



JURISDICTIONAL SCAN

STRONG FAMILIES

How does **Oklahoma** provide **voluntary services**?

Overview

In Oklahoma, when a family's circumstances impact child safety and a child's living situation is determined to be unsafe, the Department of Human Services seeks to address these issues through **Family Centered Services** (FCS).¹ Cases assigned to FCS focus on child safety in an attempt to preserve the family unit and strengthen the caregiver's ability to keep the child safe. FCS involves opening a case at the agency, but not with the court.

Ultimately, the services are offered while the child remains in the home with a safety plan. To accomplish this goal, families are referred to services that appropriately meet their needs. Families also can be referred to [Comprehensive Home-Based Services](#) (CHBS), which are designed for families where the child is at moderate risk of removal.

For the past few years, there also has been another option for families. As a result of the state's Title IV-E waiver demonstration project, Oklahoma offers Intensive Safety Services (ISS), which target families at a higher risk of child removal, or families that may have had a child removed in the past and therefore may not be appropriate candidates for CHBS. The goal of ISS is to provide intensive services to mitigate safety concerns and prevent the removal of the child from the home. Because it is a waiver project, there is



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an initial determination of eligibility, and families deemed eligible are randomized to receive ISS or services as usual (entry into foster care).

Initiation of voluntary services

Families that receive voluntary services often come to the attention of the child protection agency through a referral of child abuse or neglect. As a result, the case typically begins with a CPS investigation. In Oklahoma, the cases most frequently served by voluntary services are those involving neglect and those involving families with underlying substance abuse issues. When deciding whether to serve a family with voluntary services, caseworkers completing the investigation examine the risk of future maltreatment to the child, safety threats, protective capacities of the family, and the level of need within the family.

The investigation includes an examination of the child's safety using the **Assessment of Child Safety** (AOCS) form. The AOCS includes questions regarding the extent of any abuse and neglect, the circumstances that accompanied any maltreatment, child functioning, disciplinary approaches, overall family values, cultural

influences, parenting practices, and adult functioning. It identifies protective capacities of the family as well as any safety threats and impending dangers. Completion of the AOCS results in one of three determinations: *safe* (unsubstantiated); *unsafe* (determination that at least one of the children is in an environment where safety threats exist); or *not applicable* (unable to locate, failure to cooperate or child death).²

If the child is determined to be unsafe, a **Child Safety Meeting** is held with the family to determine the level of intervention and services needed. During the meeting, participants establish the requirements for subsequent family meetings, as there are different requirements based on the needs of the case.

If it is determined that safety threats can be managed and controlled, the child may be allowed to remain in the home if the family agrees to develop a safety plan in collaboration with the caseworker, sign the safety plan, and participate in relevant services. The caseworker may also determine that there is a need for someone to serve as a safety plan monitor and may identify the monitor. A safety plan monitor either lives in the home or comes into the home on a regular basis to ensure



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that the safety plan is being followed. The family then enters the Family Centered Services program and the case is assigned an FCS worker.

A voluntary placement is another option that can be used in conjunction with FCS to ensure child safety. This type of placement allows the child to be removed from the home informally, for a short period of time, while the safety issues are addressed. When children enter a voluntary placement, Oklahoma's goal is to get children back in their family home within 60 days.

Ongoing provision of voluntary services

FCS caseworkers are primarily responsible for voluntary cases, but given that Oklahoma is largely a rural state, the type of cases handled by a worker varies within the state. Outside the major metro areas, workers most likely have a caseload that is mixed between prevention and treatment cases, whereas the caseloads in a major metro area could be strictly prevention cases. FCS workers cannot carry more than eight families per worker and must have a supervisor with no more than five staff reporting to them. Supervisors must hold monthly case conferences for each FCS case.

While participating in FCS, families can be referred to:

- **Concrete services**, such as housing and food resources, parenting programs, parenting education, educational resources, employment services, vocational training, and any other DHS services that may be needed.
- **Comprehensive Home-Based Services**, which is provided in the home and uses the SafeCare® modules. [SafeCare®](#) interventions are delivered by a bachelor's degree level staff member, and can be provided to families for approximately six months. There is usually no wait list to access these services. The goal is that by the time families have received six months of CHBS, the family has engaged and made enough progress for the worker to identify the child as "safe" when completing the AOCS.

- **Intensive Safety Services** is provided in the home three to five times a week, eight to 10 hours a week, for a total of four to six weeks. Due to the status of ISS as a waiver demonstration project, families deemed eligible are randomized to determine which families can participate. ISS is appropriate for families with children from newborn to age 12. With ISS, the SafeCare® modules are provided by a master's level professional or those under supervision for licensure, and these staff can carry only three to four cases at a time. The ISS caseworker or the agency caseworker will also link or refer the family to other services, such as domestic violence or substance abuse services, as these are not provided through SafeCare®. When the four to six weeks have concluded, the goal is for the family to then continue with CHBS services for up to six months. If ISS cases are unable to step down to CHBS at six weeks, the agency may consider removing the child from the home if the family needs more intensive services. If the family declines ISS, the likelihood that the agency will then go to court and remove the child is fairly high given that these cases have been deemed most likely to result in a child removal without the ISS intervention.

All cases must have an FCS caseworker. The FCS caseworker must have [regular communication](#) (at least bi-weekly) with all of the service providers and hold regular staffing meetings regarding the progress being made on the case, how the family is improving on the AOCS components, and observations made during provider interactions with the family.

Although other involved service providers are concerned about safety, the programming is structured so that they mainly focus on engaging the family in services, while the FCS caseworker focuses on the safety of the child. As a result, FCS caseworkers are required to have a minimum of weekly face-to-face contact with the parent/caregiver and the child together. This contact is in place for the

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first 60 days. After 60 days, the FCS caseworker and the supervisor may decide to [reduce contact to a minimum of once every other week](#).

Closing voluntary services

When the FCS caseworker and supervisor, CHBS/ISS caseworker, and family come to the point when they think the child protection agency can safely step out of the case, they complete an AOCS to document that the child is safe and then move through the case closure process. While this can happen at any time in the life of the case, service providers do not typically skip any of the SafeCare® modules; therefore, most cases do not close in less than four months (on average, cases are open four to six months). If families have not made sufficient progress and the case is not ready to be closed out after six months, the FCS caseworker and service providers consult with supervisors and management at the state level to determine what is preventing the case from being closed and if there is a need for a next level of involvement.

CHBS cases involve intense work between the family and the service provider to address the risks that are present and ensure safety of the child. Significant time is also spent helping the family develop the capacity to plan and engage its support system. As a result, CHBS cases are not usually closed out with a referral to additional services unless there are ongoing, long-term services needed, such as behavioral health or substance abuse treatment.

Relevant case data

According to the [Oklahoma Department of Health Services 2018 annual report](#):

- FCS served 749 families state-wide during the month of June 2018 alone.
- 767 children received ISS in the first three years of the waiver demonstration project;
 - * Of these, 611 (80%) children remained in the home and avoided placement into DHS custody.
 - * These children have not re-entered the system or been re-referred within a 12-month period.

1 Information throughout this brief was obtained in an interview with staff from the Oklahoma Department of Human Services Child Welfare Services, January 11, 2019

2 *Assessment of Child Safety form*. Provided by staff from the Oklahoma Department of Human Services Child Welfare Services

P 800.228.3559

P 206.282.7300

F 206.282.3555

casey.org | KMResources@casey.org

