Meeting Dates

2021 Meeting Dates

January 15th

March 12th

May 21st

June 25th *

September 17th

November 19th

*All meeting dates fall on the 3rd Friday of the corresponding month with the exception of March 12th and June 25th.

Meeting Packet

OKLAHOMA
COMMISSION ON
CHILDREN AND YOUTH

2915 N. Classen Boulevard, Suite 300
Oklahoma City, OK 73106
Tel: (405) 606-4900 • Fax: (405) 524-0417
Toll Free 1-866-335-9288

REGULAR MEETING

This public meeting is being held consistent with the amendments to the Open Meeting Act, 25 O.S. § 301 et seq., signed into law by Gov. Stitt on February 10, 2021. See SB 1031, 202 O.S.L 3, § 3.

GoTo Meeting Link: https://www.gotomeet.me/AJett/occy-commission-meeting-4
Dial in by phone: (872) 240-3311   passcode: 915-661-093
CAMERON BUILDING
2915 N. CLASSEN, SUITE 300
OKLAHOMA CITY, OKLAHOMA

In order to comply with the amended Open Meeting Act and promote the health of the general citizens, all interested parties are encouraged to attend the meeting via the GoTo virtual platform.

The following Commissioners will be attending via the GoTo virtual platform: Secretary Justin Brown, Commissioner Ginarie Harrington, Interim Commissioner Lance Frye, Commissioner Jackie Aaron, Director Melinda Fruendt, Superintendent Joy Hofmeister, Interim Director Rachel Holt, Dr. Kalie Kerth, Commissioner Lindsay Laird, District Attorney Angela Marsee, Commissioner Brenda Myers, Commissioner Brad Wilson, Commissioner Jonathan Hall, Commissioner John Schneider, Judge Mike Warren, Interim Commissioner Carrie Slatton-Hodges, and Secretary Kevin Corbett

The following OCCY staff may/will be attending via GoTo virtual platform: Annette Wisk Jacobi, Mark James, Jennifer Hardin, Jimmy Widdifield Jr., Tina Pendergraft, Harold Jergenson, Robert Agnew, Lisa Rhoades, Keith Pirtle, Megan Lisenbee, Ellen Lohrenz, Elizabeth Kaup, Christina Whatley, Matt Spruill, Brooke Laws, Tameron Session, Penny Hill-Malone, Raegan Qualls, Cherra Taylor, Dawn Bender, Adrienne Elder, Katharine Carson, Daniele Dill, and Joseph McGrath

The following individuals will be attending via GoTo virtual platform: Amanda Everett, Office of the Attorney General; Brandy Bahm, Office of Management and Enterprise Services; Meryl Levine, Children's Trust Fund Alliance, Michael Huesca, Paternal Opportunities Programs and Services; Betty Hawkins, Children's Trust Fund Alliance; and all who sign up for public comment.

Loss of connectivity: If connection is lost at any time during this meeting, the meeting will be stopped and reconvened once connection is reestablished. If connection cannot be restored after thirty (30) minutes, the meeting will be stopped and a special meeting will be scheduled.

Public Comment: Please sign up to speak by contacting Amanda Jett, OCCY Executive Assistant, ***no later than 8:00 p.m. on Thursday, March 11, 2021 (405-249-8892) or*** *Amanda.Jett@occy.ok.gov*)*. Please provide your name (and spelling of your name if attending virtually by telephone call), the organization you represent if applicable, and the subject matter of your remarks. Public comments will be limited to *three* minutes per person. Should you wish to provide documents to the Commissioners, please send them to OCCYCommissioners@ok.gov.

Meeting Etiquette: To provide the best connectivity for all virtual attendees, we ask that only the commissioners use the video option when attending the meeting. The only exception will be when an attendee is making a public comment. All other attendees should join the meeting by audio connection only. Thank you for your cooperation.

OKLAHOMA COMMISSION ON CHILDREN AND YOUTH

MARCH 12, 2021
9:00 a.m.

AGENDA

I. Call to Order and Determination of Quorum — *Chairperson Lindsay Laird*

II. Welcome and Introductions — *Chairperson Lindsay Laird*
- Introduction of Commissioners Ginarie Harrington and Brad Wilson
- Introduction of all Commissioners
- Introduction of all OCCY Staff
- Introduction of all guests

III. Public Comments — *Public Guests*
- *The list of speakers closes March 11, 2021 at 8:00pm and will be provided to the Chairperson prior to the meeting*

IV. Review and Approval of the Minutes from the December 11, 2020 Special Commission Meeting — *Chairperson Lindsay Laird*
Discussion and possible action

V. Presentation and Approval of the Finance Report — *Ms. Brandy Bahm, Financial Manager, Office of Management and Enterprise Services*
- An update regarding the OCCY Budget, Expenses, and Balances
Discussion and possible action

VI. Election of Officers — *Chairperson Lindsay Laird*
- Vice-Chair
- Secretary
Discussion and possible action

VII. Commission Sub-Committee Structure and Meeting Dates — *Chairperson Lindsay Laird*
- Personnel
- Finance
- Legislative
- Planning and Coordination
Discussion and possible action

VIII. Presentation: OCCY Parent Partnership Board — *Adrienne Elder, OCCY Project Coordinator; Meryl Levine, Children's Trust Fund Alliance; Michael Huesca, Paternal Opportunities Programs and Services; Betty Hawkins, Children's Trust Fund Alliance*
- Overview and update regarding this statutorily created board

IX. Legislative Update — *Jennifer Hardin, OCCY Legislative Liaison*
See Attached Report
Discussion and possible action

X.   OCCY Infrastructure Work   *Director Annette Wisk*
   • Mission and Vision Statements   *Jacobi*
   • Logic Models
   • Database Development
   • Oklahoma Employee Engagement Survey
   Discussion

XI. Directors Report   *Director Annette Wisk*
   See Attached Report   *Jacobi*
   Discussion

XII. *New Business*   *Chairperson Lindsay Laird*
   Discussion and possible action

XIII. Commissioner Announcements (Report only – no discussion)   *Commissioners*

XIV. Chairperson Remarks   *Chairperson Lindsay Laird*

XV. Adjournment   *Chairperson Lindsay Laird*

NEXT MEETING: FRIDAY, May 21, 2021 at 9:00 a.m.

Note: The Board may vote to table an agenda item or change the sequence of the agenda.

OKLAHOMA
COMMISSION ON
CHILDREN AND YOUTH

COMMISSION MEETING MINUTES

Regular Meeting
December 11, 2020
9:00 a.m.

Commissioners present: Justin Brown, Jason Charles, Melinda Fruendt, Rachel Holt, Kalie Kerth, Lindsay Laird, Javier Ramirez, Kevin Corbett John Schneider, and Jackie Aaron.

Commissioners present virtually: Angela Marsee, Mike Warren, Jonathan Hall, and Brenda Myers.

Guests present: Latisha Edwards, Amanda Everett, Joe Dorman, and Brandy Bahm.

Staff present: Annette Wisk Jacobi, Mark James, Amanda Jett, Cherra Taylor, Rob Agnew, Lisa Rhoades, Elizabeth Kaup, Matthew Spruill, Tina Pendergraft, Keith Pirtle, Adrienne Elders, Jennifer Hardin, and Danielle Dill

Call to Order and Determination of Quorum
– Chairman Jason Charles
Chairman Charles called the meeting to order at 9:12 a.m.

Welcome and Introductions
– Chairman Jason Charles
Chairman Charles welcomed everyone to the meeting. Chairman Charles welcomed new Commissioners Jonathan Hall and Jackie Aaron.

Review and Approval of the Minutes from the September 18, 2020, Commission Meeting
– Chairman Jason Charles
Commissioner Charles asked the Commission to review the minutes and called for a motion. Director Holt stated there were grammatical errors on page one introducing Assistant Attorney General Amanda Everett to the Commission and page three under director's report that needed correction.

Commissioner Fruendt moved to approve the minutes with the corrections. District Attorney Marsee seconded the motion. All members present voted in the affirmative except Commissioner Aaron, Commissioner Hall, and Judge Warren abstained.

Public Comments
No public comment was given.

Finance Report **–** *Discussion and Possible Action*
 – Latisha Edwards
- **An update regarding the OCCY Budget, Expenses, and Balances**

Ms. Edwards provided an overview of the financial report through November 30, 2020. ***A handout was provided.***

Commissioner Kerth moved to approve the financial report. Judge Warren seconded the motion. All members present voted in the affirmative.

OCCY Carry Forward Budget Plan
– Mark James

Mark James, Assistant Director with the Oklahoma Commission on Children and Youth (OCCY), provided an overview of the carry over funding from State Fiscal Year (SFY) 2020 and plans for its use in SFY 2021. Mr. James stated that a total of $946,809 was carried over from SFY 2020. He also stated that the carry over fund budget plan is broken down into five categories to use in SFY 2021.

The first category of the budget is Program Evaluation and Database Infrastructure Development. Mr. James stated that the current database systems no longer meet the needs of the agency to make data driven decisions and measure outcomes. Each program within the agency would be evaluated to determine the most suitable database systems needed.

The second category would cover personnel payroll for the remainder of the fiscal year. Some of the funds would cover the payroll of established administration personnel, and the rest of the funds would cover the payroll of a temporary employee to assist the Child Death Review Board.

The third category would cover the expense of creating a State Plan for Children's Services, as set in the Oklahoma Statues, through a professional service contract. This Plan would also serve as a template for future reports.

The fourth category would cover the unexpected additional expenses of electronic equipment and IT services due to the pandemic.

The fifth category would cover the cost of contracting with consultants for special projects or groups.

Mr. James stated that much of the carry over funding was saved over the course of several years in preparation to pay for a new, more comprehensive database system that's more conducive to the agency's current needs. The finance committee recommended that the Board of Commissioners approve the budget plan for the SFY 2020 carry over funds.

Director Jacobi stated that there is a possibility that the funds could be redistributed for core services in the event of a budget shortfall for the current or next fiscal year.

Judge Warren moved to approve the budget plan for carry over funds. Commissioner Fruendt seconded the motion. All members present voted in the affirmative.

A handout was provided.

Election of Officers: Chair, Vice-Chair, and Secretary
– Chairman Jason Charles

Chairman Charles stated his term on the Board of Commissioners had expired and new officers need to be elected as this was his final meeting. The nomination committee, which consisted of Commissioner Charles, Commissioner Holt, and Commissioner Fruendt, had nominated Commissioner Laird for the position of Chair, Commissioner Ramirez for Vice Chair, and Commissioner Schneider for the position of Secretary. No other nominations were made from the floor.

Commissioner Fruendt moved to accept Commissioner Laird for the position of Chair. Commissioner Schneider seconded the motion. All members present voted in the affirmative.

Commissioner Fruendt moved to accept Commissioner Ramirez for the position of Vice Chair. Commissioner Kerth seconded the motion. All members present voted in the affirmative.

Commissioner Fruendt moved to accept Commissioner Schneider for the position of Secretary. Commissioner Kerth seconded the motion. All members present voted in the affirmative.

A handout was provided.

2021 Meeting Dates
– Chairman Jason Charles
The proposed meeting dates for calendar year 2021 are as follows: January 15, March 19, May 21, June 25, September 17, and November 19.

Judge Warren stated that he would not be available for January 15 as it conflicts with a judicial conference and the March 19 coincides with Spring Break. After some discussion, the consensus was to leave the January meeting as was originally proposed and to move the March meeting to March 12.

Judge Warren moved to accept the 2021 amended meeting dates of January 15, March 12, May 21, June 25, September 17, and November 19. District Attorney Marsee seconded the motion. All members present voted in the affirmative.

A handout was provided.

Presentation of the Proposed 2020 OCCY Legislative Agenda
– Jennifer Hardin
Jennifer Hardin, Legislative Liaison for OCCY, presented on OCCY's proposed legislative agenda for the 2021 Legislative Session. The first bill presented was formerly House Bill (HB) 3211, which would establish a grievance process for juveniles detained in adult facilities. The process would be administered by OCCY. This bill was recommended by the Detaining Youth Task Force.

Judge Warren moved to approve to support former House Bill 3211 on the Grievance Process for Juveniles Detained in adult facilities for the 2021 Legislative Session. Commissioner Fruendt seconded the motion. All members present voted in the affirmative.

The next bill presented was formerly HB 3214, which sets requirements for detaining youth in juvenile facilities with certain exceptions. This bill would create compliance with the 2018 Juvenile Justice Act and was recommended by the Detaining Youth Task Force and the Oklahoma Office of Juvenile Affairs (OJA).

Commissioner Fruendt moved to support former House Bill 3214 on the Detention of Juveniles for the 2021 Legislative Session. Commissioner Hall seconded the motion. All members present voted in the affirmative.

The next bill presented was formerly HB 3215, which would modify the definition of juvenile competency and provide an opportunity for OJA to raise issues of competency prior to delinquency or youth offender proceedings. This bill was recommended by The Juvenile Competency Professional Committee and the Detaining Youth Task Force.

District Attorney Marsee moved to support former House Bill 3215 on Juvenile Competency for the 2021 Legislative Session. Judge Warren seconded the motion. All members present voted in the affirmative.

The next bill presented was formerly HB 3216, which would restore previous language allowing the Office of Juvenile Systems Oversight (OJSO) to conduct oversight inspections of both state-owned and privately-owned facilities that house children and youth. This bill was recommended by OCCY.

Director Holt moved to support former House Bill 3216 on Office of Juvenile Systems Oversight. District Attorney Marsee seconded the motion. All members present voted in the affirmative.

The next bill presented was formerly Senate Bill (SB) 1731, which would appoint a new commissioner to the board who is a tribal member and knowledgeable with the Indian Child Welfare Act (ICWA), modifies Commissioners' terms to coincide with the state's fiscal year, clarifies the intended purposes of the Endowment Funds, removes the requirement of the Executive Director to seek Commissioners' approval prior to making personnel decisions, increasing the term length of Postadjudication Review Board members from three to five years, change the name of Postadjudication Review Board to Citizen Review Boards for Children and Youth, and change the name of the Parent Partnership Board. This bill was recommended by OCCY.

Judge Warren moved to support former Senate Bill 1731 on OCCY's Administration for the 2021 Legislative Session. Director Holt seconded the motion. All members present voted in the affirmative.

The next bill presented was formerly HB 3997, which would authorize the courts to order forensic interviews in child abuse/neglect investigations as well as transportation to the interviews. This bill was recommended by the District Attorneys Council.

Judge Warren moved to resubmit former House Bill 3997 on Forensic Interviews of Children and Youth and Transportation for the 2021 Legislative Session. Commissioner Ramirez seconded the motion. All members present voted in the affirmative.

The final bill presented was formerly HB 2791, which would require any child age 17 years and younger to wear a seat belt. This bill was recommended by AAA of Oklahoma and the Oklahoma Child Death Review Board.

Judge Warren moved to resubmit former House Bill 2791 on Seat Belt Requirements for the 2021 Legislative Session. Commissioner Laird seconded the motion. All members present voted in the affirmative.

Handouts were provided.

Endorsement for Oklahoma to Apply for the "Thriving Families" Technical Assistance Grant – Phase 2
– Annette Wisk Jacobi, Executive Director
Director Jacobi reported that the U.S. Children's Bureau, the Casey Family Programs, the Annie E Casey Foundation and Prevent Child Abuse America have collaborated to create a technical assistance project called the "Thriving Families, Safer Children: A National Commitment to Well-Being" Initiative. The Initiative would provide technical assistance to states that are working to transform their child welfare systems into a "family well-being" system, or who are interested in getting started. The first phase involved the Initiative working with three states and a county. The second phase will involve twelve more states and work will begin in late January.

Director Jacobi stated that for Oklahoma to possibly be accepted into the second phase, a questionnaire will need to be completed and a letter of interest as well as a letter of support from the Governor be submitted to the Initiative by January 8, 2021. Director Jacobi requested a letter of support from the Commissioners as the Commission is comprised of a diverse leadership, which could positively influence the decision for Oklahoma to be included in the second phase.

Commissioner Laird stated that she believes it is a great opportunity and aligns with what Oklahoma is working to accomplish with child welfare and other services. Secretary Brown stated that it's an honor to be included as a candidate to receive the technical assistance and that it validates the progress of Oklahoma's work to restructure the child welfare system to become more preventative in nature.

Commissioner Schneider moved to approve a letter of support from the Commissioners for the Oklahoma "Thriving Families, Safer Children" Initiative Application. Judge Warren seconded the motion. All members present voted in the affirmative.

A handout was provided.

Director's Report: Personnel and Agency Activities
– Annette Wisk Jacobi, Executive Director
Director Jacobi thanked Commissioner Holt and Audrey Rockwell of OJA for use of their Zoom account so the meeting can be viewed virtually to the public. She also thanked Mark James, Amanda Jett, Cherra Taylor and Rob Agnew for working to ensure that the meeting ran as smoothly as possible.

Director Jacobi welcomed the Commissioners to the new office and stated that a full tour will be given when it is safe to do so. She also thanked Joe Dorman of the Oklahoma Institute for Child Advocacy for giving up some of their office space so OCCY can have a second, smaller conference room.

Director Jacobi thanked Commissioner Corbett and the Oklahoma Health Care Authority for their assistance in figuring out the billing issues for child abuse examiners.

Director Jacobi thanked Adrienne Elder for her work with establishing the Parent Partnership Board and advocating for a name change so OCCY can better serve the parents who participate.

Director Jacobi announced that the legislative report from the Trauma-Informed Care Task Force was submitted in November and a press conference was held to promote the report and the work accomplished. Representative Carol Bush has requested that an Infrastructure bill be written and filed to ensure that the work continues. The Task Force is entering its third and final year.

Lastly, Director Jacobi thanked Commissioner Charles for his dedication and work with OCCY.

Director Jacobi stated that written report will be sent later.

New Business
– Chairman Jason Charles
There was no new business

Chairman Remarks
– Chairman Jason Charles
Chairman Charles thanked OCCY for the opportunity to serve on the Commission. He stated that he is grateful for the knowledge and experience he received while serving. He also thanked the OCCY staff for all the work they do, and encouraged them as well as the Commissioners to continue the great work in serving Oklahoma's children.

Commissioner Announcements
– All
Secretary Corbett reported that the Health Cabinet will be partnering with the Cabinet Secretaries of Agriculture and Education to address childhood obesity.

Adjournment
– Chairman Charles
Commissioner Fruendt motioned to adjourn the Commission meeting. Commissioner Kerth seconded the motion. The Commission meeting adjourned at 10:17 a.m.

Future Meeting Dates
January 15, 2021
March 12, 2021
May 21, 2021
June 25, 2021
September 17, 2021
November 19, 2021

Budget

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                              Comm on Children and Youth                              OCPGL341
                          Business Unit - 12700 - Sub-Major                           08-MAR-2021
              FY-2021 Operating Budget Comparison Summary by Business Unit/Account     03:24:31.000000_PM
                             as of February 28, 2021
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12700 - Comm on Children and Youth
Department: 0100002 - 8800001
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		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	1,390,524	927,016	845,841.22	0.00	0.00	845,841.22	544,682.78	81,174.62	60.83	91.24
512	Insur.Prem-Hlth-Life,etc	321,866	214,577	165,005.82	0.00	0.00	165,005.82	156,860.18	49,571.22	51.27	76.90
513	FICA-Retirement Contributions	342,323	228,215	199,705.40	0.00	0.00	199,705.40	142,617.60	28,509.40	58.34	87.51
515	Professional Services	1,812,171	1,208,112	129,138.03	117,065.44	50,000.00	296,203.47	1,515,967.09	911,908.85	16.35	24.52
519	Inter/Intra Agy Pmt-Pers Svcs	10,100	6,733	1,413.24	1,106.76	0.00	2,520.00	7,580.00	4,213.20	24.95	37.43
521	Travel - Reimbursements	66,523	44,348	278.30	0.00	0.00	278.30	66,244.70	44,069.46	0.42	0.63
522	Travel - Agency Direct Pmts	111,753	74,502	1,631.18	4,392.00	0.00	6,023.18	105,729.82	68,478.50	5.39	8.08
531	Misc. Administrative Expenses	43,299	28,866	30,326.30	24,245.45	300.00	54,871.75	-11,572.75	-26,006.07	126.73	190.09
532	Rent Expense	204,892	136,594	68,049.55	35,395.46	0.00	103,445.01	101,446.99	33,149.47	50.49	75.73
533	Maintenance & Repair Expense	5,700	3,800	1,022.35	6,560.98	0.00	7,583.33	-1,883.33	-3,783.33	133.04	199.56
534	Specialized Sup & Mat.Expense	3,150	2,100	217.98	1,668.95	0.00	1,886.93	1,263.07	212.91	59.90	89.86
535	Production,Safety,Security Exp	0	0	390.00	0.00	0.00	390.00	-390.00	-390.00	~	~
536	General Operating Expenses	8,100	5,400	5,283.92	2,467.63	0.00	7,751.55	348.45	-2,351.71	95.70	143.55
541	Office Furniture & Equipment	78,222	52,148	64,857.19	180.00	0.00	65,037.19	13,184.81	-12,889.35	83.14	124.72
542	Library Equipment-Resources	0	0	388.60	0.00	0.00	388.60	-388.60	-388.60	~	~
545	Land,ROW,CIP,Pass Thru Assets	4,000	2,667	3,646.11	0.00	0.00	3,646.11	353.89	-979.47	91.15	136.73
554	Program Reimb,Litigation Costs	1,026,600	684,400	648,947.82	99,143.50	0.00	748,091.32	278,508.68	-63,691.40	72.87	109.31
561	Loans,Taxes,Other Disbursemnts	0	0	450.00	0.00	0.00	450.00	-450.00	-450.00	~	~
601	AFP Encumbrances	0	0	0.00	9,881.74	0.00	9,881.74	-9,881.74	-9,881.74	~	~
	Totals	5,429,223	3,619,477	2,166,593.01	302,107.91	50,300.00	2,519,000.92	2,910,221.64	1,100,475.96	46.40	69.60

| Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19011	Carryover	940,142	626,761	940,141.56	0.00	0.00	940,141.56	0.00	-313,381.00	100.00	150.00
19101	Duties	2,295,414	1,530,274	483,791.93	207,384.93	50,300.00	741,476.86	1,553,937.14	788,796.74	32.30	48.45
20000	Okla. Comm On Children & Youth	1,254,357	836,236	95,270.55	10,353.67	0.00	105,624.22	1,148,732.78	730,611.86	8.42	12.63
21000	CAMTA Revolving Fund	939,310	626,207	647,388.97	84,369.31	0.00	731,758.28	207,551.72	-105,551.64	77.90	116.86
	Totals	5,429,223	3,619,477	2,166,593.01	302,107.91	50,300.00	2,519,000.92	2,910,221.64	1,100,475.96	46.40	69.60
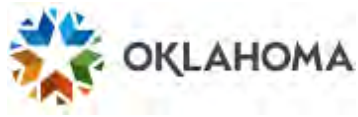
State of Oklahoma
Allotment Budget and Available Cash
As Of February 28,2021

3/1/2021
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Business Unit	Class	Dept	Bud Ref	Allocations	Pre Encumbered	Encumbered	Current Yr Exp	Prior Yr Exp	Allotment Budget	Available Cash
12700										
	190									0.00
	19001	01	20	1,360,235.44	.00	.00	56,211.29	1,304,024.15	.00	
	19001	88	20	90,679.00	.00	.00	23,847.59	66,831.41	.00	
	19011	01	21	877,141.56	.00	.00	877,141.56	.00	.00	
	19011	88	21	63,000.00	.00	.00	63,000.00	.00	.00	
				2,391,056.00			1,020,200.44	1,370,855.56		
	191									1,047,538.07
	19101	01	21	2,202,423.00	50,300.00	66,911.59	444,383.64	.00	1,640,827.77	
	19101	88	21	92,991.00	.00	35,768.29	38,358.29	.00	18,864.42	
				2,295,414.00	50,300.00	102,679.88	482,741.93		1,659,692.19	
	199									0.00
	19901	01	19	1,207,867.00	.00	.00	.27	1,207,866.73	.00	
	19911	01	20	470,377.00	.00	.00	.00	470,377.00	.00	
				1,678,244.00			.27	1,678,243.73		
	200									768,072.53
	20000	01	19	450,245.00	.00	.00	(.27)	404,675.07	45,570.20	
	20000	01	20	396,428.00	.00	144,720.08	(147.74)	120,330.95	131,524.71	
	20000	01	21	1,019,357.00	.00	115,941.19	94,770.36	.00	808,645.45	
	20000	88	19	68,840.00	.00	.00	.00	68,839.76	.24	
	20000	88	20	235,000.00	.00	3,174.47	(11,690.49)	11,942.54	231,573.48	
	20000	88	21	235,000.00	.00	167.53	500.19	.00	234,332.28	
				2,404,870.00		264,003.27	83,432.05	605,788.32	1,451,646.36	
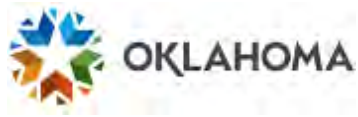
State of Oklahoma
Allotment Budget and Available Cash
As Of February 28,2021

3/1/2021
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Page 2

Business Unit	Class	Dept	Bud Ref	Allocations	Pre Encumbered	Encumbered	Current Yr Exp	Prior Yr Exp	Allotment Budget	Available Cash
12700										
	210									189,266.78
	21000	01	19	1,501,500.00	.00	.00	.00	1,266,299.96	235,200.04	
	21000	01	20	1,500,000.00	.00	45,505.03	27,619.55	1,051,625.68	375,249.74	
	21000	01	21	935,310.00	.00	84,003.43	643,754.85	.00	207,551.72	
	21000	88	21	4,000.00	.00	365.88	3,634.12	.00	.00	
				3,940,810.00		129,874.34	675,008.52	2,317,925.64	818,001.50	
Business Unit Totals				12,710,394.00	50,300.00	496,557.49	2,261,383.21	5,972,813.25	3,929,340.05	2,004,877.38

State of Oklahoma
Allotment Budget and Available Cash
As Of February 28,2021

3/1/2021
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OKLAHOMA

Business Unit	Class	Dept	Bud Ref	Allocations	Pre Encumbered	Encumbered	Current Yr Exp	Prior Yr Exp	Allotment Budget	Available Cash
Grand Totals				12,710,394.00	50,300.00	496,557.49	2,261,383.21	5,972,813.25	3,929,340.05	2,004,877.38

State of Oklahoma

Summary of Receipts and Disbursements

From Business Unit 12700 To Business Unit 12700

For the Month of February, 2021

3/1/2021

8:56:52 AM

Page 1

BUSINESS UNIT   **12700**

CLASS   **190**

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit)	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			(5,469.58)	0.00				0.00	1,026,380.02
1-Jul	0.00	27,873.90	5,469.58	0.00	0.00	0.00	0.00	0.00	993,036.54
2-Aug	0.00	4,958.61	0.00	0.00	0.00	0.00	0.00	0.00	988,077.93
3-Sep	0.00	8,261.21	0.00	0.00	0.00	0.00	0.00	0.00	979,816.72
4-Oct	0.00	33,007.28	0.00	0.00	0.00	0.00	0.00	0.00	946,809.44
5-Nov	0.00	6,667.88	0.00	0.00	0.00	0.00	0.00	0.00	940,141.56
6-Dec	0.00	940,141.56	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
Column Totals:	0.00	1,020,910.44	5,469.58	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					

Class/Fund Balances: 0.00   (0.00)

Current Ledger Balance-Liabilities: 0.00

*Budgeted Cash Balance: **(0.00)**

*Should agree with Cash Balance from Allotment Budget and Cash Balance (ABC) report.

