The Oklahoma Pinnacle Plan:  
An Improvement Plan for Child Welfare Services  
May 2012

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EXECUTIVE SUMMARY

There is no greater purpose than ensuring the safe futures of abused and neglected children. The above quote by Marian Wright Edelman was selected for the powerful way it communicates the critical role of advocating for children. It reflects the mission of Oklahoma’s child welfare professionals—to stand up for children in harm’s way. Each day, under the most difficult of circumstances, child welfare professionals work to keep families together when safely possible. When this is not possible, they search for relatives and resource parents to support children and families so reunification can happen. When reunification is not possible, they work to place children with families where they can lead safe, healthy lives and maintain connections to their kin, culture, and community. The work in child welfare has always been difficult and complex. Oklahoma’s child welfare system has been challenged to do it better.

On January 4, 2012, Oklahoma Department of Human Services (OKDHS) reached an agreement with the plaintiffs in class action litigation DG vs. Yarbrough, Case No. 08-CV-074. As part of this agreement, OKDHS was to develop an improvement plan for child welfare services (Pinnacle Plan) with assistance of key internal and external stakeholders. The Pinnacle Plan details a five-year plan, beginning with State Fiscal Year (SFY) 2013, to address 15 performance areas identified in the agreement. It establishes the direction, expectations, and values from which the workforce will operate with discretion, resulting in a more empowered agency that knows where it is going and why. This will lead to a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. OKDHS must instill a sense of hope and forward progress among the staff and community. The Pinnacle Plan aligns with the OKDHS Mission, Vision, and Values (see Appendix F) and outlines the commitments and critical initiatives that will be implemented to better serve children and their families.

OKDHS is committed to:

- **equity**, where all children, youth, and families have access to and receive unbiased treatment and services.
- keeping children **safe with their families** through prevention services, kinship placements, and timely reunification whenever possible.
- ensuring every child is **safe while in out-of-home care** and custody by **matching them with an appropriate, supportive family** who can provide for their safety and well-being.
- recruiting, retaining, and supporting the **best child welfare staff** and ensuring they have **manageable caseloads and workloads**.
- engaging **local communities** in improving child welfare outcomes. We can’t do it alone.
ASSURANCES

How The Pinnacle Plan Will Drive Improvement in Oklahoma’s Child Welfare Services

OKDHS leadership developed the Pinnacle Plan to provide a clear and action-oriented plan for improving the lives of the children, youth, and families served by the child welfare system. OKDHS will implement the plan well and will condition the agency to work on a range of improvements every day, at all levels, and in all functions. Priorities for change and improvement will be linked to a strong family-centered practice model, reinforcing that model at every turn. This will be accomplished through updated and revised training, structured and supportive supervision, an effective organizational and management structure, quality assurance activities, and public reporting of outcomes. OKDHS needs support of external stakeholders, the community, Oklahoma Legislature, Governor's office, media, and federal partners to make change happen. OKDHS staff is working within their current environmental and budgetary limits as well as influencing these limits to move in a positive, evolutionary direction over time. A critical breakthrough will occur as OKDHS changes, improves, and evolves from an agency constantly criticized and under attack to one praised and recognized for the continued focus on the children, youth, and families it serves.

In summary, the Pinnacle Plan is crafted and timed to address performance deficits to achieve improvement. OKDHS leadership, including the Commission for Human Services, the agency director, and agency staff, are committed to successfully completing this plan and improving the quality of the program and outcomes for children and families.

STRATEGIC COMMUNICATION PLAN

The confidence and trust of both internal and external constituencies was critical to the development of the Pinnacle Plan and is critical to its implementation. This process has been and will continue to be as transparent as possible to create trust and ensure effective two-way communication. While different groups of stakeholders have varied interest levels for information, communications surrounding Pinnacle Plan will continue to be detailed, and the same information will be made publicly available. A specific space on the OKDHS website (www.okdhs.org) is set aside to provide updates on the Pinnacle Plan development.

The purpose of a strategic communications plan is to connect the public with the work of the organization. For this reason, a strategic communications plan was developed for the Pinnacle Plan to identify methods of eliciting feedback and informing the public and key stakeholders of progress. This plan is purposefully aligned with the OKDHS agency-wide Strategic Communications Plan and can be viewed at Appendix C. Because the strategic communications plan is a working document, it is also available at www.okdhs.org.
Pinnacle Point 1

We must expand quality placement options and supports to ensure safety of children in out-of-home care, reduce utilization of shelter care, and improve placement stability.

WHY FOCUS ON MORE PLACEMENT OPTIONS?
One of the most critical areas for improvement in the child welfare program is having an adequate number of foster parents (resource parents). A wealth of experience and research shows children are safer in family settings than in congregate care. Stable families provide children with life experiences they need for healthy physical, emotional, and social development. OKDHS has not been able to meet this need in the past, but that is going to change. Children will be placed with families so they do not experience temporary shelters. Every child deserves to be with a family that meets his/her safety, permanency, and well-being needs. Each child should be matched with a family that keeps him/her with siblings and close to school and community. Each child deserves a family that understands the impact of the trauma experienced by most children entering out-of-home care, helps the child heal from this trauma, and keeps the child even in tough times so the child doesn’t have to change placements.

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

Improvement in this area is critical and cuts across each of the 15 performance areas almost without exception. If every child has the right family, a reduction in abuse and neglect in care, placement instability, shelter care utilization, failed adoptions, and older youth aging out of the system without a permanent family will be achieved. Oklahoma needs 500 additional non-relative resource (foster or adoptive) homes to focus efforts on getting young children out of shelters. OKDHS approved 439 families for non-relative resource homes during SFY 2011; OKDHS will approve 939 new families during SFY 2013 to meet the need. Additionally, Oklahoma needs an increase in Therapeutic Foster Care (TFC) homes to keep youth closer to their families and out of higher levels of congregate care. During SFY2011, OKDHS and TFC agencies approved 89 new TFC families. OKDHS will approve 150 new TFC families to meet this need.
Oklahoma needs new and innovative ways to recruit, retain, and support resources families. OKDHS cannot conduct “business as usual” due to the critical nature of children who need families.

INITIATIVES FOR PINNACLE POINT 1:
Year One (SFY2013)
Initiatives 1 through 7 focus on families who express interest in becoming foster parents but do not complete the approval process. During SFY2011, approximately 5,000 families expressed an interest in either non-relative, kinship, or another type of family foster care, but did not make it through the approval process.

1. First, OKDHS will refocus efforts on exceptional customer service and create a sense of urgency in responding to families interested in becoming resource families. Interviews and surveys have shown approximately 15 percent of families who expressed interest dropped out of the process due to poor customer service. It is possible some families who experienced poor customer service reported a different reason for dropping out of the approval process; thus, this percentage may be greater in actuality. To improve this “pipeline issue,” all staff that has not completed customer service training within the last year will be required to complete customer service training. All staff will be evaluated based on their ability to appropriately and timely respond to potential resource parents.

2. In Oklahoma County, OKDHS will expand the partnership with Oklahoma Lawyers for Children (OLFC) through a volunteer program. OLFC volunteers will be trained to support families moving through the process more quickly by assisting with gathering necessary documents for the home study. This addresses part of the “pipeline issue.”

3. Beginning July 1, 2012, OKDHS will send home studies for both foster care and adoption to contractors for completion. This will enable agency staff to conduct other activities, such as reassess and support current resource families.

4. By September 30, 2012, OKDHS will complete the bidding process to obtain an adequate number of private/public partnerships for the recruitment, support, and retention of non-relative resource parents. New partnerships will provide a seamless customer service experience for families by providing one point of contact for the entire onboarding process, including recruitment, home study, training, and ongoing support. Contracted agency staff will support families as they interact with OKDHS throughout the approval process, during placement and care of children in their homes, and in understanding the child welfare system.

5. If a private provider is not selected for a particular district, OKDHS will ensure the district is allocated adequate staff for recruiting, retaining, and supporting resource families. Program staff will support recruitment staff by:
   a. providing data analysis to determine the number of homes needed to care for the specific population of children entering care in that district;
   b. providing technical assistance in crafting recruitment and retention plans;
   c. assisting new inquiries through the Bridge Support Line, including answering
basic questions, explaining the application packet, completing 10-day and 30-day follow-up calls to check progress, and reporting to the district and regional directors regarding the 10-day and 30-day follow-up calls.

d. ensuring contractors are available for home studies;

e. providing recruitment tools such as foster parent handbooks, recruitment brochures and posters, public service announcements (PSAs), Answering the Call booklets, and the bridge portal (www.okbridgefamilies.com); and

f. assisting with community connections as outlined in Pinnacle Point 7.

