# <u>OBJECTI VE 1</u> – Fully Integrate the Child Welfare Practice Model into all training, policy, practice and performance expectations of child welfare staff at all levels and of management staff who supervise or provide support service to them.

Common Ideas	Strengths	Challenges	Implementation
<ul> <li>Develop a Mentoring/Field Training Program at all levels of the agency</li> <li>Use of the "Teaming" concept</li> <li>"Intentional Training" (Shadowing)</li> <li>Clinical Consultation (done at all levels with MSW level employee's working as the consultants)</li> <li>Enhance Professional Development (Trainings, Educational Opportunities, Special Certifications)</li> </ul>	<ul> <li>Improve the workforce</li> <li>Higher level of job satisfaction</li> <li>Better skilled staff to handle the realities of the work.</li> <li>Better outcomes for families</li> <li>Consistent experience for staff and families across the state</li> <li>Becomes part of the culture</li> <li>Workers get a "global" perspective of the Child Welfare System</li> <li>Higher educated, competent staff who are viewed as professionals</li> </ul>	<ul> <li>Not enough staff to mentor and/or handle the workload requirements</li> <li>Not enough funding</li> <li>New workers should not count as full time employees until they have the skills to be given a caseload</li> <li>Supervisors would need additional training to develop leadership and management skills.</li> <li>Consistency of what this mentoring program would look like statewide.</li> </ul>	<ul> <li>Choose a model for the mentoring program</li> <li>Develop a way to match partners for this process</li> <li>Create a follow up/feedback loop</li> <li>Delay Core Initiation for new workers to begin the mentoring process</li> <li>Use high quality staff as Mentors</li> <li>Incorporate info into each unit meeting – provide culture of "everyone's a mentor"</li> </ul>
<ul> <li>Develop Ongoing</li> <li>Leadership and Critical</li> <li>Thinking Skills Before</li> <li>Moving Staff into Higher</li> <li>Level Positions.</li> <li>Start developing management skills at the worker level</li> <li>Supervisors need</li> </ul>	<ul> <li>Structured Unit Meetings</li> <li>Developing a "back to basics" culture</li> <li>Build future leaders of the agency by developing skills to promote staff within the agency.</li> <li>Building in accountability to the process</li> </ul>	<ul> <li>Revamp training styles and techniques that require mastery before progressing to the next level.</li> <li>In agency staff to work with supervisors to develop these skills.</li> <li>Funding for additional training materials and</li> </ul>	<ul> <li>Look into how Supervisors could gain certifications</li> <li>Develop a constant learning culture</li> <li>This would have to come from a central location, but would be implemented from field workers all the way up to agency administrators</li> </ul>

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<ul><li>facilitation and mediation skills.</li><li>Build in incentive pay for the achievement of certain skills</li></ul>		trainers	
<ul> <li>Align Policy and Instructions To Staff with the Practice Model </li> <li>Use of Implementation Science before introducing new initiatives. </li> <li>Create consistency statewide, but allow for creativity in some aspects  of the work </li> <li>Accountability source</li> </ul>	<ul> <li>All initiatives are examined, tested, and reworked before being implemented into daily practice. Focuses on fidelity of the program or initiative.</li> <li>There would be a clear, concise message across the state on the Practice Model.</li> <li>DHS could then measure outcomes based on the both the policy and the practice</li> </ul>	<ul> <li>Time</li> <li>Cost to bring in an outside consultant to do a fidelity review of the Practice Model vs. Current Policy</li> </ul>	<ul> <li>Meta-analysis of policy and training-do they line up?</li> <li>Re-engagement of experienced workers through town hall meetings, supervisor conferences, and working conferences.</li> <li>Develop a quality assurance tool to gauge whether or not all processes are done the same.</li> </ul>
Other common themes/ideas/opinions identified at the summits:	<ul> <li>Re-write the OPM-111's and Jol</li> <li>Eliminate Primary/Secondary A</li> <li>Develop Service Monitoring Pre- idea would work nights and we</li> <li>New and more efficient training</li> <li>Change the interview process- same statewide and not open from some form of worker assess</li> <li>Decrease duplication of work</li> <li>Public image impacts potential</li> </ul>	ogram (extension to the OCS con ekends to make field checks and gs consistent interview questions for or changes in the specific areas o ment.	ntract)-Staff designated to this monitoring of safety plans r the particular job (would be the r counties)-Include merit testing

