MISSION

WE IMPROVE THE QUALITY OF LIFE OF VULNERABLE OKLAHOMANS BY INCREASING PEOPLE’S ABILITY TO LEAD SAFER, HEALTHIER, MORE INDEPENDENT AND PRODUCTIVE LIVES.

VISION

DHS PROVIDES HELP AND OFFERS HOPE TO VULNERABLE OKLAHOMANS THROUGH STRONGER PRACTICES, INVOLVED COMMUNITIES AND A CARING AND ENGAGED WORKFORCE.

VALUES

• COMPASSION
• RESPECT
• SAFETY
• QUALITY
• INNOVATION
When harnessed appropriately, the winds of change can lead to a needed adjustment in course and greater momentum toward reaching one’s ultimate destination.

The Oklahoma Department of Human Services’ mission never changes: to help improve the quality of life of vulnerable Oklahomans by increasing their abilities to lead safer, healthier, more independent and productive lives. From change comes a renewed momentum to achieve positive outcomes for our citizens and to do so with compassion, respect, safety, quality and innovation.

The energy behind this momentum emanates from the continued support of our governor and state legislature; the cooperation of partners and providers; the focus and dedication of our leadership team and employees; and a refined approach to strategic planning, training, innovation and fiscal responsibility.

As we continue moving forward, we are committed to fulfilling our duty to support those who need us most, resulting in a stronger Oklahoma.
It became clear during the 2015 legislative session that state fiscal year 2016 was going to be a difficult one for DHS. As it turned out, there was a $611 million state budget shortfall and a majority of state agencies received some level of reductions in their appropriations. The DHS share of the cuts for the upcoming state fiscal year was not insurmountable—$11.8 million. However, we also had a $33.4 million shortfall in our agency’s 2015 fiscal year operating budget requiring us to identify additional reductions to make up for that difference.

That deficit was caused by the multi-year cost increases in Child Welfare Services—growth in the number of children in foster care, increases in the number of and the amount of adoption subsidies, and the need for additional child welfare specialists to meet increased workload demands. It was also the third straight year of increases in the state’s required share of the Medicaid match rate for home and community-based waiver programs in Aging and Developmental Disabilities Services.

Our agency had requested additional appropriations the last two years for all these expenses except the child welfare positions, but did not receive appropriations to cover those costs. DHS had been able to cover shortfalls in past years with carry-over funds. Carry-over funds accrue each year when salary costs are saved from positions being vacant for a while and from other unexpended budgeted funds from program and contracts. However, these funds are essentially one-time sources of revenue and not suited for covering continuing operational costs for any length of time. We knew these accumulating costs would eventually catch up to us and carry-over funds would no longer be sufficient. We had reached that point.

Thankfully, Governor Fallin and the legislature continued their strong support of the Pinnacle Plan, appropriating $15.9 million for Year Four of the Plan. Those funds, however, were dedicated exclusively for specified Pinnacle Plan initiatives and could not be used to make up the deficit created by multi-year cost increases, even though the majority of the increases occurred in child welfare programs. The Pinnacle Plan budget also did not cover the extra hiring in child welfare that became necessary. When the Plan was designed, it was based on serving 8,500 kids in care. After the Plan was approved and went into effect in 2012, Oklahoma experienced a steady increase of children over the next few years into the foster care system. To meet the increasing workload demands, we needed to hire several hundred more workers than anticipated and find the funds internally to cover those costs.

The reduced 2016 appropriations coupled with cost increases challenged us to identify $45 million in state dollar budget reductions ($61 million total including federal dollars) at the beginning of the fiscal year. Little did we know at that time the state’s fiscal situation would take an extreme downturn in the form of two revenue failures which further reduced our operating funds by $44 million before we reached the end of state fiscal year 2016.

Continued on page 6
We have faced our financial reality, made the difficult decisions, and I am confident DHS will survive these unsettling times – this agency has been in this place before and still moved forward."
In making all of these reductions, we employed the following framework to guide our decisions: 1) Minimize service impacts to clients; 2) Minimize impacts on employees who work directly with clients; 3) Look first within the department for more reductions than its proportionate share; and, 4) Protect our core services and functions to the greatest extent possible.

The results were not necessarily things we wanted to do, but with certainty I can say our list of reductions was developed thoughtfully and exhaustively within the framework outlined above.

The internal DHS reductions were made in several administrative areas—cutting back budgets for travel, equipment purchases and conferences, many of these to the level(s) spent in 2014 and/or 2015. A planned move to a biweekly payroll period was postponed indefinitely, generating $4.5 million in state dollars we had reserved for the conversion from a monthly payroll process. The amount of payroll lapse (the savings generated while the position is vacant) was reduced. Unspent funds in the federal TANF and Child Care Block grants totaling almost $10 million were used to cover approved services and the associated state dollars were cut.

However, over and above the amount that was saved from those cuts, the total amount of internal DHS reductions needed was more difficult to achieve. In an agency like ours, excluding direct assistance payments to clients, 64 percent of our administrative expenses are personnel costs so that was where we had to look for reductions of significance. For DHS, cutting positions is an especially difficult decision-making process because so much of what we accomplish is carried out directly by our employees.

Through the course of the 2016 fiscal year, the agency reduced 743 positions through six different Voluntary Buy Out Benefits Offers (VOBOs). Including these positions and others cut over the past two fiscal years, our agency has reduced about 1,200 non-child welfare positions. This includes the previous year closures of the Northern and Southern Oklahoma Resource Centers and the Pauline Mayer Children’s shelter. Our total net loss is just under 300 positions as compared to 2013; the total offset by the extensive hiring of additional child welfare specialists.

Continuing to deal with the growing fiscal demands in Child Welfare Services presented unique challenges. Although Child Welfare Services was protected from an overall reduction, the division did make internal cuts and those funds were reallocated to help cover program expenses noted previously. In addition, we added approximately 300 positions at the front-line level. That may seem counterintuitive given our fiscal predicament, but as an integral part of our efforts to address the high number of children who were in our custody and continue progress to reduce workload levels as required by the Pinnacle Plan, we had to have more child welfare specialists.

This annual report includes a three-year comparison of the DHS workforce by service division, showing the increases in Child Welfare Services and the reductions to the workforces of the other program areas.
In addition to the workforce and other internal reductions, we reduced almost all contracts at least to their recent actual expenditure levels and some contracts were eliminated completely. Several contracts for which we had been providing more state dollars than required for the federal match were cut back to the minimum match rate. Other large contracts were reduced by significant percentages.

Even after all of these reductions were identified, we were forced, effective in September 2015, to implement a 3.5 percentage reduction in the rates paid to contract providers in both the Developmental Disabilities Services and Aging Services Medicaid waiver programs. These programs account for $200 million dollars (31.5 percent) of our state-dollar budget. The rate reduction was the only option available to reduce costs in those programs and to ensure those services were funded for the entire fiscal year. We owe a huge debt of gratitude to our contract community partners for continuing to provide services to their clients, even though many of those agencies were operating from razor-thin margins.

As a result of the revenue failures, our agency was experiencing a serious cash flow problem by March 2016 forcing us to delay State Supplemental payments to the Aged, Blind and Disabled population. Clients were paid for the months of April, May and June in July 2016—the first of the 2017 fiscal year.

Altogether, the reductions our agency made accounted for the legislature’s reduced appropriated funding for state fiscal year 2016, the two state revenue failures, and the shortfall in our operating budget. Measured in total dollar impact (federal + state), 64 percent of the cuts were internal to DHS ($38.9 million), 22 percent from contracts ($13.6 million), nine percent from Medicaid waiver provider rate reductions ($5.5 million), and about five percent ($2.8 million) which directly impacted client services.

This was an agonizing process for all of the leadership in this agency. We absolutely want to and should be fiscally responsible, always looking for the most cost-effective ways to provide our services, get the results we need to achieve, and support the operations of the agency.