6. By December 31, 2012, OKDHS will shorten the length of time expected to complete home studies to 30 days and shorten the length of time from application to certification to no more than 60 days unless the family chooses to extend the process. This will assist with the delay in providing kinship families financial support needed to care for children. This addresses another “pipeline issue.”

7. By June 30, 2013, OKDHS will develop an online application process for individuals interested in becoming resource parents.

Initiatives 8 through 10 focus on supporting and retaining current resource families.

8. Over a five-year period, beginning in SFY 2013, OKDHS will incrementally increase reimbursement rates for resource parents to more closely align with the "Hit the Marc" standards. Monthly reimbursement rates cover the cost of caring for a child, including food, clothing, shelter, daily supervision, school supplies, and personal incidentals. OKDHS realizes a rate increase alone is not likely to improve the recruitment or retention of families; however, it will demonstrate Oklahoma's commitment to its most vulnerable children and the families who care for them. It's the right thing to do.

The below chart reflects the daily and monthly reimbursement rate increases.

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<th>SFY14</th>
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<table>
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<tr>
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9. By June 30, 2013, OKDHS will increase the number of resource parents who access children’s Medical Passport, a web-based program allowing access to children’s records. This passport is critical to ensure resource families have medical and other child-specific information for the child in their care. Through Medical 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.

10. By June 30, 2013, CFSD will develop and implement a placement process that ensures resource parents receive adequate information at placement. Along with Medical Passport access information, OKDHS staff will provide resource parents with a printed copy of the child’s Placement Provider Information Report. This report contains information documented within the KIDS system related to education, health, assessments, strengths, and needs. Although little information may be known at intake, the child welfare specialist (CWS) will provide – at a minimum – information related to any drug allergies, medication, school information, and recent illnesses or critical health information.

Initiatives 11 through 13 set forth OKDHS’ commitment to ensuring young children are cared for in family-like settings.

11. By December 31, 2012, all children under two years of age will be placed in family-like settings.

12. By June 30, 2013, children under six years of age will be placed in family-like settings. Acceptable family-like settings include non-relative foster care, Tribal foster care, kinship, TFC, and lower levels of group home care that have house parents and fewer than eight children in each home. Exceptions may be granted only for the following: large sibling groups that can be placed together, medical facilities, inpatient care, and young children who are placed with their minor mother who is placed in a group home or shelter. This precludes a young child under six years of age from placement in a shelter for an overnight stay, congregate care, OKDHS office, or other non-family-like setting. Any rare exception must be approved by the regional director, documented in the child’s case file, reported to the division director no later than the following business day, and reported to the Director of OKDHS and the Co-Neutrals monthly.

13. By June 30, 2013, OKDHS will develop and implement a system to match children’s needs with the capacities of families to meet those needs. This matching process can be accomplished through the KIDS system.

Year Two (SFY 2014)
Initiatives 14 through 17 focus on improving the placement process and supporting resource families.

14. By July 1, 2013, OKDHS will increase the number of family team meetings (FTMs) intended to prevent placement disruptions. The purpose of an FTM is to make decisions and involve and engage families of children in OKDHS custody. FTMs include parents, caregivers, children, relatives, family friends, child welfare specialists, service providers, members of community groups, and other appropriate community partners.

15. By July 1, 2013, OKDHS will increase the percentage of Native American children whose Tribes are notified so they can be involved in placement and other case decisions. This
will improve compliance with the federal Indian Child Welfare Act (ICWA) and placement stability by locating and supporting the most appropriate resource parent earlier in the process.

16. By September 30, 2013, OKDHS will improve the preparation, training, and support of resource parents by implementing three additional solutions.
   a. OKDHS 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 DVD, for resource parents without web access.
   b. The National Resource Center for Youth Services (NRCYS) will implement a model of support groups (network groups) for resource parents in district 14 (Tulsa metro area) and district 23 (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 three additional counties of the state and continue expanding at a rate of three new counties per year through SFY2017. District 7 (Oklahoma County) will be considered as the next site.
   c. OKDHS will implement a pilot project in district 21 (Cleveland County) 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 supported through an existing relationship with Center on Child Abuse and Neglect (CCAN). This model will be considered for expansion based on the results. If expanded, district 7 (Oklahoma County) and district 14 (Tulsa metro area) will be considered as the next sites.

17. By December 31, 2013, OKDHS will increase the number of cases where initial meetings are held with biological parents and resource parents to open and improve the lines of communication. Child welfare specialists will facilitate initial meetings. This serves multiple purposes, including supporting the resource parent in obtaining critical information about the child directly from the parent; supporting the biological family in alleviating concerns about their child’s placement; reducing the child’s anxiety and concerns of loyalty; and improving placement stability.

Initiatives 18 through 21 focus on improving the quality of service through performance-based contracting and placements in family-like settings.

18. By March 1, 2014, OKDHS will submit for the Co-Neutrals’ approval a contract template for performance-based contracting with foster care agencies and performance metrics by which contracts will be measured. OKDHS will utilize performance-based contracts during the next contracting cycle following approval. Performance metrics will focus on quality of care and success in recruiting the types of homes needed to care for children and youth in need of a particular level of care.

19. By June 30, 2014, children under 13 years of age will be placed in family-like settings. Acceptable family-like settings include non-relative foster care, Tribal foster care,
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kinship, TFC, and lower levels of group home care that utilize house parents and house no more than 8 children in each home. Exceptions may be granted only for the following: large sibling groups that can be placed together, medical facilities, inpatient care, and young children who are placed with their minor mother who is placed in a group home or shelter. This precludes a child under 13 years of age from placement in a shelter for an overnight stay, congregate care, OKDHS office, or other non-family-like setting. Any rare exception must be approved by the regional director, documented in the child’s case file, reported to the division director no later than the following business day, and reported to the Director of OKDHS and the Co-Neutrals monthly.

20. By June 30, 2014, children will be placed in congregate care only if there are specific findings documented in the child’s file that: (a) the child’s needs cannot be met in any other type of placement; (b) the child’s needs can be met in the specific facility requested; and (c) the facility is the least restrictive placement to meet the child’s needs. A description of the services available in the facility to address the individual child’s needs must be documented in the case file. The CFSD Resource Unit program field representative must approve the placement and ensure it is the placement that best meets the child’s needs. The need for congregate care placement shall be reassessed every 90 days, and no child shall remain in congregate care placement for more than six months without approval of the Resource Unit program manager. No child shall remain in congregate care placement for more than 12 months without the approval of the Resource Unit program administrator.

21. By June 30, 2014, shelter care will be used only for short-term placement for youth 13 years of age and older. Appropriate placement will be made within 30 days. Regional directors must approve stays beyond 30 days, and division director must be provided a report for any youth in shelter care for more than 30 days. In no case shall a child remain in an emergency or temporary facility such as a shelter for more than 45 days.

Year Three (SFY 2015)

22. By December 31, 2014, OKDHS will increase the percentage of children who receive trauma screenings at entry into out-of-home care. If the screening is positive, the child will be referred for a trauma assessment, and if indicated by the assessment, the child will receive services. The assessment results will be provided to the child’s resource parents and therapist. This will be accomplished statewide in accordance with the five-year implementation plan at Appendix D.
We must create a system with clear delineation of roles, effective lines of communication, and accountability throughout the system.

ORGANIZATIONAL STRUCTURE

The current Human Services Center structure has been the topic of recent discussions as it relates to the performance of child welfare. OKDHS recognizes weaknesses in the current organizational structure do not allow the agency to meet expectations. One of the drawbacks to the current structure is the separation of field staff from program staff, which creates barriers to effective communication, clearly aligned goals, and support to front-line staff. Another concern is the breadth of management responsibility; with the exception of some metro counties, management is responsible for family support, adult protective and child welfare services.

Several audits, task forces, and expert reports have recommended updating the structure so that child welfare is vertically integrated. OKDHS recognizes the change will provide the greatest opportunity to accomplish the goals of the Pinnacle Plan and fully empower child welfare specialists and supervisors to carry out the agency’s mission. OKDHS is committed to creating a Child Welfare Division (Division), reporting directly to the agency director, with clearly defined decision-making processes and roles, strong functionality, and accountability.

DECISION-MAKING PROCESS

Role Clarity
Before addressing decision-making processes, the roles of those responsible for implementing the Pinnacle Plan must be clarified. It is critical to identify distinct roles within the agency for both developing and executing the Pinnacle Plan.

