Child Welfare Services (CWS)
Oklahoma Department of Human Services (DHS)
Program Improvement Plan (PIP) 2017-2019

PIP 2017-2019 Contacts

Children's Bureau Region 6

State: Oklahoma

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DHS CWS is committed to improving the safety, permanency, and well-being of children served by the Oklahoma child welfare (CW) system. In 2012, DHS settled a class- action lawsuit against the foster care system by the Children's Rights Organization. As a result of the settlement agreement, DHS developed the Oklahoma Pinnacle Plan (Plan). Since 2012, the Plan has been the roadmap for improving outcomes for Oklahoma children involved in the foster care system. Twice a year, DHS provides an analysis that outlines: (1) the strategies employed to improve performance in the areas identified in the Compromise and Settlement Agreement; and (2) the progress toward improving performance. Mandatory reporting includes an update on the performance improvement strategies implemented and, when possible, an assessment of the effectiveness of those strategies. Initial Plan improvements include:

- an increase in foster homes through focus on quality recruitment;
- a decrease in workloads;
- robust new specialist academy;
- specialist certification program;
- increased employee retention;
- statewide rollout of Systems of Care Wraparound Services;
- the closure of one state shelter;
- the elimination of children 2-years of age and younger in shelter care;
- a decrease in the number of children placed in congregate care;

- improvements to data and reporting systems;
- improvements to specialist training; and
- implementation of a continuous quality improvement (CQI) process for maltreatment in care (MIC) reviews.

Oklahoma began its third Child and Family Services Review (CFSR) cycle in March 2016, four years after Plan implementation started. The reviews began April 2016 and concluded September 2016 with the final report out in January 2017. The information gathered during the review process, and other ongoing qualitative reviews, identified four practice areas as mechanisms for system improvement:

1. strengthening and improving quality supervision;
2. continuing enhancement of policy, training, and practice documents/tools;
3. engaging all levels of the workforce in outcomes improvement; and
4. establishing clear communication and intentional collaboration with community partnerships.

The PIP focuses largely on the development and support of supervision to ensure a strong foundation for the direct transfer of learning and accountability from supervisors to frontline specialist. While Oklahoma realized many improvements to systemic barriers, such as decreased caseloads and increased staff retention, the quality and consistency of practice remains as an improvement area. Oklahoma collaborated with the Capacity Building Center for States (CBCS) to develop the *Safety through Supervision Framework* for building the necessary foundation and delivery infrastructure for practice change. The goal of the *Safety though Supervision* framework is to increase the accessibility, practicality, and relevancy of daily supervision to ensure safety and enhance permanency and well-being outcomes for the children and families served. For children and families to reach any positive outcome, **safety** must be the priority. This is true at the front end of the system, beginning with child protective services (CPS) work, and throughout a child's journey in the CW system.

In addition to building supervisor capacity, Oklahoma's PIP also implements strategies to enhance policy and staff guidance; revise training to promote behaviors and competencies needed to improve outcomes; and streamline and align practice documents and supporting tools to ensure clear and consistent messaging about practice expectations. The strategies detail the infrastructure for continuous evaluation and quality assurance at all CWS levels and the necessary, ongoing technical assistance and coaching to support development of knowledge, skills, and abilities necessary to improve outcomes. The strategies build, support, and connect supervisors and specialists to services needed to support families in changing the conditions that led to CW involvement. During the PIP's development, Oklahoma stayed focused on enhancing current improvement efforts and building on the initial Plan improvements. No single goal or strategy is the answer, but together all goals and strategies laid out in this document address the current practices that underlie Oklahoma's performance improvement goals.

Oklahoma adopted a new Practice Model and assessment of child safety process in 2008. Multiple self-assessments and qualitative reviews, semi-annual MIC qualitative reviews and data analysis, recommendations from projects with the Annie E Casey Foundation and Casey Family Programs, and the Round 3 CFSRs made it apparent that the implementation and skill set of frontline specialists and supervisors was negatively impacting outcomes because they did not have the knowledge and skills to effectively implement the Practice Model. Focus on an agency-wide reorganization, the hiring of frontline specialist and supervisors, and implementation of multiple Plan initiatives created a practice gap between state office programs, higher level field management and the direct work of newly hired frontline specialists and supervisors. Goal 1 of Oklahoma's PIP bridges the identified practice gap and supports the transfer of learning and agency knowledge to supervisors so they develop the skills to provide the coaching and mentoring needed to ensure quality work. Root cause analysis led Oklahoma to identify supervision consistency and quality as an area needing improvement. Quality supervision and agency leadership is the foundation for good practice and improved outcomes.