That said, we certainly would not have chosen to make so many and such large reductions all at once in this one year. But, we have faced our financial reality, made the difficult decisions, and I am confident DHS will survive these unsettling times – this agency has been in this place before and still moved forward. As you will see in this annual report, each program and service area dealt with their share of budget cuts and we continued to the best of our ability to serve the most vulnerable Oklahomans.

Ed Lake
Adult and Family Services (AFS) staff administers state and federal social safety net programs designed to assist low-income Oklahomans with meeting their most basic needs and improving their quality of life. AFS programs include:

- Child Care Subsidy
- Low Income Home Energy Assistance Program (LIHEAP)
- SoonerCare (Medicaid) eligibility
  - State Supplemental Payment (SSP) for the aged, blind and disabled population.
- State Supplemental Payment (SSP)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
SNAP

$884 million worth of food items were purchased through SNAP in SFY 2015 at 2,932 retail grocery outlets including farmers markets.

Child Care

57,125 children received subsidized child care so their parents or caregivers could work or go to school.

Food & Nutrition

874,873 individual Oklahomans and 389,029 families received food through the Supplemental Nutrition Assistance Program (SNAP).

Oklahomans & TANF

2,340 adults participated in the Temporary Assistance for Needy Families (TANF) program on average each month.

84% Maintained Employment

84% of TANF recipients who found employment remained employed for at least six months.
Supplemental Nutrition Assistance Program (SNAP)

SNAP is a 100 percent federally-funded program that helps low-income individuals and families improve access to nutritious food. The average benefit is $3.91 per person per day or $1.30 per meal. Participants use an Access Oklahoma electronic benefits card, similar to a debit card, which is accepted at 2,932 retail grocery outlets, including farmers markets. Altogether, 389,029 Oklahoma families participated in the program in 2016 — 2,000 more than in the previous year. In 2016, DHS distributed $884,328,557 in food benefits — an increase over the previous year.

To improve the SNAP accuracy rate and encourage collaboration, SNAP Quality Control staff moved to AFS from the Office of the Inspector General and AFS contracted with an outside consulting group to examine policy and processes and provide technical assistance to program staff. The SNAP accuracy rate increased in FFY 2015 to 96.28 percent from 94.47 percent in FFY 2014.

AFS continues to partner with DHS Aging Services, the Office of Community and Faith Engagement, and outside organizations to expand the use of SNAP food benefits at farmers markets across Oklahoma. In SFY 2016, 18 farmers markets had sales exceeding $93,000. Through a United States Department of Agriculture
grant, eight farmers markets participated in a new program called Double Up Oklahoma. Through Double Up, SNAP recipients can eat healthier by purchasing up to $40 of fruits and vegetables with $20 of their SNAP benefits at participating farmers markets. Additional farmers markets will be added to this program in SFY 2017.

In SFY 2017, AFS SNAP will be piloting expansion of the SNAP Employment and Training (E&T) program in Oklahoma County through a contractor. SNAP E&T will provide unemployed SNAP recipients with opportunities to reduce barriers to finding and maintaining employment through job search, training and support, vocational education, job retention services, on-the-job training and soft skills development.

### Oklahomans Participating in SNAP

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipients</th>
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<tbody>
<tr>
<td>2012</td>
<td>891,500</td>
</tr>
<tr>
<td>2013</td>
<td>889,100</td>
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<tr>
<td>2014</td>
<td>902,500</td>
</tr>
<tr>
<td>2015</td>
<td>868,000</td>
</tr>
<tr>
<td>2016</td>
<td>874,800</td>
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</table>

### SNAP Value Issued

<table>
<thead>
<tr>
<th>Year</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
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<tr>
<td>2013</td>
<td>$957,400,000</td>
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<tr>
<td>2014</td>
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<tr>
<td>2015</td>
<td>$859,700,000</td>
</tr>
<tr>
<td>2016</td>
<td>$864,300,000</td>
</tr>
</tbody>
</table>
In SFY 2016, AFS helped enroll 151,938 Oklahomans in SoonerCare (Medicaid) on behalf of the Oklahoma Health Care Authority (OHCA). DHS administers the state-funded, federally mandated State Supplemental Payment (SSP) cash assistance program for low-income persons who are 65 years of age or older, disabled, or blind and meet income and resource standards. Persons receiving SSP also receive SoonerCare (Medicaid) benefits.

DHS administers funds from Title V, Children with Special Health Care Needs (CSHCN) which pays for respite care, equipment, diapers, and formula not covered by Title XIX for this population. CSHCN funds also pay for non-Medicaid compensable physician services for children in state custody involved with Child Welfare Services. DHS is partnering with the Oklahoma Family Network to identify coverage gaps and improve transition services across multiple agencies for custody youth with special health care needs turning 18 years of age. The focus will be on developing more comprehensive service providers available to serve this population.

SoonerCare (Medicaid) is the largest payer of nursing home level of care in Oklahoma. DHS staff determines financial eligibility for both the Aging Services Medicaid ADvantage program and nursing home services. To expedite processing of nursing home assistance across the state, AFS partnered with the Oklahoma Association of Health Care Professionals.
Job Training & Education Services

The Temporary Assistance for Needy Families (TANF) program provides parents with time-limited cash assistance, job training, education, and employment services to help families reach and sustain economic self-sufficiency. Families may also receive services such as financial planning, parenting skills and after-school mentoring programs for children.

DHS partners with Oklahoma Works and a network of other state agency partners to address our clients and the larger community’s workforce development needs through education, employment, and training programs that connect people with employment opportunities. Currently, DHS and Oklahoma Works are implementing a one-stop plan to bring business, industry, service providers and job seekers together to promote full employment and wealth creation throughout the state.

<table>
<thead>
<tr>
<th>Year</th>
<th>TANF Adult</th>
<th>TANF Children</th>
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<tbody>
<tr>
<td>2012</td>
<td>9,771</td>
<td>29,543</td>
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<tr>
<td>2013</td>
<td>8,121</td>
<td>26,489</td>
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<td>2014</td>
<td>6,385</td>
<td>23,316</td>
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<tr>
<td>2015</td>
<td>5,605</td>
<td>23,536</td>
</tr>
<tr>
<td>2016</td>
<td>5,327</td>
<td>23,324</td>
</tr>
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</table>
Child Care Assistance

DHS receives and administers the federal Child Care and Development Block Grant which funds, among other things, child care subsidies. Child care subsidies help low-income parents pay for high-quality, licensed child care so they can work and/or complete their education or training. Subsidized child care is also provided to help prevent neglect, abuse or exploitation that can occur when children are left with untrained or unqualified caregivers in environments that are not licensed and monitored. Research has also shown pre-school children who participate in child care programs that provide early education activities are more prepared to enter school. Child care subsidy applications are processed within two business days to ensure parents do not lose their employment or training/education activities and to maintain good working relationships with child care providers. DHS is in the process of revising child care subsidy rules to implement provisions included in reauthorization of the Child Care and Development Block Grant. When fully implemented, the new rules will promote healthy child development and school success by encouraging continuity of care and stability in child care placement.

### Child Care Subsidies

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2013</td>
<td>$126,000,000</td>
</tr>
<tr>
<td>2014</td>
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<tr>
<td>2015</td>
<td>$126,000,000</td>
</tr>
<tr>
<td>2016</td>
<td>$125,000,000</td>
</tr>
</tbody>
</table>
Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP provides winter heating, energy crisis, and summer cooling assistance to eligible low-income households during specific application periods throughout each year and provides funding to the Department of Commerce for weatherization services activities. In SFY 2016:

- 87,770 households received winter heating assistance;
- 3,919 households received Energy Crisis Assistance Program (ECAP); and
- 78,335 households received summer cooling assistance.