- The executive team is ultimately responsible for strategic planning and monitoring. The executive team includes the OKDHS Director, division director, regional directors, and deputy directors.
- The division director fills a planning role and is responsible for facilitating strategic planning, managing the Pinnacle Plan, and linking strategic plans with other high-level planning efforts. This effort will be monitored by a deputy director.
- Division and function heads are responsible for leadership platforms, culture,
structure, and models of practice that align to strategy. Division and function heads include regional directors, deputy directors, and program administrators.

- Middle management is responsible for key processes that support implementing strategies. Middle management includes program managers, program field representatives and district directors.
- Front-line staff includes child welfare supervisors and child welfare specialists who are responsible for daily performance in alignment with the strategies.
- The Executive Team and division and function heads are responsible for communicating strategic planning to all participants and intended audiences. The OKDHS Office of Communications will assist the Division, and the Strategic Communication Plan will guide these efforts.
- Human resources, information technology, budget, finance, and other support functions also play critical roles; many of the remedies identified fall within these areas of responsibility and expertise. The OKDHS divisions responsible for these functions have been involved in crafting the Pinnacle Plan and will assist with implementation.

**Decision Making**

Too many case-specific decisions are currently made at higher levels of the agency. These decisions need to be made by child welfare supervisors and specialists who work more closely with children and families. Front-line staff and their supervisors should be empowered to make decisions they believe are the right decisions for children and families without routinely seeking approval from higher authorities. Each program area will be expected to thoughtfully examine policies, procedures, and practice in order to identify decisions that should be made at the local level and craft a communications plan for implementing changes. The shifting of decision-making is not intended to put more work on front-line staff and supervisors, but rather to empower them to make decisions and take action without being bogged down in procedures and levels of approval. When decisions are made at higher levels, there will be an expectation that program staff documents approval in the case file in a consistent way.

**Restructuring Child Welfare**

OKDHS will vertically integrate all child welfare staff; field operations and policy will no longer be separated into two different divisions, and all staff, supervisors and management in the newly integrated division will focus exclusively on child welfare work. This decision was made as part of an overall commitment to improve outcomes for vulnerable children. Vertical integration will positively impact the work and strengthen the ability to deliver a comprehensive continuum of services. The new structure will also improve the capability of child welfare staff to access direct support they need from program staff, making combined efforts even more effective.
OKDHS realizes change is difficult, particularly when it is of this magnitude and significance. With our collective wisdom, integrity, professionalism, and commitment, we will successfully implement the changes needed. The division director will be responsible for all aspects of the child welfare program and will report directly to the OKDHS Director. This structure provides a more narrowly-focused program for management and staff working with families in Child Protective Services (CPS), Family-Centered Services (FCS) and Permanency Planning (PP). This structure provides a clear line of authority from the CWS to the division director, with all staff statewide focused only on child welfare services. The only possible exception is the Oklahoma panhandle, which may require special consideration for the role of the district director.

- CWS I, II and III report directly to a child welfare supervisor. There is one CWS III in each supervisory unit. A CWS III is assigned one half the standard caseload size and also serves as the field training worker for that unit (Pinnacle Point 3 – Initiative 11).
- Child welfare supervisors manage a unit of five CWS, including one CWS III. There is a CWS to child welfare supervisor ratio of 5:1. A higher ratio must be approved by the regional director.
- District directors supervise child welfare supervisors and replace the current county director role in child welfare. District directors cover more than one county in non-metro areas. There is a ratio of child welfare supervisors to district director of 7:1. This ratio is an average, and approval for smaller ratios will be considered between sparsely populated areas of the state to allow for travel time. District directors are expected to regularly travel between offices in their districts.
- Regional directors supervise district directors and replace the current area director role in child welfare. The state is divided into five regions. There is a ratio of district directors to regional director of 8:1. This ratio is an average, and approval for smaller ratios will be considered between sparsely populated areas of the state to allow for travel time.
- The division director supervises five regional directors and three program directors.

New Regions
The state of Oklahoma is separated into 27 districts. Districts are grouped into five regions, each led by a regional director.

- Region One includes districts in the northwestern part of the state.
- Region Two includes districts in the southwestern part of the state.
- Region Three is Oklahoma County.
- Region Four includes districts in the southeastern part of the state.
- Region Five includes Tulsa and a few surrounding districts northeast of Tulsa.
The map below illustrates the five new regions.

New Districts
Oklahoma is currently divided into 27 districts according to district attorneys' responsibilities. The state is also divided into judicial districts; however, because district attorneys are responsible for reviewing CPS assessments and investigations, filing deprived and termination of parental rights petitions, and representing the State of Oklahoma in all court hearings, OKDHS will utilize the district attorney model. The relationship between child welfare staff and district attorneys is critical to achieve positive outcomes for children and families involved in the court process. The redistricting aligns one district director with one district attorney, thereby providing increased opportunities and an expectation for improving relationships and teamwork. Because of the volume of work, the larger metro areas may not provide a one-to-one match of district directors to district attorneys.

The map below illustrates the 27 new districts.
Bridge Unit
This unit, led by a deputy director, will be responsible for providing an adequate number of resource parents. Adoptions and foster care staff will work alongside program staff to support a particular region and will be expected to work closely with regional and district directors. Five adoptions units will be led by a program manager, and five foster care units will be led by a program manager. These units will have the same ratios of CWS to child welfare supervisors (5:1); child welfare supervisors to program managers (7:1); and program managers to program administrators (8:1) as outlined in the previous sections. Staff will be expected to exhibit a sense of urgency regarding child placements.

Quality Assurance and Training Unit
This unit, led by a deputy director, will be responsible for all quality assurance activities, training, mentoring, practice model implementation, and coordination of Pinnacle Plan implementation. Centrally managed by the deputy director, quality assurance and training staff will be assigned to support a particular region and will be expected to work closely with regional and district directors.

Programs Unit
This unit, led by a deputy director, will be responsible for policy, legislation, federal and state reporting, contracts, tribal relations, program integrity, and other supportive functions. Some specialty functions will also be vertically integrated under program staff, such as custody specialists and Child Abuse and Neglect Hotline (Hotline) staff. The custody specialists will be integrated into the CFSD Administrative Support Unit. The hotline director will report directly to the division director.

Support Staff
Each regional director will be assigned a person responsible for human resources and other administrative functions. In the current structure, data analysis was provided by area staff; in the new structure, data analysis will be centrally provided by the Technology and Governance Unit to ensure consistency in the evaluation and utilization of data. The OKDHS Human Resources Management Division (HRMD) will centrally provide support to district directors. Additionally, one support position will be assigned to each of the district directors. To support child welfare supervisors and CWS, an administrative support position will be created as described in Pinnacle Point 3, Initiative 13, and at least one administrative support staff will be assigned to every two child welfare units. Because support staff will not be required to assist child welfare units in two different districts, some offices may employ a greater ratio of support staff to child welfare units.

INITIATIVES FOR PINNACLE POINT 2:
Year One (SFY 2013)
1. By January 1, 2013, integration of all child welfare staff into one division will be completed.
2. By January 1, 2013, OKDHS will clarify the roles of all child welfare staff, leadership and administrative support with written job descriptions and revised performance evaluations.

3. By January 1, 2013, OKDHS will examine each program area to determine if decisions made at the centralized office level could/should be made at the local level for the purpose of empowering front-line staff. Throughout implementation of the Pinnacle Plan, OKDHS will meet with the Co-Neutrals to discuss the organizational structure’s ability to support decentralization of decision-making.

4. By January 1, 2013, OKDHS will examine the function and documentation of case consultation at the centralized office level to ensure program staff is linked to case-specific recommendations when provided.

5. By January 1, 2013, OKDHS will finalize a schedule for regular team meetings for the Division. These meetings will serve to monitor progress on Pinnacle Plan implementation, support staff in carrying out responsibilities, break down barriers, share critical information such as policy updates, and ensure staff is focused on Pinnacle Plan goals. Meetings may occur bi-monthly, monthly or quarterly, and technology such as teleconferencing may be utilized when appropriate to reduce travel.

6. By January 1, 2013, OKDHS will finalize and conduct annually an in-service training program for all levels of the Division to ensure an understanding of the organizational structure, new roles and responsibilities of staff, and the Pinnacle Plan implementation.

Pinnacle Point 3

We must increase the number of staff, reduce turnover, and continue to improve the experience level and practice competencies of staff responsible for day-to-day work on child welfare cases.