In 2015, Oklahoma partnered with CBCS to develop a practice intervention strategy centered on improving the assessment of safety. After initial root cause analysis and problem exploration with field and state office program staff feedback and collaboration, OK and CBCS began work on developing a supervision framework to operationalize components of the Practice Model that were not fully implemented. The framework revises and updates previous guidance developed during implementation of the Practice Model in 2008. The framework also identifies three supervision strategies to support quality supervision and practice: 1) consistent field observation; 2) intentional case staffing; and 3) monthly specialist conferences. Supervisor practice guides operationalizing the strategies are being developed to provide clear guidance, expectations, and support during implementation. Content of the practice guides and training will be developed using findings from qualitative reviews and key indicator data analysis and will address practice deficits and systemic factors contributing to MIC, permanency and placement stability outcomes. Implementation will be rolled out in five Transformation Zones and will include:

- back-to-basics practice values training for all CW staff;
- safety model training for all staff;
- training for supervisors specific to the purpose and intent of quality supervision;
- initial training on the supervision strategies;
- coaching for supervisors, district directors, and field managers;
- transfer of learning activities; and
- assessment of progress through ongoing CQI reviews and feedback loops to inform implementation.

To ensure sustainability of practice changes after initial implementation of Goal 1, CWS will implement the use of a coaching model and guided application practice (GAP) sessions to provide organizational support for change efforts. Coaching and facilitated GAP sessions are also to support the buy-in of local jurisdiction leadership teams.

Goal 1

Improve the outcomes of safety, permanency, and well-being by **strengthening and supporting quality supervision** so frontline specialists have the knowledge, skills, and abilities to successfully perform their jobs.

Impact

Safety 1 and 2, Permanency 1 and 2, Wellbeing 1, 2 and 3 and Items 1 through 18, 20-24, 27, 36, **MIC**, **timely permanency** and **placement stability**.

Strategy 1.1: Fully implement the Supervision Framework to improve the quality of supervision and transfer of knowledge from supervisors to specialists, with technical assistance from the CBCS, in all CWS programs so safety evaluation, needs assessment, timely permanency, and decision making of frontline specialist is strengthened and improved.

Key Activity 1.1.1: Finalize development of supervisory framework, currently in draft format, to include:

a. clear supervisor purpose, roles, and expectations;
b. discussion guides specific to program areas to ensure critical practice areas, such as safety, family engagement, father engagement, timely permanency, and monthly contacts are addressed through consistent, quality supervision;
c. discussion guides specific to supervision strategy, such as field observation, case staffing, and monthly specialist conferences; and
d. timeframes and requirements for field observation, case staffing, and monthly specialist conferences.

Projected Completion Date:

Quarter 1

Key Activity 1.1.2: Complete initial installation and usability testing of Supervision Framework that includes:

a. development of state implementation team for supervision framework strategies and tool development;
b. regional implementation team;
c. testing in Districts 2, 8, and 26 in Region 1;
d. monthly surveys to collect qualitative and quantitative implementation data;
e. focus groups with specialists, supervisors, district directors, field managers, and regional director in testing sites to provide feedback; and revisions based on feedback.

Projected Completion Date:

Quarter 1

Key Activity 1.1.3: Revise Supervision Framework based on feedback gathered through surveys and focus groups with specialists, supervisors, district directors, field managers, and regional director in test sites from Key Activity 1.1.2.

Projected Completion Date:

Quarter 2

Key Activity 1.1.4: Complete statewide rollout of Supervision Framework through Transformation Zones that includes:

a. staggered initial implementation by regions;
b. development of a training curriculum based on competencies identified as areas for improvement in the CFSR, MIC qualitative reviews, permanency reviews, and ongoing CQI processes to implement quality supervision;
c. back-to-basics training based on competencies identified as areas for improvement in the CFSR and other qualitative reviews and CQI processes for specialists and supervisors to improve practice;
d. state office technical support and consultation;
e. development of process for tracking supervision activities;
f. plan for supervisor reporting to district director and regional director leadership for accountability;
g. coaching and mentoring as requested by district and regional directors and CQI/Quality Assurance (QA) team;
h. changes to data reports and technology systems;
i. evaluation through ongoing CQI/QA process described in Key Activity 1.1.5; and
j. full implementation.

Projected Completion Date:

Begin Quarter 3
Full completion Quarter 8

Key Activity 1.1.5: Develop CQI process for regular review of progress, evaluation and application of Transformation Zone implementation findings to include, but not limited to:

k. formation of a state implementation team;
l. formation of regional implementation teams;
m. ongoing assessment of progress and needs by implementation teams;
n. a state communication plan to disseminate and review progress;
o. ongoing process evaluation and revisions based on feedback from focus groups with specialists, supervisors, district directors, field managers, and regional directors in implementation zones;
p. focus groups/supervisor sharing of challenges and successes in implementation;
q. review of ongoing CFSR/measurement plan data;
r. ongoing revisions to implementation based on CQI process; and
s. sustainability and ongoing revisions post- PIP implementation.