Report Name: OCGL0059

Query Title: OCP_GL0059

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BUSINESS UNIT   12700

CLASS   191

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			0.00	0.00				0.00	-0.00
1-Jul	0.00	140,853.31	0.00	0.00	0.00	(191,285.00)	0.00	0.00	50,431.69
2-Aug	0.00	160,402.84	0.00	0.00	0.00	(191,285.00)	0.00	0.00	81,313.85
3-Sep	0.00	160,116.47	0.00	0.00	0.00	(191,285.00)	0.00	0.00	112,482.38
4-Oct	0.00	160,107.93	(527.26)	0.00	0.00	(191,285.00)	0.00	0.00	144,186.71
5-Nov	0.00	192,553.67	(8,555.83)	0.00	0.00	(191,285.00)	0.00	0.00	151,473.87
6-Dec	0.00	(703,458.24)	601.81	0.00	0.00	(191,285.00)	0.00	0.00	1,045,615.30
7-Jan	0.00	195,190.82	1,286.14	0.00	0.00	(191,285.00)	0.00	0.00	1,040,423.34
8-Feb	0.00	176,975.13	6,516.68	0.00	0.00	(191,285.00)	0.00	0.00	1,048,216.53
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,048,216.53
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,048,216.53
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,048,216.53
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,048,216.53
Column Totals:	0.00	482,741.93	(678.46)	0.00	0.00	(1,530,280.00)	0.00		
Current Ledger Balance:			(678.46)	0.00					

Class/Fund Balances: 0.00   **1,048,216.53**

Current Ledger Balance-Liabilities: (678.46)

*Budgeted Cash Balance: **1,047,538.07**

*Should agree with Cash Balance from Allotment Budget and Cash Balance (ABC) report.

Report Name: OCGL0059

State of Oklahoma

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BUSINESS UNIT   **12700**

CLASS   **199**

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			**0.00**	**0.00**				**0.00**	**0.27**
1-Jul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.27
2-Aug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.27
3-Sep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.27
4-Oct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.27
5-Nov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.27
6-Dec	0.00	0.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Column Totals:	0.00	0.27	0.00	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					

Class/Fund Balances: 0.00   **0.00**

Current Ledger Balance-Liabilities: 0.00

*Budgeted Cash Balance: **0.00**

*Should agree with Cash Balance from Allotment Budget and Cash Balance (ABC) report.

Report Name: OCGL0059

Query Title: OCP_GL0059

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BUSINESS UNIT   12700

CLASS   200

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			0.00	0.00				0.00	676,540.92
1-Jul	(100.00)	20,085.83	0.00	0.00	0.00	(1,559.35)	0.00	0.00	658,114.44
2-Aug	0.00	7,849.41	(2,000.00)	0.00	0.00	(1,507.73)	0.00	0.00	653,772.76
3-Sep	(546.15)	9,119.28	1,612.70	0.00	0.00	33.42	0.00	0.00	643,553.51
4-Oct	0.00	(14,966.10)	219.65	0.00	0.00	0.00	0.00	0.00	658,299.96
5-Nov	(118,070.55)	12,844.41	(9,425.53)	0.00	0.00	0.00	0.00	0.00	772,951.63
6-Dec	0.00	13,670.22	9,093.18	0.00	0.00	0.00	0.00	0.00	750,188.23
7-Jan	(56,514.88)	2,981.66	(1,154.11)	0.00	0.00	0.00	0.00	0.00	804,875.56
8-Feb	0.00	35,148.92	(743.23)	0.00	0.00	0.00	0.00	0.00	770,469.87
Column Totals:	(175,231.58)	86,733.63	(2,397.34)	0.00	0.00	(3,033.66)	0.00		
Current Ledger Balance:			(2,397.34)	0.00					

Class/Fund Balances: 0.00   **770,469.87**

Current Ledger Balance-Liabilities: (2,397.34)

*Budgeted Cash Balance: **768,072.53**

*Should agree with Cash Balance from Allotment Budget and Cash Balance (ABC) report.

Report Name: OCGL0059

State of Oklahoma

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BUSINESS UNIT   **12700**

CLASS   **210**

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			**0.00**	**0.00**				**0.00**	**150,584.53**
1-Jul	0.00	24,999.27	0.00	0.00	0.00	0.00	0.00	0.00	125,585.26
2-Aug	0.00	2,752.84	0.00	0.00	0.00	0.00	0.00	0.00	122,832.42
3-Sep	0.00	705.22	0.00	0.00	0.00	0.00	0.00	0.00	122,127.20
4-Oct	0.00	540.14	0.00	0.00	0.00	0.00	0.00	0.00	121,587.06
5-Nov	0.00	8,510.15	0.00	0.00	0.00	0.00	0.00	0.00	113,076.91
6-Dec	0.00	602.38	0.00	0.00	0.00	0.00	0.00	0.00	112,474.53
7-Jan	(713,690.77)	636,898.52	0.00	0.00	0.00	0.00	0.00	0.00	189,266.78
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	189,266.78
Column Totals:	(713,690.77)	675,008.52	0.00	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					

Class/Fund Balances: 0.00   **189,266.78**

Current Ledger Balance-Liabilities: 0.00

*Budgeted Cash Balance: **189,266.78**

*Should agree with Cash Balance from Allotment Budget and Cash Balance (ABC) report.

Report Name: OCGL0059

Query Title: OCP_GL0059

State of Oklahoma

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BUSINESS UNIT   **12700**

CLASS   **994**

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			**0.00**	**0.00**				**0.00**	**-0.00**
1-Jul	0.00	0.00	0.00	0.00	(200.00)	0.00	0.00	0.00	200.00
2-Aug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
3-Sep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
4-Oct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
5-Nov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
6-Dec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
8-Feb	0.00	0.00	0.00	0.00	200.00	0.00	0.00	0.00	(0.00)
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
Column Totals:	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					

Class/Fund Balances: 0.00   **(0.00)**

Current Ledger Balance-Liabilities: 0.00

*Budgeted Cash Balance: **(0.00)**

*Should agree with Cash Balance from Allotment Budget and Cash Balance (ABC) report.

Report Name: OCGL0059

Query Title: OCP_GL0059

State of Oklahoma

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BUSINESS UNIT   **12700**

CLASS   **79901**

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			0.00	0.00				0.00	100.00
1-Jul	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
2-Aug	(546.15)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	546.15
3-Sep	546.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
4-Oct	(118,070.55)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	118,070.55
5-Nov	118,070.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
6-Dec	(18,952.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,952.00
7-Jan	18,952.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)
8-Feb	(239,689.81)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,689.81
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,689.81
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,689.81
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,689.81
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,689.81
Column Totals:	(239,589.81)	0.00	0.00	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					

Class/Fund Balances: 0.00   **239,689.81**

Current Ledger Balance-Liabilities: 0.00

*Budgeted Cash Balance: **239,689.81**

*Should agree with Cash Balance from Allotment Budget and Cash Balance (ABC) report.

Report Name: OCGL0059

Query Title: OCP_GL0059

State of Oklahoma

Summary of Receipts and Disbursements

From Business Unit 12700 To Business Unit 12700

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OKLAHOMA

BUSINESS UNIT   12700

CLASS

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
Column Totals:	(1,128,512.16)	2,265,394.79	2,393.78	0.00	0.00	(1,533,313.66)	0.00		
Prior Year AP BU Balance:			(5,469.58)	0.00					
Current AP Business Unit Balance:			(3,075.80)	0.00					
Business Unit Balances:								0.00	2,247,642.99

PARENT PARTNERSHIP BOARD OVERVIEW

BACKGROUND

In 2019, the Children's Endowment Fund of Oklahoma was created in statute. These funds are to be administered by OCCY, at the direction of the OCCY Commissioners, through a grant process to "stimulate a broad range of innovative programs, activities or research or evaluation that will improve the well-being and reduce the adverse childhood experience of Oklahoma's children."

Professionals in the social service sector increasingly recognize the importance of consumer voice in decision-making at the individual, local, state, and national levels in order to improve policy and practice. For that reason, when the Children's Endowment Fund was enacted, so too was the OCCY Parent Partnership Board (PPB). The aim of the PPB is to connect individuals with lived experiences with OCCY Commissioners for the purpose of advising the Commissioners and the agency in its efforts improve Oklahoma's child-serving systems.

PPB PLANNING COMMITTEE

The OCCY has several parents/guardians working alongside staff and serving on the PPB Planning Committee. Planning Committee Members include:

- Amber Adams
- Danielle M Dill
- Adrienne Elder
- Betty Hawkins-Emery
- Kara Georgi
- Michael Huesca
- Meryl Levine
- La'Chanda Stephens-Totimeh

Planning Committee members have been asked to share their insights and recommendations over the next four months as they accomplish the following tasks:

- Detailing the purpose the of the PPB to ensure consumer voice is included in decision-making
- Determining the membership size of the PPB
- Determining the tentative PPB operations: date/time/locations of meetings
- Developing in the PPB membership orientation
- Defining the role and expectations for PPB members
- Developing a recruitment plan for PPB members
- Developing an application process for PPB members

PPB MEMBERSHIP

The OCCY Commission is comprised of 19 Commissioners that represent state agencies as well as individual disciplines and private stakeholders. The areas of work addressed by OCCY and the Commission is broad and stems from "light touches" of prevention or support to intervention and court involvement. Therefore, the Parent Partnership Board would like to have five to 13 members that fit into the following categories:

- Parent with child with special needs;
- Parent with child impacted by criminal or juvenile justice system;
- Parent with child who has been in the custody of, or who have received services from, the Oklahoma Department of Human Services, Office of Juvenile Affairs, Oklahoma State Department of Health or other child-serving entity including nonprofits; or
- Parent with child who has received services including, but not limited to, home visiting, local county health department child guidance services, parenting support groups or education classes, TANF, SNAP, WIC, and SoonerCare.

OCCY will commit to selecting well-qualified members, striving for diversity in the areas of race, ethnicity, culture, gender identity, age, religion and religion status, caregiver status, sexual orientation, and geography. In addition, the membership should represent varied life experiences and those with negative as well as positive experiences with a child-serving system should consider applying.

CONNECTION TO COMMISSIONERS

Once the PPB Members are chosen, our goal is to assure that each Member feels valued by the Commissioners and the agency and that their knowledge and expertise is utilized to its fullest potential. While the PPB does have specific duties outlines in statute, it is also hoped that the PPB and its individual members may assist in additional ways, such as:

- Review educational materials, policies, forms, requests for proposals
- Serve as a guest speaker
- Assist with strategic planning
- Mentor, coach, or train other parents taking on leadership roles within different organizations

BUILDING A NETWORK

OCCY recognizes that there are parent/family/consumer advisory groups already in existence and some that are just now forming. Often these groups have a fairly narrow focus. OCCY has a unique opportunity to create a cross-sector body with our PPB. Because it is anticipated that the PPB membership will be varied, OCCY would be pleased to serve as a hub or connector for these more localized groups. OCCY envisions that it will have occasions to bring such entities together to share information, best practices, trainings, and resources.

SPECIAL THANKS

OCCY would like to especially thank the Children's Trust Fund Alliance staff, consultants, and members for sharing their "parent voice" expertise with us. For more information about the CTF Alliance, go to: **http://ctfalliance.org**.

"Nothing About Us Without Us"

CONTACT INFORMATION

Adrienne Elder
Parent Partnership Board Coordinator
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Danielle Dill, Program Manager
OCCY Office of Planning & Coordination
Danielle.Dill@occy.ok.gov

Director's Report
OCCY Commission Meeting
March 12, 2021

PERSONNEL

Fulltime Employee Changes:
- None.

Temporary Employee Changes:
- In early January, Mr. Joseph McGrath began working as a temporary employee with the Child Death Review Board.

Vacancies:
- We have not filled the Program Evaluator position. We are waiting to determine if we can afford a new agency-wide database or if we will need to have stand-alone systems perhaps developed and maintained by universities. Different skills sets would be needed in a program evaluator depending on the technology we can afford.

Student Volunteer:
- We have no student interns or externs this semester due to the pandemic and most employees still teleworking.

FINANCES

General Budget Monitoring: Monthly finance meetings with the Office of Management and Enterprise Services (OMES) and OCCY staff continue. ***Please see the attached report.***

Budget Hearings: We completed and submitted the required budget worksheets with the assistance from OMES Agency Business Services (ABS). Our budget hearing at the House of Representatives was short and we easily answered a few questions – mostly about the cost and recruitment of psychologists to serve as juvenile forensic evaluators.

We received many more questions prior to our Senate Budget Hearing from senate staff and we were also questioned more rigorously during that hearing. As you can see, we have a significant amount of carry forward and that has been intentional. We have been saving one-time funds and some lapsing salary funds so that we can purchase a more up-to-date database for the agency. On our budget worksheet, we had spread the cost of the database amongst our impacted departments, but there was no space for explanation. We did state on the document that we intended to spend the carry forward funds on a database overhaul in a latter part of the document. It was perceived by a member or two that we may be trying to hide our carryforward monies. We explained that that was not our intention and that we had shared our plans with the OCCY Commissioners and we thought we had completed the budget form

correctly. In the end, I believe we clarified our budget needs and our goals related to the carry forward dollars.

We were also asked what the "goal" number of OCCY employees. It was pointed out that during the past few years, we have asked for additional staff in each of our budget requests. [We have asked for three additional positions for State Fiscal Year 2022.] OCCY has had as few as 16 employees and as many as 30+ over the years. We are currently sitting around 20 employees and frankly do not have all of the staff we need to stay current with our required work. During the Senate Budget Hearing, I responded that I would continue to ask for positions if I believed that employees were working as efficiently and as effectively as they could and still could not keep up with the demands. ***Please see attached handout***.

DIRECTOR'S HIGHLIGHTED ACTIVITIES

- Trauma-Informed Care Task Force: The Trauma-Informed Care Task Force's second report has been submitted to the Governor. I continue to Co-Chair the Task Force along with Dr. Jennifer Hayes-Grudo. The Task Force will continue to meet for its third and final year. ***Please see the attached report.***

- Oklahoma Partnership for School Readiness (OPSR): Ms. Debra Andersen, Executive Director of OPSR, recently resigned to accept a national consultant position. While we wish her well in her new endeavors, her leaving has caused a flurry of activity. I currently serve as the Chair of the OPSR Board of Directors and have recently been working closely with OPSR *Foundation* Board of Directors Chair, Annie VanHaken, and others to secure an Interim Director. Dr. Dr. Amy Emerson has been chosen to serve in that role. Since the time Dr. Emerson has worked with OPSR, there have been many meetings with the two boards, staff, and stakeholders to envision the future direction of OPSR and as well as possibly new endeavors and staffing. There is the potential that the Oklahoma Department of Human Services, under the direction of Secretary Brown, may outsource some work at OPSR related to the new Early Childhood Clearinghouse. More details will be forthcoming.

- Juveniles in Adult Jails: While we continue to work on legislation that would require that juveniles be housed in juvenile facilities by default, we still have and will continue to have some minors detained in adult jails. We continue to monitor the situation at the Oklahoma County Detention Center in regards to minors. During the most recent snowstorm, it was reported that the jail did not have adequate heat or running water. We contacted numerous individuals during those days to assure that the minors had what they needed. We want to thank Judge Stinson for reviewing the status or each minor at the jail to determine if she could transfer any to the juvenile detention facility.

- OCCY Database: As we have stated for quite some time, OCCY has very antiquated, simple system for collecting basic data and none lend themselves to true analysis. Some of our

systems are so old that OMES will not work to maintain them for us. In 2019, we put in a request to OMES to have our data migrated to an updated system. We were working towards those efforts when the pandemic hit. OMES had to devote all of their efforts to making it possible for state employees to work from home. All this to say, our work was delayed, but now seems to be back on track. Thanks to Mark James and Todd Meigs of OMES, we hope to have a vendor secured very soon so that work can begin. If we are told though, that we cannot afford to have one overarching database built with modules for each department or effort, we will outsource the work to universities to build simpler, stand-alone databases for each department (perhaps a cheaper option, but will not have "data matching" capabilities between departments or in-depth analytical capabilities). The university or universities would maintain the database and might assist with independent evaluation.

- OCCY Infrastructure Work: We are making it a priority to dedicate some time and effort to shoring up our inner workings and are being assisted by several consultants. This work will allow us to clearly define our purpose and work towards true outcome measures and also support our database development. We would like to thank the following individuals and entities for providing us with outside expertise in the following areas:
    o Agency and Department Vision and Mission Statements - Dr. Mike Stout of Oklahoma State University
    o Agency and Department/Activity Logic Models – Dr. Mike Stout of Oklahoma State University
    o Department/Activity Process Mapping – Staff from the Oklahoma Department of Human Services Innovation Team
    o Oklahoma State Employee Engagement Survey Focus Groups – Jenna Thomas of the Office of Accountability

OCCY PROGRAM HIGHLIGHTS:

Post Adjudication Review Board – PARB (Keith Pirtle)

- Program Manager Keith Pirtle continues to work with the University of Oklahoma's E-Team to develop a basic database and evaluation plan for PARB. It is our goal to digitize the work of PARBs, so that we can have real-time outcome data as opposed to waiting for annual reports from each Board at the end of the year.

Office of Planning and Coordination – P&C (Danielle Dill)
- Program Manager Danielle Dill has hit the ground running and has assumed the lead staff person to work with 1) the Children of Incarcerated Parents Advisory Committee (***please see the attached report***), 2) Homeless Child and Youth Committee, and 3) the Strengthening Custody and Transition Services Advisory Team. In addition, she has taken on the work to assure that OCCY has policies/procedures and mechanisms that allow us to

effectively communicate with persons with limited English proficiency and with person with disabilities.

- Parent Partnership Board – PPB (Adrienne Elder)
  A presentation about these ongoing efforts will be giving during the March Commission meeting. ***Please see attached handout***.

Freestanding Multidisciplinary Teams – FSMDT (Jimmy Widdifield, Jr.)

- Program Manager Jimmy Widdifield has been working closely with the Federal Bureau of Investigation as well as Cherokee and Muscogee Creek Tribal partners to provide child abuse and neglect trainings for federal prosecutors newly assigned to Oklahoma to work child maltreatment cases.

Children's Justice Act Grant: Training – (Jimmy Widdifield, Jr. and Katharine Carson)
COMPLETED TRAININGS
For registration details, go to: http://OCCY.eventbrite.com

Child Abuse and Neglect and Mandated Reporting in Oklahoma
Presenter: Tricia Gardner, JD, OU Center on Child Abuse and Neglect
Date: January 12, 2021
Location: Virtual
Number of Attendees: 58

Child Abuse Medical Examiner Training (Part 2 and 3)
Presenter: Ryan Brown, MD, The Children's Hospital at OU Medicine; Lauren Conway, MD,
  Christine Beeson, MD; Kelly Long, APRN
Date: January 15, 2021
Location: Virtual
Number of Attendees: 30
Miscellaneous: Partnership with HARUV, USA, Integris, and OU Health Physicians

Conducting and Defending a Pandemic Era Interview
Presenter: Victor Vieth, JD, Zero Abuse Project
Date: February 8, 2021
Location: Virtual
Number of Attendees: 41

Child Abuse Medical Examiner Training: Medical Testimony in Child Abuse and Neglect Cases (Part 3 of 3)
Presenter: Gayland Geiger, JD, Oklahoma District Attorney for District 7

Date: February 12, 2021
Location: Virtual
Number of Attendees: 23
Miscellaneous: Partnership with HARUV, USA, Integris, and OU Health Physicians

Child Abuse Medical Examiner Training: Child Abuse Evaluation in Your Community (Part 3 of 3)
Presenter: Lindsey King, JD, Stephen E. Booker Children's Advocacy Center
Date: February 12, 2021
Location: Virtual
Number of Attendees: 23
Miscellaneous: Partnership with HARUV, USA, Integris, and OU Health Physicians

Child Abuse Medical Examiner Training: Oklahoma Child Advocacy Centers and OCCY Statutes and Multidisciplinary Teams (Part 3 of 3)
Presenter: Carrie Little, Children's Advocacy Centers of Oklahoma; Jimmy Widdifield, Jr., LPC, OCCY
Date: February 12, 2021
Location: Virtual
Number of Attendees: 23
Miscellaneous: Partnership with HARUV, USA, Integris, and OU Health Physicians

Responding to Child Maltreatment During a Pandemic: 25 Tips for MDTs
Presenter: Victor Vieth, JD, Zero Abuse Project
Date: February 23, 2021
Location: Virtual
Number of Attendees: 45

When Vicarious Trauma Becomes a 10-78
Presenter: Allegra Hirsch-Wright, MSW, LSCW
Date: February 26, 2021
Location: Virtual
Number of Attendees: 29
Miscellaneous: Provided to law enforcement professionals only with a focus on those who are required to view child sexual abuse materials.

UPCOMING TRAININGS
To register for trainings, please go to http://OCCY.eventbrite.com.

Still a Priority: Prosecuting Technology Facilitated Crimes Against Children During a Pandemic
Presenter: Robert S. Peters, JD, Zero Abuse Project
Date: March 12, 2021

Location: Virtual

Vicarious Trauma: Compassion & Empathic Strain
Presenter: Allegra Hirsh-Wright, MSW, LCSW, Maine Behavioral Healthcare
Date: March 26, 2021
Location: Virtual

Child Abuse and Neglect and Mandated Reporting in Oklahoma (*repeat*)
Presenter: Tricia Gardner, JD, OU Center on Child Abuse and Neglect
Date: March 29, 2021
Location: Virtual

Forensic Interviewing in Indian Country
Presenter: Karen Blackwell, MSW, LCSW, Federal Bureau of Investigation and Geri Wisner, JD,
  Native American Children's Alliance
Date: March 30, 2021
Location: Virtual
Miscellaneous: Co-sponsored with the FBI and the US Attorney's Office and in partnership with
the Native American Children's Alliance and Children's Advocacy Centers of Oklahoma

Adolescent Development and Forensic Interviewing
Presenter: Karen Blackwell, MSW, LCSW, Federal Bureau of Investigation and Geri Wisner, JD,
  Native American Children's Alliance
Date: March 30, 2021
Location: Virtual
Miscellaneous: Co-sponsored with the FBI and the US Attorney's Office and in partnership with
the Native American Children's Alliance and Children's Advocacy Centers of Oklahoma

Sextortion
Presenter: Karen Blackwell, MSW, LCSW, Federal Bureau of Investigation and Geri Wisner, JD,
  Native American Children's Alliance
Date: March 30, 2021
Location: Virtual
Miscellaneous: Co-sponsored with the FBI and the US Attorney's Office and in partnership with
the Native American Children's Alliance and Children's Advocacy Centers of Oklahoma

A Picture is Worth a Thousand Words: Presenting Evidence in the Forensic Interview
Presenter: Shannon Cozzoni, JD, US Attorney's Office, Northern District of Oklahoma
Date: March 31, 2021
Location: Virtual
Miscellaneous: Co-sponsored with the FBI and the US Attorney's Office and in partnership with
the Native American Children's Alliance and Children's Advocacy Centers of Oklahoma

Advanced Presenting Evidence
Presenter: Shannon Cozzoni, JD, US Attorney's Office, Northern District of Oklahoma
Date: March 31, 2021
Location: Virtual
Miscellaneous: Co-sponsored with the FBI and the US Attorney's Office and in partnership with the Native American Children's Alliance and Children's Advocacy Centers of Oklahoma

Interviewing Sex Trafficked Minors
Presenter: Shannon Cozzoni, JD, US Attorney's Office, Northern District of Oklahoma
Date: March 31, 2021
Location: Virtual
Miscellaneous: Co-sponsored with the FBI and the US Attorney's Office and in partnership with the Native American Children's Alliance and Children's Advocacy Centers of Oklahoma

Forensic Interviewing and Federal Response (*exact title pending*)
Presenter: Christopher Nassar, JD, US Attorney's Office, Northern District of Oklahoma
Date: March 31, 2021
Location: Virtual
Miscellaneous: Co-sponsored with the FBI and the US Attorney's Office and in partnership with the Native American Children's Alliance and Children's Advocacy Centers of Oklahoma

ChildFirst Oklahoma: Interviewing Children and Preparing for Court
Presenters: Maria Rosales-Lambert and Vicki Boan, Oklahoma Interviewing Services, Inc., Amy Baum, The Children's Hospital at OU Medicine; Holly Chandler, The Saville Center
Date: April 19 – 23
Location: Virtual

Office of Juvenile Systems Oversight (Harold Jergenson, Tina Pendergraft and Mark James)

	New Complaints	Closed Cases	Death/Near Death Reports Published
February 2020	28	30	0
March 2020	28	21	0
April 2020	35	149	0
May 2020	25	107	0
June 2020	24	67	0
July 2020	31	36	0
August 2020	29	24	0
September 2020	21	22	0
October 2020	32	11	0
November 2020	22	4	0
December 2020	22	24	0
January 2021	24	29	0
February 2021	37	23	0
TOTAL	**358**	**547**	**0**

Foster Care Complaints (Tina Pendergraft and Mark James)

	# of Youth Complaints		# of Foster Parent Complaints
February 2020	27		19
March 2020	26		19
April 2020	22		4
May 2020	24		20
June 2020	58		15
July 20202	37		19
August 2020	40		23
September 2020	40		17
October 2020	29		10
November 2020	31		11
December 2020	39		13
January 2021	27		10
February 2021	12		13
TOTAL	**412**		**193**

Juvenile Competency Evaluations: forensic interviews (Mark James)

	# of Referrals	Competent	Not Competent	Pending Completion
February 2020	5	3	2	0
March 2020	3	0	3	0
April 2020	0	0	0	0
May 2020	1*	0	0	0
June 2020	5	1	4	0
July 2020	3	3	0	0
August 2020	9^	2	6	0
September 2020	1	1	0	0
October 2020	2	2	0	0
November 2020	8	3	3	2
December 2020	3	3	0	0
January 2021	5	0	1	4
February 2021	1	0	0	1
TOTAL	46	18	19	7

*Court case dismissed. Evaluation not completed.
^Juvenile went to inpatient placement. Evaluation was cancelled.

WEAR BLUE DAY
THURSDAY, APRIL 1

On **Thursday, April 1, 2021**, organize your work place, classroom or your family and **Wear Blue**. Help raise awareness of child abuse and neglect.

#OKWearsBlue

Take a photo of yourself or others and share on social media with the hashtag #OKWears Blue!