<u>OBJECTIVE 2</u> – Continue to execute the established Continuous Quality Improvement (CQI) case review process to provide both quantitative and qualitative performance data and take steps to improve the CAI case review process with respect to involvement of outside individuals and entities, transparency of results, and more formalized feedback and follow up processes.

Common Ideas	Strengths	Challenges	Implementation
<ul> <li>Create a Follow Up/Feedback Loop</li> <li>Setting up objectives for when a worker or supervisor goes to training-Come back and explain what you learned and how that applies to practice.</li> <li>Intentional Staffing's quality meetings between workers and supervisors (and all the way up the chain of command)</li> <li>FOD field staff must be comfortable contacting CFSD staff-break down the barriers between the two.</li> <li>Some form of a Governance Board to share, vet, and pilot ideas</li> <li>Use information and results to drive change and outcomes</li> <li>Must be tied to the Practice</li> </ul>	<ul> <li>The process would not seem as a once a year negative review as it does now. There would be ongoing support to train and practice according to the practice model.</li> <li>Staff always has an identified area they need to improve on, and a way to do that.</li> <li>Better communication and consistency would occur between FOD and CFSD.</li> <li>Another team to process through and examine before a new tool, process, or measure is implemented.</li> <li>Staff would know about the details about the CFSR, PIP, etc.</li> <li>It would create a loop to strengthen the fidelity of the practice model.</li> </ul>	<ul> <li>Could require more money, time, and staff. External parties may not be cooperative.</li> <li>Are supervisors fully trained to do intentional staffing's?</li> <li>Supervisors might not be able to bridge the communication between the field staff and CFSD.</li> <li>What are we doing with the information we gather? Can it be used more effectively? Do we need to stop collecting some kinds of data?</li> <li>Are staff disconnected from the Practice Model, how do you re-engage them and build a culture around it?</li> </ul>	<ul> <li>Development of a CQI team in each area.</li> <li>Do quarterly CFSR reviews, with training and ongoing feedback to "correct" the areas where workers are not meeting the standards.</li> <li>Offer incentive based compensation that is tied to the review process.</li> <li>Hold regular Q and A sessions to bridge the gap between FOD and CFSD</li> <li>Start sharing the results of these reviews-both internally and externally</li> <li>County Administration to play a bigger role in the CQI process.</li> </ul>

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<ul> <li>Model</li> <li>Send surveys to case families <ul> <li>have info reviewed by</li> <li>supervisors or CQI teams</li> </ul> </li> <li>Expand CQI/CFSR Reviews <ul> <li>into all areas of practice</li> <li>(Hotline, CPS, PP, Foster Care, Adoptions, FCS)</li> </ul> </li> <li>Start doing real-time <ul> <li>qualitative reviews</li> <li>(Supervisor goes out into the <ul> <li>field to see that their worker</li> <li>has can demonstrate a <ul> <li>particular skill set)</li> </ul> </li> <li>Develop guides, instruments, <ul> <li>and processes to measure</li> <li>both qualitative and</li> <li>quantitative data. Create a <ul> <li>culture around this.</li> </ul> </li> <li>Make sure there is <ul> <li>consistency in the review</li> <li>process.</li> </ul> </li> </ul></li></ul></li></ul></li></ul>	<ul> <li>Every area of practice would have an idea of how they are performing. This includes both quantitative and qualitative data.</li> <li>Develop tools and surveys that could be used at all levels of the work and at different points in time.</li> <li>Everyone wants to be held accountable.</li> <li>DHS could begin to start looking more proactively if trends are noticed, then reactively, if the reviews are done more often and in all areas of practice.</li> <li>Better outcomes for children and families across the board</li> </ul>	<ul> <li>People (internal and external) might get tired of getting surveys.</li> <li>Time-do supervisors have time to do the reviews the way they would need to be done?</li> <li>How does staff make this a priority?</li> <li>Need more staff</li> </ul>	<ul> <li>Use surveys in all areas of child welfare.</li> <li>Develop tools and assessments to measure both quantitative and qualitative data.</li> <li>Reinstate supervisor case reviews, as a way to get more than one review in a year</li> <li>Have a PIP for each county.</li> </ul>
	• Builds confidence in workers.		
<ul> <li>CQI Teams in every Area</li> <li>A team of consistently trained staff that is geographically located to open up a continuous feedback loop throughout</li> </ul>	<ul> <li>A better understanding of the CQI process locally and statewide</li> <li>Results would be available and internal and external stakeholders can better</li> </ul>	<ul> <li>More staff (and money) to make up this team in each of the six areas.</li> <li>Internal perception of the review process would have to change.</li> </ul>	<ul> <li>The CQI Team would be that "go-to" group that could help answer questions, train, and guide staff in making corrections in practice that they did not do so well on in</li> </ul>