Community Engagement & Outreach

AFS is in its fifth year of a community engagement and outreach project utilizing the “Bridges Out of Poverty” curriculum and strategies. DHS works with the Salvation Army and a number of community partners to spark dialogue about the issues faced by individuals living in poverty. A one-day, formal training session is conducted for local community partners and DHS staff.
Continuous Quality Improvement

AFS actively uses the Lean Six Sigma (LSS) business process analysis as the foundation for continuous quality improvement. Over 600 employees have received some level of LSS training. Statewide, regional and county process improvement projects focus on case management, customer service, service delivery and eligibility determination. Some of these projects led to several program refinements and transformation initiatives in 2016.

Since the 2015 implementation of the Collaborative Coaching initiative, over 14,000 work activity observations have been conducted. These observations have resulted in identifying over 4,000 opportunities to improve staff skills and nearly 10,000 opportunities to recognize the quality work being done across the state. 2016 saw federally-recognized program improvements related to this process despite significant AFS staff reductions due to budget cuts.

In 2015, AFS began using the Asset Verification System (AVS), developed by the Oklahoma Health Care Authority, as a financial eligibility tool to more quickly and efficiently process medical applications for aged, blind and disabled clients, including long-term care services. AVS allows staff to view and verify client assets, including account balances, across the United States. Prior to use of AVS, resource verification took approximately 10.25 staff hours per application. With AVS, AFS realized a time-cost savings equivalent to 15 full-time employees for one year.

Using funds from a USDA Food and Nutrition technology grant received in 2014, AFS is in the process of: enhancing its online application and renewal system for easier use on mobile devices; installing Wi-Fi coverage in several county offices; outfitting customer
assistance representatives with wireless tablets; and developing an interview appointment system to improve customer service, benefit access, and standardize practices and procedures for clients and staff.

In conjunction with the DHS Quality Standards initiative, AFS developed an online customer survey to give clients the opportunity to provide feedback about how services are being provided – good or bad. Survey results are sent weekly to the five AFS regional directors for review and distribution to their local offices. County directors use the survey results to identify trends, praise staff for excellent customer service, and initiate coaching when improvement is needed.

This past year, AFS partnered with the DHS Office of Inspector General in surveying local county office directors and administrators about their physical security needs. From those surveys, plans were created to improve the quality, capacity, and safety of DHS offices and to ensure compliance with policies and regulations of state and federal partners.

**Workload Study**

Two years after the completion of a workload study, AFS used the workload tool to redistribute staff and adjust to a sizably reduced workforce. The division is still refining the mathematical model to effectively distribute work, make staffing distribution decisions, and estimate the impact of future process and policy changes.
AFS actively uses the Lean Six Sigma (LSS) business process analysis as the foundation for continuous quality improvement.

14,000 work activity observations have resulted in identifying over 4,000 opportunities to improve staff skills.

Over 600 employees have received some level of LSS training.
Adult Protective Services (APS) provides vulnerable adults ages 18 and older protection from abuse, neglect or exploitation in both private residential settings and long-term care facilities. APS offers protective services to reduce or eliminate the risk of harm and makes referrals for other types of services to meet the needs of vulnerable adults. APS also provides homeless and emergency services, and HIV/AIDS case coordination and information services.

In FY2016, APS faced significant staff reductions due to cuts in DHS’ appropriations and budget. APS changed its practices and responses to calls about self-neglect by a vulnerable adult. Specialists are no longer required to conduct full-scale investigations with formal findings submitted to district attorneys. When APS receives a call, a specialist is sent to the person’s home, conducts an assessment of risk and needs, and engages in service planning to meet that person’s needs. State statute, The Protective Services for Vulnerable Adults Act, was amended to support this practice.
Vulnerable Adults

4,378 vulnerable adults were confirmed to have experienced abuse, neglect, exploitation or self-neglect.

Allegations Addressed

Caretaker Neglect 20.81%
Caretaker Exploitation 16.99%
Non-Caretaker Exploitation 6.99%
Caretaker Abuse 6.57%
Verbal Abuse 4.03%
Financial Neglect 3.69%
Sexual Abuse 0.65%
Abandonment 0.59%
Sexual Exploitation 0.20%
Self-Neglect 39.48%

20,323 reports of possible abuse, neglect, or exploitation of vulnerable adults were received.

6,243 reports of self-neglect, determined to be low-risk, were assigned for follow-up contacts and offers of appropriate services.

9,821 investigations were completed.
Community Adult Protection Services

Each year, thousands of Oklahoma adults suffer from abuse, neglect and exploitation. Many victims are elderly, frail, and vulnerable, and depend upon others to meet their basic needs such as adequate food and shelter, personal hygiene, and medical care.

Private residences were the location of 85 percent of investigations, 10 percent occurred in other types of communal living arrangements, and five percent occurred while the client was temporarily hospitalized or homeless.

Ethnicity of victims of maltreatment

White 58.74%  
Unassigned 26.42%  
Black 6.91%  
American Indian 6.51%  
Hispanic 1.10%  
Asian 0.32%

In addition to protection from abuse and neglect, APS helps vulnerable Oklahomans find and obtain services. APS specialists offered voluntary services in 95 percent of situations investigated. Protective services are offered to vulnerable adults to stop maltreatment and service plans are developed to prevent future occurrences. Vulnerable adults who retain decision-making abilities may voluntarily choose to participate in all, some, or none of the services offered. Unfortunately, some people refuse to accept any intervention and choose to stay in harmful situations.
When ordered by a court, involuntary services through guardianship were provided to five percent of cases investigated. Involuntary services may only be provided for vulnerable adults who are determined to lack decision-making abilities, refuse services, or are in situations where death or serious physical harm is likely to occur.

In addition to the 9,821 investigations which were completed in 2016, 6,243 reports of self-neglect, determined to be low-risk, were assigned to APS specialists for follow-up. In these cases, APS specialists attempted to contact the client and offer appropriate services where needed.

In SFY 2016, APS specialists directly assisted 57 clients with Medicaid hardship situations. At the end of the year, 10 cases remained in process. The 47 closed cases resulted in $175,551.85 in recoupment of Medicaid dollars paid on behalf of an APS client, or recovery of other payments or income for clients.

### Adult Protective Services Referrals

<table>
<thead>
<tr>
<th>Year</th>
<th>Investigated</th>
<th>Substantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-</td>
<td>16,012</td>
<td>8,845</td>
</tr>
<tr>
<td>2013-</td>
<td>15,223</td>
<td>7,925</td>
</tr>
<tr>
<td>2014-</td>
<td>15,010</td>
<td>7,112</td>
</tr>
<tr>
<td>2015-</td>
<td>14,807</td>
<td>6,186</td>
</tr>
<tr>
<td>2016-</td>
<td>9,821</td>
<td>4,378</td>
</tr>
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</table>
Long-Term Care Investigations

In SFY 2016, long-term care investigators received 4,092 reports of abuse, neglect or exploitation of persons residing in nursing facilities. Of these reports, 515 met the criteria for investigation and 466 of the reports were confirmed to have victims of abuse or neglect. An additional 500 reports were referred to other agencies for possible investigation, including the Oklahoma State Department of Health, the Attorney General’s Medicaid Fraud Division, local law enforcement, or the Ombudsman program.

Sixty-one percent of the investigations concerned females while 39 percent concerned males. Fifty-three percent were age 60 and over.

AIDS Coordination & Information Services

AIDS Coordination and Information Services (ACIS) provides comprehensive bio-psychosocial case management and information to individuals diagnosed with HIV/AIDS and their families. The number of Oklahomans served through ACIS has increased 124 percent over the past six years. In addition to case management, ACIS professional care coordinators provide clients with assessments, advocacy, and interventions. They also provide access to community resources and follow-up services to ensure client needs are met. In SFY 2016, ACIS coordinated more than $28 million worth of services for clients who do not qualify for other public benefits administered through DHS. ACIS staff coordinated and connected clients with 5,100 individual services, secured through federally funded programs, private nonprofit organizations, and pharmaceutical programs.
Aging Services (AS) administers community programs that support the rights, independence and quality of life of older Oklahomans.