OKLAHOMA COMMISSION ON CHILDREN AND YOUTH

Oklahoma Mentoring Children of Incarcerated Parents Program

FY2020 | ANNUAL REPORT

CHILDREN OF INCARCERATED PARENTS (CIP) INITIATIVES

The Oklahoma Commission on Children and Youth (OCCY) is dedicated to serving and improving the lives of children of incarcerated parents through effective planning and service coordination with partners across the state. Over the years, OCCY and partners have aimed to accomplish this goal by establishing, coordinating and/ or convening the following CIP initiatives:

1. Oklahoma Mentoring Children of Incarcerated Parents Program
2. Oklahoma Children of Incarcerated Parents Advisory Committee
3. Educational Toolkit and Resource Clearinghouse
4. Continuing Professional Education and Training
5. Data Collection and Research

OKLAHOMA MENTORING CHILDREN OF INCARCERATED PARENTS PROGRAM

In accordance with Title 10A §2-10-101 and Title 10A §2-10-102, OCCY is charged to annually issue a request for proposal to establish one-to-one mentoring for children whose parents are incarcerated or youth who are at risk of becoming involved in the juvenile justice system. The purpose of the program is to provide effective intervention services through one-to-one mentoring relationships to children of incarcerated parents who are either currently placed outside the home or have been identified by the Office of Juvenile Affairs as at risk of becoming involved in the juvenile justice system. Entities eligible to submit applications to administer to the program are limited to non-profit organizations.

OCCY awarded non-profit organization Big Brothers Big Sisters of Oklahoma (BBBSOK) $55,000 to provide one-to-one mentoring to children of incarcerated parents for state fiscal year 2020 (FY2020). Those funds allowed BBBSOK to provide 37 children with a personal adult mentor, committed to meeting with them on a consistent and regular basis for at least one year. OCCY has provided program funding to BBBSOK since July 1, 2015. Since that time, BBBSOK has matched 224 children of incarcerated parents with a caring mentor. The goal of BBBSOK is to change the child's life for the better – forever.

THE MISSION OF BIG BROTHERS BIG SISTERS OF OKLAHOMA

The mission of BBBSOK is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. The goal of Big Brothers Big Sisters has remained the same for over a century – to match one caring, stable, and positive adult role model with one at-risk or high-risk child. Matches are made based on common interests and personalities, child needs, and volunteer abilities. BBBSOK requires at least one-year of involvement in our program. The result is a child who experiences the consistency and positive influence of a one-to-one relationship with a supportive adult.

> "The goal of Big Brothers Big Sisters has remained the same for over a century – to match one caring, stable, and positive adult role model with one at-risk or high-risk child."

Big Brothers Big Sisters. OF OKLAHOMA

HOW A MATCH IS MADE AT BBBSOK

INQUIRY → IN-PERSON INTERVIEW → APPROVAL → PROFILED FOR COMPATIBILITY → MATCH INTRODUCTION → MATCH SUPPORT

LIKES, INTERESTS & PREFERENCES

MONTHLY CALL WITH BBBS STAFF

BBBSOK MATCH COSTS INCLUDE:

- In-person or video interviews with volunteer, child, and their parent/guardian

- Extensive background check for volunteers

- Staff salary for client assessments, match profiling, match introduction, and monthly match support conversations

TAKE THE ACEs TEST

Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

⬤ Yes   ⬤ No

Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

⬤ Yes   ⬤ No

Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

⬤ Yes   ⬤ No

Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

⬤ Yes   ⬤ No

Were your parents ever separated or divorced?

⬤ Yes   ⬤ No

Was your mother or stepmother...Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or **very often kicked, bitten, hit with a fist, or hit with something hard?** or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

⬤ Yes   ⬤ No

Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

⬤ Yes   ⬤ No

Was a household member depressed or mentally ill, or did a household member attempt suicide?

⬤ Yes   ⬤ No

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

⬤ Yes   ⬤ No

Did a household member go to prison?

⬤ Yes   ⬤ No

Oklahoma ranks 45th in the nation for children impacted by ACEs, with 20% of Oklahoma children under the age of 17 saying "yes" to at least two of the questions above.[ii] All children supported by OCCY funds answered "yes" to the final question.

THE PROBLEM: ADVERSE CHILDHOOD EXPERIENCES IN OKLAHOMA

Adverse Childhood Experiences (ACEs) are categorized into three groups: abuse (emotional, physical and sexual), neglect (emotional and physical), and household challenges (incarcerated parent, mother treated violently, substance abuse or mental illness in the household or parental separation or divorce). Exposure to ACEs can cause prolonged toxic stress, which can lead to a higher risk of learning and behavioral issues, obesity, heart disease, alcoholism, and drug use.[i]

Oklahoma ACEs Statistics:
- Oklahoma has the highest incarceration rate in the world[iii]
- 15% (or 135,000) of Oklahoma's children have experienced parental incarceration[iv]
- 35% live in single-parent families[v]

MENTORING TO COMBAT THE IMPACT OF ACEs ON OKLAHOMA'S YOUTH AT BBBSOK

Researchers at Harvard posed the question, "when confronted with the fallout of childhood trauma, why do some children adapt and overcome, while others bear lifelong scars that flatten their potential?" Their answer points to mentorship: Every child who winds up doing well has had at least one stable and committed relationship with a supportive adult.[vi] The Centers for Disease Control and Prevention specifically names the Big Brothers Big Sisters mentoring as a program providing services that counteract the effects of Adverse Childhood Experiences.[vii]

MENTORING DURING COVID-19 AT BBBSOK

The core of BBBSOK's program is the face-to-face relationship-building between Bigs and Littles. When COVID-19 reached Oklahoma, they swiftly adjusted every aspect of their program to allow for virtual alternatives. BBBS of America has been fully supportive in these efforts, modernizing procedures to allow these changes while still maintaining their vigilance for child safety and strong relationship building.

On March 16, 2020, BBBSOK staff began working from home, all matches were asked to cease in-person contact and migrate to virtual interactions. Client Interviews were also conducted virtually. The introduction of new matches were suspended until May 15, 2020. At that point, there were many unknowns around COVID-19, and the organization wanted to do their part to stop the spread of the novel coronavirus. Program services have since resumed as best as possible, while following CDC guidelines for in-person interactions.

OUTCOME DATA FOR OCCY-FUNDED MATCHES

Through singular moments of positive impact one child at a time, BBBSOK Littles overcome shyness and self-doubt, build trusting relationships with peers, and improve their academic performance. They utilize instruments developed by Big Brothers Big Sisters of America to monitor program effectiveness. These are the Child and Youth Outcomes Surveys (COS and YOS) and the Strength of Relationship (SOR) survey.

The SOR gauges the relationship between the Big and Little, measuring outcomes like connectedness, safety, the importance of the match relationship, and the child's feelings about his or her volunteer Big. The COS and YOS are performance outcome measurement tools that are administered in a pre-test/post-test format. The COS is given to children ages 10 and younger and the YOS is given to children 11 and older at match introduction and annually at the match anniversary. The COS and YOS are a direct measurement of academics, relationships, and risk behavior. BBBSOK Staff assess the child's positive outcomes through the survey responses.

In addition to these annual evaluation tools, their program specialists collect anecdotal data and are trained to evaluate and monitor matches during their match support contact conversations (performed monthly for matches that have been together for under a year and quarterly for matches that have been together for over a year).

OCCY-FUNDED BBBSOK MATCH DEMOGRAPHICS

Bigs - Gender
- Male: 47%
- Female: 53%

Bigs - Age
- 18-25: 32%
- 26-30: 27%
- 31-40: 26%
- 41-50: 10%
- 51-60: 4%
- 61+: 1%

Bigs - Race
- American Indian: 4%
- Asian: 3%
- Black: 11%
- Hispanic: 6%
- White: 72%
- Multi-Race: 4%
- Other: <1%

Littles - Gender
- Male: 47%
- Female: 53%

Littles - Age
- 6-7: 10%
- 10-13: 46%
- 14-18: 34%

Littles - Race
- American Indian: 6%
- Asian: <1%
- Black: 31%
- Hispanic: 7%
- White: 30%
- Multi-Race: 20%
- Other: 6%

Below are survey results for OCCY-funded matches from July 1, 2019 through the release of this report.

ACADEMIC OUTCOMES:

92% say they work hard at school

88% say that doing well in school is important to them

89% think they'll finish high school*

Littles in OCCY-funded matches indicate that they are committed to working hard in school (92% of Littles), they intend on finishing high school (89% of Littles), and that doing well in school is important to them (88% of Littles).

BEHAVIOR OUTCOMES:

87% avoided school detention for at least three months

88% avoided fighting with other kids for at least a month

Littles in OCCY-funded matches said that they avoided being sent to detention (87% of Littles) and avoided pushing, shoving, slapping, hitting, or kicking other kids (88% of Littles) for at least three months This pertains to time before survey taken, or last three months of school if taken during summer months.

GOAL SETTING OUTCOMES:

78% are able to figure out how to reach their goals*

74% of Bigs say their Littles have made improvements throughout the match

78% set goals and take action to reach them*

Littles in OCCY-funded matches say that when they set goals for themselves, hey take action to reach them (78% of Littles) and are able to figure out how to reach their goals (78% of Littles). Bigs in OCCY-funded matches say they their Little has made improvements since they started meeting (74% of Bigs).

STRENGTH OF RELATIONSHIP OUTCOMES:

93% feel close to their Big

93% say their relationship with their Big is important to them

89% say their Big helps them solve problems

The outcomes above are a direct result of the strong relationships built between Bigs and Littles. Littles in OCCY-funded matches feel close to their Bigs (93% of Littles), say their relationship with their Big is important to them (93% of Littles), and say that their Big has good ideas about how to solve problems (89% of Littles).

*outcomes only included on the YOS survey, only applicable to Littles 11 years or older

THE IMPACT OF OCCY FUNDING ON BBBSOK

Funding from OCCY allowed BBBSOK staff to recruit dedicated volunteers, fully vet mentors to ensure all child safety standards are met, match these mentors with children with incarcerated parents, and provide monthly match support to all parties in the match to ensure Bigs and Littles build strong relationships, and the Littles achieve positive outcomes.

KIDS SUPPORTED BY OCCY FUNDING

Cleveland County: 9 (24%)
Oklahoma County: 9 (24%)
Osage County: 1 (3%)
Payne County: 4 (11%)
Pottawatomie County: 1 (3%)
Tulsa County: 13 (35%)

MEET REAL OKLAHOMANS

One of the children with incarcerated parents served through BBBSOK's one-to-one mentoring program is Cory. He and his little sister have been living with their grandparents for more than four years, since both their mother and father were incarcerated. That was also when Cory entered the Big Brothers Big Sisters mentorship program.

For more than four years, he has been paired with Big Brother Ben. Together, they enjoy all types of activities, especially playing basketball, bowling and going to restaurants.

Both of Cory's parents were released from prison a few years ago and although they had not previously pursued regaining custody, Cory and his sister might be moving back in with their parents soon. Ben knows Cory longs to be back with his birth family, but after four years together, he is worried about what this major transition might mean for his Little and their relationship.

Happily, Ben is working on building his relationship with Cory's parents because he hopes that once the reunification happens, he will remain a positive influence in Cory's life and a person who will continue to been on Cory's side.

BBBSOK program support staff have talked with Ben about the loss and grief associated with any kind of child welfare case, guardianship or adoption, the complicated emotions that a child might experience during these major life events.

The BBBSOK program specialist and Ben have decided that if the reunification happens, BBBSOK will have a casual breakfast meeting so that everyone can meet in person … Big Brother Ben, BBBS staff, mom, dad and Little Brother Cory. We know that the transition out of incarceration can be difficult for parents, so we want them to know that Ben is support system for Cory, as well as them, and that the match's continuation is in their son's best interest.

This is still a developing story, but it's one that we are sure will have a happy ending because there are so many people, including a Big Brother, who are in Cory's corner. And in this case, we are in the family's corner, too.

Cory and Ben are real people who live in Oklahoma, though their names have been changed for anonymity. **Similarly, inspiring and life altering stories play out across our state in your local districts every day.**

WE HAVE MORE WORK TO DO

Funding for the CIP has made a positive impact on hundreds of lives in Oklahoma, but the work is not over. Today, there are over 150 children with incarcerated parents on the BBBSOK waiting list, with more children constantly joining the list to be matched with their own mentor. BBBSOK would be able to match every one of those children today if it weren't for two major obstacles – necessary funding and volunteers.

Future agency efforts will center on fostering community, cultivating networks, and facilitating innovation through public and private partnerships. Efforts also include programs or promising practices that positively affect children and families prior to incarceration (e.g. at arrest), during incarceration, or at release and re-entry.

> Today, there are over 150 children with incarcerated parents on the BBBSOK waiting list, with more children constantly joining the list to be matched with their own mentor.

WE'RE HERE TO HELP. PLEASE CONTACT US AT:

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[i] American Academy of Pediatrics. Adverse Childhood Experiences and the Lifelong Consequences of Trauma. (2014) Retrieved from https://www.aap.org/en-us/documents/ttb_aces_consequences.pdf

[ii] America's Health Rankings United Health Foundation. Adverse Childhood Experiences. Retrieved at: https://www.americashealthrankings.org/explore/annual/measure/ACEs_8/state/ALL

[iii] Prison Policy Initiative. States of Incarceration: The Global Context 2018. Retrieved from https://www.prisonpolicy.org/global/2018.html

[iv] Children who had a parent who was ever incarcerated: KIDS COUNT Data Center. (n.d.). Retrieved from https://datacenter.kidscount.org/data/tables/9688-children-who-had-a-parent-who-was-ever-incarcerated?loc=38&loct=2#detailed/2/38/false/1648,1603/any/18927,18928

[v] Children in single-parent families in Oklahoma: KIDS COUNT Data Center (n.d.). Retrieved at https://datacenter.kidscount.org/data/tables/106-children-in-single-parent-families?loc=38&loct=2#detailed/2/38/false/1729,37,871,870,573,869,36,868,867133/any/429,430

[vi] "The Science of Resilience." Harvard Graduate School of Education. Retrieved from https://www.gse.harvard.edu/news/uk/15/03/science-resilience

[vii] The Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences (ACES): Leveraging the Best Available Evidence. (2019) Retrieved from https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

OKLAHOMA COMMISSION ON CHILDREN AND YOUTH

Bill Status Report
03-05-2021 - 10:04:54

OCCY Request Bills

HB 2311   Lawson, Mark(R)   Establishes standards and requirements for the detention of youth offenders in adult correctional facilities.
Haste, John (F)(R)

Bill History: 03-02-21 S Received in the Senate

HB 2312   Lawson, Mark(R)   Permits the Office of Juvenile Affairs to raise the issue of a child's competency at any time prior to or during delinquency or youthful offender proceedings.
Haste, John (F)(R)

Bill History: 03-02-21 S Received in the Senate

HB 2313   Lawson, Mark(R)   Directs the Office of Juvenile System Oversight to conduct periodic inspections and requires that the Office have access to child care facilities for site visits and direct communication with the residents.
Haste, John (F)(R)

Bill History: 02-18-21 S Received in the Senate

HB 2317   Lawson, Mark(R)   Directs the Commission on Children and Youth to administer a grievance process to be utilized by children detained in certain adult facilities.
Haste, John (F)(R)

Bill History: 03-03-21 S Received in the Senate

HB 2742   Ford, Ross(R)   Requires child passengers between eight and twelve years of age and under four feet nine inches to be properly secured in a child passenger restraint system and older, taller children to be secured by a seatbelt.

Bill History: 02-23-21 H Voted from committee - Do Pass House Public Safety

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SB 987   Weaver, Darrell (F)(R)   Relates to assessments authorized to be conducted by DHS during the course of investigating certain child abuse and neglect allegations.
Bush, Carol(R)

Bill History: 02-19-21 S Voted from committee - Do Pass Senate Judiciary

Child Care

HB 1797	Miller, Nicole(R) Garvin, Jessica (F)(R)	Prohibits persons who are the perpetrator of a finding of heinous and shocking abuse by the Dept. of Human Services from working with or providing services related to child care and directs related notification.

Bill History: 03-04-21 S Received in the Senate

HB 2327	Bashore, Steve (F)(R) Stanley, Brenda (F)(R)	Relates to the Dept. of Human Services Restricted Registry, requiring notice be given to certain individuals and, if such individuals are employed in a facility connected to the Office of Juvenile Affairs, to the facility.

Bill History: 03-03-21 S Received in the Senate

SB 421	Rosino, Paul(R) Echols, Jon(R)	Relates to child care payments, modifying various calculations to base support payments due on actual monthly income, including overtime where the court deems it applicable, and creates a rebuttable presumption that incarcerated persons cannot pay.

Bill History: 03-03-21 H Received in the House

Child Welfare

HB 1085	Boatman, Jeff(R) Daniels, Julie(R)	Permits courts to waive a search of the child abuse and neglect information system when making a ruling for the emergency placement of a child.

Bill History: 03-02-21 S Received in the Senate

HB 1709	Hill, Brian(R) Rosino, Paul(R)	Allows the services of the Successful Adulthood Act to continue to age 16 if the child meets certain requirements.

Bill History: 03-02-21 S Received in the Senate

HB 1791	Pae, Daniel(R) Jett, Shane (F)(R)	Requires the Dept. of Human Services to complete certain investigations of child care facilities within

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30 days unless the complaint involved extenuating circumstances, directs responsibility for violators and establishes standards for resolution.

Bill History:		02-23-21 H Set on the House Floor Agenda

HB 1902	Roe, Cynthia(R) Garvin, Jessica (F)(R)	Permits child caretakers who are in a safety plan to authorize certain necessary medical treatment and examinations for children when the parents are unwilling or unavailable.
	Bill History:	03-04-21 S Received in the Senate

HB 2011	Townley, Tammy(R) Haste, John (F)(R)	Voids the rights of a parent to refuse consent to the adoption of a child when by clear and convincing evidence such parent engaged in rape to conceive the child.
	Bill History:	02-09-21 H Voted from committee - Do Pass House Children, Youth & Family Services

HB 2314	Lawson, Mark(R) Rosino, Paul(R)	Requires certain community services investigations conducted by the Dept. of Human Services to include a process for notifying community services providers about areas of concern and administrative information.
	Bill History:	02-25-21 H Set on the House Floor Agenda

HB 2318	Lawson, Mark(R) Garvin, Jessica (F)(R)	Adjusts certain provisions related to child abuse and neglect to remove references to siblings of children.
	Bill History:	02-09-21 H Voted from committee - Do Pass House Children, Youth & Family Services

HB 2565	Caldwell, Chad(R) Daniels, Julie(R)	Excludes certain actions from definitions of parental neglect, including allowing children of sufficient capacity to avoid harm to travel to and from school and engage in outdoor play.
	Bill History:	03-04-21 S Received in the Senate

SB 27	Stanley, Brenda (F)(R) Moore, Anthony (F)(R)	Requires certain identifying information gathered after a child is placed by the Dept. of Human Services to be forwarded to the OSBI and compared with federal databases.
	Bill History:	03-02-21 H Received in the House

SB 45	Stanley, Brenda (F)(R) Talley, John(R)	Adds a fingerprint-based national criminal history record check to the required investigations conducted on potential employees of the Dept. of Human Services.
	Bill History:	03-03-21 S Voted from committee - Do Pass Senate Appropriations

SB 95	Stanley, Brenda (F)(R) Miller, Nicole(R)	Establishes standards for sudden unexplained infant death investigation, requiring reporting and interviews within 48 hours after death.
	Bill History:	02-10-21 H Received in the House

SB 170	Howard, Brent (F)(R) Kannady, Chris(R)	Permits, by court order, the harvesting of anatomical gifts from children in state custody for whom the withdrawal of life-sustaining medical treatment or denial of resuscitation is authorized.
	Bill History:	03-03-21 H Received in the House

SB 191	Howard, Brent (F)(R) Moore, Anthony (F)(R)	Requires the Dept. of Human Services to make current and retroactive amendments to internal documents related to child custody when certain petitions are dismissed and prohibits previous allegations from being used against parents in future cases.
	Bill History:	02-19-21 S Voted from committee - Do Pass Senate Judiciary

SB 198	Rosino, Paul(R) Lawson, Mark(R)	Requires exploration of less restrictive alternatives to guardianship, including supported decision-making, and requires court orders of guardianship to state that less restrictive options have been attempted.
	Bill History:	02-19-21 S Voted from committee - Do Pass Senate Judiciary

SB 199	Rosino, Paul(R) Lawson, Mark(R)	Provides for a limited exception to confidentiality protections under the Oklahoma Children's Code to requests for records from DHS employees involved in audits and investigations of certain DHS programs and of Medicaid.
	Bill History:	03-03-21 H Received in the House

SB 340	Paxton, Lonnie(R) Boatman, Jeff(R)	Relates to adoption by removing requirements that prospective adoptive parents and other persons aged 18 or older within the adoptive household sign certain release forms related to the transfer of information for home studies.
	Bill History:	02-23-21 S Voted from committee - Do Pass Senate Judiciary

SB 433	Rosino, Paul(R) Lawson, Mark(R)	Requires certain community services investigations conducted by the Dept. of Human Services to include a process for notifying community services providers about areas of concern and administrative information.
	Bill History:	02-18-21 H Received in the House

SB 960	Treat, Greg(R) McCall, Charles(R)	Directs the Dept. of Health to make grants to entities providing healthcare services to mothers and infants in order to reduce mortality rates by at least three percent within five years and extends the relinquishment window; EMERGENCY.
	Bill History:	02-22-21 S Voted from committee - Do Pass as substituted Senate Health & Human Services

Total Child Welfare Bills: 18

Criminal Bills

HB 1002	Bush, Carol(R) Weaver, Darrell (F)(R)	Permits individuals who were time-barred from filing civil action for injuries relating to childhood abuse or exploitation to file such actions in certain circumstances for a period of 5 years beginning October 31, 2021.
	Bill History:	02-16-21 H Voted from committee - Do Pass as substituted House Judiciary - Civil

HB 1024	Worthen, Rande(R) Daniels, Julie(R)	Prohibits registered sex offenders and persons convicted of violent crimes from being licensed as a process server, makes unlicensed process serving and the infliction of violent acts upon such persons a crime.
	Bill History:	03-08-21 H Set on the House Floor Agenda

HB 1115	West, Rick (F)(R) Allen, Mark(R)	Allows courts to order persons convicted of certain sexually violent offenses to undergo chemical castration as a condition of release and makes such treatment mandatory upon a subsequent conviction unless directed otherwise by the court.
	Bill History:	02-25-21 H Voted from committee - Do Pass House Criminal Justice & Corrections

HB 2647	Echols, Jon(R) Garvin, Jessica (F)(R)	Increases the age limitations for convictions of rape from the age of 14 to 16.
	Bill History:	03-02-21 H Set on the House Floor Agenda

SB 38	Thompson, Roger(R) Echols, Jon(R)	The Administrative Office of the Courts shall have oversight of all programs within the OK Drug Court Act, extends judicial immunity to drug court judges, and directs funds to the Drug Court Fund at the county level; EMERGENCY.
	Bill History:	03-03-21 S Voted from committee - Do Pass as substituted Senate Appropriations

SB 97	Brooks, Michael(D) Miller, Nicole(R)	Removes a prohibition in statute on the use of videoconferencing technology in jury trials and trials before judges; EMERGENCY.
	Bill History:	03-03-21 H Received in the House

SB 171	Daniels, Julie(R) Moore, Anthony (F)(R)	Prohibits court clerks and the Administrative Office of the Courts from publishing online any materials from criminal cases involving certain sex crimes or vulnerable victims.
	Bill History:	03-03-21 H Received in the House

Domestic Violence Bills

HB 1007	Bush, Carol(R) Garvin, Jessica (F)(R)	Modifies domestic harassment definitions to include posts on social media or other electronic communications that are untrue or invade privacy and establishes a rebuttable presumption for authorship of social media posts.
	Bill History:	03-03-21 S Received in the Senate

HB 1028	Kerbs, Dell(R) Weaver, Darrell (F)(R)	Directs peace officers providing assistance to persons in need of immediate protective action to serve related orders to district courts and deliver completed returns of service to victims.
	Bill History:	03-02-21 S Received in the Senate

HB 2295	Roberts, Dustin(R) Leewright, James(R)	Prohibits persons arrested for violation of final protective orders and for certain domestic abuse charges from being eligible for personal recognizance bail bonds.
	Bill History:	03-03-21 H Set on the House Floor Agenda

HB 2546	Munson, Cyndi(D) Floyd, Kay(D)	Creates the Sexual Assault Victims' Right to Information Act which affords consultation services and waives certain fees for victims of sexual assault.
	Bill History:	03-04-21 H Set on the House Floor Agenda

SB 16	Floyd, Kay(D) Bush, Carol(R)	Permits access to certain documents related to sexual assault forensic evidence kits by the Crime Victims Compensation Board and adjusts reporting requirements to the Board for victims of sexual assault.
	Bill History:	02-09-21 H Received in the House

SB 17	Floyd, Kay(D) Bush, Carol(R)	Requires that Lethality Assessment forms for domestic violence cases be available on the Attorney General's website and expands protocol instructions for law enforcement officers processing lethality assessment forms.
	Bill History:	02-09-21 H Received in the House

SB 200	Montgomery, John(R) Pae, Daniel(R)	Affords victims of domestic violence privileges and protections against landlord actions and penalties, prohibits waivers of rights to emergency assistance in rental agreements, and assigns civil liability to perpetrators of domestic abuse.
	Bill History:	03-02-21 H Received in the House

Education

HB 1018	Sterling, Danny(R) Quinn, Marty(R)	Removes requirements that the Superintendent of Public Instruction publish and distribute the school laws in force to school boards and various officials every two years.
	Bill History:	03-03-21 S Received in the Senate

HB 1027	Ranson, Trish(D) Stanley, Brenda (F)(R)	Requires schools to develop and offer violence de-escalation programs which include training in evidence-based, trauma informed teaching for school personnel.
	Bill History:	03-03-21 S Received in the Senate

HB 1073	Gann, Tom(R) Dahm, Nathan(R)	Extends the sunset of the Partnership for School Readiness Board.
	Bill History:	03-04-21 S Received in the Senate

HB 1103	Vancuren, Mark(R) Haste, John (F)(R)	Creates the Oklahoma Prevention Needs Assessment Survey, a mental health prevention survey for public and private school students in grades six, eight, ten, and twelve.
	Bill History:	02-23-21 H Set on the House Floor Agenda

HB 1568	Boatman, Jeff(R) Haste, John (F)(R)	Creates Maria's Law which requires school districts to include certain instruction on mental health in their curriculum.
	Bill History:	03-04-21 S Received in the Senate

HB 1569	Rosecrants, Jacob(D) Pugh, Adam(R)	Creates the Oklahoma Play to Learn Act which encourages school districts to implement

professional development programs to provide for student play-based learning and prohibits districts from forbidding such practices; EMERGENCY.