WHY FOCUS ON NUMBER OF STAFF AND EXPERIENCE LEVEL?
To achieve positive outcomes for children and families, it is critical to employ a competent, committed, trained, and resourced child welfare workforce that is supported by the community and held accountable by the agency. CWS turnover, in particular, is of concern in Oklahoma. While turnover fluctuates across positions and geographic areas, it has ranged from a low of 16.9 percent to a high of 20.8 percent for all CWS in the calendar year 2011. Turnover and its attendant challenges have a significant fiscal impact and can hurt children and families.
WHAT PERFORMANCE AREAS WILL THIS IMPACT?
Implementing improvements in the area of the child welfare workforce will undoubtedly impact all 15 performance areas, particularly those that address caseload and workload size.

WORKLOAD AND CASELOAD HISTORY
Although caseload size has fluctuated throughout the past five years, it has been significantly reduced overall. OKDHS has been successful in safely reducing the number of children in care, thereby driving down the average number of children in a caseload. Turnover, however, has been at a critical level for the past year; many individuals have described it as a crisis. Turnover and vacancy rates impact caseload size and workload. The amount of time required to post a vacant position, hire a qualified individual, and train a new CWS causes remaining staff to be burdened with higher caseloads and unreasonable work demands. Currently, there are approximately 1,100 CWS in the state. At the end of SFY2012, the training unit will have trained over 500 new CWS, demonstrating a startling and concerning picture of the workforce and staff tenure. CWS leaving the agency, who agreed to respond to a survey, described their supervisors as supportive and the work as rewarding, but described unreasonable work demands, low pay, low morale, and a negative image of the agency as reasons for leaving. Most report they would consider returning to OKDHS if these working conditions changed.

OKDHS conducted a workload study in 1998, but with the changes brought about by revisions to federal and state statutes and the implementation of the practice model, there is not clear agreement on what constitutes a fair workload. The agency has also struggled with the concept of primary and secondary assignments and the role of each CWS within the case.

THE REAL PROBLEMS – HIGH TURNOVER AND DIFFICULTY DEFINING REASONABLE WORKLOAD
- A sound practice model, research-informed assessment tools and interventions, well-written policy, and committed leadership are critical but not sufficient.
- Absolutely nothing will substitute for well-qualified, stable, and well-supported front-line staff — CWS and supervisors — with reasonable workloads.

INITIATIVES FOR PINNACLE POINT 3:
Year One (SFY 2013)
1. The following are the standards for caseloads assigned to CWS, which OKDHS commits to achieve and sustain. The timeframe for implementation of these standards will be set by the Co-Neutrals following approval of the Pinnacle Plan.
   a. CPS: no more than 12 open investigations and/or assessments.
   c. Family-Centered Services (FCS) (prevention): no more than 8 families.
   d. Permanency Planning (PP) (ongoing court involvement): no more than 15 children.
e. Resource (foster care): no more than 22 resources/families. If Resource staff is responsible for completing home studies, the workload standard would be decreased accordingly.

f. Adoption: no more than 8 families and 8 children.

2. Based on an internal workload analysis, OKDHS will request 200 additional CWS positions during the first two years. Additional child welfare supervisors and district directors are needed to supervise the additional CWS.
   a. During Year One, OKDHS will request 100 additional CWS positions and the appropriate number of child welfare supervisors and district directors.
   b. During Year Two, OKDHS will request 100 additional CWS positions and the appropriate number of child welfare supervisors and district directors according to the new caseload standards.

3. By September 1, 2012, OKDHS will develop a tracking system where all work assigned is counted, staff experience and turnover is considered, and the complexity of cases is evaluated. This is subject to review and approval of the Co-Neutrals.

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

5. By January 1, 2013, OKDHS will stop the use of secondary assignments for visiting children in contiguous counties. Exceptions must be very rare and can be granted on a case-by-case basis only if a strong relationship exists between the CWS and child and would be harmful if broken. Rare exceptions must be documented in the child’s case file and approved by the district director.

6. By June 30, 2013, OKDHS will purchase updated technology such as tablets and/or smart phones for child welfare staff.

7. Over a five-year period, beginning in Year One, OKDHS will incrementally increase pay for child welfare staff so that salaries are more competitive with other states. A salary increase alone is not likely to bring about the changes needed in the Oklahoma child welfare system; however, OKDHS is in a workforce crisis. For the past year, it has been very difficult to attract an adequate pool of eligible candidates and retain high-performing staff in a complex and challenging field when salaries are not competitive.

The chart below illustrates monthly salaries for child welfare staff with projected increases.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Current</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWS II</td>
<td>2,624.33</td>
<td>2,821.15</td>
<td>2,990.42</td>
<td>3,124.99</td>
<td>3,218.74</td>
<td>3,307.26</td>
</tr>
<tr>
<td>CWS III</td>
<td>2,894.18</td>
<td>3,111.24</td>
<td>3,336.81</td>
<td>3,570.39</td>
<td>3,802.46</td>
<td>4,040.11</td>
</tr>
<tr>
<td>CWS IV</td>
<td>3,466.10</td>
<td>3,726.06</td>
<td>3,986.88</td>
<td>4,226.09</td>
<td>4,437.40</td>
<td>4,603.80</td>
</tr>
</tbody>
</table>
Year Two (SFY 2014)

8. By July 1, 2013, OKDHS will improve processes for selecting CWS and supervisors by incorporating realistic job previews and selection factors supported by workforce research, including a systematic assessment for selecting CWS.

9. By July 1, 2013, OKDHS will create an intensive training program for child welfare supervisors, including a structured mentoring model for new supervisors. OKDHS will work closely with current supervisors, district directors, and deputy directors to ensure the design of the training and mentoring program is structured in a way that supports implementation of the Pinnacle Plan and improves staff confidence, competency, and management skills. Beginning in June 2012 at the child welfare supervisors’ annual conference, OKDHS will begin soliciting direct input from supervisors on the development of this training plan.

10. By July 1, 2013, OKDHS will hire or contract with licensed clinical professionals to provide training, consultation and ongoing support necessary to embed trauma-focused practice into agency culture and support staff in making difficult decisions about specific cases. The Oklahoma Trauma-Informed System Project Implementation Plan (see Appendix C) provides eight consultants who will support the six lab sites with an additional clinician in Oklahoma and Tulsa Counties. Initially, the consultants will be responsible for training staff on the screening tools and will be available as each site rolls out the trauma-informed plan. Their roles will evolve through the planning process and can be reevaluated as needed. It should be noted the eight clinicians will have support from other clinicians in the community.

11. By July 1, 2013, OKDHS will implement a field training program for all new CWS with intense supervision by tenured staff and the requirement to demonstrate competencies before working independently, similar to the intensity and requirements of training offered to new law enforcement officers.

12. By September 1, 2013, OKDHS will develop and implement a certification program for CWS I-IV which will enable staff to demonstrate required skills and knowledge prior to moving to the next level. This compliments competency exams required of new CWS and ensures staff achieve certain competencies before advancing to the next level.

13. By September 1, 2012, OKDHS will develop, submit for approval, and actively advocate to the Office of Personnel Management (OPM) Division of the Office of State Finance (OSF) a new administrative support job family for CWS. If the newly developed job family is approved by the OPM Division of OSF, OKDHS will assign one position of the newly developed job family for every two child welfare supervisory units.

Year Three (SFY 2015)

14. By January 1, 2014, OKDHS will eliminate the use of secondary assignments for visiting children statewide except in rare and unusual circumstances such as children placed out of state or placed further than two hours from their primary county. In no event will more than five percent of CWS have a secondary assignment for visiting children.

15. By September 2014, OKDHS will double the number of slots available for child welfare staff, from 24 to 48, to attend the Interdisciplinary Training Program in Child Abuse and
Neglect. This program is a graduate level course offered through the University of Oklahoma Health Sciences Center. If selected, child welfare staff can attend at no cost; however, they are responsible for the tuition if they are interested in graduate level college credit. Child Welfare Practice Enhancement Program (CWPEP) student’s tuition is covered.

16. OKDHS will pilot the concept of partnering CWS in teams to improve safety, decision-making, support to families, case information provided to the supervisor, and stress associated with making very tough decisions. Although this is called teaming in some jurisdictions, OKDHS will develop a format and structure of its own.

Pinnacle Point 4

We must use the practice model to achieve timely and appropriate permanency outcomes for all children in our care.

WHY FOCUS ON THE PRACTICE MODEL?
An effective practice model defines how child welfare staff engages families, youth, and the community to meet unique needs of those served by the agency and achieve safety and permanency. Focusing on the best interest of the child and family (biological, extended, informal support, and non-relative placements) will result in improved safety and permanency. Staff will find the most appropriate permanency option for a child by engaging everyone close to the child. The initiatives in this section will focus on using several of the components of the practice model to ensure children achieve timely permanency.

The nine components of the practice model focus on activities that improve safety, permanency, and well-being outcomes for children.