<ul> <li>the year, not just after the CFSR.</li> <li>Individual CQI county dashboards</li> <li>Peer Review Process</li> </ul>	<ul> <li>understand how the state/area/county is doing in particular measures.</li> <li>Makes the review process seem less negative and punitive and more about increasing outcomes across the state.</li> </ul>	<ul> <li>It could be a technological challenge to share this much information.</li> </ul>	<ul> <li>the annual CFSR.</li> <li>They would also conduct quarterly reviews instead of just yearly reviews.</li> <li>This team would provide ongoing support, feedback, and training to the staff where improvements need to be made.</li> <li>They can do ongoing education for the staff about the CQI/QA processes</li> </ul>
Revamp KIDS and have a built in review process in each case	<ul> <li>Could help eliminate some of the repetitive entry and duplication of documentation.</li> <li>Programmed alerts as to due dates, and information that needs to be entered, it would be a way to block work until an action is completed.</li> <li>More streamlined</li> </ul>	<ul> <li>Technical challenges associated with developing this kind of built in system-how would you account for "exceptions" in cases.</li> <li>Money, time, and training.</li> </ul>	<ul> <li>Develop a simple, user friendly system to encompass what is needed and required.</li> </ul>
Other common themes/ideas/opinions identified at the summits:	<ul> <li>Expand CQI policies</li> <li>Collect data from calls to the D</li> <li>Align KIDS to populate information of the Additional clerical staff would b</li> <li>Refine data collection for the or or a trend from planning at the</li> <li>Develop a process to review an</li> <li>Make CQI/QA more global-foce</li> </ul>	ation from other public service s be beneficial to worker process ut of home review process to d field level. d enhance the critical superviso	es. etermine if it is a training issue or skill set and knowledge base.

<ul> <li>Merit-Based Pay; Clear Accountabilities</li> <li>Focus on Supervisors – reduce supervisor to worker ratio</li> </ul>			
<u>OBJECTIVE 3</u> – Increase the number of staff and continue to improve the experience level and practice competencies of staff responsible for day to day work on child welfare cases.			
Common Ideas	Strengths	Challenges	Implementation
<ul> <li>Streamline Hiring Process</li> <li>Get Staff on board faster</li> <li>Eliminate unnecessary steps that slow the process</li> </ul>	<ul> <li>Won't lose exceptional candidates due to long time-frames</li> <li>Reduce existing workers caseloads quicker</li> </ul>	<ul> <li>Would this impact ability to double-fill?</li> <li>Might be that processes won't allow for further stream-lining</li> </ul>	<ul> <li>Review existing data for gaps or problems in the process</li> <li>Analyze processes for necessary and unnecessary roles in the hiring process</li> </ul>