Projected Completion Date:

Begin Quarter 3 and ongoing

Key Activity 1.1.6: Embed Supervision Framework into initial and ongoing training for supervisors in onboarding process, pre-academy activities, and supervisor academy curriculum.

Projected Completion Date:

Begin Quarter 3
Full completion Quarter 8

Strategy 1.2: Develop and implement a state coaching plan to be utilized by supervisors and designated key staff to ensure knowledge transfer from supervisors to child welfare specialists through a consistent coaching process. The coaching plan will be rolled out in transformation zones and will support supervisors in implementation.

Key Activity 1.2.1: Explore and select evidence-based coaching model for use by CWS supervisors.
Projected Completion Date:
Quarter 1

Key Activity 1.2.2: Designate Coaching Initiative Lead.
Projected Completion Date:
Quarter 2

Key Activity 1.2.3: Convene group to identify through consensus the practice competencies to be used during coaching.
Projected Completion Date:
Quarter 2

Key Activity 1.2.4: Develop training curriculum.
Projected Completion Date:
Begin Quarter 2
Complete Quarter 4

Key Activity 1.2.5: Implement coaching in each region that includes:
a. training on purpose and use;
b. state office technical support, when needed;
c. ongoing practice and process evaluation; and
d. coaching and mentoring, when needed.

Projected Completion Date:
Begin Quarter 3
Complete Quarter 8

Strategy 1.3: Enhance the permanency safety consultation (PSC) process, a rapid, permanency safety-focused review with supervisors and their district director, occurring every 90-calendar days on each case from the date of removal, to assist supervisors in specifically targeting safety issues that need correction for achieving timely permanency.

Key Activity 1.3.1: Develop PSC practice guidance that includes the purpose, roles, structure, and accountability expectations for specialists, supervisors, district directors, and field managers.
Projected Completion Date:
Quarter 1

Key Activity 1.3.2: Train and implement PSC practice guidance in each region.
Projected Completion Date:
Quarter 2

Key Activity 1.3.3: Develop PSC quality and fidelity review process to ensure the consistency and quality of PSC practice.
Projected Completion Date:
Quarter 3

Key Activity 1.3.4: Complete implementation of PSC quality and fidelity review process in each region. The process will include:

a. findings feedback loop with district and regional directors to review practice barriers and create action plans to address identified barriers;
b. debriefing with PSC team after fidelity review. The PSC team is comprised of specialists, supervisors, and district director; and
c. ongoing process and fidelity training as requested by district director or identified as a need by the PSC coordinator.

Projected Completion Date:
Quarter 3

Key Activity 1.3.5: Modify initial and ongoing training for supervisors to include training on PSC principles, practice, and procedures.
Projected Completion Date:
Quarter 4

Key Activity 1.3.6: Modify initial and ongoing training for specialists to include training on PSC principles, practice, and procedures.
Projected Completion Date:
Quarter 4

Strategy 1.4: Implement the use of transfer of learning (TOL) activities in targeted performance areas including safety and needs assessment, family engagement, and supporting foster families so staff develops the knowledge, skills, and abilities to implement practice improvement.

Key Activity 1.4.1: Designate TOL Lead to standardize GAP process and ensure implementation and oversight.
Projected Completion Date:
Quarter 2

Key Activity 1.4.2: Develop TOL format and guidance. Select practice areas to be included in sessions.
Projected Completion Date:
Quarter 2

Key Activity 1.4.3: Develop TOL curriculum and training outline.
Projected Completion Date:
Quarter 3

Key Activity 1.4.4: Develop and implement plan for staggered rollout to support practice change and transfer of learning in the Transformation Zones. TOL implementation will also include plan to continue/sustain practice change post PIP implementation.
Projected Completion Date:
Begin Quarter 4
Complete Quarter 8

Strategy 1.5: Implement a group to provide mentoring and guidance to frontline specialist assigned to youth with the case plan goal of Planned Alternative Permanent Placement (PAPP) to explore and expedite permanency for older youth at risk for aging out of care without permanency.

Key Activity 1.5.1: Develop job duty descriptions and competencies for a permanency expediter (PE) based off findings from qualitative reviews and focus groups with youth in care.
Projected Completion Date:
Quarter 1

Key Activity 1.5.2: Develop training curriculum for permanency expediter work.
Projected Completion Date:
Quarter 1

Key Activity 1.5.3: Develop tracking and reporting process for permanency expediter work.
Projected Completion Date:
Quarter 1

Key Activity 1.5.4: Hire and train permanency expediters.
Projected Completion Date:
Quarter 1 and ongoing

Key Activity 1.5.5: Develop process for soliciting ongoing input from alumni teens and teens assigned permanency expediters on PE activities and permanency ideas.
Projected Completion Date:
Quarter 1 and ongoing