Bill History:	02-09-21 H Voted from committee - Do Pass as substituted House Common Education

HB 1927	Martinez, Ryan(R) Pugh, Adam(R)	Provides for a one-time tax credit to parents of school children enrolled from Pre-K to twelfth grade.
	Bill History:	02-24-21 H Voted from committee - Do Pass as substituted House Appropriations & Budget

HB 2074	McCall, Charles(R) Pugh, Adam(R)	Adjusts provisions for student transfers between schools to permit transfers at any time as long as the chosen program has capacity and limits the number of times students may transfer per year; EMERGENCY.
	Bill History:	02-25-21 S Received in the Senate

HB 2078	Hilbert, Kyle(R) Taylor, Zack (F)(R)	Contingent on the enactment of provisions related to open student transfer in schools, provides for various adjustments to the State Aid Funding Formula which reduce delays in updating school funding based on student enrollment.
	Bill History:	02-25-21 S Received in the Senate

HB 2396	Russ, Todd(R) Stanley, Brenda (F)(R)	Permits school boards of education to adopt policies regarding sex trafficking and exploitation prevention and education programs.
	Bill History:	03-03-21 S Received in the Senate

SB 13	Stanley, Brenda (F)(R) Baker, Rhonda(R)	Directs that teachers whose certificates are suspended under certain circumstances be themselves placed on suspension while proceedings for revocation or other action are pending before the Board of Education; EMERGENCY.
	Bill History:	03-02-21 H Received in the House

SB 21	Floyd, Kay(D) McEntire, Marcus(R)	Requires school district boards of education to adopt policies for suicide awareness and training for staff and, beginning in the 2022-2023 school year, for students; EMERGENCY.
	Bill History:	03-03-21 S Voted from committee - Do Pass as substituted Senate Appropriations

SB 68	Simpson, Frank(R) Wolfley, Max (F)(R)	Provides for exceptions to certain school residency requirements and for electronic application to children whose legal guardians are transferred or

pending transfer to a military facility in the state while on active duty; EMERGENCY.

Bill History: 03-04-21 S Emergency Passed (Vote: Y: 45/N: 0)

SB 126	Daniels, Julie(R) Martinez, Ryan(R)	Adjusts the requirements for private schools to qualify to accept students under the Lindsey Nicole Henry Scholarship for Students with Disabilities Program by prohibiting discrimination based on race, color, or nationality; EMERGENCY.

Bill History: 02-23-21 S Voted from committee - Do Pass Senate Education

SB 222	Standridge, Rob(R) Pae, Daniel(R)	Relates to bullying in schools, requiring school bullying provisions to be updated annually, establishing protocols for reporting and providing liability protections to good faith actors who follow reporting procedures; EMERGENCY.

Bill History: 03-01-21 S Voted from committee - Do Pass as substituted Senate Appropriations

SB 267	Pemberton, Dewayne(R) Nollan, Jadine(R)	Allows retired teachers who meet certain requirements to be reemployed as an active classroom teacher in common or tech school districts for up to three years, with no limit on earnings.

Bill History: 03-04-21 H Received in the House

General Government

HB 2173	Hilbert, Kyle(R) Taylor, Zack (F)(R)	Permits vacancies for United States Senators to be filled by a temporary Governor appointment.

Bill History: 03-01-21 S Received in the Senate

SB 282	Simpson, Frank(R) Hardin, Tommy(R)	Temporarily increases the accumulation limits for state employee annual leave and allows leave to carry over through the end of the following fiscal year following an emergency declaration.

Bill History: 02-18-21 S Voted from committee - Do Pass Senate Appropriations

SB 333	Simpson, Frank(R) Townley, Tammy(R)	Allows state employee compensatory time accumulation to carry forward until the end of the next fiscal year following an emergency declaration.

Bill History: 03-04-21 S Passed/Adopted (Vote: Y: 42/N: 1)

SB 650	David, Kim(R) Echols, Jon(R)	Establishes a baseline value for state employee healthcare benefits; EMERGENCY.
	Bill History:	03-04-21 S Removed from the Floor Agenda

Mental Health

HB 1741	Dills, Sheila(R) Haste, John (F)(R)	Provides a definition for substance abuse records under Mental Health Law.
	Bill History:	03-04-21 S Received in the Senate

SB 3	Bullard, David (F)(R) Humphrey, Justin J.J.(R)	Permits the use of telemedicine by law enforcement for persons potentially in need of mental health treatment and divides responsibility for transport of such persons between law enforcement and the Dept. of Mental Health based on the distance.
	Bill History:	03-02-21 H Received in the House

SB 7	Bergstrom, Micheal(R) Humphrey, Justin J.J.(R)	Permits the use of telemedicine services for the assessment of persons possibly in need of mental health or substance abuse treatment who are taken into custody by law enforcement.
	Bill History:	02-09-21 H Received in the House

SB 50	Howard, Brent (F)(R) Worthen, Rande(R)	Requires courts to determine what mental health information or pleadings are restricted from public inspection if a criminal case is assigned to a mental health court.
	Bill History:	03-02-21 H Received in the House

SB 179	Stanley, Brenda (F)(R) Bush, Carol(R)	Modifies standards for the practice of behavioral analysis, requiring supervision by Board of Behavioral Analyst certified persons for the duration of services rendered and requires the creation of intervention and assessment plans.
	Bill History:	03-03-21 H Received in the House

SB 295	Simpson, Frank(R) McEntire, Marcus(R)	Creates the Mental Health and Substance Abuse Services Strategic Planning Council to collect data from state entities and coordinate with them to create long-term plans and provide an annual

report to the Governor and Legislature; EMERGENCY.

Bill History: 03-03-21 S Voted from committee - Do Pass Senate Appropriations

OJA Bills

| HB 1799 | Miller, Nicole(R) Rosino, Paul(R) | Permits legal guardians of children with juvenile court records to request expungement by oral or written petition and provides for various other provisions related to expungement. |

Bill History: 03-04-21 H Set on the House Floor Agenda

| HB 1992 | Caldwell, Trey(R) Kidd, Chris(R) | Grants the Office of Juvenile Affairs the authority to contract with various entities to provide services. |

Bill History: 03-03-21 H Set on the House Floor Agenda

| SB 140 | Brooks, Michael(D) Newton, Carl(R) | Adjusts the qualifying maximum age under the Delayed Sentencing Program for Young Adults from 21 years of age to 25 years of age and changes the qualifying deadline through the process to be before sentencing rather than before conviction. |

Bill History: 03-03-21 S Voted from committee - Do Pass Senate Appropriations

| SB 310 | Murdock, Casey(R) West, Josh(R) | Requires underaged offenders aged 15 to 17 charged with rape or attempted rape in the first degree to be tried as adults and directs courts ruling on certification motions for youth offenders to consider victims' statements when making a ruling. |

Bill History: 02-23-21 S Voted from committee - Do Pass Senate Judiciary

Open Meeting Act

HB 2644	Echols, Jon(R) David, Kim(R)	Modifies the termination date of the teleconference or video conference options for the Open Meetings Act and requires public bodies that give notice of meetings with virtual attendance to post access information on the notice; EMERGENCY.

Bill History: 03-08-21 H Set on the House Floor Agenda

SB 1031	Treat, Greg(R) Echols, Jon(R)	Extends certain virtual meeting provisions established in response to the COVID-19 health emergency to until 30 days after the termination of the health emergency order; EMERGENCY.

Bill History: 02-10-21 G Signed by the Governor (Chap: 1)

Total Bills: 73

J. Kevin Stitt
Office of the Governor
State of Oklahoma

EXECUTIVE DEPARTMENT
FIFTH AMENDED EXECUTIVE ORDER 2019-01

I, J. Kevin Stitt, Governor of the State of Oklahoma, pursuant to the authority vested in me by the Executive Branch Reform Act of 1986, hereby create the Cabinet System. Pursuant to Section 10.3 of Title 74 of the Oklahoma Statutes, it is hereby ordered:

The Cabinet shall be comprised of the following Secretaries:

1. Secretary of Agriculture;

2. Secretary of Commerce & Workforce Development;

3. Secretary of Digital Transformation & Administration;

4. Secretary of Economic Administration;

5. Secretary of Education;

6. Secretary of Energy & Environment;

7. Secretary of Health & Mental Health;

8. Secretary of Human Services;

9. Secretary of Licensing & Regulation;

10. Secretary of Public Safety;

11. Secretary of Science and Innovation;

12. Secretary of State and Native American Affairs;

13. Secretary of Tourism, Wildlife, & Heritage;

14. Secretary of Transportation;

15. Secretary of Veteran Affairs & Military.

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The **Secretary of Agriculture** shall be responsible for the following executive entities or their successors:

Boll Weevil Eradication Organization
Department of Agriculture, Food, and Forestry
Interstate Compact Committee on Licensure of Participants in Live Horse Racing with Pari-mutual Wagering
Oklahoma Agriculture Mediation Program, Inc
Oklahoma Conservation Commission
Oklahoma Horse Racing Commission
South Central Interstate Wildland Fire Protection Compact Advisory Committee
State Board of Agriculture
State Board of Veterinary Medical Examiners
State Geographic Information Council

The **Secretary of Commerce & Workforce Development** shall be responsible for the following executive entities or their successors:

Advisory Council on Workers' Compensation
Capital Investment Board
Center for Rural Development
Citizen's Advisory Committee
Commission on the Status of Women
Governor's Council for Workforce and Economic Development (Workforce Investment Board)
Health Care Workforce Resources Board
Historical Preservation and Landmark Board of Review
Kiamichi Economic Development District of Oklahoma (KEDD)
Mid-South Industrial Authority
Midwestern Oklahoma Development Authority
Multiple Injury Trust Fund
Oklahoma Census 2020 Complete Count Committee
Oklahoma Commission on Interstate Cooperation
Oklahoma Department of Commerce
Oklahoma Development Finance Authority
Oklahoma Housing Finance Agency
Oklahoma Housing Finance Agency Board of Trustees
Oklahoma Industrial Finance Authority
Oklahoma Ordnance Works Authority
Oklahoma Real Estate Contract Form Committee
Oklahoma Space Industry Development Authority
Oklahoma Space Industry Development Authority Board
Oklahoma Workers' Compensation Commission
Physician Advisory Committee

Rural Action Partnership Program
Rural Action Partnership Program Advisory Team
Rural Area Development Task Force
South Western Oklahoma Development Authority (SWODA)
Southern Oklahoma Development Association (SODA)

The **Secretary of Digital Transformation and Administration** shall be responsible for the following executive entities or their successors:

Bipartisan Commission on Legislative Apportionment
Board of Judicial Compensation
Board on Legislative Compensation
Capitol-Medical Center Improvement and Zoning Commission
Cash Management and Investment Oversight Commission
Contingency Review Board
Council on Judicial Complaints
Electronic and Information Technology Accessibility Advisory Council
Ethics Commission
Grievance Panel of the Oklahoma Employees Insurance and Benefits Board
Health Information Technology Advisory Board
Incentive Approval Committee
Incentive Evaluation Commission
Long-Range Capital Planning Commission
Merit Protection Commission
Native American Cultural and Educational Authority
Office of Management and Enterprise Services (OMES)
Oklahoma Employees Insurance and Benefits Board
Oversight Committee for State Employee Charitable Contributions
Partnership Committee
Rural Broadband Expansion Council
State Board of Equalization
State Capitol Preservation Commission
State Capitol Repair Expenditure Oversight Committee
State Governmental Technology Applications Review Board
State Use Program Committee

The **Secretary of Economic Administration** shall be responsible for the following executive entities or their successors:

Board of Trustees College Savings Plan
Building Bonds Commission
Council of Bond Oversight
Employment Security Commission
Employment Security Commission Board of Review and State Advisory Council

Lottery Commission
Lottery Commission Board of Trustees
Office of the State Treasurer
Oklahoma Capitol Improvement Authority
Oklahoma Firefighters Pension & Retirement System Board of Trustees
Oklahoma Firefighters Pension and Retirement System
Oklahoma Law Enforcement Retirement System
Oklahoma Law Enforcement Retirement System Board
Oklahoma Police Pension and Retirement System
Oklahoma Police Pension and Retirement System Board of Trustees
Oklahoma Public Employees Retirement System
Oklahoma Public Employees Retirement System Board of Trustees
Oklahoma State Pension Commission
Oklahoma Tax Commission
State Auditor and Inspector
State Commission on Revenue Apportionment Evaluation
Teachers' Retirement System of Oklahoma
Teachers' Retirement System of Oklahoma Trustees

The **Secretary of Education** shall be responsible for the following executive entities or their successors:

Advisory Committee to the Municipal Clerks and Treasurers Division of the Oklahoma Career and Technology Education
Archeological Survey Advisory Board
Commission on County Government Personnel Education and Training
Dyslexia Teacher Training Pilot Program Advisory Committee
Educational Quality and Accountability Commission
Industry Advisory Committee (Agriculture)
Office of Educational Quality and Accountability
Oklahoma Advisory Council on Indian Education
Oklahoma Agricultural Experiment Station
Oklahoma Archeological Survey
Oklahoma Archives and Records Commission
Oklahoma Biological Survey
Oklahoma Board of Private Vocational Schools
Oklahoma Board on Geographic Names
Oklahoma Department of Career and Technology Education (CareerTech)
Oklahoma Department of Libraries
Oklahoma Educational Television Authority
Oklahoma Historical Records Advisory Board
Oklahoma School for the Visual and Performing Arts
Oklahoma School for the Visual and Performing Arts Board of Trustees
Oklahoma School of Science and Mathematics

Oklahoma School of Science and Mathematics Board of Trustees
Oklahoma State Council for Educational Opportunity for Military Children
Oklahoma State Regents for Higher Education
Oklahoma Student Loan Authority
OSU Oklahoma Cooperative Extension Service
School and County Funds Management Commission
School Finance Review Commission
School Health Coordinators Pilot Program Steering Committee
Southern Regional Education Board
State Board of Career Technology and Education
State Board of Education
State Department of Education
State Library Board
State Textbook Committee
Statewide Virtual Charter School Board
The Education Commission of the States

The **Secretary of Energy & Environment** shall be responsible for the following executive entities or their successors:

Air Quality Advisory Council
Arkansas-Louisiana-Oklahoma-Texas Red River Compact Commission
Arkansas-Oklahoma Arkansas River Compact Commission
Canadian River Commission
Central Interstate Low-Level Radioactive Waste Compact Commission
Commissioners of the Land Office
Committee for Sustaining Oklahoma's Energy Resources
Department of Environmental Quality
Department of Environmental Quality Board
Department of Mines
Grand River Dam Authority
Grand River Dam Authority Board of Directors
Hazardous Waste Management Advisory Council
Interstate Mining Compact Commission
Interstate Oil Compact Commission
Investment Committee for the Land Office
Kansas-Oklahoma Arkansas River Commission
Northeast Oklahoma Public Facilities Authority
Oklahoma Corporation Commission
Oklahoma Energy Initiative
Oklahoma Energy Initiative Board
Oklahoma Energy Resources Board
Oklahoma Geological Survey
Oklahoma Hazardous Materials Emergency Response Commission

Oklahoma Liquefied Petroleum Gas Board
Oklahoma Mining Commission
Oklahoma Municipal Power Authority
Oklahoma Water Resources Board
Radiation Management Advisory Council
Solid Waste Advisory Council
Southern States Energy Compact Board
Storage Tank Advisory Council
The Energy Council
Water for 2060 Advisory Council
Water Quality Management Advisory Council
Well Drillers and Pump Installers Advisory Council

The **Secretary of Health & Mental Health** shall be responsible for the following executive
entities or their successors:

Advancement of Wellness Advisory Council
Alzheimer's Research Advisory Council
Anatomical Board of the State of Oklahoma
Board of Directors of the Tobacco Settlement Endowment Trust Fund
Board of the Investors of the Tobacco Settlement Endowment Trust Fund
Community Hospitals Authority
Consumer Protection Licensing Advisory Council
Department of Mental Health and Substance Abuse Services
Department of Mental Health and Substance Abuse Services Board
Forensic Review Board
Health Care Information Advisory Committee
Health Information Infrastructure Advisory Board
Home Care, Hospice, and Palliative Care Advisory Council
Infant and Children's Health Advisory Council
Interstate Advisory Health Care Commission
Long-Term Care Facility Advisory Board
Medicaid Drug Utilization Review Board
Medical Advisory Committee (MAC)
Oklahoma Catastrophic Health Emergency Planning Task Force
Oklahoma Food Service Advisory Council
Oklahoma Health Care Authority
Oklahoma Health Care Authority Board
Oklahoma Health Information Exchange Trust (OHIET)
Oklahoma Hospital Advisory Committee
Oklahoma Hospital Advisory Council
Oklahoma Long-Term Care Services and Supports Advisory Committee
Oklahoma Nursing Facility Funding Advisory Committee

Oklahoma Opioid Abatement Board
Oklahoma State Board of Health
Oklahoma State University Medical Authority and Trust
Oklahoma Suicide Prevention Council
Physician Manpower Training Commission
Sanitarian & Environmental Specialist Registration Advisory Council
Self-Directed Services Program Committee
State Department of Health
Tobacco Settlement Endowment Trust Fund
Trauma and Emergency Response Advisory Council
University Hospitals Authority and Trust

The **Secretary of Human Services** shall be responsible for the following executive entities or their successors:

Board of Child Abuse Examination
Board of Juvenile Affairs
Child Abuse Prevention Training and Coordination Council
Child Death Review Board
Children of Incarcerated Parents
Committee of Blind Vendors
Department of Human Services
Developmental Disabilities Council of Oklahoma
Governor's Advisory Committee on Employment of People with Disabilities
Governor's Advisory Committee to the Office of Disability Concerns
Governor's Interagency Council on Homelessness
Group Homes for Persons with Developmental or Physical Disabilities Advisory Board
Interagency Coordinating Council for Coordination of Efforts for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases
Interagency Coordination Council for Early Childhood Intervention
Interstate Commission for Juveniles
Interstate Commission for the Placement of Children
J.D. McCarty Center for Children with Developmental Disabilities
Multidisciplinary Teams Coordination
Office of Disability Concerns
Office of Juvenile Affairs
Oklahoma Cerebral Palsy Commission
Oklahoma Commission on Children and Youth
Oklahoma Community Service Commission
Oklahoma Department of Rehabilitation Services
Oklahoma Department of Rehabilitation Services Commission
Oklahoma Partnership for School Readiness Board
Oklahoma Rehabilitation Council

Oklahoma School for the Blind
Oklahoma School for the Deaf
Oklahoma State Council on Aging
Oklahoma Statewide Independent Living Council
Post Adjudication Review Advisory Board
Residents and Family State Council
Santa Claus Commission
State Advisory Group on Juvenile Justice and Delinquency Prevention
State Council for Interstate Juvenile Supervision
Vulnerable Adult Intervention Task Force

The **Secretary of Licensing & Regulation** shall be responsible for the following executive entities or their successors:

Advisory Board on Massage Therapy
Advisory Committee on Dietetic Registration
Advisory Committee on Orthotics and Prosthetics
Advisory Committee on Pedorthics
Advisory Committee on Registered Electrologists
Alarm, Locksmith and Fire Sprinkler Industry Committee
Alternative Fuels Advisory Committee (i.e., Alternative Fuels Technician Examiners and Board)
Athletic Trainer Advisory Committee
Board of Behavioral Health Licensure
Board of Chiropractic Examiners
Board of Directors of the Oklahoma Individual Health Insurance Market Stabilization Program
Board of Examiners for Speech-Language Pathology and Audiology
Board of Examiners in Optometry
Board of Governors of the Licensed Architects, Landscape Architects, and Registered Interior Designers of Oklahoma
Board of Pharmacy
Certified Registered Nurse Anesthetist (CRNA) Formulary Advisory Council
Commission on Consumer Credit
Committee of Electrical Examiners
Committee of Home Inspector Examiners
Committee of Mechanical Examiners
Committee of Plumbing Examiners
Committee of Roofing Examiners
Compressed Natural Gas
Construction Industries Board
Consumer Credit Advisory Committee
Department of Consumer Credit

Department of Labor
Department of Securities
Electrical Hearing Board
Electrical Installation Code Variance and Appeals Board
Elevator Inspection Bureau
Formulary Advisory Council
Health Care for the Uninsured Board
Individual Self-Insurance Guaranty Fund Board
Inspector Examiners Committee
Insurance Advisory Board
Interstate Compact Commission for Medical Licensure
Manufactured Home Advisory Committee
Mechanical Hearing Board
Mechanical Installation Code Variance & Appeals Board
Music Therapy Committee
Occupational Licensing Advisory Commission
Occupational Therapy Advisory Committee
Oklahoma Abstractors Board
Oklahoma Accountancy Board
Oklahoma Board of Dentistry
Oklahoma Board of Licensed Alcohol and Drug Counselors
Oklahoma Board of Nursing
Oklahoma Funeral Board
Oklahoma Insurance Department
Oklahoma Motor Vehicle Commission
Oklahoma Real Estate Commission
Oklahoma Securities Commission
Oklahoma Small Employer Health Reinsurance Program Board
Oklahoma State Athletic Commission
Oklahoma State Banking Department
Oklahoma State Board of Examiners for Long-Term Care Administrators
Oklahoma State Board of Licensed Social Workers
Oklahoma State Board of Podiatric Medical Examiners
Oklahoma State Credit Union Board
Oklahoma State Roofing Installation Code Variance and Appeals Board
Oklahoma Uniform Building Code Commission
Oklahoma Used Motor Vehicle and Parts Commission
Patient's Right to Pharmacy Choice Advisory Committee
Physical Therapy Committee
Physical Therapy Compact Commission
Physician Assistant Committee
Plumbing Hearing Board
Plumbing Installation Code Variance and Appeals Board

Radiologist Assistant Advisory Committee
Real Estate Appraisers Board
Respiratory Care Advisory Committee
Roofing Hearing Board
State Banking Board
State Board of Cosmetology and Barbering
State Board of Examiners of Perfusionists
State Board of Examiners of Psychologists
State Board of Licensure for Professional Engineers and Land Surveyors
State Board of Medical Licensure and Supervision
State Board of Osteopathic Examiners
Therapeutic Recreation Committee
Voluntary Market Assistance Program Association
Voluntary Market Assistance Program Association Board of Directors

The **Secretary of Public Safety** shall be responsible for the following executive entities or their successors:

Advisory Committee for Motorcycle Safety and Education
Alcoholic Beverage Laws Enforcement Commission
Board of Directors for Canteen Services
Board of Medicolegal Investigations
Board of Tests for Alcohol and Drug Influence
Bomb Dog Advisory Council
Child Abuse Response Team
CLEET Advisory Council
CLEET Council
Commission on the Prevention of Abuse of Elderly and Vulnerable Adults
Council on Law Enforcement Education and Training (CLEET)
Crime Victims Compensation Board
Criminal Justice Resource Center Reclassification Coordination Council
Curriculum Review Board
Department of Public Safety
District Attorneys Council
Domestic Violence and Sexual Assault Advisory Council
Domestic Violence Fatality Review Board
Driver's License Medical Advisory Committee
Drug Dog Advisory Council
Governor's Impaired Driving Prevention Advisory Council
Injury Review Board
Inmate Reentry Policy Council
Lethality Assessment Protocol Task Force
National Crime Prevention and Privacy Compact Council

Nonresident Violator Compact Board
Office of Homeland Security
Office of the Chief Medical Examiner
Office of the State Fire Marshal
Oklahoma 9-1-1 Management Authority
Oklahoma Access to Justice Commission
Oklahoma Attorney General
Oklahoma Bureau of Narcotics and Dangerous Drugs Control
Oklahoma Commission on Opioid Abuse
Oklahoma Correctional Industries
Oklahoma Department of Emergency Management
Oklahoma Incident Management Team Advisory Committee
Oklahoma Indigent Defense System
Oklahoma Indigent Defense System Board
Oklahoma Information Fusion Center
Oklahoma Information Fusion Center Governance Board
Oklahoma Medical Marijuana Authority
Oklahoma Medical Marijuana Authority Food Safety Standards Board
Oklahoma School Security Institute
Oklahoma State Bureau of Investigation
Oklahoma State Bureau of Investigation Commission
Oklahoma State Bureau of Narcotics and Dangerous Drugs Control Commission
Oklahoma State Council for Interstate Adult Offender Supervision
Opioid Overdose Fatality Review Board
Pardon and Parole Board
Polygraph Examiners Board
Private Security Advisory Committee
Regional Planning and Coordination Advisory Councils for Homeland Security
Sex Offender Level Assignment Committee
Sexual Assault Forensic Evidence Task Force
State Department of Corrections
State Department of Corrections Board
State Fire Marshal Commission
State Hazard Mitigation Team

The **Secretary of Science and Innovation** shall be responsible for the following executive entities or their successors:

Experimental Program to Stimulate Competitive Research Advisory Committee (EPSCOR)
Governor's Aerospace and Autonomous Systems
Governor's Council on Science and Innovation
Oklahoma Center for the Advancement of Science and Technology
Oklahoma Health Research Committee

Oklahoma Science and Technology Research and Development Board (OSTRAD)

The **Secretary of State and Native American Affairs** shall be responsible for the following executive entities or their successors:

Commissioners to National Conference of Commissioners on Uniform State Laws
Judicial Nominating Commission
Office of the Secretary of State
Oklahoma Chief International Protocol Office
Oklahoma Native American Liaison
State Election Board

The **Secretary of Tourism, Wildlife, & Heritage** shall be responsible for the following executive entities or their successors:

African American Centennial Plaza Design Committee
Department of Tourism and Recreation
Department of Wildlife Conservation
Greenwood Area Redevelopment Authority
Greenwood Area Redevelopment Authority Board of Trustees
J.M. Davis Memorial Commission
Oklahoma Arts Council
Oklahoma Historic Preservation Review Committee
Oklahoma Historical Society
Oklahoma Historical Society Board
Oklahoma Humanities Council
Oklahoma Route 66 Centennial Commission
Oklahoma Tourism and Recreation Commission
Oklahoma Tourism Promotion Advisory Committee
Quartz Mountain Arts and Conference Center and Nature Park
Quartz Mountain Arts and Conference Center and Nature Park Board of Trustees
Wildlife Conservation Commission

The **Secretary of Transportation** shall be responsible for the following executive entities or their successors:

Committee on the Pilot Shortage
Department of Transportation
Department of Transportation County Advisory Board
Department of Transportation Tribal Advisory Board
Highway Construction Materials Technician Certification Board
Interstate Midwest Regional Passenger Rail Compact Commission
Oklahoma Aeronautics Commission
Oklahoma Tourism Signage Advisory Task Force

Oklahoma Turnpike Authority
Oklahoma Turnpike Authority Board
Transportation Commission
Tri-State Commission on the McClellan-Kerr Arkansas River Navigation System
(MKARNS)
Waterways Advisory Board

The **Secretary of Veteran Affairs & Military** shall be responsible for the following executive entities or their successors:

Agent Orange Outreach Committee
Architect Selection Board
Department of Veterans Affairs
Gulf War Syndrome Outreach Committee
Oklahoma National Guard Relief Program Review Board
Oklahoma Strategic Military Planning Commission
Veterans Commission
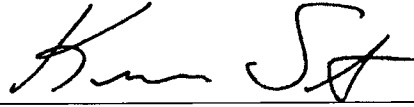
It shall be the duty of each board, commission, agency or other entity of the executive branch of state government to facilitate the purposes of this Order and the Executive Branch Reform Act of 1986 and to cooperate fully with designated cabinet Secretaries.