Common Ideas	Strengths	Challenges	Implementation
<ul> <li>Streamline Hiring Process</li> <li>Get Staff on board faster</li> <li>Eliminate unnecessary steps that slow the process</li> </ul>	<ul> <li>Won't lose exceptional candidates due to long time-frames</li> <li>Reduce existing workers caseloads quicker</li> <li>Encourage recruitment efforts of own staff</li> </ul>	<ul> <li>Would this impact ability to double-fill?</li> <li>Might be that processes won't allow for further stream-lining</li> </ul>	<ul> <li>Review existing data for gaps or problems in the process</li> <li>Analyze processes for necessary and unnecessary roles in the hiring process</li> </ul>
<ul> <li>Create a CWS Assistant Position: <ul> <li>Identify the top 5 tasks of a CWS that focus on child safety; then develop a position that is para-professional in nature and assign noncore duties of a CWS to them.</li> <li>Position would be full-time with benefits.</li> <li>Could be developed as a career track position.</li> </ul></li></ul>	<ul> <li>Gives specialists more time for direct work with families and children</li> <li>Improves recruitment for future child welfare workers</li> <li>Might not need as many higher paying CWS positions with CWS assistants</li> <li>Change nature of the workload</li> <li>More time to work on safety issues as opposed to clerical work</li> <li>CWS will have more quality visits with children and families</li> </ul>	• Already difficult to recruit staff to child welfare	<ul> <li>Identify what are core CWS duties and what could be assignment to an assistant role</li> <li>HRMD to develop a new classification</li> <li>Design criteria for number of allocations throughout the system</li> <li>Utilize Hay factoring system process for compensation (HRMD- Class/Comp)</li> </ul>

<ul> <li>Change Supervisor Ratio</li> <li>to 1:4:</li> <li>Supervisors would be required to train and mentor</li> </ul>	<ul> <li>Allows time for structured mentoring</li> <li>Increases competence and confidence in staff</li> <li>Allows supervisors time for more clinical consultation</li> <li>Time for better implementation of the Practice Model</li> <li>Could move children to permanency quicker</li> <li>Supervisors could spend more time building community partnerships</li> </ul>	<ul> <li>Money</li> <li>Development of additional supervisors (training, consultation, space)</li> <li>Recruiting employees that meet the MQ's for supervisors</li> </ul>	<ul> <li>Allocate supervisors based on new criteria</li> <li>Find funding</li> <li>Enhance and expand supervisory/leadership training</li> <li>Review and analyze roles and accountabilities</li> </ul>
<ul> <li>Establish perks and provide performance – based incentives:</li> <li>Incentives could be monetary or other things such as daycare stipends or state lodge discounts</li> <li>Rewards for benchmark achievements</li> <li>Step increases for staff</li> </ul>	<ul> <li>Increase staff's sense of value by OKDHS</li> <li>Incentive staff to produce better work</li> <li>Improve recruitment and retention</li> <li>Improve morale</li> <li>Improve work-life balance</li> <li>Could allow staff who want to remain as "super workers" to be able to do that and receive compensation</li> </ul>	<ul> <li>Money for perks and incentives</li> <li>Establishing performance measurements</li> <li>Determining what the perks/rewards should be and what work tasks to which they would be related</li> <li>Salary compression issue between supervisors and workers</li> <li>Consistency of supervisors' judgment for staff perks</li> </ul>	<ul> <li>Identify what staff views would be rewards/perks through surveys</li> <li>Look at expanding EAP services</li> <li>Establish partners/vendors for wellness and services</li> <li>Implement a pilot program</li> </ul>