**Standardized Intake** seeks to ensure the state minimizes inconsistencies in how the agency brings families into the system and the priority in which those families are served. This is accomplished through the OKDHS Abuse and Neglect Hotline, where all calls are routed. Specific questions are asked about relatives, non-custodial parents, support systems available to the child and family, and tribal affiliation. All of this information can expedite permanency should the child and family be served by the agency.

**Assessment of Child Safety and Safety Planning** provides information about the child and his/her family. Information is the foundation of safety assessment. Focusing on the six key questions regarding child and family functioning, along with information about the alleged abuse, guides the determination of whether a child is safe or unsafe. Critical thinking is used
when applying the safety threshold and evaluating protective capacities of the person responsible for the child (PRFC). If the child is unsafe, an in-home or out-of-home safety plan must be created. The information gained from this process is critical to ensuring the right intervention occurs for the child.

**Family Team Meetings** are structured, facilitated meetings among all possible family members and a case-specific multidisciplinary team including tribes, as applicable, to collaboratively create plans that effectively address safety, permanency, and well-being; also referred to as family group decision making, family group conferencing, or team decision making.

**Bridge Program** acts as a catalyst for helping children achieve permanency quicker while enabling them to maintain connections in their lives. This program is designed to provide a Bridge family (resource family) that is committed to working with the child's biological family towards the goal of reunification; if reunification fails, the Bridge family is committed to parenting the child. The Bridge family not only provides care for the child, but also acts as a mentor to the child's biological family. This approach views foster care as a service provided to the child’s entire family. Bridge families meet both foster and adoptive program criteria; come from the same community as the child; and are willing to accept and agree to visitation and other types of contact with siblings, extended family and other important people in the child’s life. The Bridge family may be asked to:

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

**Transfer Meetings** ensure continuity of information and services for children and families when cases are transferred. This is a formal process, not just an electronic transfer of the case.

**Concurrent Planning** provides for reunification services while simultaneously developing an alternative plan, if reunification efforts fail or are no longer feasible. Once a child is removed from the custody of the biological parent(s), OKDHS immediately assesses the need for concurrent permanency planning so that permanency occurs at the earliest opportunity. Concurrent planning is required for cases with current or historical familial circumstances that indicate a poor prognosis for reunification.

**Family Functional Assessment and Individualized Service Plan (ISP)** evaluate the family's strengths and protective factors to identify resources that may support the family's ability to
meet its needs and protect the child. The family functional assessment incorporates information collected through the assessment of safety and integrates the information into a behaviorally-based individualized service plan. The process of assessment is ongoing as information is gathered, obtained, and added to the assessment document.

Ongoing Assessment calls for regular monitoring of the parents’ and children’s progress using the components of the Family Functional Assessment and ISP through regular family meetings.

Transition Planning/Permanency Pact Meeting documents the pledge by supportive adults to provide care and specific supports to the youth during and after the transition to adulthood.

Initiatives outlined in Pinnacle Point 4 concentrate on a few specific components of the practice model. These components will improve engagement and collaboration with families and improve permanency for children. The Bridge program focuses on initial meetings, visitation with parents, and one consistent caregiver through permanency for children. Family team meetings focus on engagement and collaboration of families by ensuring extended family members, biological parents, informal supports, and formal supports are all working towards the common goal of ensuring safety and permanency for children. When everyone is on the same page, permanency is achieved more quickly. Permanency roundtables (PRT) focus an entire professional team on finding solutions for one particular youth. The process pushes everyone to “think outside the box,” revisiting previously failed solutions, and inventing new solutions. Systems of Care and trauma-informed services ensure the right services are provided to ensure the child and family’s outcomes actually improve.

INITIATIVES FOR PINNACLE POINT 4: Year One (SFY 2013)
Initiatives focus on enhancing the practice model with a trauma and Systems of Care focus, Permanency Roundtables, family team meetings, and the Bridge Program.

1. As outlined in the Chadwick Trauma-Informed Systems Program (CTISP) implementation plan (Appendix D), OKDHS will enhance practice with trauma-informed initiatives, additional screening tools and a Systems of Care focus. Work will begin in Year One, but will require the five years for full implementation. 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 that help children achieve permanency.

2. By December 31, 2012, OKDHS will identify the next targeted group and number of children to be served in the PRT process which will begin January 2013. PRT are designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players convene to create individual permanency plans for youth in OKDHS custody. Oklahoma has conducted several rounds of PRT focused on different populations of children, including children with the
longest lengths of stay with the goal of adoption and children with the goal of reunification longer than 36 months.

3. By June 30, 2013, OKDHS will conduct and document a family team meeting (FTM) for all new permanency planning cases. The purpose of an FTM is to make decisions and involve and engage families of children in OKDHS custody. FTMs include parents, caregivers, children, relatives, family friends, child welfare specialists, service providers, members of community groups, and other appropriate community partners. This initiative will continue in Year Two with new baselines and targets.

4. By June 30, 2013, OKDHS will increase family visitation between biological parents and children when the case plan goal is reunification. Frequent, purposeful visitation contributes to successful placement and reunification and reduces the time to reunification. Visitations is the single most predictive factor in whether a child is successfully reunified. In keeping with the Bridge model, the resource parent may monitor some of the visitation and the CWS will ensure documentation of the visits. This initiative will continue in Year Two with new baselines and targets.

5. By June 30, 2013, OKDHS will increase initial meetings between biological and resource parents when they can be safely coordinated. Initial meetings are facilitated by the CWS and provide an opportunity for the biological parent and resource parent to interact for the first time after placement. This provides an opportunity for the resource parent to gain valuable information about the child, relieve some of the biological parents’ anxiety about the placement, and sets the path for a supportive relationship for the biological family. Baselines and targets will be established with input from the Co-Neutrals and the data analyst. This initiative will continue in Year Two with new baselines and targets.

Year Two (SFY 2014)
These initiatives focus on decreasing the length of time to adoption finalization, supporting families to prevent adoption disruptions and dissolutions, evaluating staff’s ability to engage and collaborate with families, and analyzing barriers to permanency in district 7 (Oklahoma County) and district 14 (Tulsa metro area).

6. By July 1, 2013, OKDHS will conduct a data analysis of district 7 (Oklahoma County) and district 14 (Tulsa metro area) adoption cases in order to understand trends and issues related to timeliness of adoption after termination of parental rights (TPR). Within ninety days, OKDHS will create and implement strategies to shorten the length of time to adoption finalization for the district(s) experiencing a greater length of time than the state average.

7. OKDHS will support a pilot project for a parenting curriculum and support model for adoptive families, both trial and finalized adoptions. This will be modeled after an evidenced-based program and will be supported through an existing relationship with Center for Child Abuse and Neglect (CCAN). This is also described in Pinnacle Point 1 – Initiative 14d, but it is specific to foster parents in that section.

8. By December 31, 2013, OKDHS will incorporate the use of research-based tools to evaluate the engagement and collaboration of a random sample of families, which is
critical in the practice model.

a. The information will be used by program staff as part of an overall evaluation of practice, training, and policy implementation.

b. The information may be used as part of an overall evaluation and training plan for an individual, unit, county, or region.

c. The tool is completed by a random sample of families and provides feedback to the entire system as part of ongoing quality assurance.

9. By December 31, 2013, OKDHS will conduct an analysis of cases where adjudication has not been achieved timely and where TPR has not been achieved timely. The purpose of the analysis is to determine, what if any, systemic barriers might exist in the system. Within 90 days, OKDHS will create and/or engage external stakeholders in identifying solutions. This analysis will be limited to district 7 (Oklahoma County) and district 14 (Tulsa metro area).

Year Three (SFY 2015)

10. By July 1, 2014, OKDHS will conduct data analysis to determine whether issues exist related to racial disparity. If racial disparity is identified, OKDHS will request additional technical assistance from an outside entity. During the annual supervisors’ conference in SFY 2015, OKDHS will discuss the findings, get feedback from staff regarding possible solutions, and offer conference presenters to discuss the issue of racial disparity. Within 90 days, OKDHS will identify strategies for addressing racial disparity, if present in the system.

Pinnacle Point 5

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 contractors accountable.

WHY FOCUS ON CONTINUOUS QUALITY IMPROVEMENT?

Quality assurance systems are designed with the intention of improving practice. The quality assurance process improves outcomes and is embraced by staff as mission critical if it:

- clarifies roles and holds everyone accountable for their role in ensuring quality;
- directly supports the practice model;
- strikes an effective balance between control and support through continuous improvement and education;
- is administered by quality assurance staff well-versed in current practice and committed to the values in the practice model;
- includes numerous methods for educating staff at all levels about outcomes and
methods for receiving input from front-line staff, families, and children;
• is a continuous process rather than a series of occasional point-in-time data measures and/or annual reviews; and
• involves external stakeholders by encouraging involvement, feedback opportunities, and transparency of results and outcomes.