Pursuant to 44 O.S. § 26(A), the Adjutant General shall be in control of the Military Department, subordinate only to the Governor.

The State Chief Information Officer shall remain an appointee of the Governor and an employee of the Office of Management and Enterprise Services pursuant to 62 O.S. § 34.11.1. The CIO shall continue to administer the OMES Information Services Division and the statewide plan to reform, streamline, and consolidate the state of Oklahoma's information technology and telecommunications structure, operations, and purchasing procedures in order to reduce the size of government and ensure that essential public services are delivered to Oklahoma taxpayers in the most efficient, cost-effective manner possible. The information technology consolidation has brought positive attention to Oklahoma as a progressive state in the information technology arena and the legislative intent of the consolidation effort remains a priority of this administration.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 5th day of March, 2021.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

J. KEVIN STITT

ATTEST:

BRIAN BINGMAN, SECRETARY OF STATE

Office of Child Abuse Prevention

State Fiscal Year Annual Report

2020

Table of Contents:

Overview:

Mission

The Office of Child Abuse Prevention's (OCAP) mission is to promote health and safety to children and families by reducing child abuse and neglect through the funding of direct services; the training of professionals that work in the child abuse prevention and protection arenas; and conducting activities that educate the public about child maltreatment and enhance the infrastructure that supports prevention efforts.

History

The OCAP was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.1. The Act declared prevention of child maltreatment as a priority in Oklahoma. Recognizing child abuse and neglect as a significant public health issue, the legislature placed the OCAP at the Oklahoma State Department of Health – emphasizing the importance of prevention rather than "after-the-fact" intervention. In 1995, the OCAP in partnership with Oklahoma State University began researching home visiting as an effective prevention strategy. The Health Families America Model was implemented in Oklahoma to provide such services, and in 2016, the decision was made to transition to the Parents as Teachers (PAT) Model. The PAT Model allowed a broader enrollment criteria and universal access to all Oklahoma families.

Program Costs

The state expenditure per family for PAT during SFY 2020 was $2,890. This amount was calculated by diving the total contract expenditures of $1,873,023 by the total number of unduplicated families participating in PAT. During SFY 2020, a total of 648 families received at least one home visit. Nine contracts serving 28 counties provided home visitation services to families during SFY 2020. The PAT Evidence-Based Home Visiting Model estimates the average cost per family to participate in the program is $3,750 annually. Current available funding would allow approximately 535 families to receive home visiting services. Due to the process of awarding for a total cost of $2,014,668 and $150,378 administrative costs in SFY 2020.

Parents as Teachers Eligibility Criteria

Referrals to local PAT Programs come from a variety of sources including Women, Infants, and Children (WIC) clinics, the ParentPRO free telephone referral line[1], the Oklahoma Department of Human Services (OKDHS), and most often friends and family.

Participation in PAT is voluntary and the families may remain actively engaged in services until their child completes kindergarten.

In order to enroll, the following criteria must be met:

- The mother is beyond her 29th week of pregnancy; or
- The mother is pregnant with at least her second child; or
- The mother/caregiver has a child under the age of kindergarten completion.

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[1] parentPRO: https://www.parentpro.org/

Activities of the Office:

Quality Assurance Site Visits

The Office of Child Abuse Prevention provides on-site technical assistance to assist Contractor Sites with implementation of the PAT Evidence-Based Home Visiting Model as well as adherence to the OCAP policies and procedures and the provisions of the contract. The goal of the quality assurance site visit is to increase quality assurance in program delivery through:

- Reviewing program documentation to ensure contract compliance
- Identifying technical assistance needs
- Providing onsite consultation, technical assistance, and training to program staff
- To continue to build on the positive working relationship between staff at the Contractor Site and the OCAP.

Upon completion of the site visit, a monitoring plan is shared with the Contractor Site that addresses strengths as well as any challenges meeting the contractual and/or PAT Model requirements. If a formal recommendation is issued, Contractor Sites will develop a Success Plan and action steps to address areas of deficiencies.

Legislative Updates

In 2019, the first session of the 57th Legislature passed House Bill 1061 (HB1061) and Senate Bill 742 (SB742). These bills relate to the Child Abuse Prevention Act by providing for dissemination of new information in the 2020 Child Abuse Prevention Annual Report.

Below is information provided by Oklahoma Department of Human Services in regards to HB1061 for the number of individuals whose parental rights have ever been terminated and number of children born to an individual whose parental rights have ever been terminated.

Distinct Count of Children	Distinct Count of Parents	Total Count of Terminated Parental Rights
2243	1990	3132

The Office of Child Abuse Prevention was unsuccessful after several attempts in obtaining the information related truancy in schools in regards to SB742 from the State Department of Education but will continue to work in collaboration with the State Department of Education in order to provide the data in future reports.

Continuous Quality Improvement Projects

A Continuous Quality Improvement Project (CQI) is a formal approach to the analysis of performance and systematic efforts toward improvement. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once. The tool that is used by the OCAP for CQI is a four-step quality model, the Plan-Do-Check-Act process (PDCA):

- Plan: Identify an opportunity and plan for change
- Do: Implement the change on a small scale
- Check: Use data to analyze the results of the change and determine whether it made a difference
- Act: If the change was successful, implement it on a wider scale and continuously assess results. If the change did not work, begin the cycle again

The Contractor Site will complete at least one CQI project annually. The following steps will be taken by the contractor to ensure adherence to model, and OCAP CQI guidelines:

- Complete and submit the CQI Application
- CQI project implementation
- CQI project completion
- Complete storyboards
- Present story boards at the designated meeting

On March 5th, 2020, the Contractors attended a quarterly meeting and presented CQI Projects*. In addition, the Contractors were able to enjoy a networking lunch and participate in the Spectrum Training[2]

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[2] Spectrum Training: https://www.spectrumdevelopment.com/model

Contractor Site	Counties Served	Description of Project	Reason for Focus
CREOKS	Adair, Cherokee, Creek, Okfuskee, Okmulgee, Sequoyah, Wagoner	Increase LSP[3] numbers for our program by January 2020	To improve quality of the program by increasing the number assessment completed for our families.

Test & Check Results

	1
Dec	50
Nov	30
Oct	20
Sep	10
August	5

Administration of the LSP showed a significant increase from August to December 2019.

"I had a mom share that they felt anxious about enrolling in PAT because they had a bad experience with another service provider who made her feel like a bad parent. I reassured her that the goal of PAT was to be her partner and support her parenting journey. The mom was emotional and shared that PAT was exactly what she needed because she currently does not have a support system in our area. – Parent Educator, serving McClain & Garvin Counties

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[3] Life Skills Progression Parent/Child Observation Tool: http://www.lifeskillsprogression.com/home/index

Contractor Site	Counties Served	Description of Project	Reason for Focus
Northwest Family Services (NFS)	Alfalfa, Grant, Major, Woods	Establish a "Mommy and Me" Parent-child interaction group; NFS will increase enrollment from 0 participants to 5 participants.	Publicity and promotion of the NFS PAT program in order to bring awareness to the community, meet parent's needs, and increase number of participants enrolled.
Test & Check Results			

Number of Participants

The results for this project were favorable as the goal number of participants was met.

"Thanks to the PAT team which have good preparation and training. The efforts, time and dedication that each of the workers carry out during the home visits is amazing. A special thanks to my worker, Marina, who always advised me, had the patience and flexibility to be able to motivate me to be a better human being, and the best teacher of my children." – Isabel Salinas, Oklahoma County

Contractor Site	Counties Served	Description of Project	Reason for Focus
Great Plains Youth & Family Services (GPYFS)	Beckham, Greer, Jackson, Kiowa, Tillman, Washita	Increase child development screenings from 48% to at least 80%.	To meet the benchmarks set by OCAP and PAT

Test & Check Results			

Child Developmental Screenings

	APR	August	Sept.	Oct.	Nov.	Dec.	Total	
%ile Complete	46	100	67	80	67	83	82	
%ile Incomplete	54	0	33	20	33	17	18	
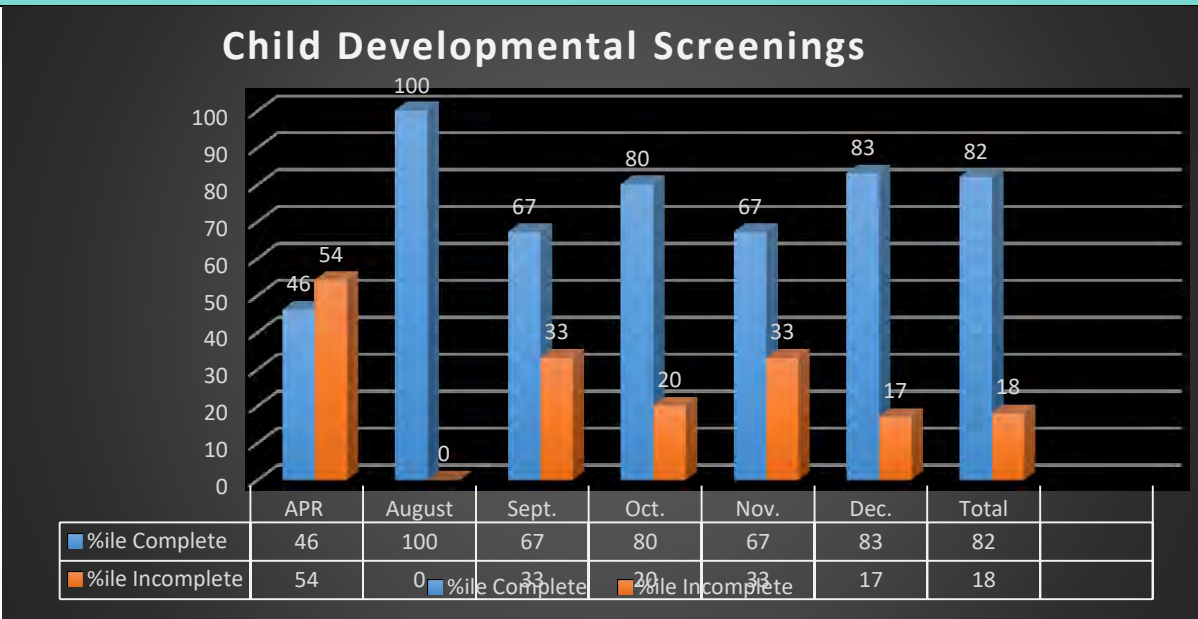
CQI Project proved to be successful and help increase percentile of child screenings within 90 days of entry into program.

"I just want to thank my Parent Educator for all the wonderful things she does for us. Not a day goes by that I'm not thankful for the nice things she does and all my blessings." – Shannon McDaniel, Woods County

Contractor Site	Counties Served	Description of Project	Reason for Focus
Frontline Family Solutions	Southern Cleveland, McClain, Garvin	Increase documented goals set by families with the support of their Parent Educator from 71% to 80%.	Increased goal percentages will increase percentage of completed home visits and help families become aware of resources in the community.

Test & Check Results

Familes with Documented Goals

- 25% (Not Started)
- 27% (Started)
- 11% (Partially Complete)
- 25% (Completed)
- 12% (Abandoned)

■ Not Started ■ Started ■ Partially Complete ■ Completed ■ Abandonded

Documented goals increased from 71% to 93.75 % which exceeded the Aim statement by 13.75%.

"I have mother who is working really hard on her goal. She wanted to become a teacher but was unable to go back to school to finish her degree because of money issues, and she did not qualify for student financial aid. I was able to connect her with Oklahoma Work Force and she now only lacks two classes to qualify for their tuition program." – Parent Educator serving Alfalfa, Grant, Major and Woods Counties

Contractor Site	Counties Served	Description of Project	Reason for Focus
Parent Child Center of Tulsa (PCCT)	Tulsa	Increase father involvement by using father-friendly welcome letters, referrals to Group Connections and the Fatherhood Coalition as well as providing handouts relevant to fatherhood.	The importance of a father or father figure in the life of a child is recognized, therefore increasing father engagement in fatherhood roles serves to benefit the child and family.

Test & Check Results

PCCT experienced that upon initiation of the CQI Project 92% of mothers reported they were satisfied with the child/father engagement in fatherhood rolls. Upon conclusion the percentage stayed the same. PCCT recognized an opportunity to increase the percentage of fatherhood engagement was low considering that the percentage upon initiation was high.

"One of the families I work with has a cage full of hens and one rooster. The preschooler I work with "made" me go inside the caged to grab fresh eggs because he wanted to show me how he could make green eggs and ham with his mom. The rooster tried to attack me Lol… I only grabbed one. It was before the pandemic, those were the fun days. – Parent Educator serving Oklahoma County

Contractor Site	Counties Served	Description of Project	Reason for Focus
Parent Promise	Oklahoma	Increase home visitation completion rates to 75% of scheduled home visits by 90 days of implementation	Active involvement of families in home visiting program shows benefits for the children and parents.

Test & Check Results
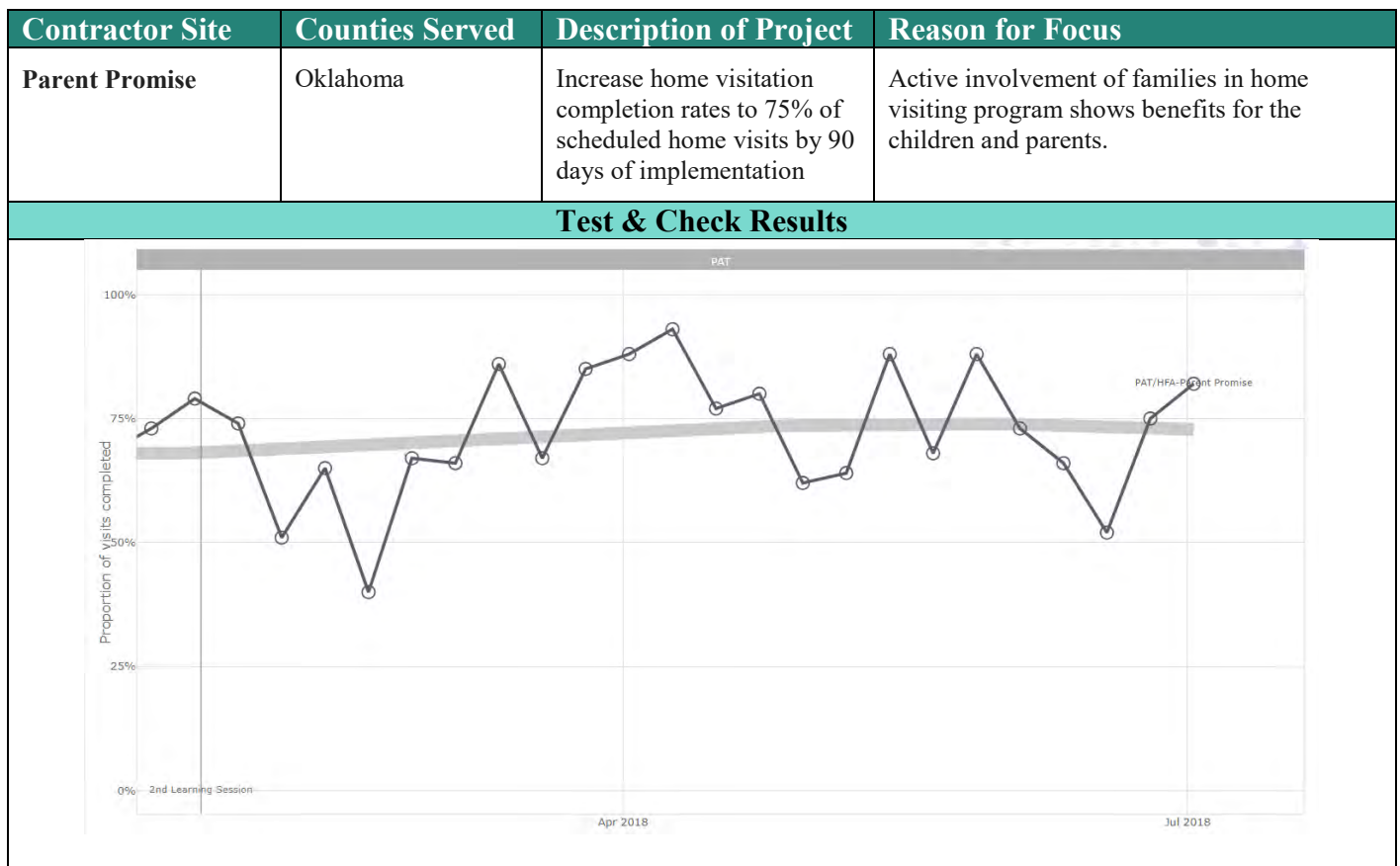
The proportion of completed visits has gradually increased over time, until the average is just below the original goal of 75%.

"When I started administering the ASQ, I noticed that Omar had some deficiencies in language skills. I worked with his mom, Evelia and together we planned activities that would help strengthen Omar's speech and communication skills. With dedication and determination from Omar's parents, his language skills increased and he became much more verbal." – Parent Educator, Consuelo Rozo, Oklahoma County

Contractor Site	Counties Served	Description of Project	Reason for Focus
Northern Oklahoma Youth Services (NOYS)	Kay, Osage, Noble & Pawnee	To reach 85% actual visit completion percentage on the monthly capacity report.	Meeting PAT model fidelity & OSDH requirements ensuring every family receives at least 2 visits a month.
Test & Check Results			

Actual Visit Completion vs. OSDH Requirement

Legend: State (green), NOYS (blue)

Months shown: Janurary, December, November, October, Sepember, August

The goal is achievable but unforeseen disrupters prohibited achieving the goal. Although NOYS has made a huge leap, an additional 6 months is needed to continue working on the goal.

"I have found friends who support me and Elizabeth and I have a stable home, thank you to my Parent Educator, De-De for the help with my daughter. I am glad this program is for all parents.'' - Anna Hawley, Garvin County

Contractor Site	Counties Served	Description of Project	Reason for Focus
Youth & Family Services for Hughes & Seminole Counties	Hughes, Seminole	Increase the number of families enrolled in the program by 10-15 families. The ultimate goal is to have both fulltime parent educators at 20 families each.	Meeting PAT model fidelity & OSDH requirements and expanding services to more families in Hughes & Seminole Counties.

Test & Check Results

CQI Implementation: Number of Families (fishbone)
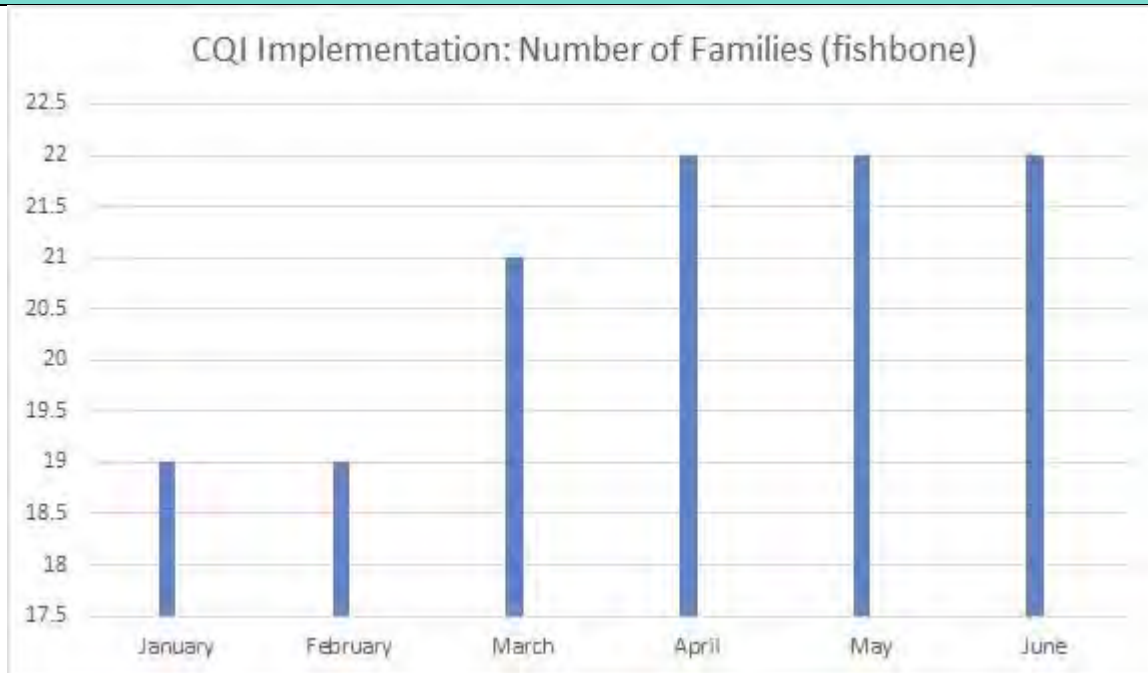
The CQI Project revealed an increase in the number of families enrolled in the program.

"My Parent Educator, Isabel is like my guardian angel, I am so thankful for everything that she has done for me. I feel that I am a better mom and I am still learning so many new things about parenting that I didn't know before. Everything is amazing from the information that helped me learn more about my child's development to learning about the resources in the community available to us. I feel much more confident as a person and as a mom." – Maricruz Rivera, Oklahoma County

Contractor Site	Counties Served	Description of Project	Reason for Focus
Latino Community Development Agency (LCDA)	Oklahoma	Home Visitors will reduce the number of invalid cancellations by 10% for new families introduced to the missed visit protocol by December 31, 2019.	By creating a home visit protocol for cancelations at the beginning of the services could decrease missed visits.

<table>
<tr><td colspan="4" align="center">Test & Check Results</td></tr>
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Outcome measure is proportion of invalid-cancellations from total scheduled visits per week. Process measure is proportion of cancellations with a valid or invalid reasons documented and disruptor measure is proportion of total cancellations that had valid reasons for missed visits from total number of cancelled visits.
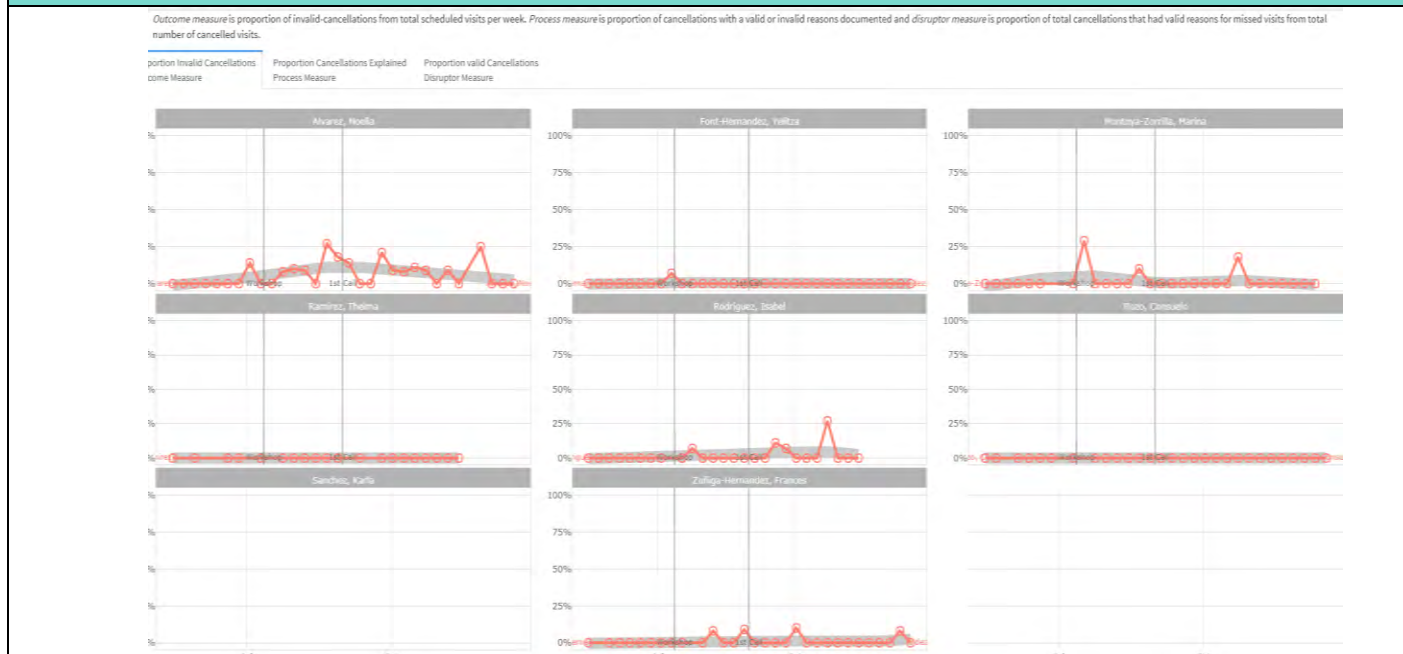
LCDA experienced positive changes following implementation. Thirty-four families enrolled during the CQI Project, of which thirty-three are still active.

I have always been in awe at how resilient Grace is. She is strong, not only for Bracen, but for herself as well. Grace is the epitome of strength in how she has carried herself, how she raises Bracen and works with him, and all she does to continue on with a healthy lifestyle." – Parent Educator, Hope Jackson, Kiowa County

Professional Education and Training Provided

Orientation

Supervisors and Parent Educators receive orientation training (separate from intensive role specific training) prior to direct work with families to familiarize them with the functions of the site. New Supervisors who do not perform direct services with families must receive orientation training within 3 months of hire.	
Boundaries	Onsite training by a trained staff member, prior to delivering personal visits.
Confidentiality	Onsite training by a trained staff member, prior to delivering personal visits.
Community Resources	Onsite training by a trained staff member, prior to delivering personal visits.
Provisional Child Abuse and Neglect Indicators	Onsite Training, developed by the Contractor. New staff must complete CAME to satisfy this requirement.
Provisional Child Screenings: Hearing & Vision	Onsite training by a trained staff member, prior to administering the Child Screenings.
Provisional Efforts to Outcomes (ETO) Database Training	Onsite training by a trained staff member, prior to entering data into the ETO Database. May schedule an On-Site training with the ETO Administrator, please contact the OCAP for scheduling.
Provisional HIPAA and Cyber Security	Onsite training by a trained staff member, prior to entering data into ETO, performing personal visits or contacting enrolled families.
Provisional Life Skills Progression (LSP)	Onsite training by a trained staff member, prior to completing an LSP for a family. Must view the following webinar and be provided with an overview from the LSP User's Manual. https://www.youtube.com/watch?v=ct0kWXaFu44
Provisional S.O.A.P. Notes	Onsite training by a trained staff member. New employees must view the S.O.A.P. Notes PowerPoint found in the Appendices folder prior to entering documentation in ETO.
Provisional Staff Safety	Onsite Training, developed by the Contractor. Must complete the required training to satisfy this requirement.
Site and Role Specific Orientation	Onsite training by a trained staff member, prior to delivering personal visits.