Key Activity 1.5.6: Implement process for sharing information learned by PE with CWS, supervisors and leadership. Use information to make changes to policy, training and other services for youth.
Projected Completion Date:
Quarter 2 and ongoing

Oklahoma's 2008 Practice Model implementation efforts included changes to the initial safety assessment, ongoing safety and needs assessment, individualized service plans, the use of family meetings in decision making; enhancements to the technology system, and multiple changes to policy and training. The changes were implemented statewide with minimal site testing or continuous feedback to inform implementation. Oklahoma remains committed to the current safety and needs assessment process and the Practice Model. Ongoing CQI efforts identified gaps in the ability of frontline specialist to use the initial assessment process to build on throughout the life of a case. Focus groups with specialists, supervisors, district directors, field managers, and program staff identified as practice barriers the documentation fields in the state technology system and multiple forms and processes that were intended to support quality implementation. The documents used at different stages of assessment and planning are disjointed and policy is sometimes convoluted and challenging for frontline CW specialists to understand and utilize.

Goal 2 was developed in response to the qualitative reviews and analysis from CFSRs and other ongoing qualitative reviews and CQI efforts, as well as workgroups/focus groups including representatives from all programs, leadership and field specialists. Clear messaging around family involvement and engagement as well as revisions to documents, support tools, reports, data elements, and policy will make it easier for staff to meaningfully implement the Practice Model and CW values. The strategies in Goal 2 refine and clarify expectations, guidelines, and tools for supervisors and specialists to engage in quality practice. These changes ensure that all points of contact a specialist and supervisor has with policy, guidelines, reports, and the technology system are aligned and reinforce agency expectations and values at all times.

Goal 2

Ensure safety, permanency, and well-being for children and families by **enhancing and aligning policy, training, and practice documents and tools** to support quality initial and ongoing engagement and assessments for consistent practice throughout the case.

Impact

Safety 1 and 2, Permanency 1, Wellbeing 1 and Items 1 through 18 and 20 and 36, **MIC, timely permanency** and **placement stability.**

Strategy 2.1: Standardize safety evaluation process across all programs to improve quality of initial and ongoing safety and needs assessments, enhancing decision making so that children are safe and achieve timely permanency.

Key Activity 2.1.1: Complete assessment of current safety and needs assessment practice guidance in Instructions to Staff (ITS), training, tools, contact guides, and Safety Guidebook for all programs.

Projected Completion Date:

Quarter 1

Key Activity 2.1.2: Revise and integrate the Initial Assessment of Child Safety, Ongoing Assessment of Child Safety, and Family Functional Assessment into one ongoing process based on results of Key Activity 1.2.1.

Projected Completion Date:

Quarter 2

Key Activity 2.1.3: Implement revised/integrated Initial Assessment of Child Safety, Ongoing Assessment of Child Safety, and Family Functional Assessment in Region 1.

Projected Completion Date:

Quarter 3

Key Activity 2.1.4: Revise and enhance the safety and needs assessments practice guidance in ITS, training curriculum, tools, contact guides, and Safety Guidebook for all programs utilizing information and data obtained from Key Activities 1.2.1, 1.2.2, and 1.2.3.

Projected Completion Date:

Quarter 5

Key Activity 2.1.5: Complete statewide staggered implementation of revised/integrated Initial Assessment of Child Safety, Ongoing Assessment of Child Safety, and Family Functional Assessment. Implementation will include:

a. training;
b. state office technical support;
c. ongoing evaluation;
d. oversight plan;
e. coaching and mentoring, as needed; and
f. ongoing fidelity reviews post-implementation.

Note: Strategy 2.1 will be part of transformation zone work see Key Activity 1.1.4 for additional implementation activities in these zones.

Projected Completion Date:

Begin Quarter 3
Complete Quarter 8

Strategy 2.2: Develop and implement practice guidelines that will help ensure family engagement throughout all points of contact in a case so children maintain permanent connections to kin, culture, and community.

Key Activity 2.2.1: Convene work group consisting of program and field representatives, specialists, supervisors, district directors, and field managers to review current family engagement and diligent search policy, ITS, training and tools used by permanency planning, CPS, foster care, and adoptions. Work group will complete the:

a. review of policy, ITS, and guidance on family engagement and diligent searching;
b. make recommendations for changes to the above based on review, CFSR, and ongoing CQI findings;

c. develop plan to gather and apply feedback from parents and relatives in development;
d. development of family engagement tagline and marketing tools to be used to promote family engagement, preserving connections, and ongoing diligent family searching; and
e. development of memo for release with guidance and policy changes prior to official policy changes.