- ADvantage Program (Medicaid waiver services)
- Adult Day Care program
- Corporation for National and Community Services Volunteer Program
- Senior Employment Services
- Long-term Care Ombudsman program
- Medicaid State Plan Personal Care Services
- Older Americans Act services
- Transportation Services
- 2-1-1 Program funding
Meals For Seniors
More than 6.6 million meals were provided for Oklahoma seniors in SFY 2016.

6,630,634

Employment
97 Oklahomans age 55 and older received help preparing for or finding employment.

ADvantage Program
21,147 older Oklahomans were able to maintain independence and live in their homes because of supports they received through the ADvantage Program.

Long-term Care Ombudsman program
5,914 complaints were investigated by the Long-term Care Ombudsman program regarding residents of nursing homes, assisted living or other similar types of adult care.
Services for Seniors

Studies show people want to maintain their independence and live in their own homes as long as possible and in-home services are a cost effective way for many adults to do so. The ADvantage Program helps frail elders and adults with disabilities live at home with supports and delay assisted living, nursing facility, or similar types of adult care. This program along with Medicaid State Plan Personal Care offer in-home services such as case management, home-delivered meals, home-making services and personal care.

In SFY16, 21,147 older Oklahomans were served in the ADvantage Program at a cost of $187,422,022.
Aging Services administers the federal Older Americans Act (OAA) funds in conjunction with the 11 Area Agencies on Aging (AAA). The AAAs contract with AS and provide a variety of services to persons age 60 and older, regardless of income. Services include: meals (congregate and home-delivered), transportation, legal services, homemaker services and respite for caregivers. Two of the most accessed services are:

- **Congregate and Home-Delivered Meals:** These critical meals are provided for seniors in one of 213 sites statewide or delivered to the recipient’s home. In SFY16, 1,494,956 congregate meals and 1,370,177 home-delivered meals were provided.

- **Long-Term Care Ombudsman:** This program protects the rights of residents in long-term care facilities, including nursing homes, assisted living and similar adult care facilities. An Ombudsman helps advance the quality of life and care available to facility residents. In SFY16, the program investigated 5,914 complaints from residents and family members and 99 percent of those complaints were resolved without law enforcement referral.

### More Than 6 Million Senior Meals Provided

<table>
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<th>Year</th>
<th>Congregate</th>
<th>Home-Delivered</th>
<th>Total</th>
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<tr>
<td>2016-</td>
<td>1,494,956</td>
<td>1,370,177</td>
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Authorized through the OAA and funded by the U.S. Department of Labor, the Senior Community Services Employment Program provides work-based and skill development for adults age 55 and older who are experiencing employment difficulties. Services were provided to 97 seniors in 34 counties in conjunction with contract partners.

In SFY16, the Adult Day Care program had 30 sites across the state serving 611 persons. The program supported 110,400 service days and 662,400 service hours for the year. Half the funding was used to provide services to individuals on the waiting list for developmental disabilities home and community-based waiver services.

### Number of Complaint Allegations Received by Ombudsman Program

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<th>Year</th>
<th>Complaints</th>
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<td>4,502</td>
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<td>2016</td>
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</tbody>
</table>
Transportation services to medical appointments, shopping and other social services are provided across the state through the Federal Transit Administration’s (FTA) Section 5310 program. This program provided funds to more than 150 non-profit organizations and governmental entities to purchase accessible vehicles and provide for transportation of older individuals and persons with disabilities. In SFY16, the program provided 1,439,313 trips for 578,879 riders, and approximately 550 vehicles traveled 7,839,204 miles to do so. The program celebrated its 40th anniversary in 2016.

Aging Services administers three programs under the Corporation for National and Community Services (CNCS) Volunteer Program umbrella. The Foster Grandparent Program matches mentors age 55 and older with school-age children in the public school system. The Senior Companion Program (companions to homebound elders) provides companionship for older adults. The Retired Senior Volunteer Program is the largest program and mobilizes older adults to support community activities in countless ways. In SFY 2016, more than 5,500 CNCS volunteers contributed 1,189,479 hours of services which were worth $25,573,798.

In SFY16, the **FTA Section 5310** program provided **1,439,313** trips for **578,879** riders, and approximately **550** vehicles traveled **7,839,204** miles to do so.
Many people recognize 2-1-1 as an easy-to-remember, free 24-hour telephone number that connects callers with health, mental health, and human service resources. This service now has a consumer portal that allows individuals to access information online as well. Aging Services provides 35 percent of the funding to 2-1-1 which is operated by two contractors -- Heartline in Oklahoma City covering the metro area and the western part of the state and Helpline in Tulsa which covers the eastern side of the state. In SFY16, this service handled more than 325,000 inquiries from Oklahomans seeking a variety of social services.

2-1-1

325,000 inquiries from Oklahomans seeking social services.
Young children experiencing a high-quality early childhood education are better prepared to enter school and have more positive outcomes throughout their lives. Child Care Services’ mission is to ensure Oklahoma families have access to licensed, affordable, high-quality child care where children have the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment. Child Care Services (CCS) licenses all child care services in the state and works in partnership with child care providers, Smart Start Oklahoma, community organizations, tribes, state agencies and other stakeholders to develop services for child care in the community and assist child care facilities in achieving maximum licensing standards. CCS measures the number and quality level of programs and their capacity in order to evaluate access and choice of care for families.
Oklahoma Child Care Services is **Ranked #1** in the nation for standards and oversight of child care homes and **#4** for child care centers.

**RANKED #1**

**Child Care**

57,125 children received subsidized child care so their parents or caregivers could work or go to school.

**Licensed Facilities**

An average of 3,438 child care homes and centers were licensed by CCS each month. These programs provided a monthly average capacity for 124,200 children.
Child Care Programs

CCS tracks the use of subsidized child care to evaluate the percentage of children enrolled by quality criteria level. The number of child care programs and capacity are based on the changing needs of families and can vary greatly based on the local market.

An average of 3,438 child care homes and centers were licensed by CCS each month. These programs provided a monthly average capacity for 124,200 children. CCS issued an average of 38 permits per month to new child care program applicants.

Percent of Children Receiving Child Care Subsidies in 2- and 3-Star Facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>2-Star</th>
<th>3-Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>70%</td>
<td>22%</td>
</tr>
<tr>
<td>2013</td>
<td>69%</td>
<td>25%</td>
</tr>
<tr>
<td>2014</td>
<td>68%</td>
<td>28%</td>
</tr>
<tr>
<td>2015</td>
<td>67%</td>
<td>29%</td>
</tr>
<tr>
<td>2016</td>
<td>66%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Monthly Average Facilities for Child Care Homes and Centers

<table>
<thead>
<tr>
<th>Year</th>
<th>Homes</th>
<th>Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2,485</td>
<td>1,726</td>
</tr>
<tr>
<td>2013</td>
<td>2,281</td>
<td>1,679</td>
</tr>
<tr>
<td>2014</td>
<td>2,181</td>
<td>1,644</td>
</tr>
<tr>
<td>2015</td>
<td>1,996</td>
<td>1,562</td>
</tr>
<tr>
<td>2016</td>
<td>1,899</td>
<td>1,539</td>
</tr>
</tbody>
</table>
Licensing Services

A well-trained licensing staff and regular monitoring visits increase the likelihood of positive outcomes in children’s physical, emotional and cognitive development. In addition to monitoring programs a minimum of three times annually for compliance with licensing requirements and Stars quality criteria, licensing specialists investigate complaints and maintain a database for accountability and parent referrals.