<ul> <li>Legal representation to assist CWS</li> <li>Establish a legal unit specifically for CWS</li> <li>Assign an OKDHS attorney for each area</li> </ul>	<ul> <li>Reduce legal liability for staff in court</li> <li>Help move to permanency quicker</li> <li>Improve utilization of staff time</li> <li>Save money</li> <li>Reduce fear/ stress of worker in court</li> <li>Legal gives legal staff more credence</li> </ul>	<ul> <li>Costs</li> <li>Could intimidate DA's</li> <li>Could possibly weaken our position in court</li> <li>Scheduling, logistics</li> <li>Turf wars</li> </ul>	<ul> <li>Workload analysis for number of attorney's needed</li> <li>Develop contracts of staffing strategies</li> <li>Outline and identify roles of child welfare workers and legal staff</li> </ul>
Other common themes/ideas/opinions identified at the summits:	<ul> <li>end of the tunnel", recognized recruitment, increase retention</li> <li>PSA's of paid advertisements awards and accomplishments Thunder, Toby Keith, Garth B</li> <li>Have the choice to be paid or</li> <li>Break up CORE time –one we application time</li> <li>County Directors need to hav</li> <li>Increase number of voluntary</li> <li>More therapeutic counseling welfare staff</li> <li>More leadership training avai</li> <li>Establish more developed "Ai</li> <li>Increase number of state veh</li> </ul>	s the difficulty of the job, and on that include child welfare's po s of OKDHS as a whole; use loo rooks earn comp time ek in CORE—one week out e child welfare experience transport volunteers options for secondary trauma lable to lower level staff such rea Rapid Response Teams" icles that can identify emotional m il motivators for retention	alists: this could provide " a light at the could increase internal agency ositive experiences and highlights the cal celebrities such as OU/OSU coaches, then back for training to allow for ; services should be mandatory for child as time management naturity and/or emotional intelligence

Overfill positions to meet anticipated vacancies
All new workers should start in permanency planning
<ul> <li>Recruit from other areas in OKDHS</li> </ul>
Recruit more from universities, specifically targeting persons with behavioral sciences degrees
<ul> <li>Reduce specialization in the child welfare system</li> </ul>

## <u>OBJECTIVE 4</u> – Improve the tracking, reporting, and management of child welfare caseload and workload to assure effective allocation and utilization of available staff resources.

Common Ideas	Strengths	Challenges	Implementation
<ul> <li>structure</li> <li>Workers will be responsible for all aspects of child's case no matter where the child is living</li> <li>Cases would be weighted</li> </ul>	<ul> <li>Increased retention of staff, foster parents due to only one worker to contact</li> <li>Speed permanency for children</li> <li>Improved case management</li> <li>Reduce role confusion</li> </ul>	<ul> <li>Space and equipment for additional workers</li> <li>Training of new staff</li> <li>Workers not familiar with other counties</li> <li>Would impact foster care workers who would have to become more involved in the cases</li> <li>Unannounced visits across Oklahoma</li> </ul>	<ul> <li>Cap workloads—keep at 10-12 and as low as 8 depending on variables on cases</li> <li>Determine an equitable way to weight caseloads</li> <li>Foster care workers would visit monthly</li> </ul>
<ul> <li>Workload Study: "All work matters philosophy"</li> <li>Defining responsibilities/roles of positions</li> <li>Rural vs. metro</li> <li>Get to the core of what the "real work" is</li> <li>Give credit for each person or variable in the case</li> </ul>	<ul> <li>Provides information to make "correct" workload assignments</li> <li>Happier workers resulting in less turnover and a move stable workforce</li> </ul>	<ul> <li>Time—workers already do not have time to complete necessary tasks. Workload studies take time</li> <li>Would this study produce the results or information we are seeking?</li> <li>Will become outdated as job duties change</li> </ul>	<ul> <li>Worker focus group to define tasks</li> <li>Bring in consultants possibly to design study</li> </ul>

<ul> <li>SWAT team</li> <li>Replacement workers trained and waiting to move into positions</li> <li>Available for counties in crisis</li> </ul>	<ul> <li>Stabilize workforce and workloads</li> <li>Less stress for supervisors</li> </ul>	<ul> <li>Money</li> <li>HRMD process is complicated and time-consuming—could be difficult to actually have a true SWAT team</li> <li>Training for new staff</li> <li>Space and equipment for new workers</li> <li>Recruiting employees that meet the MQ's for supervisors</li> </ul>	• Analysis to determine number of workers needed for each county
<ul> <li>Develop management model:</li> <li>Develop supervisors as managers</li> <li>Raises based on performance</li> <li>Would require support staff for every unit</li> <li>Would increase accountability on all levels</li> </ul>	<ul> <li>Better training and guidance for workers on cases</li> <li>Improved caseload assignment</li> <li>Child welfare specialists would do more social work and spend more time with families</li> </ul>	· · · · · ·	<ul> <li>Bring in child welfare consultants that understand the practice</li> </ul>
<ul> <li>Workload Management Tool for Supervisors</li> <li>Tool would assist supervisors with distributing and monitoring both caseloads and workloads</li> <li>Recommend that it would be automated, generated through KIDS</li> </ul>	<ul><li>done with cases</li><li>Workloads would be more measurable</li></ul>	<ul> <li>Constantly changing variables on cases</li> <li>Money</li> <li>Time in a workload study to develop tool</li> <li>"buy-in" from staff who are used to their own tracking tools</li> <li>Loss of flexibility</li> </ul>	<ul> <li>Management tool would be developed and implemented in KIDS, or</li> <li>Developed from existing reports and data and trained to supervisors— possible this could be cost neutral</li> <li>Need a focus group to consider variables and look at options</li> </ul>