Projected Completion Date:
Quarter 1

Key Activity 2.2.2: Amend training and guidance to include specific expectations and procedures for ongoing family engagement efforts.
Projected Completion Date:
Quarter 4

Key Activity 2.2.3: Reinforce family engagement through training and transfer of learning activities in Transformation Zones. Link to rollout of Strategies 1.1 and 2.1.
Projected Completion Date:
Begin Quarter 3
Complete Quarter 8

Key Activity 2.2.4: Revise policy and ITS noting the lag time for official changes based on the rule promulgation schedule.
Projected Completion Date:
Quarter 5

Key Activity 2.2.5: Implement enhanced kinship recruitment efforts that include:
a. convening a workgroup to develop process;
b. selection of target sites;
c. designation of kinship recruiters; and
d. evaluation of efforts through ongoing CQI/QA process.

Projected Completion Date:
Begin Quarter 2
Complete Quarter 6

Strategy 2.3: Revise parent contact screens, reports, and guidance to increase the quality and consistency of parent contacts to help meet a family's needs and improve timely reunification.

Key Activity 2.3.1: Develop definition and consistent expectations of what is required during monthly specialist contacts with parents including frequency, documentation, safety, permanency, and well-being elements. Use findings from CFSRs, qualitative reviews and permanency analysis to inform development of definition and expectations.
Projected Completion Date:
Quarter 2

Key Activity 2.3.2: Revise parent contact report adding next contact due dates for supervisor and district director management and oversight use. Provide training to district directors and field managers on how to utilize report changes.

Projected Completion Date:

Quarter 4

Key Activity 2.3.3: Enhance expectations and accountability for parent contact, using report from Key Activity 2.3.1, with an emphasis on contact with fathers in initial and ongoing supervisor and specialist training. Communicate expectations through:

a. policy/ITS updates;
b. initial and ongoing specialist training;
c. supervisor quarterly training;
d. regional leadership data review; and
e. supervisory oversight through coaching and supervision framework activities and reporting.

Projected Completion Date:

Quarter 5

Key Activity 2.3.4: Enhance Parent Contact Guide in technology system to include elements of the Ongoing Assessment of Child Safety. Revisions will reinforce expectation and guidance that monthly contact with parents operationalizes the ongoing assessment of child safety.

Projected Completion Date:

Quarter 6

Strategy 2.4: Increase quality of child contacts to improve safety and needs assessments during monthly specialist visits.

Key Activity 2.4.1: Develop definition and consistent expectations of what is required during monthly specialist contacts with children. Use findings from CFSRs, qualitative reviews and permanency analysis to inform development of definition and expectations.

Projected Completion Date:

Quarter 2

Key Activity 2.4.2: Revise and implement comprehensive process for assessing safety and needs during monthly specialist visits with children by incorporating definitions and expectations from Key Activity 2.4.1. Revisions include, but are not limited to:

a. tool and form revisions aligned with Strategy 2.1;
b. revisions to technology system;
c. policy and ITS changes;
d. training for specialists; and
e. training for supervisors.

Projected Completion Date:

Begin Quarter 3
Complete Quarter 8

Key Activity 2.4.3: Make changes to monthly child contacts in the technology system to incorporate the Child Behavioral Health Screener, which is part of a five-year grant project with the Children's Bureau.
Projected Completion Date:
Quarter 2

Key Activity 2.4.4: Conduct information and training sessions in each region covering the use of Child Behavioral Health Screener.
Projected Completion Date:
Quarter 2

Key Activity 2.4.5: Measure implementation and practice change through ongoing CQI/QA process.
Projected Completion Date:
Quarter 3 and ongoing

Key Activity 2.4.6: Modify Child Contact Guide in technology system to include elements of the Ongoing Assessment of Child Safety and changes based on Key Activities 2.4.1 and 2.4.2.
Projected Completion Date:
Quarter 6

Strategy 2.5: Standardize and ensure implementation of the family meeting (FM) continuum in each region to improve the assessment of child safety and increase family involvement early in the case. The family meeting continuum currently includes a Child Safety Meeting (CSM) and Family Meetings (FM). A CSM is a specific type and model of FM that occurs at the beginning of an investigation at the time a safety intervention is considered. Family meetings occur after removal and throughout a family's involvement with CWS.

Key Activity 2.5.1: Hire a full-time CSM/FM coordinator to provide training, oversight, and coaching as needed on the process.
Projected Completion Date:
Quarter 1

Key Activity 2.5.2: Expand CSMs, currently in Regions 1, 3, and 4, to Regions 2 and 5.
Projected Completion Date:
Quarter 2

Key Activity 2.5.3: Revise the CSM protocol for statewide use including a standardized pre-CSM staffing form focused on preparation and information needed to make a good safety decision.
Projected Completion Date:
Quarter 2

Key Activity 2.5.4: Expand the use of the CSM state implementation team (SIT), a multilevel team consisting of programs, stakeholders and field staff, to provide ongoing support and oversight to FM and engagement continuum practice.

