<td>Vacant</td>
<td></td>
</tr>
</tbody>
</table>
### 2014 Eastern Regional Review Team Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muskogee County Health Department</td>
<td>Tonya James, MS, Chair</td>
</tr>
<tr>
<td>Muskogee Public School</td>
<td>Debbie Winburn, MEd, Vice-Chair</td>
</tr>
<tr>
<td>Oklahoma Psychological Association</td>
<td>Misty Boyd, PhD, MS</td>
</tr>
<tr>
<td>Child Advocacy Center</td>
<td>Hillary McQueen, BA</td>
</tr>
<tr>
<td>Court Appointed Special Advocate</td>
<td>Susie Massey, BBA</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Coletta Peyton</td>
</tr>
<tr>
<td>Department of Human Services</td>
<td>Jeff Sanders, BS</td>
</tr>
</tbody>
</table>

### 2014 Southeastern Regional Review Team Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
<td>J.R. Kidney, Chair</td>
</tr>
<tr>
<td>District Attorney’s Council</td>
<td>Shelly Levisay, JD, Vice-Chair</td>
</tr>
<tr>
<td>Oklahoma Department of Human Services</td>
<td>Zane Gray, Jerrell Hoffman, BA</td>
</tr>
<tr>
<td>Oklahoma State Health Department</td>
<td>Carolyn Parks, MHR, RN</td>
</tr>
<tr>
<td>Citizen Potawatomi Nation</td>
<td>La'Trenda Sanders</td>
</tr>
<tr>
<td>Medical Professional</td>
<td>John Stuemky, MD</td>
</tr>
</tbody>
</table>

### 2014 Southwestern Regional Review Team Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court Appointed Special Advocate</td>
<td>Alma Santiago Juanes, BS, Chair</td>
</tr>
<tr>
<td>Office of Juvenile Affairs</td>
<td>Donna Glandon, JD, Vice-Chair</td>
</tr>
<tr>
<td>District Attorney’s Council</td>
<td>Jason Hicks, JD</td>
</tr>
<tr>
<td>Oklahoma Department of Human Services</td>
<td>Betty Johnson, BA</td>
</tr>
<tr>
<td>Office of the Chief Medical Examiner</td>
<td>Emma Prophet</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Tommy Uptergrove,</td>
</tr>
</tbody>
</table>

### 2014 Tulsa Regional Review Team Members

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Child Abuse Network</td>
<td>Rose Turner, LCSW, MSW, Chair</td>
</tr>
<tr>
<td>Medical Professional</td>
<td>Sara Passmore, DO, Vice-Chair</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Eric Bentz, BS</td>
</tr>
<tr>
<td>Children First, Wagoner County</td>
<td>Sharon Konemann, MS, RN-BC</td>
</tr>
<tr>
<td>Department of Humans Services</td>
<td>Jessica Martin, BA</td>
</tr>
<tr>
<td>District Attorney’s Council</td>
<td>Sarah McAmis, JD</td>
</tr>
<tr>
<td>Safe Kids Tulsa</td>
<td>Susan West, RN</td>
</tr>
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