Other common themes/ideas/opinions identified at the summits:	<ul> <li>Mentoring/consultation with new staff from persons outside of OKDHS—like former OU contract</li> <li>Churches sponsoring child welfare specialists/units to increase morale</li> <li>Use pay bands –not just start workers at the bottom of the pay band.</li> <li>Centralize all foster care tasks—CPS does some of the upfront work and then hands off to foster care—have foster care start the case</li> <li>Assignments from hotline have changed the ratio of assessments and investigations significantly and have increased worktime required</li> </ul>

# <u>OBJECTIVE 5 – Continue process meeting federal expectations in the area of monthly visitation between case</u> workers and children.

Common Ideas	Strengths	Challenges	Implementation
<ul> <li>Team Casework Approach:</li> <li>Two caseworkers on one caseload</li> <li>Eliminate secondary workers—implement exceptions-such as a distance requirement</li> </ul>	<ul> <li>Continuity of visitation</li> <li>Increased safety for children in OHC</li> <li>Staff retention</li> <li>Support/flexibility for workers in their ability to take leave, attend training, etc.</li> <li>Built in shadowing/ mentoring</li> <li>Less redistribution of caseload when worker leaves</li> </ul>	<ul> <li>Multiple workers</li> <li>Matching of team</li> <li>Increased time/distance constraints</li> <li>What happens with a caseload when one worker leaves—double the work</li> </ul>	<ul> <li>Research models to adopt</li> <li>Pilot in a metro/rural county first</li> <li>Develop process for pairing of workers/teams</li> <li>Consultation/ongoing evaluation</li> </ul>
<ul> <li>Caseload/Workload:</li> <li>Reduce amount of children on caseload</li> <li>Utilize geography (not county) for determining assignment</li> </ul>	<ul> <li>Meeting the children's needs</li> <li>Increase flexibility</li> <li>Improved outcomes/quality assurance</li> <li>Increased relationship between worker/clients</li> </ul>	<ul> <li>Support from legislation</li> <li>Availability of staff</li> <li>Setting Standards</li> </ul>	<ul> <li>Needs Assessment</li> <li>Caseload standards</li> <li>Workload study results/ recommendations</li> <li>Increase Staff</li> <li>Formalized review of case</li> </ul>