Professional Development Registry

CCS maintains the Oklahoma Professional Development Registry to provide valuable information about the state’s early childhood workforce, such as child care professional turnover, number of professionals in the industry, credentials and professional development needs. In addition, the registry improves the process of approving and tracking professional development of child care professionals.

Monthly Average Capacity for Child Care Homes and Centers

<table>
<thead>
<tr>
<th>Year</th>
<th>Homes</th>
<th>Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>21,916</td>
<td>113,669</td>
</tr>
<tr>
<td>2013</td>
<td>20,114</td>
<td>112,511</td>
</tr>
<tr>
<td>2014</td>
<td>19,165</td>
<td>111,985</td>
</tr>
<tr>
<td>2015</td>
<td>17,622</td>
<td>108,501</td>
</tr>
<tr>
<td>2016</td>
<td>16,766</td>
<td>107,434</td>
</tr>
</tbody>
</table>
Reaching for the Stars

Oklahoma was the first state in the nation to successfully implement a quality rating and improvement system based on quality criteria and tiered reimbursement. The program, “Reaching for the Stars,” helps child care providers improve the quality of the care they provide. Licensed programs that meet quality criteria receive a star rating level and higher reimbursement for child care services. There are four levels within the stars program: One Star, One Star Plus, Two Star and Three Star.

Residential & Child Placing Agency Licensing

The CCS Residential and Child Placing Agency Licensing Program ensures that licensed programs are safe and healthy environments for children and youth in any custody status who are in 24-hour, out-of-home care. This unit licenses and monitors residential programs and child-placing agencies throughout the state and offers a variety of consultative services. This unit is also responsible for investigating complaints regarding noncompliance with licensing requirements or violations of the Oklahoma Child Care Facilities Act.

Licensed programs include: Residential child care facilities, regimented residential programs, children’s shelters, residential treatment facilities, secure care facilities, foster care agencies, adoption agencies, and independent living programs. During SFY 2016, Residential Licensing Services monitored 28 children’s shelters and 75 residential child care programs with a combined capacity of 2,730 children. In addition, the program monitored 67 child-placing agencies.

Number of 2- and 3-Star Child Care Facilities as of June 30

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Star</td>
<td>1,758</td>
<td>1,561</td>
<td>1,502</td>
<td>1,389</td>
<td>1,342</td>
</tr>
<tr>
<td>3-Star</td>
<td>231</td>
<td>248</td>
<td>270</td>
<td>256</td>
<td>258</td>
</tr>
</tbody>
</table>
Child Support Services (CSS) is responsible for establishing, monitoring and enforcing child support orders, and recovering state funds spent on public assistance services. The collection and distribution of reliable child support helps families to be more self-sufficient which decreases reliance on public assistance.

The federal government matches each state dollar appropriated for the program with two more, and coupled with the funds that CSS recovers to reimburse the state for public assistance services and federal incentives earned for performance, the CSS budget of $69 million costs the state only $12.9 million.

Child Support Services include:
- Locating parents
- Establishing legal fatherhood (paternity)
- Establishing and enforcing fair child support orders
- Increasing health care coverage for children through medical support orders
Child Support Services

More than **$367.8 million** was collected from noncustodial parents in support of their children. **$1,779** was the average collected per case.

**$367,800,000**

Children Served

203,000 cases open at the end of the year representing 223,000 children.

**223,000 CHILDREN REPRESENTED**

Established Paternity

20,000 children had paternity established or acknowledged.

Money Recovered

$5.02 was recovered for each dollar expended on the program.

**$5.02 RECOVERED**

*State Child Support programs across the nation measure and report most data during a Federal Fiscal Year (FFY) which ends September 30 each year. The latest data available at the time of this report is for FFY 2015. Some data is collected during a State Fiscal Year (SFY) which ends June 30 each year. Where SFY 2016 data is available, it is included in this report.*
Paternity Establishment


Support Order Establishment

Child support orders are established through a court process. In SFY 2016, 13,000 support orders were established. In the last decade, CSS improved its Support Order Establishment rate from 69 percent in 2005 to 83 percent in FFY2015. The number of cases with orders established during the year increased by 28 percent in ten years. The national average was a decrease of 14 percent over the same 10-year period.

Following Up On Arrearages

Children benefit most from regular, reliable support. When support is not paid, an arrearage accumulates. CSS improved the percentage of cases with Arrears Support Collections from 55 percent in FFY2005 to 62 percent in FFY2015, double the national average improvement.
Total Collections

In SFY 2016, CSS collected $368 million dollars in child support with 203,000 cases open at the end of the year. CSS maintained the nation’s second highest compound annual growth rate in Total Collections from FFY2005 to 2015. This rate of 6.7 percent is more than three times the national average.

Also during the last decade, CSS was 12th in the nation in improvement in collections per ordered case, with a 28 percent increase from FFY2005 to 2015. This increase was 60 percent greater than the national average.
Oklahoma’s results for State Fiscal Year 2016

- Paternity Establishment Percentage – 112.42 percent (comparing one year’s out-of-wedlock births with acknowledged and court-ordered paternities from the next year)
- Support Orders Established – 82.56 percent of caseload
- Current Support Collected – 54.54 percent of amount due
- Arrears Support Collected – 60.93 percent of cases had collections
- Medical Support Orders Established – 93.57 percent of all cases with support orders also had medical support orders established
- Cost Effectiveness Ratio – $5.02 was recovered for each dollar expended on the program

203,000 cases open at the end of the year –
167,000 have an order for child support, of which:

- People Receiving Public Assistance (TANF or children in foster care) – 19,000
- Former Public Assistance Cases – 57,000
- Never On Public Assistance – 127,000

223,000 children under the age of 19 are included in the open cases –

- Children Born Out Of Wedlock – 156,000
- Children Born Out Of Wedlock With (Paternity established or acknowledged) – 133,000

129,000 of the ordered cases received some type of collection over the past year
121,000 have medical support ordered
107,000 of the 176,000 cases with arrears received a collection on those arrears
44,000 new cases opened in SFY 2016 –
28,000 cases involve other states

- 13,000 are cases where the custodial person lives in Oklahoma, but the noncustodial parent lives in another state
- 15,000 are cases where the noncustodial parent lives in Oklahoma, but the custodial person lives in another state
Child Welfare Services (CWS) is committed to improving the safety, permanency and well-being of children and families involved with the system due to abuse or neglect. CWS works to keep families together whenever safely possible. When a child must be removed from the home to ensure safety, CWS searches for relatives or foster parents that can support the child and family while efforts are made toward reunification. When the child and family cannot be safely reunified, CWS focuses efforts to find the child an adoptive family or a guardian to ensure permanent, supportive connections that will last through adulthood.

In SFY 2016, DHS received 80,573 reports of alleged child abuse, neglect, or both, in which 143,404 children were alleged victims. Of those reports, 15,187 children were confirmed to be victims. This year, there were 5,599 children who left state custody and were successfully reunited with their biological families, adopted, or placed in a guardianship situation. This is the highest number of exits from state care in one year since SFY 2009.
Abuse & Neglect

143,404 children were alleged to be victims of abuse and neglect, of those 15,187 children were confirmed to be victims.

Foster Care System

2,244 children were adopted out of foster care, the highest number in one year since 1998.

1,078 new foster care homes were opened.

Permanency

5,599 children exited care to permanency, the highest number of kids since 2009.

Adoption

16,611 children and their adoptive families continue to receive adoption subsidy payments.
Child Abuse & Neglect Hotline

DHS maintains a 24-hour statewide centralized child abuse and neglect hotline to take reports regarding children, younger than 18 years old, believed to be a victim of abuse, neglect or both. Targeted recruitment and hiring has increased the staffing levels at the hotline allowing more calls to be answered timely and with improved quality of the information—all of which are crucial to the safety of children. By the end of fiscal year 2016, the answer rate at the hotline was 98 percent, the highest since the hotline was centralized in 2010. Process improvements have increased the speed at which referrals are identified and assigned to local offices.