WHAT PERFORMANCE AREAS WILL THIS IMPACT?
The objective is key to improvement in all performance areas. Without an effective quality assurance program focused on implementation of the practice model and Pinnacle Plan, it is doubtful the 15 performance areas will improve.

THE PROBLEM – OUR PROCESS IS TOO NARROWLY FOCUSED
While OKDHS has many management reports available, OKDHS needs to utilize quantitative and qualitative data analysis to fully develop and integrate processes supporting improved outcomes. OKDHS should incorporate regular use of reports at all levels to generate thoughtful questions, guide further analysis through disaggregation of data, and test change. The agency must ensure garnered data is used to assess performance, and correction must be required when outcomes do not improve. This will require an expansion beyond the current CFSR onsite review process to one that involves staff at every level of the division; all staff members have a responsibility to ensure quality and use the available information to guide decision-making and direction in implementing improvement. OKDHS must move beyond an annual review of each district to a system that involves staff at every level of the division; all staff members have a responsibility to ensure quality and use the available information to guide decision-making and direction in implementing improvement. OKDHS must move beyond an annual review of each district to a system that involves staff at every level of the division; all staff members have a responsibility to ensure quality and use the available information to guide decision-making and direction in implementing improvement.

OKDHS will become an agency that relies heavily on both qualitative and quantitative data to improve outcomes for Oklahoma’s children and families involved in the child welfare system. It is not just about numbers; rather, the numbers represent children and families relying on the system to help ensure positive outcomes. An improved quality assurance system will effectively measure the quality of work and guide leadership and staff in knowing what is and is not working in the system.

INITIATIVES FOR PINNACLE POINT 5:
Year One (SFY 2013)
1. By September 1, 2013, OKDHS will create a Performance Quality Assurance (PQA) team led by a deputy director supervised directly by the division director. PQA will include the use of standardized review processes for measuring casework and outcomes associated with individual children. This team will also develop and provide leadership for a statewide continuous quality improvement plan that involves all staff across the agency as well as external stakeholders, including providers, community
partners, service recipients, and resource parents. The plan will provide ongoing assessment of key processes and metrics; include commitments to evaluate child protection and maltreatment in care investigations; and integrate lessons learned from abuse and neglect in care into ongoing quality assurance and practice improvement. The continuous quality improvement plan will be submitted to the Co-Neutrals by July 1, 2013. The plan is subject to the approval of the Co-Neutrals and, upon approval, will be incorporated into the Pinnacle Plan.

Pinnacle Point 6

We must ensure the safety of children in out-of-home care. We must also ensure children receive regular visitation by the assigned CWS to ensure safety, permanency, and well-being outcomes.

To ensure safety of children in out-of-home care, OKDHS must secure and support the appropriate placement. It is critical to provide accurate and detailed information to the child’s placement so they can plan for the child’s care appropriately. Pinnacle Point 1 contains several initiatives that address this issue.

When there is an allegation of abuse or neglect of a child in out-of-home care, OKDHS must respond swiftly to ensure the child is safe and proceed with a thorough investigation. Regardless of placement type, OKDHS has a responsibility to investigate timely and thoroughly. OKDHS currently has two different processes or systems that investigate reports of abuse and neglect of children in out-of-home care. OCA investigates allegations when children are in higher levels of care, such as group homes, inpatient facilities, and shelters, both OKDHS and privately operated. CPS staff investigates allegations when children are placed in foster care, which includes non-relative care, kinship care, emergency foster care, and TFC. OCA and CPS have different screening processes, investigative processes, timelines for initiation and completion of the investigation, and evidentiary standards, or burden of proof, to determine the appropriate findings.

OCA findings are not currently captured in the KIDS system, which has led to an underreporting of Oklahoma’s abuse and neglect in out-of-home care. Oklahoma, like 14 other states, has not reported abuse and neglect in these higher levels of care to the federal government because it was not incorporated into the KIDS system; however, OKDHS has consistently reported to the federal government this information is not included in annual reporting.
Oklahoma must align the OCA and CPS systems, which will change the way in which some child abuse and neglect in out-of-home care is investigated, measured, and reported. The alignment will be controversial because there will appear to be a spike in abuse and neglect in out-of-home care in Oklahoma beginning in the Federal Fiscal Year (FFY) 2013 federal reporting. The reporting occurs through the annual Child Maltreatment Report, which reflects the National Child Abuse and Neglect Data System (NCANDS) information comparing states across the nation. There will be at least two reasons Oklahoma will see a spike in its reported data that do not necessarily relate to increased abuse or neglect of Oklahoma’s children in out-of-home care.

- Beginning in FFY 2013, OKDHS will include in its federal reporting abuse and neglect in higher levels of care not previously included.

- OKDHS will change the burden of proof required to substantiate allegations in higher levels of care to align with the lower burden of proof used for CPS investigations. In order to substantiate an allegation and make a finding, there will need to be some credible evidence. Because this is the lowest burden of proof, there may be more abuse and neglect substantiated.

Another method for ensuring safety of children is to visit them regularly and ensure an open line of communication is established. Although OKDHS has a strong history of visiting children in their placements, improvements can be made in the quality of visits and continuity of the same CWS visiting the child.

Some Native American children found to be abused or neglected are served by tribal child welfare programs in Oklahoma. In order to ensure these children are safe, tribes have requested access to child welfare history maintained by OKDHS to ensure placements are safe. During the 2012 legislative session, OKDHS will request statutory language to allow child welfare history be made available to any federally recognized tribe seeking to approve individuals as placement resources or appointed as legal guardians.

**INITIATIVES FOR PINNACLE POINT 6:**

**Year One (SFY 2013)**

The first initiative focuses on ensuring consistency in OKDHS’ response to allegations of abuse or neglect when a child is in out-of-home care.

1. OKDHS will implement changes in the investigative process that ensures the safety of children in out-of-home care to ensure consistency in screening, prioritizing, investigating, and reporting findings to the federal government regardless of the level of care.
   a. OKDHS will centralize the screening process at the Hotline. All referrals are screened the same day they are received.
   b. OKDHS will conduct all alleged victims’ interviews in accordance with CPS policy regardless of level of care. Alleged victims’ interviews are attempted the same day as the report.
c. OKDHS will clarify the child’s assigned CWS is monitoring the child’s safety for all levels of care and ensure they receive information about the final report/finding. Guidance will be added to Instructions to Staff (ITS).

d. OKDHS will request rule changes to OCA policy to conform to CPS substantiation protocols for children in OKDHS custody. The burden of proof is some credible evidence.

e. By September 1, 2012, OKDHS will initiate and complete all child maltreatment investigations, whether conducted by CPS or OCA, in accordance with the CPS policy timeframe, which is as follows: all investigations will be initiated the same day for a Priority One report and within two to five days for a Priority Two report. All interviews are completed within 30 days.

f. Until such time data is entered into the KIDS system, OKDHS will manually track and report the data for reporting purposes.

Year Two (SFY 2014)

Year Two initiatives focus on visitation and continuity of the same CWS visiting the child. Completing regular visitations with children is a strength of Oklahoma’s child welfare system; these initiatives seek to improve not the number of contacts but rather the quality and continuity of contacts.

2. By July 1, 2013, OKDHS will require each child in out-of-home care will be visited by the CWS during the child’s first month in placement at least two times and at least one time per month thereafter.

3. By December 1, 2013, OKDHS will require each child in out-of-home care will be visited by the CWS during the child’s first two months in placement at least two times per month and at least one time per month thereafter.

Year Three (SFY 2015)

Initiatives in this section focus on federal reporting and improving services in group homes through trauma-focused services.

4. By January 31, 2014, OKDHS will incorporate data from OCA child maltreatment investigations into NCANDS reporting. Until changes can be made into the KIDS system, the data will be manually tracked.

5. By July 1, 2014, OKDHS will require group home providers to train and support trauma-informed approaches to caring for youth.

6. By July 1, 2014, OKDHS will incorporate a risk assessment and other screening tools, such as the Child Behavior Checklist, for youth entering higher levels of care to ensure group home staff has baseline data and other valuable information about the youth.
The Oklahoma Pinnacle Plan: An Improvement Plan for Child Welfare Services

Pinnacle Point 7

We must engage community partners, other state agencies, the private sector, and Tribes in supporting children and families involved with the child welfare system. OKDHS can’t do it alone.