<ul> <li>4:1 ratio for workers to supervisor</li> <li>Workload study</li> </ul>	<ul> <li>Increased customer service</li> <li>Retention of resource homes</li> <li>Increase consistency</li> </ul>		contacts/documentation
<ul> <li>Support of Workers:</li> <li>Training—cross training; assess safety</li> <li>Mentoring</li> <li>Supervisor Review/ACE reader</li> <li>Communication between units, program, organization</li> <li>Benefits—20yr retirement plan, unlimited EAP, performance based bonus/incentives</li> <li>Eliminate the 24/7 of CW</li> </ul>	<ul> <li>Retention—Experienced staff</li> <li>Increased safety for children</li> <li>Improved worker performance</li> <li>Increase consistency</li> <li>Increased customer services</li> </ul>	<ul> <li>Availability—funding, training/trainers</li> <li>Retention of workers</li> <li>Public opinion on the agency</li> </ul>	<ul> <li>Needs Assessment</li> <li>Leadership— perception/attitude</li> <li>Full representation by OPEA</li> <li>Mentoring program</li> <li>Case review process— supervisor/peer</li> <li>Assess transfer of training to knowledge</li> <li>On-call/teaming to allow workers to have time truly away from the job</li> </ul>
<ul> <li>Utilize Technology:</li> <li>Webcams—for emergencies, court hearings, parents, etc.</li> <li>Wi-Fi</li> <li>Iphones/Ipads</li> <li>Allow texting</li> <li>KIDS app</li> </ul>	<ul> <li>Reduce traveling</li> <li>Increase contact</li> <li>Meets the child's needs quicker</li> <li>Variety of contact methods</li> <li>Increase safety</li> <li>Increase communication</li> </ul>	<ul> <li>Cost/Required equipment</li> <li>Confidentiality issues</li> <li>Abuse of technology</li> </ul>	<ul> <li>Some technology is already available—just need to use it</li> <li>Expand on technology</li> <li>Conduct a cost-benefit analysis</li> <li>Develop policy and procedures for usage and how to make documentation of use such as for contacts in KIDS</li> </ul>
Other common themes/ideas/opinions identified at the summits:		contacts and safety of child up ol of trained staff ready to step	

• Overall it appeared the majority was in favor of eliminating secondary assignments as long as policy/procedure/initiative could be put in place to not increase the caseload/workload/burden on workers

<u>OBJECTIVE 6</u> – Continue to develop and implement a broader array and depth of necessary services to address needs of children and families who come into contact with the child welfare system as well as support foster and kinship providers. Specific priority should be placed on expanded quality placement options and supports to provide safety of children in out of home care, continue to reduce utilization of shelter care, and improve placement stability.

Common Ideas	Strengths	Challenges	Implementation
<ul> <li>Privatize the Recruitment of Resource Homes and Adoption:</li> <li>Have professionals do the recruitment that entails a statewide plan, but ensure it is a county specific on the targets/needs.</li> <li>One area wanted it to stop at inquiry stage other areas wanted it to include assessment and approval of traditional homes.</li> <li>Have a centralized database of available homes.</li> </ul>	<ul> <li>Increased quality families</li> <li>Eliminate work for DHS staff</li> <li>Retention of resource homes</li> <li>Well rounded approach to recruitment</li> <li>Reduce Shelter use</li> <li>Can focus on the needs of the children</li> <li>Positive public persona</li> <li>Skilled professional doing the recruitment</li> </ul>	<ul> <li>Finding the right qualified recruitment people</li> <li>Finances</li> <li>Culture change</li> </ul>	<ul> <li>PrivatizeAdministrators choosing a contractor/firm with open flow of communication on the needs of the individual county needs.</li> <li>Establishing what a job description would entail for this position/contract</li> <li>Ensure there is adequate staff to complete the work once recruitment is successful</li> </ul>
<ul> <li>Restructure Foster Care:</li> <li>Merge foster care and adoption into one division.</li> <li>Utilize certified child care</li> </ul>	<ul> <li>Placement stability</li> <li>Decrease trauma for kids— maintain connections</li> <li>Eliminates the need for</li> </ul>	<ul> <li>Accountability</li> <li>Technology</li> <li>Continuity with specialized units</li> </ul>	<ul> <li>Organizational restructuring of this program—CFSD/FOD responsible</li> <li>Need to think about licensing process and procedures on</li> </ul>