Projected Completion Date:

Quarter 3

Key Activity 2.5.5: Develop guidance and protocol through the CSM SIT to expand FM usage to other critical decision points to improve the continuum of family engagement throughout the case.

Projected Completion Date:

Quarter 3

Key Activity 2.5.6: Implement CSMs, or modified FMs, to other decision points throughout the life of the case, including, but not limited to, initial meetings with family and placement providers and case transfer meetings from CPS to Permanency Planning.

Projected Completion Date:

Quarter 4

Key Activity 2.5.7: Complete staggered implementation of CSMs, or modified FMs process from Key Activity 2.5.6, to other decision points to improve the continuum of family engagement throughout the life of the case. Staggered implementation will include:

a. training;
b. state office technical support;
c. ongoing process evaluation;
d. coaching and mentoring, when needed;
e. revisions during implementation, when needed; and
f. evaluation through ongoing CQI/QA process.

Projected Completion Date:

Begin Quarter 4
Complete Quarter 8

In 2012, CWS expanded the CQI administrative structure with additional CQI positions and program managers. CQI positions were designated to work with each of the five regional leadership teams to support outcomes and practice improvement efforts. The expanded leadership teams piloted a new intensive CQI process in 2013. Information and lessons learned from the initial pilot testing were used to support and expand CQI. To support ongoing data review and evaluating intervention effectiveness, the entire CW system must be involved in CQI. Gaps in the CQI process were identified during the Round 3 CFSRs and from ongoing CQI efforts and workgroups, including representatives from all programs and field staff.

Goal 3 focuses on enhancing ongoing data review and analysis, implementation of a comprehensive feedback process, and ensuring that all levels of management, supervisors, and frontline specialist understand the impact that daily case work has on CWS outcomes. Enhancements to the ongoing CFSR and CQI processes will support a learning environment where supervisors are able to ensure CQI is imbedded into daily

practice. This will include an understanding that application of the On-site Review Instrument (OSRI) is a best practice and the utilization of quantitative and qualitative data improves outcomes for families and children.

Goal 3

Expand and embed Oklahoma's CQI system by **engaging all levels of the workforce in outcomes improvement on an ongoing basis** so practice, policies, and outcomes are reported, reviewed, and strengthened in real time.

Impact

Safety 1 and 2, Permanency 1, Wellbeing 1, 2, and 3 and Items 1 through 18. 20, 23-27, 29 and 30, **MIC**, **timely permanency** and **placement stability**

Strategy 3.1: Build capacity to use data to generate questions about performance and develop solutions to those questions at all levels of leadership, including supervisors, middle and upper managers, and programs, with a focus on outcomes measures, not just compliance measures.

Key Activity 3.1.1: Develop and implement CQI SIT to review data, guide changes, and adopt new, or adapt existing, strategies and interventions as needed changes are identified. CQI SIT will include state office staff from each program and field staff from each region.

Projected Completion Date:

Quarter 1

Key Activity 3.1.2: Develop and implement regional teams to complete the following:

a. review regional data;
b. identify regional practice trends;
c. guide changes; and
d. adopt new, or adapt existing, strategies and interventions as needed changes are identified.

Projected Completion Date:

Quarter 2

Key Activity 3.1.3: Develop and implement state CQI communication plan that includes:

a. designating points of contact for data sharing and review;
b. ongoing outcomes communication;
c. designating and clarifying roles of the Executive Team, regional leaderships teams, and district teams in data use, review, and management; and
d. clarifying dissemination of CQI data points and elements.

Projected Completion Date:

Quarter 3

Strategy 3.2: Implement a CQI feedback process to inform and guide practice improvement.

Key Activity 3.2.1: Provide feedback, guidance, and recommendations during case reviews to address practice strengths and areas needing improvement.
Projected Completion Date:
Quarter 2

Key Activity 3.2.2: Operationalize the use of CWS Practice Standards in CQI feedback process with the field through:
a. training;
b. visual media, such as flyers, talking points, and power point presentations;
c. CFSR debriefings; and
d. coaching and mentoring, when needed.