Family Centered Services

If a child is found unsafe after an assessment of the family situation, CWS intervenes to assist the family and keep the child safe. One option is Family Centered Services (FCS), which allows the child to remain in the custody of their parents with a safety plan. FCS focuses on the child’s safety, preserves and strengthens the parent’s or caregiver’s ability to keep the child safe and refers them to the community services that will best meet their needs. As of June 2016, there were 708 open FCS cases statewide.
Out-Of-Home Care

Children who are in DHS custody, whether they are in foster care, inpatient care, trial adoption, trial reunification, or similar services, are considered to be in out-of-home care. The goal for most of these children is to return to their own home. DHS has seen over a nine percent decrease in the number of children in out-of-home care from SFY 2015 and 12 percent decrease from SFY 2014. The number of children entering out-of-home care continues to decrease as well since SFY 2014.

Foster Families

Foster families are a vital part of the child welfare system in protecting children from abuse and neglect. When children cannot safely remain with their parents, a match is made with an appropriate foster family. The foster family may be related to the child, have a previous relationship with the child, or be a non-related foster family. Focused recruitment efforts and a new initiative launched by Governor Mary Fallin and DHS, Oklahoma Fosters, made it possible for DHS and contract partners to recruit 1,078 new foster families in SFY 2016. DHS will continue recruitment efforts and supports to foster families until every child has the foster family they need to support, nurture, and keep them safe.
Adoptions

In cases where a child cannot be safely returned to his or her own home, adoption provides permanency for the child. In SFY 2016, DHS staff finalized adoptions for 2,244 children giving them a permanent home. This was the highest number of adoptions in a single fiscal year since SFY 1998 and nearly double the number of adoptions in SFY 2011. There are a few cases where the adoption is not successful and is dissolved. In SFY 2016, there were 31 adoption dissolutions (only 1.4 percent of finalized adoptions). On average, these dissolved adoptions lasted 54 months.

Children exiting state care to permanency

<table>
<thead>
<tr>
<th>SFY</th>
<th>Reunification</th>
<th>Adoption</th>
<th>Guardianship</th>
<th>TOTAL Exits to Permanency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2,216</td>
<td>1,430</td>
<td>439</td>
<td>4,085</td>
</tr>
<tr>
<td>2013</td>
<td>2,421</td>
<td>1,321</td>
<td>439</td>
<td>4,181</td>
</tr>
<tr>
<td>2014</td>
<td>2,625</td>
<td>1,269</td>
<td>499</td>
<td>4,393</td>
</tr>
<tr>
<td>2015</td>
<td>2,700</td>
<td>2,186</td>
<td>535</td>
<td>5,421</td>
</tr>
<tr>
<td>2016</td>
<td>2,816</td>
<td>2,244</td>
<td>539</td>
<td>5,599</td>
</tr>
</tbody>
</table>

Community Partnerships

The partnerships DHS has with various community collaboratives, other state agencies, treatment providers and the Native American Tribes of Oklahoma, help improve outcomes for children and families. National partners such as the Annie E. Casey Foundation and Casey Family Programs provide support to develop innovative solutions that promote safety, permanency and well-being for children and families.
In January 2012, the Oklahoma Department of Human Services settled a class-action lawsuit filed against its foster care system by a child advocacy group. As a result of this settlement, DHS created The Oklahoma Pinnacle Plan which was a detailed plan to improve the foster care system. Funding for the improvements over the past four fiscal years includes $108.8 million earmarked appropriations and an additional $113.7 million DHS has redirected internally to CWS. Progress and achievements to date include:

- DHS has added more than 800 new case workers and supervisors to the child welfare workforce which is being paid 23 percent more due to funding for raises. This has resulted in lower caseloads and less turnover of frontline workers.

- More than 6,500 children have been adopted from the foster care system and more than 10,000 have been successfully reunited with their families.

- DHS and its contract partners have recruited and approved more than 3,000 new foster families who have received an average 36 percent increase in foster care reimbursements.

- The use of emergency children’s shelters has been significantly reduced statewide by 71 percent. DHS has closed one of its state-run shelters and plans to close the second when the last remaining child has been placed.

- DHS has invested in more home-based services to keep many children safe with their families and avoid removals; and, to help correct problems in families that led to the removal of their children so they can be reunited faster.

- DHS has increased public-private partnerships to fund and support services the agency could not offer on its own or with limited state appropriations.
DHS created The Oklahoma Pinnacle Plan which was a detailed plan to improve the foster care system.

DHS added more than 800 new case workers and 23 percent more in raises, resulting in lower caseloads, and less turnover of frontline workers.

More than 6,500 children adopted from the foster care system.

More than 10,000 children have been successfully reunited with their families.
The mission of the Developmental Disabilities Services (DDS) is to enable persons with intellectual and developmental disabilities to lead healthy, independent and productive lives to the fullest extent possible; to promote the full exercise of their rights as citizens of their communities, state and country; and to promote the integrity and well-being of their families.

DDS operates a community service system that supports individuals in the least restrictive and intrusive manner possible. This service system is dependent upon contractual relationships with more than 100 community service agencies around the state that provide the direct care and employment services to the individuals served.
Employment

*RANKED #2* in the nation for persons with intellectual disabilities served who participate in employment.

Medicaid Waiver Services

5,560 persons with developmental disabilities received Home and Community-Based Services through Medicaid Waiver programs.

Community Jobs

61 percent of adults in Developmental Disabilities Services were employed in jobs in their communities – one of the highest percentages in the nation.

State-Funded Services

1,266 individuals with developmental disabilities received state-funded services.

2,079 individuals under the age of 18 received Family Support Assistance Payments.
There are two types of funding for DDS services – federal funds through Medicaid waiver programs and state funds.

Medicaid’s Home and Community-Based waiver programs represent the majority of the services administered through DDS. Medicaid waiver programs allow Oklahoma to capture a high federal dollar match for state dollars appropriated through Federal Medical Assistance Percentages (FMAP). Because waiver programs are expanded Medicaid services, recipients must also be Medicaid (SoonerCare) eligible.

**Persons Receiving Home & Community-Based Waiver Services**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5,051</td>
</tr>
<tr>
<td>2013</td>
<td>5,081</td>
</tr>
<tr>
<td>2014</td>
<td>5,369</td>
</tr>
<tr>
<td>2015</td>
<td>5,610</td>
</tr>
<tr>
<td>2016</td>
<td>5,560</td>
</tr>
</tbody>
</table>

DDS maintains a waiting list for Home and Community-Based Services. When additional state funds are made available, individuals on the list are offered access to services as eligible. However, people on the waiting list are eligible for and often receive services from other programs while they are waiting.

**Persons Waiting For Home & Community-Based Services**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>6,810</td>
</tr>
<tr>
<td>2013</td>
<td>7,044</td>
</tr>
<tr>
<td>2014</td>
<td>6,980</td>
</tr>
<tr>
<td>2015</td>
<td>7,137</td>
</tr>
<tr>
<td>2016</td>
<td>7,405</td>
</tr>
</tbody>
</table>

* DDS does not verify eligibility for Home and Community-Based Services until funding is available.
What we know about those who are waiting for Home and Community-Based Services

DDS focuses on a path toward competitive integrated employment for all people served through employment-first policies. As a result, DDS continues to be ranked second in the nation with 61 percent of adults served being employed in community businesses.

**State-Funded Services**
A number of Oklahomans with developmental disabilities are not Medicaid-eligible for various reasons. For these individuals, there are a limited amount of services funded wholly with state dollars. These services include: sheltered workshop and community-integrated employment services, group home services, and adult day services.