<ul> <li>homes or emergency homes for 2/3 days stays and/or respite.</li> <li>KBU Model/Tula Protocol</li> <li>Establish levels of care within foster care and eliminate difficulty of care and TFC.</li> <li>Implement shift work</li> <li>Ensure diligent search is being completed and utilized</li> <li>Consistency in policy and practice across the state</li> </ul>	<ul> <li>TFC &amp; Shelter use</li> <li>Increase accountability</li> <li>Customer service to the resource parents</li> <li>Would allow staff to not be pulled in different directions</li> <li>Increase quality of casework</li> <li>Increase quality of service to children and families</li> <li>Retention of workers and resource families</li> <li>Increase safety in OHC</li> <li>Increase the variety of placement options</li> </ul>	<ul> <li>Cultivation of workers to supervisors if they are only learning one piece</li> <li>Secondary trauma on "emergency" resources</li> <li>The required upfront time—enough workers</li> <li>Culture shift from looking at placement needs vs. child's needs</li> </ul>	<ul> <li>"emergency" and respite resources— trauma training, burn out, matching</li> <li>Cross training</li> <li>KBU Model/Tulsa Protocol applied across the state</li> <li>Combine policies between foster care and adoption—streamline the Bridge resource process</li> <li>Create a level system for placements that are designed around the child's behavioral/medical needs—OKDHS version of TFC/gatekeeping</li> <li>Follow through with diligent search practice and policy</li> </ul>
<ul> <li>Supports for Resource</li> <li>Parents:</li> <li>Treat as part of the professional team</li> <li>Foster care rate—hit the mark</li> <li>Incentives for resources who recruit</li> <li>TANF definition changed</li> <li>Mentoring</li> <li>Wraparound services</li> <li>Engage the community for support, awareness, education, training</li> </ul>	<ul> <li>Recruitment/Retention of resources</li> <li>Placement stability</li> <li>Safety in OHC</li> <li>Staff retention</li> <li>Improved public image</li> <li>Reduced secondary trauma to children</li> <li>Community involvement</li> </ul>	<ul> <li>Interdivisional relationships</li> <li>Resistance to change</li> <li>Communication— misinformation</li> <li>Technology</li> </ul>	<ul> <li>Improve the processes on communication, trust, how we handle referrals/violations, for respite, travel, training, application, home study, payments (utilize technology)—process improvement team</li> <li>Expedited training available across the state</li> <li>Implement incentive and mentoring program</li> <li>Policy change around the definition of kin for TANF—increase the rate for kinship resources</li> </ul>

• Craigslist for resource families			<ul> <li>Develop a system in which "wraparound" services can be provided to resource family in the way of financial/resources before foster care payments are started.</li> <li>Create Craigslist for resource families can have a common place to look for resources and the community can give back (such as for furniture/best medical provider, etc)</li> </ul>
<ul> <li>Behavioral Health</li> <li>Partnership:</li> <li>Crisis management teams/mobile units</li> <li>Getting access to mental health treatment/needs</li> </ul>	<ul> <li>Reduce need for higher level of care</li> <li>Placement stability</li> <li>Safety in OHC</li> <li>Reduction of shelter use</li> <li>Retention of resource homes</li> <li>Mental health expertise</li> </ul>	<ul> <li>Active partnership</li> <li>Combining finances between systems</li> <li>Lack of providers/services across the state</li> </ul>	<ul> <li>Develop a team/unit that would handle crisis situations, utilize FTMs and form alternative plans to placement disruptions</li> <li>Possibly need a mental health division/liaison—involve Terri White</li> <li>Pilot in an urban/rural community first</li> </ul>
<ul> <li>Agency Representation at Court:</li> <li>Accountability to policy and practice within the court system</li> </ul>	<ul> <li>Reduce the barriers</li> <li>Timely permanency</li> <li>Staff retention—staff morale</li> <li>Consistent decisions/ representative of OKDHS— increase safety within decisions</li> </ul>	<ul> <li>Political dynamics</li> <li>Culture change</li> </ul>	<ul> <li>Contract with the Attorney General's Office or own DHS lawyers</li> <li>Utilize IV-E finances to fund the lawyers</li> <li>Need legislative change</li> </ul>
Other common themes/ideas/opinions identified at the summits:	• One that was voted as a top was privatization of foster of	care.	ea, but was not common across all areas ent of resource homes was not being

	successful, but across the areas it was different on how to approach itprivatize vs. remain within OKDHS
•	In general staff was not satisfied with the current TFC care/system.
•	Diligent search consistently was talked about across the areas
•	Across the areas the majority of staff was in favor of the team approach to casework
•	Better public image of OKDHS