Projected Completion Date:
Quarter 4

Key Activity 3.2.3: Utilize the CQI communication plan between CQI team, programs, and field to ensure consistent and ongoing messaging, review of implementation, and any needed revisions to strategies. Refer to Key Activity 3.2.3.
Projected Completion Date:
Quarter 5

Key Activity 3.2.4: Use practice leaders to monitor, assess, and assist in implementation of regional CQI activities and serve as a point of contact for regional offices and CQI Programs team. Refer to Key Activity 3.2.2.
Projected Completion Date:
Quarter 6

Key Activity 3.2.5: Develop and implement semi-annual CWS stakeholder feedback meeting to gather stakeholder input and review performance improvement plan, ongoing CFSR results, CWS changes, and updates.
Projected Completion Date:
Quarter 6

Beginning in 2013, DHS partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) on the Communities of Care project. This project was piloted in one of the five jurisdictions. The two state agencies expanded their partnership in 2015 to include hiring a team of mental health clinicians to provide consultation services to CWS staff. Taking this partnership further by using elements of the pilot and expanding it statewide enhances staff's knowledge of and access to available services and allows for improvements to service delivery in a shorter timeframe than introducing new initiatives or partnerships. The focus on increased access and use of mental health services targets improving services for children in care who experience an increased risk of adverse outcomes. Unresolved mental health issues in children directly correlate with negative permanency and well-being outcomes, such as placement stability and successful adoption. The strategies in Goal 4 also expand Intensive Safety Services (ISS). ISS implementation development began in 2014. These services combined with the intentional implementation of Child Safety Meetings (CSMs) increased

the number of children served preventatively and supported a safe reduction in the number of kids in out-of-home care from 11,300 in SFY2014 to 9,000 in SFY2017.

Strategies in Goal 4 expand existing relationships and service delivery with current partners and also focus on developing agency capacity to engage court partners and enhance the CIP's future impact. Strategies and activities in Goal 4 were developed through analysis of data, multiple qualitative reviews, workgroups and focus groups with CW staff, community partners, and key stakeholders. Bright spots in practice in Regions 3 and 4 were used to inform the development of court engagement strategies 4.4 and 4.5. Court improvement strategies focus on enhancing the agencies skill set and ability to engage judicial partners. This approach was developed in response to ongoing CQI work and data analysis that identified increased permanency in districts 7 and 17 in the respective regions. Strategies implemented by district directors from these districts were used to inform the development of the PIP. Court improvement strategies also focus on creating a common language around values and desired outcomes by developing key court performance indicators and increasing intentional communication and collaboration with court partners.

Goal 4

Partner with local mental health and behavioral health experts, substance abuse experts, judicial partners, and other key stakeholders to **establish clear communication and partnerships** so staff at the local and statewide level are aware of, and utilize, resources to meet the safety, permanency, and well-being needs of children and families

Impact

Safety 2, Permanency 1 and 2, Wellbeing 1, 2 and 3, and Items 2, 4, 6, 10, 12, 23 through 27, 29 and 30, **MIC**, **timely permanency** and **placement stability**.

Strategy 4.1: Create regional and district teams to serve and support families within their communities. Teams will include partnership with Systems of Care (SOC) sites, CWS nurses and CWS mental health consultants and will focus on increasing CW specialists' awareness and utilization of services at a local level for children and families within their communities.

Key Activity 4.1.1: Develop and Implement process for sharing SOC site provider lists with local CWS district offices.

Projected Completion Date:

Quarter 3

Key Activity 4.1.2: Partner CWS district offices with corresponding SOC sites to improve teaming efforts to provide services for children and families.

Projected Completion Date:

Quarter 4

Key Activity 4.1.3: Coordinate meetings between local CWS district offices and corresponding SOC sites on the needs of children and families involved with CWS and

services provided by each site. Initially, one meeting per region is planned with follow-up coordinated by regional mental health consultants.

Projected Completion Date:

Quarter 5

Key Activity 4.1.4: Implement use of a regional mental health consultant to serve as a liaison between the local CWS district offices and SOC sites to increase services to children and families involved with CWS.

Projected Completion Date:

Quarter 5

Strategy 4.2: Expand the use of mobile response, in partnership with the ODMHSAS, to improve placement stability and support placement providers in their work with children who have behavioral health challenges to improve placement stability and well-being for children in out-of-home care.

Key Activity 4.2.1: Implement mobile response training in partnership with ODMHSAS for CWS staff in Region 5, an extension of the efforts that started in the Region 4 Transformation Zone.

Projected Completion Date:

Quarter 2

Key Activity 4.2.2: Implement mobile response for children and families in Region 5. Monitor implementation and make revisions prior to statewide training and implementation.

Projected Completion Date:

Quarter 3

Key Activity 4.2.3: Implement phased statewide rollout of mobile response for children and families that includes:

a. training for CWS and community mental health centers (CMHCs) staff;
b. CWS and ODMHSAS technical support;
c. ongoing outcome evaluation; and
d. coaching and mentoring, when needed.

Projected Completion Date:

Begin Quarter 4
Complete Quarter 8

Key Activity 4.2.4: Monitor mobile response stabilization outcomes for children and the number of children and families linked to services provided by CMHCs.

Projected Completion Date:

Begin Quarter 4
Complete Quarter 8

Strategy 4.3: Expand Intensive Safety Services (ISS), a Title IV-E Demonstration project, to all five regions to continue increasing efforts to prevent unnecessary foster care placements and serve families preventatively in their own homes.