**New Federal Requirements**
DDS continues implementation of new federal regulations regarding Home and Community-Based Services. These new rules define Home and Community-Based settings requirements and ensure individuals receive the same degree of access to the community as those who do not receive services. DDS continues to work with the Oklahoma Health Care Authority to develop the transition plan for these rules to go into effect no later than March 17, 2019.
Quality Services

The National Core Indicators© (NCI) program is a voluntary effort by state agencies to gauge their own performance using a common and nationally validated set of measures. NCI is coordinated by the National Association of State Directors of Developmental Disabilities Services in collaboration with the Human Services Research Institute. NCI has developed a set of more than 100 quality indicators grouped in three main categories:

- Individual Outcomes (such as Satisfaction)
- Health, Welfare and Rights
- System Performance (Access)

DDS uses the comparative data as part of its quality management strategy as well as for supporting evidence for federal requirements. Oklahoma continues to perform well on the national outcomes as indicated by responses from people served:

Satisfaction - People are satisfied with the services and supports they receive.

- 91 percent report they like their home as compared to 90 percent nationwide
- 96 percent report they like their paid community job as compared to 92 percent nationwide

Health - People secure needed health services.

- 98 percent report receiving a physical exam as compared to 89 percent nationwide
- 87 percent report receiving a dental exam as compared to 81 percent nationwide
- 70 percent report receiving an eye exam as compared to 59 percent nationwide

Respect and Rights - People receive the same respect and protections as others in the community.

- 94 percent report staff treats them with respect as compared to 93 percent nationwide

Access - Publicly funded services are readily available to individuals who need and qualify for them.

- 92 percent report receiving the services they need compared to 82 percent nationwide
The mission of the Office of Client Advocacy (OCA) is to ensure the safety, well-being, fair treatment, and promotion of individual rights of persons with intellectual disabilities served by DHS as well as children in state custody living in residential facilities. OCA provides advocacy services, administrative reviews and investigations of abuse, neglect or exploitation of children or vulnerable adults. OCA has three Investigative Units: Children’s Investigations, Vulnerable Adult Investigations, and Specialized Investigations. OCA provides grievance resolution for children and adults who are served by DHS programs and investigates complaints of foster parents.
Abuse & Neglect

1,588 reports of abuse or neglect of children in residential facilities was received with 465 investigations conducted. 89 of those cases had a confirmed victim.

Advocacy

Advocacy services were provided to 1,287 persons with disabilities receiving Developmental Disabilities Services.

Abuse, Neglect & Exploitation

1,342 reports of abuse, neglect or exploitation of vulnerable adults were received with 647 resulting in investigations.

Funds Recovered

$197,933.21 in mismanaged or exploited client funds was recovered and returned to clients.
Investigations involving children in residential care

OCA is charged with the statutory responsibility to conduct investigations for children residing outside their own homes other than in foster care. This would include children living in group homes and mental and behavioral health treatment facilities. Rather than just report investigative findings, OCA has worked to reduce incidences of maltreatment of children in residential settings and improve outcomes. This work has involved collaborating with Child Welfare Services Specialized Placement and Partnership Unit, Child Care Services, Oklahoma Office of Juvenile Affairs, the Oklahoma Hospital Association, and the Oklahoma Health Care Authority.

Children’s Investigations in Residential Facilities

<table>
<thead>
<tr>
<th>Total Referrals Received</th>
<th>Referrals Assigned</th>
<th>Substantiated Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2016</td>
<td>1588</td>
<td>465</td>
</tr>
<tr>
<td>SFY 2015</td>
<td>1510</td>
<td>515</td>
</tr>
<tr>
<td>SFY 2014</td>
<td>1199</td>
<td>371</td>
</tr>
</tbody>
</table>
Investigations involving adults with intellectual and developmental disabilities

OCA is charged with the statutory responsibility of investigating allegations of abuse, neglect or exploitation of vulnerable adults with intellectual disabilities receiving services from Developmental Disabilities Services (DDS). In SFY 2016, OCA received 1,342 reports (referrals) alleging abuse or neglect of vulnerable adults. Of those referrals, 647 were investigated which was a 14 percent increase in investigations from the previous fiscal year.

Referrals and investigations may include multiple victims as well as more than one allegation type (e.g., abuse, neglect, exploitation, financial exploitation, sexual abuse, indecent exposure, sexual exploitation, or verbal abuse).

Vulnerable Adult Allegations Investigated by OCA in SFY 2016 by Client Type

- Hissom Class Members - 254 (12%)
- DDS Facilities - 46 (2%)
- DDS Community - 1779 (82%)
- DDS Group Homes - 93 (4%)
- Home Based Community Waiver - 8 (0%)
Allegations Investigated by OCA in SFY 2016 by Allegation Type

- Abuse - 290
- Abuse with injury - 107
- Financial Exploitation - 200
- Financial Neglect - 100
- Neglect - 973
- Neglect with Injury - 174
- Sexual Abuse - 38
- Verbal Abuse - 298

Vulnerable Adult Investigations

Investigations Completed
- SFY 2016: 588
- SFY 2015: 585

Investigations Assigned
- SFY 2016: 647
- SFY 2015: 554

Total Referrals Received
- SFY 2016: 1342
- SFY 2015: 1465

Special Investigations

A total of 14 cases have been referred to the Specialized Investigations Unit in SFY 2016. Six of the investigations were related to allegations of foster parent retaliation, harassment or discrimination. Four of the investigations resulted in no confirmed findings, while one resulted in a confirmation of harassment and one of retaliation. When an investigation results in a confirmed finding against an agency employee, the agency is mandated by statute to promptly initiate a plan of corrective discipline which could include dismissal of the employee.
Eight of the special investigations were administrative, arising from cases involving a death or near death of a child known to DHS and are assigned at the request of the DHS Director. The investigation is to obtain an independent objective review in order to identify any concerns or recommend systemic changes.

**Advocacy Services**

OCA advocates act as a member of the client’s interdisciplinary support team and assist with resolving issues relating to services, quality of life and care. In SFY 2016, Advocacy Services were provided to 1,287 clients identifying issues with service delivery and successfully resolving 99 percent of cases through informal problem resolution. Seventy-five percent of these cases were resolved in 30 days or less.

OCA offers special advocacy to assist individuals receiving services from DDS with resolving issues related to services they currently have or may need to obtain. OCA provided special advocacy services to 316 individuals in SFY 2016, 268 of these were new referrals.

OCA also received 38 referrals for special advocacy for children in state custody during SFY 2016. This is a 40 percent increase from the previous fiscal year. OCA is expanding special advocacy services for children in state custody who have disabilities to include assistance with educational issues and concerns.

The OCA financial consulting unit received 16 referrals to audit client personal funds, which resulted in the reimbursement of $197,933.21 to clients whose funds had been misused, mismanaged or exploited.
Grievances

The Grievance Program provides a process for children in DHS custody and DDS service recipients to voice complaints and seek timely resolution of their concerns. In SFY 2016, 2,195 grievances were processed which is a seven percent increase from SFY 2015. Ninety-three percent of grievances were resolved at the lowest level.

OK Foster Parent Voices is a grievance and complaint process available for foster parents established through legislation in 2014. The program is in partnership with the Oklahoma Commission on Children and Youth, housed in OCA, and overseen by the Foster Care Ombudsman. In SFY 2016, 283 complaints were filed by foster parents with the majority being resolved at the lowest level of informal problem resolution.

Program Review

The OCA program review serves as an appeal and quality assurance process for investigative findings. In SFY 2015, the program review overturned 38 percent of the substantiated findings made against caretakers. However in SFY 2016, the program review overturned 16 percent of the substantiated findings, indicating improvements in the quality of investigations and reliability of the findings.
The Office of Inspector General oversees and preserves the integrity of DHS programs and services through prevention, detection and prosecution of fraud, waste or abuse by DHS clients, vendors, employees or the public. OIG consists of four units that work together to maintain accountability and integrity in DHS programs and services. In addition, OIG provides administrative oversight of the Office of Background Investigations, which performs a similar accountability role.
SNAP Overpayment

$1,616,982.94 in SNAP overpayments identified through 1,409 completed fraud investigations.