WHY FOCUS ON PARTNERSHIPS?
Effective partnerships between OKDHS and others in the child welfare system are necessary for OKDHS to successfully discharge its mandated responsibilities related to child safety. OKDHS is only one part of the system that is designed to ensure children are safe and families are served well. Critical relationships and trust must be established between OKDHS and many others such as resource parents, law enforcement, district attorneys, public and private attorneys, court appointed special advocates (CASA), post adjudication review boards (PARB), judges, Tribes, faith-based organizations, community providers, school systems, and the business community. In the recruitment and support of resource families, the private sector can often engage a constituency less accessible to the public sector. Tribes also offer an array of services to support eligible families and children. When all facets of the system work together in a focused and coordinated way, children and families benefit.

THE PROBLEM
The challenges of implementing the new practice model and other constraints as described in the Pinnacle Plan have directed attention to internal operational factors in OKDHS. There is now a need for aggressive, structured efforts to purposefully engage community partners across the state in building the supportive base necessary to accomplish objectives of this Plan and begin supporting children and families in a more effective way.

INITIATIVES FOR PINNACLE POINT 7:
Year One (SFY 2013)

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

2. In collaboration with the OKDHS office supporting faith-based and community initiatives and other external partners, CFSD will finalize a three-year strategic plan
focused on recruitment and support of resource families. An existing group including OKDHS staff and faith-based leaders has continued to grow and gain momentum in supporting children in care and the families who care for them.

3. OKDHS will create an online survey that can be sent to child welfare staff at all levels to assess possible service gaps for particular districts and regions. This will ensure information is collected annually in a systematic way. From the collected information, the highest priorities and strategies to address the service gaps will be determined. Strategies to address service gaps may include improving existing partnerships, creating new partnerships, requesting additional funding, and/or adjusting current budget expenditures. Regional directors will be critical in helping evaluate and craft solutions to gaps in services.

4. Annually, OKDHS will assess the need to expand Comprehensive Home-Based Services (CHBS). These services are currently available statewide; however, as more families are referred to prevent removal of children, stabilize families for reunification, and support resource parents in caring for children, an assessment of the need to expand services should be completed. This assessment must occur with input from regional staff.

5. OKDHS will partner with the Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board for Improving Services, a statewide advisory board focused on building local community partnerships to improve outcomes and services available for children and families involved in the child welfare program. During Year One, two communities of focus will conduct a study to determine existing service gaps. District directors have a critical role in supporting this effort, and OKDHS has dedicated a full-time staff person to support the state advisory board efforts.

6. OKDHS will request the Oklahoma House of Representatives conduct an interim study exploring the agency representation model (OKDHS attorneys) and the prosecutorial model (District Attorneys) currently in place in Oklahoma.

7. By June 30, 2013, OKDHS will review and update the Joint Response Protocols with law enforcement to ensure continued emphasis on working together as a team for the purpose of ensuring children’s safety. This will be critical after the organizational shift from county to district directors.

Year Two (SFY 2014)

8. OKDHS will collaborate with Youth Services Agencies in creating a statewide vision or plan to identify ways to better serve families involved in child welfare as they shift their business model away from shelter usage to more comprehensive services.

9. After the Continuous Quality Improvement (CQI) process is refined, additional information regarding services will be available during onsite reviews. District directors will be required to identify service gaps in their districts annually. Identified service gaps may become part of the district’s PIP, although district directors’ responsibility to resolve the issue may vary. For example, district directors may be expected to partner with a local agency to identify services and help secure such a service through a contract. There may be other service gaps, such as domestic violence or substance abuse services, requiring intervention and support from the executive office of other
agencies and/or organizations; in this situation, the district director’s role is to ensure appropriate staff are notified and the resolution meets local needs.

10. OKDHS, in collaboration with the Oklahoma Indian Child Welfare Association (OICWA) and the Tribal/State Workgroup, will finalize an annual strategic plan for improving outcomes for Native American children. These groups have been meeting for several years. OKDHS will recommend focus on:
   a. Expanding the pilot focused on case reviews for Native American children. This pilot includes the use of a new review instrument to ensure ICWA-compliant placements and positive outcomes for children protected by ICWA.
   b. Designating a Tribal coordinator for each region.
   c. Increasing OKDHS staff who participate in tribal trainings.

11. OKDHS will finalize agency protocols engaging and coordinating services for victims of domestic violence and share these protocols with partner agencies including law enforcement, domestic violence service providers, and other mental health agencies as appropriate.

12. OKDHS will request and support the Court Improvement Program by conducting a pilot program in one to three districts to expand mediation so it occurs earlier in the process of court involvement. Careful consideration will be given to the pilot location to ensure this effort supports the most critical needs in the state.

13. OKDHS will explore the possibility of responding to the screened-out Hotline referrals by offering community services to those families. OKDHS could partner with another state agency, such as the Oklahoma State Department of Health, private agencies, and/or OKDHS staff to provide services in order to prevent an additional Hotline referral from becoming necessary. Services would be voluntary on the part of the family.

14. OKDHS will collaborate with Oklahoma Schools of Social Work to increase the number of social work students interested enrolled in the Child Welfare Professional Enhancement Program (CWPEP).

Performance Areas

In the Pinnacle Plan, OKDHS is to address 15 performance areas identified in the agreement with the plaintiffs in class action litigation DG vs. Yarbrough, Case No. 08-CV-074. Each of the Pinnacle Points is designed to address several performance areas, which overlap with one another. Appendix A illustrates the link between the seven Pinnacle Points and the 15 performance areas. Upon the Co-Neutrals’ endorsement of the Plan, OKDHS has 75 days to finalize the baselines and targets for each of these areas. OKDHS proposes the following measures and alternative measures to be used for regular reporting during the five-year plan.

Performance Area 1: Child Abuse and Neglect in Care.
Measure: Victims of substantiated maltreatment while in foster care during the reporting period per child-care year in foster care.

Performance Area 2: The number of foster homes available for children in need of therapeutic care.
Measure: The number of TFC beds available per child in need of TFC on the last day of the reporting period.

Performance Area 3: The number of foster homes available for children not in need of therapeutic care.
Measure: Traditional foster home beds available per child in need of traditional foster care on the last day of the reporting period.

Performance Area 4: Visitation of children by case workers.
Measure: The percentage of the total minimum number of monthly face-to-face visits that took place during the reporting period between case workers and children in foster care for at least one month during the reporting period.

Performance Area 5: Continuity of visitation by the same case worker.
Measure: The average number of distinct case workers performing monthly face-to-face visits with each child in foster care for at least one month during the reporting period.

Performance Area 6: On an annual basis, the average number of placements experienced by a child two years old or older, excluding the ten percent of children with the least number of changes in placement and the ten percent of children with the highest number of changes in placement.
Alternate Measure: The average number of additional placement settings beyond the first during each 12-month period experienced by a child two years of age or older, excluding the 10 percent of children with the highest number of placement settings.

Performance Area 7: The actual number of placements for each child two years old or older that is in the ten percent of children two years old or older with the highest number of changes in placements.

Performance Area 8: On an annual basis, the average number of placements experienced by a child under two years old, excluding the ten percent of children with the least number of placements and the ten percent of children with the highest number of placements.
Alternate Measure: The average number of additional placement settings beyond the first during each 12-month period experienced by a child under two years of age, excluding the 10 percent of children with the highest number of placement settings.
Performance Area 9: The actual number of placements for each child under two years old who is in the 10 percent of children under two years old with the highest number of placements.

Performance Area 10: As of March 31 and September 30 of each year, the number of children in shelters delineated by even ages (i.e., younger than 2 years, 2 years old to 4 years old, 4 years old to 6 years old, ...).

Performance Area 11: During the same six month time period (April through September and October through March), the average stay in a shelter for each age group identified in subparagraph (10), excluding the ten percent of children with the shortest stay in a shelter and the ten percent of children with the longest stay in a shelter.
   Alternate Measure: Child-care days spent in shelter care during the period.
   Alternate Measure: The percentage of children discharged from the two largest shelter facilities charted from zero to 90 days from shelter admission within three (3) cohorts based on age: Less than one year, one to five years, and over five years of age at admission.

Performance Area 12: The actual length of stay for each child that is in the ten percent of children with the longest stay in a shelter.

Performance Area 13: Permanency (i.e., the child exits the system with a connection to a permanent family).
   Measure: The percentage of children entering their 12th month in foster care during the previous 12 months who are permanent within 24 months of removal.
   Measure: The percentage of children entering their 24th month in foster care during the previous 12 months who are permanent within 36 months of removal.
   Measure: The percentage who exited to permanency among all former foster youth turning 18 during the period who were in care for 12 or more months at age 16.
   Measure: The percentage who exited to permanency among all former foster youth turning 18 during the period who were in care for 12 or more months at age 16 with all parental rights terminated.
   Measure: The percentage of children who are victims of substantiated maltreatment during the six months following discharge from foster care.