Key Activity 4.3.1: Implement ISS in Region 5 with:

a. training;
b. state office technical support;
c. ongoing process evaluation; and
d. coaching and mentoring, when needed.

Projected Completion Date:

Quarter 2

Key Activity 4.3.2: Implement ISS in Region 2 with:

a. training;
b. state office technical support;
c. ongoing process evaluation; and
d. coaching and mentoring, when needed.

Projected Completion Date:

Quarter 3

Key Activity 4.3.3: Implement ISS in Region 4 with:

a. training;
b. state office technical support;
c. ongoing process evaluation; and
d. coaching and mentoring, when needed.

Projected Completion Date:

Quarter 4

Strategy 4.4: Develop (in collaboration with CIP and Casey Family Programs) court engagement guidance, expectations and support for field mangers, district directors, and supervisors to improve relationships and collaboration on improving outcomes (timely permanency/MIC/placement stability) with local court partners.

Key Activity 4.4.1: Identify key practice components of specialist performance in court, such as report writing and documentation of safety and behavior changes in family functioning, verbalization of safety threats, behavior changes at the bench, and specialist self-confidence necessary for improving court outcomes.

Projected Completion Date:

Quarter 4

Key Activity 4.4.2: Revise ITS to include specific expectations on court performance and engagement at each staff level - specialist, supervisor, and district director based on Strategy 4.4.1.

Projected Completion Date:

Quarter 5

Key Activity 4.4.3: Develop guidance and expectations for district director involvement and communication with their local court jurisdictions. Use information from initial implementation of Strategy 4.6 to inform expectations and guidance.
Projected Completion Date:
Quarter 5

Key Activity 4.4.4: Develop training on specific expectations on court performance, court report language, and court engagement for supervisors, district directors, and field managers by Programs staff.
Projected Completion Date:
Quarter 6

Key Activity 4.4.5: Complete training on specific expectations on court performance, court report language, and court engagement for supervisors by Programs staff.
Projected Completion Date:
Quarter 7

Strategy 4.5: Collaborate with CIP and Casey Family Programs to improve timely permanency by implementing enhanced outcomes focused training and technical assistance on use of data to develop common language and values through engagement of court partners in outcomes improvement.

Key Activity 4.5.1: Develop judicial dashboards to include, but not limited to, time to adjudication, first placement hearing, time to permanency exit, and termination of parental rights. Judicial dashboards will provide performance data for each jurisdiction along with guidance on dissemination and expectations around dashboard use for district directors.
Projected Completion Date:
Quarter 2

Key Activity 4.5.2: Implement judicial dashboards in three initial sites used in Strategy 4.6.
Projected Completion Date:
Quarter 4

Key Activity 4.5.3: Provide training to judges, district attorneys, and court partners on the importance of family engagement, timely permanency and outcomes in judicial dashboards at annual MDT and regional judicial conference facilitated by CIP.
Projected Completion Date:
Quarter 4

Key Activity 4.5.4: Implement judicial dashboards in each region and include:
a. training for district directors and field managers on purpose and use;
b. training for judges and court partners; and
c. state office technical support.

Projected Completion Date:
Quarter 6

Key Activity 4.5.5: Review judicial dashboards at quarterly CIP committee meetings to solicit feedback regarding implementation and use to inform ongoing training and support needs.
Projected Completion Date:
Quarter 6 and ongoing

Strategy 4.6: Implement, in collaboration with the CIP and Casey Family Programs, court improvement projects in three jurisdictions to improve permanency outcomes for children in out-of-home-care. Sites will include one large jurisdiction, one medium-sized jurisdiction and one small jurisdiction so that information obtained can be generalized to other similar jurisdictions statewide. Information and key findings obtained from the planning, implementation, and evaluation will be used to further identify and assess root causes to court improvement and will be used to develop and select solutions during the development of the 2020-2024 Children and Family Services Plan.

Key Activity 4.6.1: Designate a formal DHS Lead for CIP/DHS joint project.
Projected Completion Date:
Quarter 1

Key Activity 4.6.2: Select three sites for the project that represent small, medium, and large jurisdictions for equal demographic representation.
Projected Completion Date:
Quarter 1

Key Activity 4.6.3: Conduct convening at each site for project launch. Develop site action plans specific to each sites data and CFSR findings during convening breakout sessions.
Projected Completion Date:
Quarter 2

Key Activity 4.6.4: Report on projects and their impact on permanency and well-being outcomes at annual judicial conferences and at CW leadership meetings.
Projected Completion Date:
Quarter 2 and ongoing

Key Activity 4.6.5: Evaluate outcomes of three sites through ongoing CQI/QA process and use information and key findings to inform ongoing development of statewide court improvement efforts.
Projected Completion Date:
Quarter 6 and ongoing