Parents as Teachers (PAT) Model Training

Registration for all PAT trainings listed below can be found on the Parents as Teachers Training Page. All Parent Educators and Supervisors are required to complete all PAT trainings below.	
PAT Foundational I	Complete prior to performing home visits with families who are prenatal, parents of newborns to 3 years
Model Implementation	Model Implementation must be completed after affiliation and before delivering personal visits.
PAT Foundational II	Complete prior to performing home visits with families who have children 3-5

Annual Training

Completed within 30 days of employment and every year thereafter.	
Diversity Awareness *Based on their current service population*	Institute for the Advancement of Family Support Professionals: https://institutefsp.org/ • Cultural Humility Part One: Supporting Immigrant Families, A Culturally Humble Approach • Cultural Humility Part Two: Support Dual Language Learners • The Dad Effect: Engaging Fathers in Their Children's Lives and in Home Visiting.
Child Abuse and Neglect Indicators Training	During the first year of model implementation, the CAME training will satisfy this requirement. During the second year and beyond of model implementation, the webinars listed below may satisfy this requirement or the site may develop a local training. Institute for the Advancement of Family Support Professionals: https://institutefsp.org/ • Child Abuse and Neglect, Part One: Education and Prevention • Child Abuse and Neglect, Part Two: Abusive Head Trauma

Required Training

Registration for all required trainings can be found on the OSDH Training Calendar unless otherwise noted.

- Virtual indicates the training can be access through the OSDH Training Calendar.
- Webinar indicates an online training has been identified by the OCAP to satisfy a particular topic.

Completion time frames are best practice and provided as guidance.

Completed within 4 months of employment	
ASQ 3, ASQ;SE 2	Virtual Must be completed prior to administering
Child Abuse Medical Examiners (CAME) Training including Child Abuse and Neglect Reporting**	Virtual *Can count as the annual training requirement, Child Abuse and Neglect Indicators*
Developmental Milestones	Institute for the Advancement of Family Support Professionals: https://institutefsp.org/ • Child Development 0-3 • Child Development 3-5 • Child Development: Secrets of Baby Behavior

Family/Domestic Violence	Virtual
Home Visitors Safety Training	Institute for the Advancement of Family Support Professionals: https://institutefsp.org/ • Personal Safety for Home Visitors • Staying Safe while Supporting Families
Maternal Depression/Reproductive Health	Virtual
Onboarding	Virtual
PICCOLO	• Webinar - How PICCOLO Can Help You Work More Effectively with Parents of Young Children: https://youtu.be/0mDlMAMLLAc • The PICCOLO Training DVD (all sites should have a copy of this for PEs to view after watching the webinar)
Reflective Supervision for Supervisors	• Webinar – Mary Claire Heffron – Reflective Supervision Interview: https://youtu.be/fqDEm-du9To • Optional: PATNC Reflective Supervision Community of Practice
Reflective Supervision for Parent Educators & Supervisors	Webinar – Reflective Supervision: Ideas for a Virtual World: https://youtu.be/JeMbVX45OUA
S.O.A.P. Notes – Documentation Trainings	Virtual
Tobacco Cessation/Substance Abuse & Addictive Behaviors	Virtual
Completed within 5-8 months of employment	
Attachment	Early Childhood Investigations Webinars: Nurturing Secure Attachments for Infants and Toddlers: The Key to Optimal Emotional Development
Breastfeeding	Virtual
Mental Health Issues	Virtual
Newborn Screening/Grief	Association for Addiction Professionals: https://www.naadac.org/webinars • Journey Through Grief and Loss (Grief) • Baby's First Test (Newborn Screening)
Safe Sleep	Virtual
Completed within 9-12 months of employment	
Adoption	Virtual
Period of Purple Crying	http://training.dontshake.org/admin/users/invite
Special Needs	Virtual
Standards of Quality for Family Strengthening and Support	Virtual

| Strengthening Families: Protective Factors | Webinar: https://ctfalliance.org/protective-factors/ |

Professional Development

Parent Educators and Supervisors obtain competency-based professional development and renew certification with the national office annually.	
First year of certification and beyond	20 clock hours
Core Competencies (optional)	Annual

National Family Support Network

The National Family Support Network (NFSN) was founded in 2011 and is comprised of a group of statewide networks. This group of networks represents more than 3,000 family support programs across the U.S. The mission of the NFSN is to promote positive outcomes for all children, families, and communities by leveraging the collective impact of statewide networks and championing quality family and support and family strengthening practices and policies.[4]
Oklahoma joined the network, and the Oklahoma Family Support Network (OFSN) was formed in 2018. The OFSN is currently emerging from the assessment phase to the development phase of the NFSN's Family Support and Strengthening Network Development Continuum. During this phase of the network development, the OFSN will plan to convene initial network meetings, develop a network vision, mission, and goals, develop operating guidelines, and determine leadership. The OFSN will also continue to participate in NFSN member meetings and convening's as well as connect with peer networks across the U.S. and in Canada. The OFSN will also continue to utilize the results of the community interest survey, conducted in December 2019 to inform the network planning and development process.

The OFSN hosted the inaugural Standards of Quality for Family Strengthening and Support training in July 2019, certifying 36 participants in the standards. Participants in attendance represented organizations statewide including Oklahoma City Public Schools PAT, the Oklahoma City Housing Authority, Positive Tomorrows, Parent Promise PAT, The Oklahoma State Department of Health Family Support and Prevention Service, The YMCA of the Greater
Oklahoma City, Smart Start of Central Oklahoma, the Reach Out and Read Program, the Evolution Foundation, North Care, the Potts Family Foundation, the Oklahoma University of Health Science Center's Center of Child Abuse and Neglect, and Safe Families Oklahoma. Since this training, the OFSN has conducted a total of 3 Standards Trainings and certified 75 Family Support and Strengthening professionals, advocates, and funders across the state.

Throughout 2020, the OFSN has been partnering with DHS to help design and implement two pilot Family Resource Centers (FRCs) in Oklahoma. The two FRCs will be the first of their kind in Oklahoma to specifically follow the Oklahoma Hope Center framework. This is a combination of the National Family Support Network FRC framework which utilizes the Strengthening Families Protective Factors Framework from the Center for the study of Social Policy and the Principals of Family Support Practice, along with Dr. Chan Hellman's study of Hope Science.

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[4] NFSN About Us: https://www.nationalfamilysupportnetwork.org/about-us

Child Abuse Prevention Month

Every year in April, the OSDH, Family Support and Prevention Service (FSPS) observes National Child Abuse Prevention Month (CAPM) with events and activities included in an elaborate and strategic statewide plan. This plan is developed in collaboration with key prevention partners over the course of monthly meetings in the preceding year.

National Child Abuse Prevention Month recognizes the importance of families and communities working together to prevent child abuse and neglect and promotes the social and emotional well-being of children and families. During the month of April and throughout the year, communities are encouraged to increase awareness and provide education and support to families through resources and strategies to prevent child abuse and neglect. Each year, the White House and many states issue proclamations to raise awareness and to encourage communities to take steps to improve the well-being of children.[5]

During SFY 2020 as in past years, the OCAP led CAPM planning meetings from 9/13/19 through 03/13/20. New partners were added with the YMCA of Greater Oklahoma City and the internal OSDH Office of Communications. What looked to be the biggest year ever for outreach and promotion all came to an abrupt halt with the looming onset of COVID-19. With the pandemic, all events and activities were put on an indefinite hold and/or cancelled.

While not completed, the 2020 campaign included the following components along with scheduled events and activities.

- **Introduction of new Oklahoma CAPM design highlighting Oklahoma's traditional blue ribbon tree formatted to multiple media pieces**
  Created by the OSDH Office of Communications
- **Creation of social media campaign for all activities and events**
  Created by the OSDH Office of Communications
- **Social media promotion leading up to April via the Oklahoma Child Abuse Prevention Facebook page** (with over 1,200 followers)
- **Media Event: OKC Mayor Signing of OKC CAPM Proclamation-03/31/20**
  In Collaboration with Parent Promise/PCA-OK
- **FSPS Co-hosting Annual Child Abuse and Neglect Conference, including prevention track with national and local speakers–03/31/20 – 04/02/20**
  In partnership with the Oklahoma University of Health Sciences
- **SkyDance Bridge Lighting to turn blue kicking off CAPM**
  (including prevention group photo at the bridge)–04/03/20
- **Annual Wear Blue Day** (& Take a Selfie)–04/03/20
- **Biannual State Prevention Plan Review with Stakeholders**–04/03/20
- **OKC Open Streets Event (including a CAPM Prevention Booth)**–04/05/20
- **Creation of <u>Pledge to Protect Cards</u> to be disseminated at OKC Open Streets** – 04/05/20
- **Annual Outstanding Child Abuse Prevention Award Ceremony (and received nominations received, reviewed and selected) along with Child Abuse Prevention Press Conference at the State Capitol**–April 14, 2020
- **Annual Build a Blue Ribbon Tree for Kids Campaign**–duration of April
- **Happy Day Coloring Challenge**–duration of April
- **Pinwheel Gardens**–Led by Parent Promise/PCA-OK

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[5] The Children's Bureau, within the U.S. Department of Health and Human Services, funds the National Child Abuse Prevention Month initiative each April on the Child Welfare Information Gateway; https://www.childwelfare.gov/topics/preventing/preventionmonth/about/

- **Dissemination of the Children's Bureau National CAPM Resource Guides** [6]
- **Five Days of Action, a YMCA event designed to raise awareness and inspire adults to take action to protect children from sexual abuse**–(Originally scheduled for April 13-17, 2020 but moved to October 26-30, 2020)–*Collaboration with the YMCA of Oklahoma City – a national effort* [7]
- **Creation of Oklahoma CAPM logo and t-shirt**-*Design created by independent graphic artist; t-shirts made available for purchase through the YMCA of Greater Oklahoma City*

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[6] NCAPM Resource Guides; https://www.childwelfare.gov/topics/preventing/preventionmonth/

[7] Five Days of Action; https://www.fivedaysofaction.org/

Implementing Virtual Personal Visits

On March 17th, 2020, the OCAP notified the Contractors that in person home visits would cease due to COVID-19. Prior to implementation of a virtual home visits, Parent Educators were requires to complete the *PAT Webinar – Virtual Personal Home Visits* on the PAT Workspace. A Skype meeting was scheduled to review information and answer questions from the Contractors. One concern among many was the families and their ability to access needed resources. The OCAP offered additional flexibility when purchasing concrete support for the families including $25.00 gift cards, phone minutes and emergency funds to assist with rent and utilities. This allowed the families to complete their visits virtually, and reduce the stress brought on by COVID.   Another concern was the increased risk of child abuse and neglect in times of extreme stress and uncertainty associated with COVID-19. The OCAP provided the Contractors with several resources, including tips for parents and children and ideas about how they can support the families to help prevent child abuse and neglect.[8]

Parents as Teachers National Center (PATNC) established practices that Contractors could put into place during closures and other preventative measures to mitigate the spread of COVID-19. This included ways to minimize exposure by approving virtual and telecommunications personal visits. PATNC recommended social distancing strategies using the Centers for Disease Control and Prevention as a primary resource. In addition to the guidance from PATNC, the OCAP required that the Contractors submit protocol describing their individual approach to virtual home visits.

Age of Client

Age of Client	Percent
Under 16 years	0.5%
16–19 years	4%
20-24 years	20%
25-29 years	30%
30-39 years	32%
40 years & Older	14%
Total	100%

Marital Status of Client

Marital Status of Client	Percent
Divorced	6%
Married	46%
Never Married	42%
Separated	6%
Widowed	0.4%
Total	100%

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[8] Prevent Child Abuse America (PCA): https://preventchildabuse.org/coronavirus-resources/

Age of Children Living in Household

Age of Children	Number
Under 1 year	19
1-2 years	40
3-4 years	118
5-9 years	79
10-14 years	18
15-18 years	19
Total	293

Household Composition of Families Served

Household	Percent
Father of the Child	42%
None	19%
Others	9%
Boyfriend – Not father	18%
Grandparent of the child	7%
Stepfather of the child	1%
Aunt of the client	2%
Uncle of the client	2%
Total	100%

Number of Families Accepted to Program & Average Length of Enrollment

Site	Number of Families	Average Time Enrolled (Months)
Great Plains	51	3.0
CREOKS	92	5.6
Latino Community Development Agency	59	9.3
Frontline Family Solutions	55	7.0
Northwest Family Services	35	3.8
Northern OK Youth Services	76	5.4
Parent Child Center of Tulsa	176	7.2
Parent Promise	81	7.9
Youth & Family Services for Hughes & Seminole Counties	23	4.7
Total	648	6.0

Number of Families Not Accepted to Program & Reason

Potential Enrollee	Number
Adoption	2
Child no longer in PCG's home	8
Child too old	4
Unable to locate	32
Moving/moved out of service area	28
Other	32
Total	106

Program Recommendations for SFY 2021:

Model Fidelity and COVID-19

As we enter SFY 2021, we unfortunately find ourselves in the continuing uncertainty of the pandemic health crisis; with that in mind, PAT has extended that adjustments made for SFY 2020 to the Essential Requirements and will continue to make allowances for SFY 2021. Contractors may continue to use virtual services to complete their home visits and Group Connections. Virtual service delivery refers to services both through interactive video conferencing technology and phone calls. Virtual visits through an interactive video conferencing platform allow there to be two-way, real-time, audio-visual communication between the home visitor and parent(s), guardians, or primary caregivers and their child(ren). These visits are delivered using a device, preferably a tablet or computer (laptop) and a secure video conferencing platform. Virtual visits through telecommunication are visits completed via audio phone calls.[9]

Virtual Training Plan

Due to the COVID-19 Public Health Crisis, Parents as Teachers suspended all on-ground training and transitioned Model Implementation, Foundational and Foundational 2 Core trainings to a virtual platform. Following suit, the OCAP has provided the Contractors with virtual training and webinars covering topics that are required in the Training Plan and relevant to home visiting.[10]

Supervisor Activities

Monthly

The OCAP schedules monthly supervisor calls on the last Friday of each month. In order to improve communication, each Contractor Site purchased Webcams so the Contractor and the OCAP can provide a more interactive meeting. This allows the OCAP to also give presentations such as PowerPoints, videos and Webinars.

Bi-Annual

During SFY 2020, bi-annual meetings were scheduled for PAT Supervisors. The first meeting in March was held in person, while the second meeting in October was held on virtually due to COVID-19 and social distancing. The objectives of these meetings are to create a platform to continue to dive deeper into topics that were discussed during the monthly supervisors call. Many of the Contractor Sites will be participating in the PAT Quality Endorsement and Improvement Process (QEIP) and require additional support and technical assistance.[11]

Annual Meeting

The annual meeting for SFY 2020 was cancelled due to COVID. The Family Support and Prevention staff continue to combine efforts to offer this meeting on a virtual platform. The annual meeting includes staff from Child Guidance, Parents and Teachers, Children First and SafeCare. While still in the planning stages, the meeting will offer a robust selection of speakers, addressing the most up-to-date issues that families face today.

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[9] PAT Virtual Service Delivery: https://parentsasteachers.org/virtual-service-delivery
[10] OSDH Training Calendar: https://www.ok.gov/triton/modules/calendar/calendar.php?calendar_seq=32
[11] Quality Improvement: https://parentsasteachers.org/research-and-quality-improvement-index#quality

Blue Ribbons Sites

The PAT Essential Requirements and Quality Standards form the basis for the Quality Endorsement and improvement process (QEIP), which is the process that Contractors go through to demonstrate their commitment to high quality services and work to earn the Blue Ribbon designation[12]. Currently, Oklahoma has four contractors that serve Oklahoma and Tulsa Counties that have achieved Blue Ribbon status. An additional two Contractors which serve Oklahoma, McClain, Garvin and Southern Cleveland counties are completing a comprehensive self-study that demonstrates they are meeting at least 75% of the Quality Standards to bring them one step closer to Blue Ribbon Status in SFY 2020.

Budget and Program Needs:
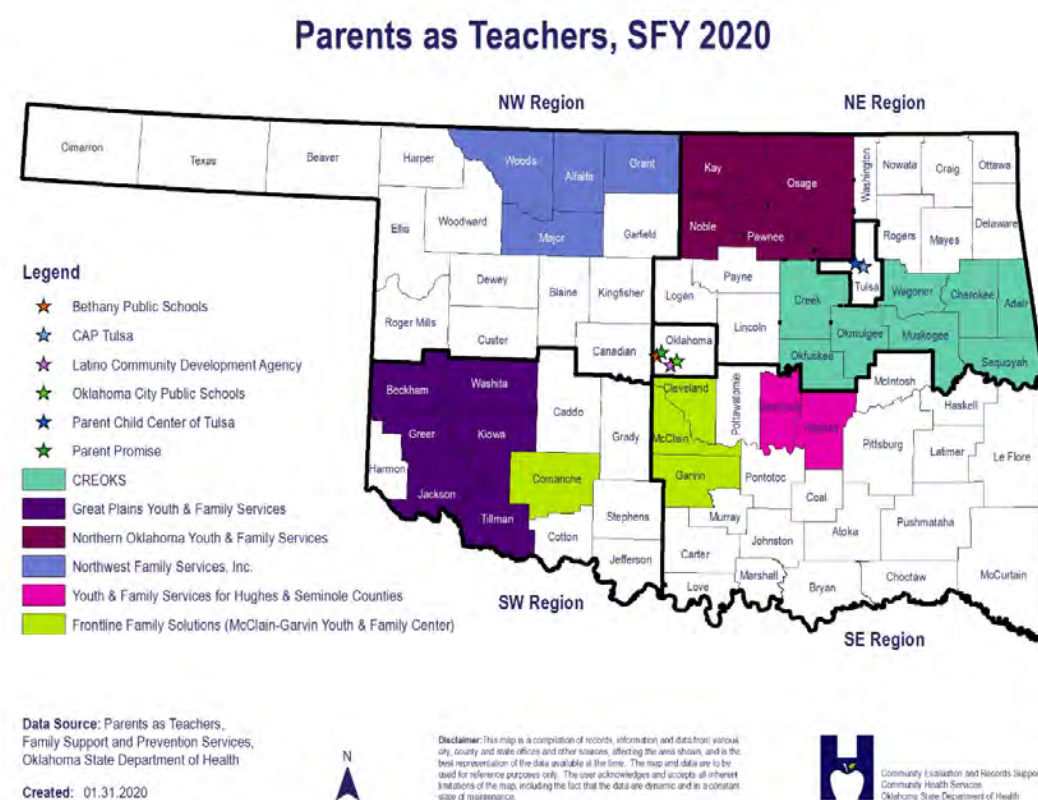
The Contractors that received federal funds only are Bethany Public Schools, CAP Tulsa, and Oklahoma City Public Schools

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[12] QEIP: https://parentsasteachers.org/research-and-quality-improvement-index#quality

Over the course of the last 10 years, the child abuse prevention fund has steadily decreased and the number of substantiated cases of child abuse has increased. (See tables below). While a direct casual association has not been determined between the reductions in prevention funding and increases in substantiated child abuse cases, there does appear to be some correlation. In 2018, the contracts were cancelled and reinstated in 2019. Since then, the Child Abuse Prevention Fund has held steady, but with no increase.

State Fiscal Year	Total Expenditures	Number of Families Served	Average Cost per Family	Number of Contractors	Number of Counties Served
2011	$2,964,476	1,085	$2,732	21	39
2012	$2,790,426	1,068	$2,613	19	37
2013	$2,711,578	786	$3,450	14	30
2014	$2,788,042	774	$3,602	14	30
2015	$2,613,823	738	$3,542	13	28
2016	$2,440,713	672	$3,632	13	28
2017	$2,246,365	608	$3,695	11	26
Contracts Cancelled[13]					
2018	$906,145	321	$2,823	9	23
Contracts Reinstated[14]					
2019	$2,014,668	386	$5479	9	28
2020	$2,014,668	648	$2,890	9	28

Source: DHS Child Welfare Services

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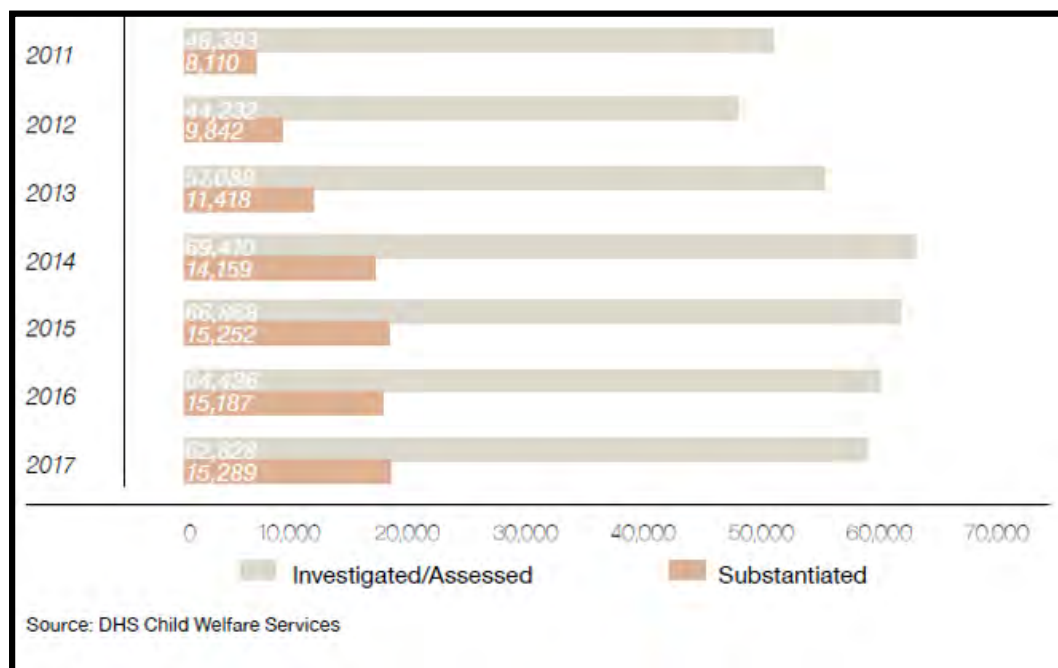
[13] On October 16th, 2017 the Contractors were given a thirty-day notice of termination due to a budget shortfall at the Oklahoma State Department of Health. Despite the elimination of funding, Contractors were able to provide at least one home visit to three hundred and twenty-one families.

[14] SFY 2019 was a rebuilding period for the state PAT program. Funds which were eliminated in SFY 2018 were reinstated at their previous levels. The OCAP repeated the process of developing an Invitation-To-Bid (ITB) to identify contractors to provide program services.

To build infrastructure and fill gaps in services the OCAP has the following needs:

- Increase state funding to expand home visitation services across the state. Continue identifying gaps in the continuum of home visiting services between PAT and Children First (Oklahoma's Nurse Family Partnership) by identifying underserved populations.

- Increase the state's investment dollars in child abuse prevention services such as PAT Home Visitation Services so federal MIECHV dollars will increase accordingly for Oklahoma.

- Identify partners through other state agencies, private non-partners and local communities to achieve a more cohesive robust home visiting footprint.

- Research other states with statewide home visitation models such as Florida to work toward a long-term goal of providing services to all 77 Oklahoma counties.

- Partner with DHS on the Family First Program to share professional child abuse and neglect strategies that help keep families from becoming involved in the child welfare system and also to prevent child abuse and neglect before it happens. The partnership should also identify duplications and gaps in services to Oklahoma families.

Parent Success Story

David & Zachary Walton
Kay County

After serving time incarcerated, David was finally released. During incarceration, David was notified that he had an infant son in OKDHS foster care, and would be able to start supervised visitation upon release. By then, Zachary would be 18 months old. Facing the outside world and the responsibilities of fatherhood, David sought help, starting with the PAT Program at Northern Oklahoma Youth Services. David met his Parent Educator Jeremy, and together they began to develop goals towards bonding with Zachary, parenting, learning about Zachary's development and providing a safe environment so Zachary could thrive.

David confided in Jeremy that he was overwhelmed. He had been dreaming about the first time he could hold Zachary, stating "I wasn't gonna let my past keep me from being a good dad." Jeremy reassured and encouraged David to continue working towards his goals. Jeremy pointed out that he had already cleared a major hurdle by obtaining his GED while incarcerated. This would give David the confidence to move towards other goals including weekly visitation with Zachary that eventually led to trail reunification with his son. With Jeremy's support David was able to gain TANF assistance, food stamps, WIC, housing and employment. Although these were huge accomplishments, Jeremy also knew that David longed for a network of friends and family who would support his new life with Zachary. With growing confidence, David was able to establish healthy relationships, surrounding himself with social connections.

After months of stability, David was reunified with Zachary and received accolades from the presiding judge for his diligent efforts. David now has full parental rights with Zachary and continued with bi-weekly visits until he felt confident on his parenting journey stating "You guys were here for me, and didn't judge me."

Jeremy shared when David enrolled it was also the beginning of COVID-19 and was only able to complete a few visits face-to-face. Using a virtual platform, Jeremy and David were able to continue visits. Jeremy shared "I was happy to see that David was very in-tune with Zachary's temperament and responsive to Zachary's needs, it warms my heart to see a dad so invested in his child."

"Without the help of Jeremy, I don't know that I would have been able to have my son or understand what it takes to raise a kid."

Acknowledgements:

This report is respectfully submitted in compliance with Title 63, O.S. Section 1-227.3.

OKLAHOMA

STRATEGY REPORT FOR THE TASK FORCE ON TRAUMA-INFORMED CARE

2020

"We know that Oklahoma's high Adverse Childhood Experience rates are sadly a direct link to the generational cycles of abuse, neglect, and mental health issues that we see passed down through many Oklahoma families.

We must recognize that high adverse childhood experiences are a public health crisis that we must address if we want a better future for our state.

Implementing Trauma Informed Care practices into our public and private organizations is imperative to the future health and success of Oklahoma's children."

- Sarah Stitt, First Lady of Oklahoma

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Over the last two years, the task force has made strides in the discovery and coordination of trauma-informed initiatives across our great state.

EXECUTIVE SUMMARY

Since its creation in 2018, The Oklahoma Trauma-informed Care Taskforce (TIC-TF) has conducted extensive research regarding best practices and has looked in-depth at trauma-informed resources and services provided within Oklahoma. The following strategy report serves to establish the guidelines in which the taskforce and state agency members will collaborate and prioritize options to implement a coordinated approach to prevent and mitigate trauma, especially Adverse Childhood Experiences (ACEs). Since the submission of the interim report in November 2019 the TIC-TF members have explored and identified options to continue efforts to promote a trauma-informed model within Oklahoma.

Despite COVID-19, the TIC-TF has continued to structure informative meetings with the dedicated members to continue the momentum that will move Oklahoma to a trauma-informed state. During this time, the taskforce created subcommittees comprised of individuals from public and private organizations to assist in the development of strategies to continue this important work. Through the subcommittees, the TIC-TF

was able to identify existing structures that would support alignment, coordination, and implementation of trauma-informed resources and services within Oklahoma.