Performance Area 14: Adoption (including adoption failure rates)
   Measure: The percentage of children entering foster care during the previous 12 months permanent within 12 months of removal.
   Measure: The percentage of children discharged to adoption during the previous 24 months whose adoptions are reported as dissolved.

Performance Area 15: Caseload
   Measure: Pending
The Oklahoma Pinnacle Plan: An Improvement Plan for Child Welfare Services

March 2012

GLOSSARY

Aging out of the system: Exiting OKDHS custody at the age of 18

Caseload: The count of actual cases (families, children) that a CWS is responsible for

Child behavior checklist: The Child Behavior Checklist (CBCL) is a parent-report questionnaire in which the child is rated on various behavioral and emotional problems. It was first developed by Thomas M. Achenbach and has been one of the most widely-used standardized measures in child psychology for evaluating maladaptive behavioral and emotional problems in preschool subjects aged 2 to 3 or in subjects between the ages of 4 and 18.

Citations:


Related Internet Resources
Achenbach System of Empirically Based Assessment
Information regarding CBCL

Comprehensive Home Based Services (CHBS): In-home and community services provided to families on a voluntary basis or as part of a court-ordered treatment plan. Families receive assistance covering a number of domains including child-rearing and ways to improve parenting, housekeeping and budgeting skills.

Co-neutrals: Kathleen G. Noonan, Kevin M. Ryan, and Eileen Crummy; the three outside child welfare experts who will review the department’s action plan and act as arbiters of any dispute between the plaintiffs and the department.

Congregate care: Placement settings such as shelters, group homes, and residential treatment centers. For purposes of this plan, group homes that utilize shift work are the focus of the initiatives reducing the use of these facilities for children under 13 years of age. This would not include group homes that have house parents and a family-like setting such as Level B and Level C facilities.

Emergency Foster care/home (EFC): Short-term substitute care for children in the custody of OKDHS from birth through five years of age. Care is provided by a contracted agency to meet the child's needs through service coordination and deliver in conjunction with OKDHS
Critical incident review committee: An internal multi-disciplinary review of child death, near-death, or critical incident alleging child abuse and/or neglect. Those routine cases scheduled are those child deaths, near death, and critical incidents in which resulting from suspected abuse or neglect in which:

(A) there is an ongoing permanency planning or voluntary family-centered services case with siblings;
(B) there are siblings named in a substantiated child death or near-death investigation and there is no related ongoing permanency planning or voluntary Family-Centered Services case;
(C) a report of suspected child abuse or neglect has been received within the previous two years;
(D) there have been more than one child death or near-death in the family; and
(E) there is an identified concern about the investigative process or ongoing permanency planning or voluntary family-centered services case.

Family team meeting: A structured, facilitated meeting among all possible family members and a case specific multidisciplinary team including tribes, as applicable, to collaboratively create plans that effectively address safety, permanency, and well-being; also referred to as family group decision making, family group conferencing, or team decision making.

Fidelity Reviews: In the field of program evaluation, the term fidelity denotes how closely a set of procedures were implemented as they were supposed or intended to have been, which can be determined by a "fidelity review".

Finalized adoptions: Adoptions that have been legally finalized.

Group home: A placement setting designed to meet the specific needs of children with physical or behavioral needs that require structure and services of a residential or group setting.

“Hit the Marc” Standards: The Foster Care MARC sets a basic foster care rate. It was calculated by analyzing consumer expenditure data reflecting the costs of caring for a child; and applying a geographic cost-of-living adjustment, in order to develop specific rates for each of the 50 states and the District of Columbia. The Foster Care MARC includes adequate funds to meet a child’s basic physical needs and cover the costs of “normalizing“ childhood activities, such as after-school sports and arts programs, which are particularly important for children who have been traumatized or isolated by their experiences of abuse and neglect and placement in foster care. This has to be indexed for inflation as the study is several years old.

Home studies/home assessments: An assessment of a family interested in becoming a Bridge resource family for OKDHS that is completed by OKDHS staff or by a contractor of OKDHS. The assessment consists of an evaluation of the family’s ability to foster and adopt.
Human Services Centers (HSC): Offices designated as locations to provide core services for the agency, specifically Family Support and Child Welfare; the “hub” in the community for people in need.

Initial meetings: Means a meeting between foster and birth parents, occurring within seven days of placement, for the purpose of holding a facilitated discussion regarding the needs of the child and to begin the process of creating a professional relationship between foster and birth parents.

Joint response protocols: An agreement between law enforcement and child welfare that states when an officer determines a child is in need of immediate protection; a designated child welfare specialist will respond and conduct a thorough safety evaluation to determine what the most appropriate placement option is for the child(ren).

Kinship families “kinship foster family care”: Continuous care provided for a child requiring out of home placement 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(s) or the child prior to the child’s entry into foster care.

Least restrictive: "Least restrictive" means the placement of a child in OKDHS custody in the most home-like situation that meets the child's needs per OAC 340:75-6-85.

Out of home care: The placement and services provided to children and families when children must be removed from their homes because of safety concerns.

Permanency roundtable (PRT): An intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players convene to create individual permanency plans for youth in OKDHS custody.

Practice model: Defines how the child welfare staff engages families, youth and the community in developing and delivering a continuously evolving array of services that meets the unique needs of those served by the agency and leads to desired outcomes.

Primary and secondary caseworkers: Primary caseworker is the assigned CWS in the county of court jurisdiction; secondary caseworker is defined as an assigned CWS in the county of service. A secondary assignment can occur in any county where a parent or child resides.

Resource unit: The unit within Children and Family Services Division that administers the Foster Care, Therapeutic Foster Care, and Tribal Foster Care programs; as well as provides liaison services to tribes located in Oklahoma and the Developmental Disabilities Unit. The Interstate Compact for the Placement of Children (ICPC) program is also administered in this unit.
Screening: The determination of whether allegations meet the definition of child abuse and neglect and are within the scope of Child Protective Services (CPS) assessment or investigation, Per Title 10A of the Oklahoma Statutes.

Shelter host home: Homes that are utilized by Youth Services agencies as a supplement to or in lieu of shelter care for children in OKDHS custody. These homes are recruited, trained, monitored, and reimbursed by Youth Services agencies. Like shelters, they are a temporary placement.

Substantiate: A finding of substantiated means a report in which CPS, after an investigation, and based upon some credible evidence, constitutes child abuse or neglect.

Systems of care: 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 their families with a serious emotional disturbance.

TFC Agencies: Agencies that recruit and certify therapeutic foster homes

Therapeutic Foster Care (TFC): A Residential Behavioral Management service provided in foster home settings. TFC is designed to serve children ages 3-18 with special psychological, social, behavioral, and emotional needs who can accept and respond to the close relationships within a family setting, but whose special needs require more intensive or therapeutic services than are found in traditional foster care.

Trauma assessment: An assessment completed by a mental health provider that drives treatment planning for a child; included in the assessment is a clinical interview, use of objective measures, behavioral observations of the child, and collateral contacts with family, CWS, etc.

Trauma screenings: A brief set of questions aimed at measuring a child’s exposure to trauma and his/her symptoms; is utilized by front-line staff to help determine if a child needs trauma-focused mental health assessment or treatment

Trauma-focused practice: Trauma Informed Child Welfare Practice: is comprised of nine (9) essential elements which are most effective when supported by all parts of the Child Welfare System –CW staff, the court, placement providers, service providers, the school and every system component which touches the child and family’s life. The essential elements are 1) Maximize the Child’s sense of safety; 2) Assist children in reducing overwhelming emotion; 3) Help children make new meaning of their trauma history and current experiences; 4) Address the impact of trauma and subsequent changes in the child’s behavior, development, and relationships; 5) Coordinate services with other agencies; 6) Utilize comprehensive assessments of the child’s experiences to and their impact on the child’s development and behavior to guide services; 7) Support and promote positive and stable relationships in the life
of the child; 8) Provide support and guidance to the child’s family and caregivers; 9) Manage personal and professional stress. ***As defined by the National Child Traumatic Stress Network

**Trial adoptive**: An adoptive placement that has not been legally finalized.

**Workload study**: A study that analyzes how work is being done and how time is spent in order to achieve an estimation of the number of CWS needed to achieve manageable and equitable workloads.

**Workload**: The mathematical representation of ‘caseload” based on time or task