Program Violations

$1,338,600.00 in SNAP program savings and cost avoidance resulting from 575 individuals disqualified for intentional program violations.

Cumulative Restitution

$606,743.25 in cumulative restitution ordered from 18 individuals adjudicated in criminal court.

Cost Savings

$52,611.03 in cost savings identified through audits for compliance with policies and regulations, for performance, and for financial viability.
Administrative Review Unit

The Administrative Review Unit conducts audits of Medicaid and child care assistance cases to ensure accuracy. In SFY 2016, the unit also began screening incoming OIG referrals, conducting preliminary reviews of information received, and then either referring the case for investigation or forwarding the information to the appropriate DHS division for further review. Additionally, the unit reviews interstate data matches to find possible dual participation in SNAP, TANF and Medicaid programs.

Internal Audit Unit

The Internal Audit Unit continues to help ensure accountability and compliance by conducting a variety of audits throughout DHS and of subcontractors including Title III Nutrition Projects. They also conduct audits of licensed child care facilities to ensure compliance with regulations and policies, as well as determining legitimacy of claims filed for reimbursement.
The Investigations Unit continues to implement a redesigned investigative case management system that is more reliable and accessible.

The Office of Background Investigations conducts an average of 60,000 background checks annually.
Information Security Management Unit

The Information Security Management Unit continues to develop a more comprehensive information security awareness program for DHS. The unit also continues to update information security policy that addresses changing technology uses and investigates incidents related to agency information security.

Investigations Unit

The Investigations Unit continued to implement a redesigned investigative case management system that is more reliable and accessible, including a more robust reporting capability. The new reporting capability has assisted OIG in meeting new USDA Food and Nutrition Services reporting requirements.

Office of Background Investigations

The Office of Background Investigations conducts an average of 60,000 background checks annually for licensed child care providers, child welfare resources and families, and DHS employees who are granted certain access and review privileges.
### DHS Budget (Dollars in Billions)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>1.488</td>
<td>1.493</td>
<td>1.456</td>
<td>1.427</td>
<td>1.504</td>
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<tr>
<td>State</td>
<td>0.555</td>
<td>0.583</td>
<td>0.628</td>
<td>0.661</td>
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### Full-time permanent employees

<table>
<thead>
<tr>
<th>Division</th>
<th>SFY 2013</th>
<th>SFY 2016</th>
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</thead>
<tbody>
<tr>
<td>Adult and Family Services</td>
<td>2,070</td>
<td>1,570</td>
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<tr>
<td>Adult Protective Services</td>
<td>198</td>
<td>158</td>
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<tr>
<td>Aging Services</td>
<td>226</td>
<td>188</td>
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<tr>
<td>Child Care Services</td>
<td>183</td>
<td>143</td>
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<tr>
<td>Child Support Services</td>
<td>514</td>
<td>438</td>
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<tr>
<td>Child Welfare Services</td>
<td>2,135</td>
<td>3,096</td>
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<tr>
<td>Developmental Disability Services</td>
<td>1,038</td>
<td>467</td>
</tr>
<tr>
<td>Program Support</td>
<td>494</td>
<td>511</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,858</td>
<td>6,571</td>
</tr>
</tbody>
</table>
DHS employee characteristics

Average Age – 43
Average Years of Service – 10
Number Eligible to Retire – 699
Number Eligible to Retire in 5 Years – 1,276

Male – 1,245
Female – 5,326

DHS Full-time Permanent Employees

- Adult and Family Services – 1,570
- Adult Protective Services – 158
- Aging Services – 188
- Child Care Services – 143
- Child Support Services – 438
- Child Welfare Services – 3,096
- Developmental Disability Services – 467
- Program Support – 511

Total: 6,571

DHS Expenditures

- Adult and Family Services – $1,233,787,037
- Adult Protective Services – $11,872,492
- Aging Services – $132,236,620
- Child Care Services – $20,852,782
- Child Support Services – $61,217,476
- Child Welfare Services – $457,751,681
- Developmental Disability Services – $223,887,525
- Program Support – $121,087,766
- Other (Commodities and Construction) – $46,240,075

Total: $2,308,933,454
(State and Federal dollars)
## STATISTICAL SUMMARY

### FY 2015, 2016

<table>
<thead>
<tr>
<th>Programs</th>
<th>SFY 2016</th>
<th>SFY 2015</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS Expenditures (SFY)</td>
<td>$2,308,933,454</td>
<td>$2,225,555,826</td>
<td>3.75%</td>
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<tr>
<td>Authorized Adoption Placements (SFY)</td>
<td>2,364</td>
<td>2,181</td>
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<tr>
<td>Adoptions Finalized (SFY)</td>
<td>2,244</td>
<td>2,186</td>
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<tr>
<td>Adoption Subsidies (EOFY)</td>
<td>16,611</td>
<td>15,333</td>
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<tr>
<td>Adult Protective Services, Investigations (SFY)</td>
<td>9,821</td>
<td>14,807</td>
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<tr>
<td>Adult Protective Services, Substantiated (SFY)</td>
<td>4,378</td>
<td>6,186</td>
<td>-29.23%</td>
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<tr>
<td>Aging Services, ADvantage Meals (SFY)</td>
<td>3,765,501</td>
<td>3,499,439</td>
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<td>Aging Services, Congregate Meals (SFY)</td>
<td>1,494,956</td>
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<td>Aging Services, Home Delivered Meals (SFY)</td>
<td>1,370,177</td>
<td>1,329,377</td>
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<td>Child Care, Services Provided (MA)</td>
<td>31,713</td>
<td>32,336</td>
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<tr>
<td>Child Care, Licensed Facilities (MA)</td>
<td>3,438</td>
<td>3,558</td>
<td>-3.37%</td>
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<td>Child Care, Licensed Capacity (MA)</td>
<td>124,200</td>
<td>126,123</td>
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<td>Child Protective Services, Substantiated (SFY)</td>
<td>15,187</td>
<td>15,252</td>
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<td>Child Support Services, Collections (SFY)</td>
<td>$367,754,145</td>
<td>$372,188,406</td>
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<td>Child Support Services, Cases (QA)</td>
<td>206,701</td>
<td>207,677</td>
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<tr>
<td>Developmental Disabilities Waivers (EOFY)</td>
<td>5,560</td>
<td>5,610</td>
<td>-0.89%</td>
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<tr>
<td>Out-of-Home Care Placements (EOFY)</td>
<td>9,984</td>
<td>10,942</td>
<td>-8.76%</td>
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<tr>
<td>State Supplemental, Cases (MA)</td>
<td>87,846</td>
<td>88,156</td>
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<td>State Supplemental, Persons (MA)</td>
<td>87,866</td>
<td>88,160</td>
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<td>State Supplemental, Expenditures (SFY)</td>
<td>$29,170,765</td>
<td>$39,471,445</td>
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<td>SNAP (Food Stamp), Cases</td>
<td>389,029</td>
<td>386,974</td>
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<td>SNAP (Food Stamp) Program, Persons</td>
<td>874,873</td>
<td>867,968</td>
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<td>SNAP (Food Stamp) Program, Value (SFY)</td>
<td>$884,328,557</td>
<td>$859,698,221</td>
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<td>TANF, Cases</td>
<td>11,832</td>
<td>12,087</td>
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<td>TANF, Persons</td>
<td>28,651</td>
<td>29,141</td>
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<td>TANF, Expenditures (SFY)</td>
<td>$17,733,636</td>
<td>$17,831,279</td>
<td>-0.55%</td>
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</tbody>
</table>

SFY = State Fiscal Year  
MA = Monthly Average  
EOFY = End of Fiscal Year  
QA = Quarterly Average