As the legislative mandate comes to an end, the TIC-TF members will look to shift the continuation of this work to the Children's State Advisory Workgroup (CSAW), the working arm of the Systems of Care State Advisory Team (SAT). The CSAW is comprised of leaders from each child serving agency and has representation from families and members of the community. In conjunction with the SAT, the CSAW will act to support, collaborate, prioritize options for, and implement a coordinated approach to prevent and mitigate trauma.

From the beginning, the members of the TIC-TF recognized the need for cross system coordination and a centralized information hub to provide to the public. Funding provided by Casey Family Programs has allowed the CSAW to hire a cross systems coordinator. While this position—managed by Oklahoma State University's Center for Integrative Research on Childhood Adversity (CIRCA)—is currently at work on current initiatives, the CSAW is well positioned to utilize this staff for work surrounding trauma-informed care.

The collaboration between the CSAW and CIRCA has shed light on the importance of public-private partnerships. Sharing this commitment with organizations across the state allows buy-in on trauma-informed care from private entities and state agencies alike. Furthermore, this collaboration provides opportunities for future funding which may have been unavailable to one type of entity.

In addition to discussions surrounding the cross systems coordinator, the work of the past year has led to discussion surrounding the creation of a webpage. Although the platform is not yet solidified, the TIC-TF has incubated ideas surrounding its format and administration. It is clear to the TIC-TF that webpage development and administration as another avenue to pursue a public-private partnership.

Over the last two years, the TIC-TF has made strides in the discovery and coordination of trauma-informed initiatives across our great state. However, it is strikingly apparent that we have only scratched the surface of trauma-informed care work in Oklahoma. Transitioning this work to the SAT and the CSAW will provide this work with longevity and means to expand upon the groundwork laid buy the members of the TIF-TF.

Until the official transition, the TIC-TF will continue to build upon their current work and engage with the CSAW to ensure a seamless transition. The members of the TIC-TF and the CSAW are dedicated to transforming Oklahoma into a trauma-informed state.

Despite COVID-19, the Trauma-Informed Care Task Force has continued to structure informative meetings with the dedicated members to continue the momentum that will move Oklahoma to a trauma-informed state.

Our goals are firmly focused on improving the opportunities for children in Oklahoma to survive and thrive even after experiencing significant adverse childhood experiences.

INTRODUCTION

In 1970, President Richard Nixon established the Office of Child Development and named Dr. Edward Zigler of Yale University as its director. At his swearing-in ceremony, Dr. Zigler was asked by a reporter how he could reconcile his own admittedly liberal politics with those of the Nixon Administration. His response was simple: "My politics are children." As the authors of this report, our approach is similar: our politics are children. Our goals are firmly focused on improving the opportunities for children in Oklahoma to survive and thrive even after experiencing significant adverse childhood experiences (ACEs).

We recognize that trauma-informed practices are necessary to help children and families overcome and recover from ACEs, but we also recognize that trauma-informed practices are not enough. Children also need for their basic needs to be met. The effects of the COVID-19 pandemic and its economic effects have magnified the difficulties many families face in providing basic needs, in accessing health care and affordable, high-quality child care and education. The social isolation and economic hardships resulting from the pandemic have also increased rates of parental mental health problems and substance use, which are likely to result in increased rates of family violence, child abuse, and neglect. The coronavirus pandemic has exposed the cracks in the foundations of the institutions charged with helping families raise the next generation of citizens.

In spite of the challenges and difficulties facing families, communities, and our institutions, we remain optimistic. We believe in our commitment as individuals and as a state ensure that our youngest members of society survive and thrive in spite of adversity. We believe that change is possible and may be within our grasp. We provide examples in this report of significant efforts and noteworthy initiatives emerging throughout the state. Local communities are forming "self-healing communities" through public-private partnerships. State agencies are seeking and learning about trauma-informed initiatives. Individuals, business leaders, philanthropic and non-profit organizations, and State government leaders are coming together to share ideas and support new approaches to solving the health and social problems that are the legacy of child and historical trauma. We submit this report as evidence of these beginnings and as a guide for continued success as we make Oklahoma a state in which children are fortunate to be born, educated, and nurtured into lifelong health and wellbeing.

TASK FORCE MANDATE: SENATE BILL 1517

The Task Force on Trauma-Informed Care was created by Senate Bill 1517, which was signed by Governor Mary Fallin on April 25, 2018. The bill was authored by Senator A.J. Griffin and Senator Kay Floyd. In the House of Representatives, the co-authors were Rep. Carol Bush, Rep. Mark Lawson, Rep. Rhonda Baker, Rep. Tammy West, Rep. Leslie Osborn, Rep. Weldon Watson, Rep. Cyndi Munson, Rep. Donnie Condit, and Rep. Earl Sears.

The bill became effective on November 1, 2018.

The task force has a mandate *"to study and make recommendations to the Legislature on best practices with respect to children and youth who have experienced trauma, especially adverse childhood experiences (ACEs)."*

In particular, the task force is charged with gathering information on models of care for a variety of settings in which individuals may come into contact with children and youth who have experienced or are at risk of experiencing trauma. After collecting this information and considering findings from evidence-based, evidence-informed, and promising practice-based models, the task force has a duty to recommend a set of best practices to:

- The State Department of Health;
- The Department of Human Services;
- The Office of Attorney General;
- The State Department of Education;
- Other state agencies as appropriate;
- State, tribal, and local government agencies;
- Other entities, including recipients of relevant state grants, professional associations, health professional organizations, state accreditation bodies and schools; and
- The general public.

By the terms of Senate Bill 1517, the task force is composed of seventeen (17) members, each appointed by his or her respective agency. The task force has a three-year life. The authority of the task force will expire on October 31, 2021.

> **The task force is charged with gathering information on models of care for a variety of settings in which individuals may come into contact with children and youth who have experienced or are at risk of experiencing trauma.**

ADDRESSING AND MITIGATING TRAUMA

Across the globe, community leaders and policy makers are recognizing that Adverse Childhood Experiences (ACEs) can have life-long consequences for a person's health and well-being.[i] Furthermore, the Center for Disease Control estimates $124 billion lifetime cost associated with child maltreatment.[ii] In Oklahoma, the passage of SB 1517 signifies the vested interest of the state to support those who have experienced trauma.

The groundbreaking ACEs study by Drs. Anda and Felitti found a direct link between childhood trauma and behavioral and health-related problems in adults—including chronic disease, mental illness, and time served in prison, and work issues, such as absenteeism.[iii] Using data compiled from the 2019 NSCH and Child and Adolescent Health Measurement Initiative (CAHMI), America's Health Rankings Health of Women and Children Report indicates 28.5% of children in Oklahoma have experienced two or more ACEs. Although down from 32.9% in 2016, Oklahoma remains the state with the highest percentage of children experiencing 2 or more ACEs.[iv] In light of the growing body of research, addressing and mitigating the impacts of childhood trauma is of great importance to the state of Oklahoma.

By and large, agencies across the state are committed to implementing a trauma-informed framework to better serve vulnerable Oklahomans. State agencies such as the Office of Juvenile Affairs, the Oklahoma Department of Human Services, the Department of Mental Health and Substance Abuse Services, and the Oklahoma Healthcare Authority have all implemented frameworks to further their agencies in the mission of becoming trauma aware, trauma responsive, and trauma-informed. Representatives from some of Oklahoma's state agencies provided the task force with examples of current practices. A snapshot of these state agency frameworks is included and begins on the next page.

> **By and large, agencies across the state are committed to implementing a trauma-informed framework to better serve vulnerable Oklahomans.**

SNAPSHOT: STATE AGENCY TRAUMA INFORMED FRAMEWORKS

Office of Juvenile Affairs (OJA)

The Office of Juvenile Affairs (OJA) is an integral state agency in the prevention, management, and response to young people who have experienced trauma. On average, youth at-risk of juvenile justice involvement have significant rates of Adverse Childhood Experiences (ACEs). In 2014, OJA implemented a skill based, interactive trauma-focused training curriculum entitled Think Trauma: A Training for Staff in Juvenile Justice Residential Settings©[v] to provide staff with a common understanding of trauma and its impact on youth. In addition to the training, the ACEs questionnaire and the Children's Adolescent Trauma Screener[vi] were implemented to assist with treatment planning in OJA's operated secure care treatment facilities.

OJA has since expanded training opportunities across the agency to further aid in preventing and mitigating trauma, which includes the development of a core set of training on understanding adolescent development. In addition, OJA has initiated a statewide systemic racial and ethnic disparity training where historical trauma exists. The training emphasizes how justice systems may provoke trauma through responding to child behavior. OJA continues to advance assessment of youth and community needs to build a network of accessible and trauma-informed services.

The legislature funds OJA to support a network of 39 Youth Service Agencies that serve all 77 counties. This network of community-based service agencies are tasked with prevention and intervention efforts to support well-being and mitigate trauma. The network provides countless hours of community training on trauma. Further, many deliver specialized services (e.g., Trauma-Focused Cognitive Behavior Therapy). This network also operates the shelter system and numerous programs to support youth in need. More recently OJA has partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to train clinical staff to provide Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) in OJA's secure care and contracted group homes.

> **A child's chances of thriving depend not only on individual, family and community characteristics but also on the state in which she or he is born and raised.**
>
> *2019 Kids Count Data Book*
> *Annie E. Casey Foundation*

In the Fall of 2019, OKDHS began strategic planning to become the first hope centered and trauma-informed state organization.

OJA is also implementing the Attitudes Related to Trauma-Informed Care Scale (ARTIC)©[vii] which is a psychometrically-valid assessment that measures staff attitudes in trauma-informed care. The ARTIC scale will assist with targeting needed training and resources to ensure and sustain OJA as a trauma-informed state organization.

Oklahoma Department of Human Services (OKDHS)
It is important to note that OKDHS is comprised of multiple divisions, each with their own trauma-informed initiatives and practices. Agency-wide, OKDHS is committed to becoming trauma-informed and hope centered to best serve vulnerable Oklahomans.

In the Fall of 2019, OKDHS began strategic planning to become the first hope centered and trauma-informed state organization. The science of hope is well-established as an important coping resource and protective factor for children, adults, and families. The science of hope is a validated, scientific endeavor which will benefit employees and customers, alike. Hope is one of the strongest predictors of well-being, and a robust body of evidence demonstrates that hope is an important component of organizational well-being. Hopeful employees show significant improvements in job satisfaction, reduced burnout, and improvements in turnover within organizations. OKDHS is utilizing the science of hope as a vision, a tool, and a call to action to ensure the well-being for all Oklahomans served by the agency.

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
In the Organization: Systemic approach and deployment of trauma-informed services and supports that connect research, policy, and practice, promote healing, and avoid re-traumatization. Ensure that trauma awareness, knowledge, and skills are embedded in ODMHSAS infrastructure, policies and practices. Implementation of Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT), an evidence-based and skills-based model for self-care and reduction of secondary traumatic stress, in partnership with original researchers. Offering condensed trainings on trauma for free on our e-learning module online.

In the Community: Creating a trauma-informed system of care, rather than isolated services; developing partnerships and providing leadership and guidance to agencies and communities; identifying and implementing models and strategies that help Oklahomans enhance their resilience and their ability to heal from trauma and minimize social risk factors that can exacerbate trauma.

Individual Services: Ensuring all staff are trained in Trauma-informed Care (TIC), understand the widespread impact of trauma, promote recovery and resilience, and seek to avoid re-traumatization.

Screening all clients, regardless of identified reason for presenting for services, for trauma. Providing access to trainings in EBPs that are understood to reduce symptoms that develop in response to trauma.

Family Voice through Peer Support: Modeling recovery and resilience; highlighting strengths-based perspectives; engaging families with services and supports; enhancing families' feelings of connection and belonging with their community; bridging gaps so families can become better partners with service providers; and teaching effective and successful advocacy.

Youth Voice: Modeling recovery and resilience; providing experience and knowledge about living with a behavioral health issue; fostering engagement, developing self-advocacy, and inspiring hope in those they serve.

Oklahoma Attorney General (OAG)
Tasked with the statutory authority to certify domestic violence/ sexual assault programs, batterer's intervention programs and adult victims of sex trafficking programs across the state of Oklahoma, the Attorney General, through its Victim Services Unit (VSU), ensures that services are provided within a trauma-informed framework. The certification standards require assessing for trauma, trauma-informed programming, and ongoing training for all direct service provider employees and volunteers on the effects of trauma on adult victims of abuse and children exposed to domestic violence in the home.

Emphasis in this area is maintained through technical assistance and training to the programs and ongoing collaborative efforts between the VSU, the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), and the Native Alliance Against Violence (NAAV) to ensure the promotion of best practices and address emerging issues in trauma-informed care with priority. The VSU prioritizes trauma-informed environments with certified programs in the provision of emergency shelter to victims and their dependents, as well as all non-residential crisis and support services offered.

Oklahoma State Department of Education (OSDE)
The Office of Student Support at the Oklahoma State Department of Education (OSDE) has several initiatives that address the mental health and social-emotional needs of Oklahoma students. A few of these initiatives are included here.

In October 2018 the OSDE was awarded a $3.7 million United States Department of Education grant. The Oklahoma School Climate Transformation (OKTransform) grant supports schools and districts in the implementation of evidence-based practices through a Multi-Tiered Systems of Support (MTSS) framework. MTSS is a staff-

The Attorney General, through its Victim Services Unit (VSU), ensures that services are provided within a trauma-informed framework.

implemented approach to educational reform proven to be highly effective in improving behavioral and academic outcomes, increasing school safety, bolstering social and emotional competency, and improving teacher self-efficacy. This school-wide prevention and intervention behavioral support continuum creates a common language for all students, families, and staff.

School climate teams utilize an MTSS framework to build sustainable systems to inform practices, connect existing efforts, and align initiatives to improve behavior and academics. This approach is highly effective in improving student outcomes, addressing limited resources, and providing improved professional development in rural and suburban schools. MTSS is also proven to improve the overall school climate, student safety needs, and social-emotional behavior.

Through a U.S. Department of Justice grant award of nearly $1 million, the OSDE is developing a statewide crisis response team and multi-tiered crisis response framework. The OSDE Crisis Team works with districts across the state to develop crisis preparedness and response plans for both hazard and threat-based crises. In addition to providing technical assistance to schools, the Crisis Team provides district support in the event of a student, staff, or community death.

In partnership with the University of Oklahoma's Hope Research Center, OSDE is conducting a program evaluation to understand the impact of student participation in the Individual Career Academic Planning process on Hope Score measures. The OSDE is also providing technical assistance and professional development to district staff on how chronic stress affects the brain's ability to learn and classroom strategies to help reduce stress hormones in the brain and assist students with regulation.

Oklahoma Health Care Authority (OHCA)
The Oklahoma Health Care Authority is increasing the awareness of trauma and its impact on members' medical and mental health. OHCA is providing information regarding trauma focused screenings that can be utilized by physicians during the member's annual behavioral health screening. Additionally, trauma focused care plans are mandated in behavioral health inpatient and outpatient care plans.

Oklahoma State Department of Health

The Oklahoma State Department of Health (OSDH) views trauma and its impact on children and families as a public health issue. Traumatic experiences are linked not only to mental and emotional health, but also long-term physical health. Housed within a public

health model, programs within OSDH are uniquely situated to address Adverse Childhood Experiences (ACEs) which include trauma, and child maltreatment that can impact children's health and well-being.

Trauma Informed Care is a public health approach to preventing and mitigating trauma and its impact on infants, young children, and their families. Strategies that help children and families develop and maintain positive relationships and environments are protective in nature and help shape their physical, social, emotional, behavioral and intellectual capacities all of which can effect health and well-being all throughout their life. A further goal is to help families feel supported and connected, allow space for them to build and explore strengths and develop meaningful, positive relationships that serve as a foundation for all future relationships.

Maternal and Child Health Service (MCH) within the OSDH provides state leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the Oklahoma maternal and child health population. Trauma informed parenting begins with healthy babies and healthy mothers. MCH embraces a Life Course Perspective to look at life as an integrated continuum. A Life Course Perspective is a tool for understanding and impacting health disparities, particularly disparities that originate in childhood. This perspective is tied closely to ACEs research and is based in three key areas: your health as an individual, your health before conception and your children's health. MCH provides screening and resources for Perinatal Mood and Anxiety Disorders (PMADs).

Family Support and Prevention Service (FSPS) promotes the health, safety and wellness of Oklahoma's children and families by providing programs and interventions based on the belief that prevention is key to helping families and communities develop to their full potential. Timing of the implementation of practices influences the impact and outcomes of the strategies and interventions employed. FSPS programs are aimed at improving health outcomes and focus on the principle of moving upstream in an effort to prevent child maltreatment, trauma and poor health and mental health outcomes.

Programs and initiatives within FSPS include Children First (Oklahoma's Nurse Family Partnership program), Office of Child Abuse Prevention (OCAP), Maternal Infant and Early Childhood Home Visiting Grant (MIECHV), Sexual Risk and Avoidance Education Grant (SRAE), Oklahoma Child Care Warmline, Early Childhood Mental Health Consultation, Community Based Child Abuse Prevention Grant (CBCAP) and Child Guidance. Evidence based and trauma informed practices and approaches are used to mitigate the impact of trauma and ACEs experienced by young children and families.

Strategies that help children and families develop and maintain positive relationships and environments are protective in nature and help shape their physical, social, emotional, behavioral and intellectual capacities all of which can effect health and well-being all throughout their life.

STATES TO CONSIDER

Beginning with the 2019 Interim Report, the TIC-TF conducted extensive research surrounding best practices and the models already implemented within other states. Since, we have identified a handful of states in which we wish to base our prospective model. The Task Force's Coordination Subcommittee continued this work identifying additional states to consider toward developing an Oklahoma model for trauma informed care.

States such as Missouri, Michigan, and Pennsylvania have separated themselves as the forerunners in the trauma-informed care movement. As Oklahoma steps toward creating a sustainable, effective, trauma-informed mindset and network, the following models should have strong consideration.

The Missouri Model

Proponents of the Missouri Model assert that the model is "a profound paradigm shift in knowledge, perspective, attitudes, and skills that continues to deepen and unfold over time."[viii] The model recognizes the intricacies of moving towards a fully trauma-informed system and acknowledges that such a movement rests on a continuum—moving from trauma-aware to trauma-sensitive to trauma-responsive and finally becoming fully trauma-informed.

The model operationalizes trauma-aware, trauma-sensitive, trauma-responsive, and trauma-informed to provide clear direction when assessing the climate of an organization. Importantly, it outlines key processes and indicators to look for when determining success.

Cheryl Step, Trainer and Consultant for Creating Resilience, LLC, presented to the Task Force on the fundamentals of the Missouri Model. Some of the areas highlighted were:

- *The intention of trauma-informed care to provide support services, not treat symptoms or issues.*
- *The trauma-informed approach is an ongoing organizational process.*
- *The fundamentals consist of Awareness, Sensitivity, Responsiveness, and informed concepts and principals.*

Trauma-Informed Pennsylvania

Trauma-Informed Pennsylvania's genesis dates to the establishment of the Office of Advocacy and Reform. In their efforts to transform Pennsylvania into a more trauma-informed system, a team of 25

professionals representing human services fields, developed a set of priorities to become more trauma-informed. The priorities include:

- *Building a network to connect and support community-based, grassroots movements across the commonwealth*
- *Prioritizing changes at the state level to affect culture, policy, and practice*
- *Healing from the trauma of a major disaster like the COVID-19 pandemic*
- *Healing the damage of racism, communal, and historical trauma*

Pennsylvania suggests a multi-faceted approach that combines a cultural shift within state government and implementation of prevention and education initiatives across the state to promote healing and mitigation of the effects of childhood trauma.[ix] Like the Missouri Model, Pennsylvania recommends viewing trauma work on a continuum, moving from trauma-aware, to trauma-sensitive, to trauma informed, to healing centered.

The Michigan ACE Initiative

The overarching goal of the Michigan ACE Initiative is to "build a more resilient Michigan."
Like Pennsylvania and Missouri, the Michigan ACE Initiative lays out their set of priorities, which include:

- *To expand ACE awareness to accelerate research, educate the public and lawmakers, and ultimately reduce and prevent ACEs in Michigan*
- *Provide training and technical assistance across sectors and populations to raise awareness; identify, understand, and respond to ACEs; and build resilience in individuals, organizations, and communities*
- *Pursue ACE-aware, trauma-informed policies in the public and private sectors. The Michigan ACE Initiative has built awareness, introduced community leaders and infrastructure to the core concepts of the study, and built on the support coming from the health and human services sector. Now we are faced with taking that science, the groundswell of interest and the momentum created, and implementing programs across [the] state that can help to develop trauma informed, healing communities, and begin moving to prevention*

Since 2017, the Michigan ACE Initiative has expanded education to more than 20,000 people, provided training and technical assistance, and pursued policy change to create a more ACE-Aware and Trauma-Informed state.[x]

Potts Family Foundation

TASK FORCE MEETING HIGHLIGHTS

A large component of the Task Force's mandate was to identify best practices and areas of action already in place in the state of Oklahoma. Undoubtedly, there are numerous efforts that deserve recognition, and the continuation of this work will bring undiscovered practices to light. The following section outlines practices that are currently in place that were either presented to the Task Force or highlighted in the Task Force's subcommittees and how they connect to the Task Force's future directions.

Resilient/Self-Healing Communities

The origin and impact of resilient communities in Oklahoma was detailed in the 2019 interim report. Because of their impact and importance to the trauma-informed movement, these communities are, again, briefly outlined below. Additionally, over the course of the past year, the task force has discovered even more movements of note. The flourishing of these communities and their efforts provides a sense of hope and direction toward the future of trauma-informed care in Oklahoma.

As relayed in the interim report, creating a resilient Oklahoma at the community level can trace its origins to the Payne County Resilience Coalition. In June of 2017 approximately 100 local citizens met to create a community group dedicated to addressing the impact of adverse childhood experiences in local schools, clinics, law enforcement, and the policy initiatives that help build resilience. Since that beginning, Resilient Payne County has led numerous workshops on trauma-informed practices, conducted trainings in the public schools, arranged for town hall meetings, public showings and city channel airing of the film "Resilience," and assisted other communities in developing resilience coalitions.

To raise awareness of the effects of ACEs in Oklahoma and what our communities can do in response, the Potts Family Foundation (PFF) provided small grants to communities to implement community resilience coalitions. These efforts culminated in a state-wide training event led by Laura Porter, one of the leaders of the state of Washington's ACEs initiative.

Oklahoma State University's Center for Health Sciences

The Center for Integrative Research on Childhood Adversity (CIRCA) is a five-year, $11.2M Center of Biomedical Science (CoBRE) funded

by the National Institutes of Health at OSU Center for Health Sciences (OSU-CHS) in Tulsa. Led by Dr. Jennifer Hays-Grudo, Regents Professor Psychiatry & Behavioral Science at OSU-CHS, CIRCA has three overarching aims:

- Build the research infrastructure needed to identify and treat the biological and behavioral processes effects of adverse childhood experiences (ACEs) that lead to problems with health and developmental outcomes in a US state with high ACEs and limited federal research funding;
- Develop and launch independently funded researchers engaged in identifying adverse and protective childhood experiences and effective treatment interventions; and
- Develop theoretical models and novel methods to advance the science of childhood adversity and resilience.

Since 2016, CIRCA has funded five primary projects and seven pilot projects; CIRCA is currently funding:

- Holistic Assessment of Tulsa Children's Health (HATCH), focused on maternal ACEs as a predictor of adverse prenatal exposures and adverse birth outcomes (Karina Shreffler, PhD, Project Director);
- Food and Beverage (FAB)Study investigating the effects of alcohol use on folate levels in adolescent and young adult females (Julie Croff, PhD, Project Director);
- The Dyadic Inter-Brain Signaling (DIBS) Project, using hyperscanning to model parent-child inter-brain regulation in the prediction of adolescent depressive symptoms (Amanda Morris, PhD, Project Director); and
- Neurotrophic Indicators of Cognition, Executive Skills, Plasticity, and Adverse Childhood Experiences (NICE SPACEs) Study, investigating the relationship between ACEs and obesity by studying the effects of obesity treatment on markers of brain plasticity (i.e., brain-derived neurotrophic and glial cell-derived neurotrophic factors) and neurocognition (executive function).

CIRCA provides sustained funding for an Administrative Core (Jennifer Hays-Grudo, Director), a Biomarker Core (Kent Teague, OUHSC-Tulsa, Director), a Biostatistics Core (Matt Vasser, PhD, OSU-CHS), and a Community Impact Core (Mike Stout, PhD, OSU-Tulsa) that provides training and assistance to primary and pilot investigators. CIRCA investigators have been awarded a total of $13,245,387 in competitive research funding in the past four years, primarily in federal dollars. CIRCA will be eligible to apply for Phase 2 funding in 2021 for an additional five years of NIH funding.

Systems of Care Coalitions

Systems of Care (SOC) is a comprehensive spectrum of mental health and other support services that are organized into coordinated networks

to meet the changing needs of children, adolescents, and their families with emotional or behavioral health needs. It accomplishes this by providing community-based, family-driven, youth guided, and culturally competent services statewide. (ODMHSAS website)

There are approximately 75 SOC coalitions operating in the State of Oklahoma. Many of them have been involved in trauma-informed related activities, in particular the showing of the Potts Family Foundation Resilience Film.

The Evolution Foundation has identified seven of those SOC coalitions--Canadian, Cleveland, Comanche, Payne, Pittsburg, Oklahoma and Tulsa Counties-- as priority areas for trauma-informed activities, including the development of services for the 0-5 population. Those seven coalitions account for more than half of Oklahoma's total population.

The strategic plans for each of the priority coalitions include the advancement of trauma-informed activities as key components. Six of the seven coalitions were actively involved in the development of specific activities focused on trauma-informed initiatives prior to the pandemic, and continue to work around the challenges presented by the change in status quo.

Two of the Evolution Foundation consultants are credentialed as trauma-informed care trainers and offer free training to community groups. Recently, 150 community members participated in a virtual ACEs training entitled "Changing ACEs," which explored evidence-based strategies for how people and roles can help identify, challenge, and change injured patterns and outcomes. Those in attendance were from multiple areas and employment fields across the state that included: the Evolution Foundation, Nami, DHS, OUHSC, Red Rock, youth and family organizations, CASA, Health Department, Sunbeam Family Services, Creoks, Salvation Army, Choctaw Nation, educators, and many more professional and family attendees.

In July 2020, the Evolution Foundation virtually hosted Dr. Chan Hellman, director of the Hope Research Center at the University of Oklahoma-Tulsa to share the science of hope to around 90 participants. The Evolution Foundation is currently working with the Potts Family Foundation and will host a virtual Resilience screening and discussion for the Woodward county SOC coalition and community in November 2020.

Handle with Care

The Handle with Care model is an example of a trauma-informed practice utilized in the state of Oklahoma. The Handle with Care model

is a collaboration between law enforcement and local public schools in an effort to promote a safe environment for those who have recently experienced a potentially traumatic event.[xi] After responding to a call involving a child and a potentially traumatic event, an officer forwards a message to the child's school with their name and the words "handle with care" which allows the staff to implement trauma-informed training and practices.

This simple public health model starts a positive ripple effect by increasing important conversations to encourage trauma-informed trainings, offering clearly defined roles, building trust, & increasing cross-sector alignment with law enforcement, schools, behavioral health providers, health and social services for the child and family.

Started in Oklahoma City in August 2018, Handle With Care has been a grassroots effort spreading to urban and rural areas in over 25 counties. With the support of Public Health Institute of Oklahoma, Children's State Agency Workgroup, and local Systems of Care Coalitions, we have provided free trainings, handouts, sample procedures, and partnership agreements. These shared efforts have increased collaboration for the positive benefit of all children, families, and communities.

EmbraceOKC

EmbraceOKC is a comprehensive approach to providing a school-based system of supports for Oklahoma City Public Schools students and families that involves community partnerships and high-quality, tiered mental health strategies ranging from prevention to treatment services.

EmbraceOKC is supported by the OKC Public Schools Compact - a collective impact model whose partners are the Oklahoma City Public Schools, the Oklahoma City Chamber, the Oklahoma City Public Schools Foundation, the United Way of Central Oklahoma, and the City of Oklahoma City to support improvements identified by the Oklahoma City Public Schools.

Modeled after ReadOKC, EmbraceOKC is the Compact's collaborative initiative focused on mental health to:

- Embrace mental health as preventable and treatable;
- Protect children's mental health for life;
- Achieve maximum social and emotional wellbeing for children and their families; and
- Hold the school and community as a sanctuary of safety and support.

OKCPS works with the Oklahoma Department of Mental Health and

The Handle with Care model is a collaboration between law enforcement and local public schools in an effort to promote a safe environment for those who have recently experienced a potentially traumatic event.

OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

Substance Abuse Services, to administer the Oklahoma Prevention Needs Assessment (OPNA) survey to students in 6th, 8th, 10th and 12th grades to assess priority needs, risk factors, and measure improvements. The OPNA provided the data needed to create the comprehensive, district-wide EmbraceOKC action plan. The plan is focused on preventing and treating (1) psychological distress, (2) substance use, and (3) high-risk behaviors identified by the OPNA. A diverse array of interventions, practices, and programs are designed to be implemented at different grade levels among students, staff, and families to address these priorities. The plan utilizes a multi-tiered system of interventions and supports that includes universally preventive/protective approaches for all students and increases in intensity based on student needs and levels of risk.

By addressing staff and students' mental health needs, the work through EmbraceOKC will improve the overall educational experience, change the trajectory for students, families, and staff, and, ultimately, improve the quality of life for all.

The Pyramid Model

At the July 2020 Task Force meeting, Carlye McQuistion, Program Director for the Oklahoma Partnership for School Readiness (OPSR), presented on The Pyramid Model, a framework of evidence-based practices for early childhood trauma.

The following was highlighted during the presentation:
The Pyramid Model is a research-based framework for promoting healthy social and emotional development in children. The model provides education, guidance, and coaching for early childhood professionals and families to promote the best practices in social and emotional engagement that support positive behavioral outcomes in children. The Pyramid Model puts an effective workforce, responsive relationships, and quality supportive environments as the found. Oklahoma is the 32nd state to utilize The Pyramid Model and we have already met a number of its 49 benchmarks.

Oklahoma plans to implement a seamless system across services of Child Care, Head Start, Education, Home Visitation, and Intervention to streamline and align services for a stronger system for serving the most vulnerable populations. Professional Development opportunities will be offered at no or low cost for courses addressing social and emotional development from birth to school age through a partnership with the Pyramid Model Consortium and Sanford Harmony. Oklahoma's Quality Rating and Improvement System will implement the Pyramid Model and include components specifically addressing social and emotional development of children.

Early Head Start serves low income families with intensive

comprehensive child development and family support services to those with infants and toddlers. The children receive individualized services based on their developmental needs (physical, cognitive, social and emotional), while families receive services to help move them toward greater self-sufficiency. The services are offered in local communities, by nurturing caregivers and build strong relationships with families. Families can begin services as early as prenatally and remain in Early Head Start until 3 years of age, then move to Head Start until ready for school. This continuity of care allows for continued growth and development needed for school readiness, and also allows for greater success of the parents in fulfilling their roles as providers.

Project AWARE

Project AWARE is a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant aligns with the plan objectives in the Every Student Succeeds Act (ESSA). The grant duration is five years and totals $8,616,110.00. The AWARE grant utilizes a Multi-Tiered System of Support (MTSS) that is blended to incorporate mental health. This framework is referred to as Interconnected Systems Framework (ISF).

MTSS is a staff-implemented approach to educational reform proven to be highly effective in improving behavioral and academic outcomes, increasing school safety, bolstering social and emotional competency, and improving teacher self-efficacy. This school-wide prevention and intervention behavioral support continuum creates a common language for all students, families, and staff. MTSS/ISF is a three-tiered framework where tier one services are provided to all students (universal) in the general education classroom. Tier two interventions are for students that need heightened service delivery above and beyond what tier one interventions can provide. Interventions for this tier could include individual behavioral intervention plans for students and small group interventions. Tier three is reserved for the highest level of need for students and results in connection to consistent Mental Health resources with a Licensed Mental Health Professional.

Project AWARE serves 7,215 students enrolled in 17 school sites within western Oklahoma: Woodward Public Schools, Elk City Public Schools and Weatherford Public Schools. The districts were selected due to lack of mental health service providers in the area sometimes referred to as a mental health desert. Population to clinician ratios are usually 30,000 residents per one clinician but in the AWARE communities it is 150,000 residents per one clinician. This is five times higher than the state average representing a severe mental health professional shortage in Western Oklahoma. Additional factors for selection were based on data sets for serious mental illness, students with severe emotional disturbance (SED), health insurance difficulties, proximity to

Project AWARE serves 7,215 students enrolled in 17 school sites within western Oklahoma. The districts were selected due to lack of mental health service providers in the area sometimes referred to as a mental health desert.

state prison, and other demographic benchmarks.

CORE: The Collaborative for Oklahoma Resilience in Education

At the June 2020 Task Force meeting, Brittany Couch, State Coordinator of School-Based Behavioral Health Partnerships for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), presented on the concept of a trauma portal—provided by the Collaborative for Resilience in Education (CORE), and the Education Administrator's Resilience Implementation Toolkit.

Since its inception in August of 2017, CORE is composed of diverse multi-disciplinary representation across public and private entities. Including family advocates, educators, community and state level agency partners from all across the state of Oklahoma. The mission of this collaborative is to inform, equip and empower school and early childhood communities of children affected by trauma. The purpose of this collaborative serves to initiate trauma sensitive culture and climate in schools and communities throughout Oklahoma.

CORE operates to prevent and further mitigate trauma by providing technical assistance support to school communities seeking to implement trauma-informed practices, policies, procedures, and training, and change their system's infrastructure. CORE also operates by serving as a clearinghouse gathering and organizing relevant and evidence-based trauma-informed resources, sharing and statewide activity/events.

This collaborative is hosted by the ODMHSAS, facilitated by Brittany Couch, in partnership with the Oklahoma State Department of Education. The intended audience of the trauma portal is educators, parents, students, and community stakeholders, with community membership increasing from eight to fifty in a three-year period. The format will be online with virtual resources, research data and outcomes, and material for evidenced-based best practices. Information and events will coincide with the school year calendar. Additionally, a toolkit was created using the Pennsylvania Model for trauma-informed approaches and guidelines and will be used by childhood and secondary educational administrators, with the goal to include post-secondary administrators as part of the intended audience. Five schools/districts will be identified as pilots for the CORE Trauma-Informed System for one year.

In-depth Technical Assistance (IDTA): Develop Cross-System Policy and Practice Strategies to Support Pregnant Women with Substance Use Disorders, Their Infants and Their Families

Teresa Stephenson, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), presented to the Task Force

at the August 2019 meeting on the training, creation, and implementation of services for mothers and children who are drug exposed, as well as collaboration and alignment of resources.

Some of the areas highlighted were:
- Creating frameworks and education to provide services for every stage from pre-pregnancy to early childhood.
- Provide families with the tools to advocate for themselves and their children.
- Identify potential stakeholders/partnerships to align and coordinate services and support.
- Determine who is responsible, accountable, consulted, and/or informed.

Through the IDTA, the Oklahoma team will review current statutes related to Plans of Safe Care to determine if changes need to occur with any policy and procedures to facilitate goals. The team will determine what policies and procedures in OKDHS, primary care, birthing hospitals, and substance use treatment can occur to expand prenatal Plans of Safe Care and ensure their utilization.

The team will communicate barriers and ensure the practice of information sharing is consistent across all systems. The team will focus on OKDHS, the Administrative Office of the Courts – Court Improvement Program (AOC-CIP), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), birthing hospitals, OB/GYNs, the Oklahoma State Department of Health (OSDH), and the Oklahoma Health Care Authority (OHCA), replicating the practice changes within primary care, OB/GYN, and delivery hospitals that have been identified by the Office of Perinatal Quality Improvement (OPQI) and many other organizations and systems. All of these entities will look at trauma-informed care, what is and what is not working, and how to incorporate needed changes.

The IDTA will look at the Five Point Framework that will address Pre-Pregnancy, Prenatal, Birth, Postnatal/Neonatal and Childhood. The IDTA Team will address one short-term win and long-term achievable goal at a time to address not only how to mitigate initial trauma but also mitigate further trauma and increase protective factors. Working together, across systems will allow the IDTA initiative to align and achieve common goals that impact families, infants, communities, and systems. Additionally, the collaborative effort will work to mitigate trauma or intervene earlier in the child or family's life to reduce traumatic experiences and provide supports to handle unpredictable traumas.

Coordination through Web Platform

One Task Force subcommittee was charged with establishing

> **One Task Force subcommittee was charged with establishing procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating trauma.**

procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating trauma. Various website options were discussed within the subcommittee to assist with website possibilities and presented to the Task Force.

The goals of the web platform include the following:

- To provide Oklahoma's model for trauma informed care.
- To share technical expertise related to preventing and mitigating trauma.
- To share training opportunities and coordinate trainings throughout the state.
- To provide resources and cross-systems connections to trauma-informed work within the state
- To provide state data, evaluation, and research
- Dedicate a set of individuals to work with other agencies to coordinate the many lines of communications between communities.

In order to facilitate the most effective web platform, the website will need a dedicated staff member to moderate content and coordinate delivery of new information.

At the April 2020 Task Force meeting, Jeaneen Pointer, Chief Strategy Officer of the Lynn Institute, presented on the Count Me in 4 Kids web platform. The Count Me in 4 Kids website and mobile app is the product of extensive research that began in 2018. It was concluded that professionals as well the public needed a way to find resources that were available in their communities. The platform could accommodate multiple users at a time with intuitive capabilities. Some of the resources provided on the website consist of counseling services, food pantries, education, breastfeeding, and military/veteran services. An executive decision was made to put a hold on the website due to joining the Be a Neighbor Initiative and the COVID-19 pandemic that caused a statewide shutdown of events. Fillable forms will be sent to all partners to ensure accuracy of resource information. An announcement will be sent when services are able to resume.

The website subcommittee engaged Cody Andrews from Be a Neighbor to provide information and website possibilities for the trauma work through the Be a Neighbor website. Be A Neighbor is an innovative platform that seeks to identify and strengthen collaboration among Oklahoma's non-profits, faith-based groups, and community organizations across the state's 77 counties.

The web-platform subcommittee also met with Tom Bates, who was appointed by Governor Stitt to lead Oklahoma's Front Porch initiative, to further discussions on website possibilities and linking of trauma informed care resources and cross-system coordination efforts.

State Appropriations Process

Joe Dorman, Executive Director of the Oklahoma Institute for Child Advocacy, presented to the Task Force at the September, 2020 meeting on the process of requesting appropriations when submitting legislative bills. Mr. Dorman explained what revenue sources are available to the state and how appropriations are managed. He also explained the Legislature's budgeting process. The timeline for appropriations for the upcoming fiscal year begins with budgeting requests from agencies in September and ends on July 1 of the following year when appropriations funding becomes available for use.

Mr. Dorman provided details on the timing to request appropriations in a legislative bill and what budget requests entail. He also discussed the possible obstacles to receive the requested funding and the limitations in the flexibility to realign funding to accommodate the needs or wants of an agency. The different types of tax revenue were reviewed as well as the purpose of the Constitutional Reserve Fund, or "Rainy Day Fund."

Suggestions in gaining legislative support for trauma-informed care work include finding the economic impact that services would have on Oklahoma, begin building partnerships with other state agencies as soon as applicable, and identify and support private organizations in their efforts to become accredited resource centers.

Community Hope Centers

Oklahoma is using the Family Resource Center Model and the Science of Hope framework to design and implement Community Hope Centers. In the spring of 2020, the Oklahoma Department of Human Services (OKDHS) partnered with Oklahoma State Department of Health (OSDH) to create a Request for Proposal (RFP) for two Community Hope Centers. In late summer 2020, Governor Stitt allocated CARES funding to OKDHS to implement Community Hope Centers. The goals and elements of the Community Hope Centers are outlined below.

Community Hope Centers are community or school-based welcoming hubs of support, services, and opportunities for Oklahoma families focusing on:
- Utilizing an approach that is multi-generational, strengths-based, and family-centered
- Reflects and responds to the community needs and interests
- Provides support at no or low cost for participants
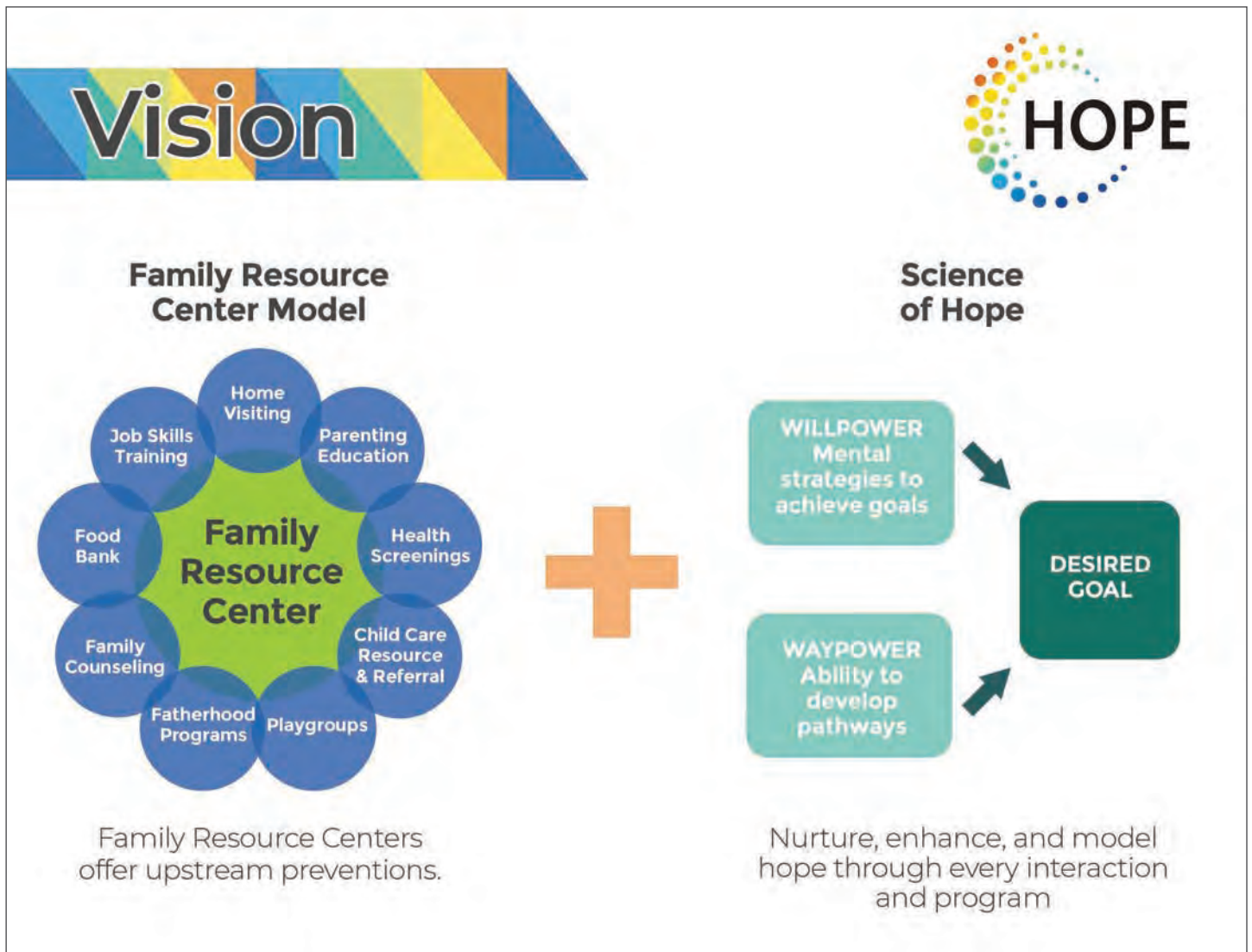
Figure 1. Family Resource Model and Science of Hope diagram is provided by the Oklahoma Department of Human Services

Community Hope Centers are community or school-based welcoming hubs of support, services, and opportunities for Oklahoma families.

The goals of the Community Hope Centers:

- To support families to be strong, healthy, and successful
- To contribute to building a strong and healthy community
- To reduce the likelihood of child abuse and neglect by utilizing Strengthening Families Protective Factors

CSAW has infused the Community Hope Center as part of Project 180, which is highlighted later in this report. Through Community Hope Centers, Oklahoma can move upstream in the effort to prevent and mitigate the impacts of trauma.

OKLAHOMA'S COORDINATED APPROACH TO PREVENT TRAUMA

A. The Systems of Care State Advisory Team & Children's State Advisory Workgroup

There are multiple trauma-informed care efforts occurring across the state. Above all, Oklahoma is missing a statewide systematic and intentional approach to create opportunities for recovery from trauma and foster resilience, particularly in rural and difficult to reach communities. The purpose of this task force is to identify sustainable strategies to support and expand both local and statewide initiatives that reduce children's exposure to adversity and increase opportunities for resilience throughout the state.

Through an existing coordinating structure, we have identified a means to provide resources that will allow the important cross-systems coordination efforts of this task force to continue after our mandate has expired. We will work toward the establishment of a dedicated team of public administrators with the skills necessary to gather and share information about trauma-informed care, encourage interagency coordination, and promote greater efficiency in the establishment of trauma-informed care practices.

Oklahoma's System of Care's (OKSOC) State Advisory Team (SAT) and its working arm, the Children's State Advisory Workgroup (CSAW), provides an existing structure and central base to advance the work of preventing and mitigating trauma in Oklahoma. Incorporating the trauma-informed care task force work within the SAT and CSAW structure is a starting point that can evolve over time as new pathways and funding streams become available for continued sustainability.

Systems of Care was created in 1999 and has a strong foundation on which to build. The CSAW was created in 2003 as a collaborative, coordinating body with sustainable infrastructure. Utilizing this existing structure and advancing the TIC-TF coordination subcommittee work would start the process of alignment of public and private partners to build upon the CSAW foundation and develop pathways to a trauma-informed care whole system model for Oklahoma.

The purpose of SAT is to improve the lives of children and families while upholding the values and principles of Systems of Care and to guide the development of the Systems of Care Process throughout

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the state of Oklahoma. This involves the cooperation of everyone who has a role serving a child with an emotional or behavioral health need, including family members, advocates, educators, mental health workers, social services, health services, the juvenile justice system, and community and recreational agencies. The membership of the Oklahoma State Advisory Team consists of positions representing agencies, advocacy groups, and family members. The SAT meetings are held the first Friday of every month allowing for members to collaborate and relay new information and ideas.

The CSAW is a research arm of the State Advisory Team and it's primary focus is to research options for developing the needed infrastructure and services for Systems of Care. CSAW also serves as a work group of the Partnership Board. The Partnership Board members consist of the commissioners and directors of the child serving state agencies along side the directors of the Oklahoma Family Network, and NAMI Oklahoma, family members, youth, and young adults. The Partnership Board is supported through a memorandum of understanding between the members to ensure an efficient operation of a unified and integrated system of care. The membership of the CSAW currently includes a designee for each member of the Partnership Board, which includes representation from each of the child serving agencies:

- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Department of Human Services
- Oklahoma Department of Rehabilitation Services
- Office of Juvenile Affairs
- Oklahoma Commission on Children and Youth
- Oklahoma State Department of Education
- Oklahoma Healthcare Authority
- Oklahoma State Department of Health

The CSAW has recently updated its membership with state agency leaders and has added additional members, to include the Evolution Foundation, Oklahoma Family Network, and Oklahoma Partnership for School Readiness.

The SAT, the CSAW, and the SOC Coalitions have a long history working through collaborative, coordinated, cross-systems partnerships to serve infants, children, youth and families (ICYF). Within SAT's values is an emphasis on trauma-informed supports and services to best promote the overall wellness, stability, and safety of Oklahoma families. Within SAT's by-laws is a list of multiple members, which outlays an existing collaboration of partners. The SAT duties include facilitating cross-sector coalition meetings to increase collaboration among stakeholders, which encompasses the

state legislature, federal government, tribal nations, ICYF, providers, agencies, professionals, businesses, and other community leaders.

The CSAW provides a foundation and flexibility for a smooth transition to begin initial implementation of a trauma- informed care model for Oklahoma. It will also work to identify additional partnerships to ensure the trauma-informed care model is sustained. Implementation work would include flexibility for CSAW in defining membership, roles and duties, expectations, benchmarks, timelines, funding, and making recommendations to SAT as needed.

B. Trauma Informed Practices Workgroup

A trauma-informed practices workgroup will be added as an extension to CSAW that would lead the work in trauma-informed care and work directly with a cross-systems coordinator. The new workgroup will consist of the current members of the Task Force on the Trauma-informed Care Coordination Subcommittee and others needed to work within the Missouri model framework, and/or other identified state models to create a comprehensive and whole-health Oklahoma model. The workgroup will also identify public-private partnerships to support and sustain Oklahoma's model. The duties of the workgroup can be found in Appendix A.

C. Cross Systems Coordinator

Funding support from Casey Family Programs allowed CSAW to hire a cross systems coordinator dedicated to a CSAW project entitled Project 180. The position is led by OSU CIRCA and is vital to support other projects including trauma-informed care and is poised to oversee coordination once the Task Force mandate has ended.

The coordinator will be responsible for overall project management for the implementation of a more trauma-informed system. This role will assure that invested entities are actively collaborating to better advance trauma-informed care in the state.

Additionally, a cross-systems coordinator and a support staff will be responsible for maintaining and updating a website with trauma-informed resources, training, research, and other information that will support coordinated, collaborative, ongoing trauma-informed care efforts across the state. While the web platform is not yet solidified, there is the potential to utilize OSU's CIRCA website with an extension for a trauma-informed care web platform supported through public-private funding. State agencies and other organizations could share the website link to their respective channels of information, thus expanding the availability of our website throughout the state.

A trauma-informed practices workgroup will be added as an extension to the Children's State Advisory Workgroup that would lead the work in trauma-informed care and work directly with a cross-systems coordinator.
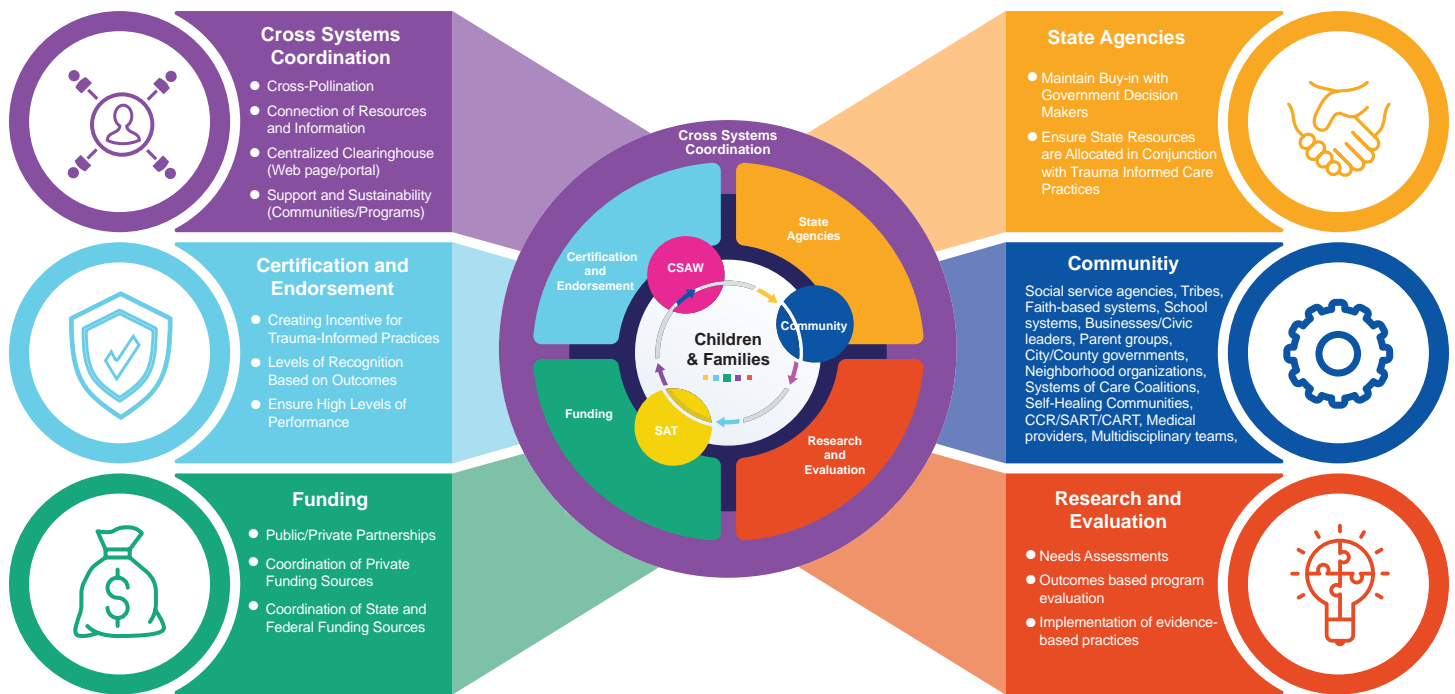
Figure 2. The Cross Systems Coordination diagram is provided by the Oklahoma Department of Human Services.

The Trauma Informed Care Task Force has recognized the need for further input from individuals outside of state government.

The goals of the web platform are to provide Oklahoma's model of trauma-informed care, share technical expertise, training opportunities, provide resources and connections, provide state data, evaluation and research, and to house communication between a dedicated set of individuals who will work to coordinate communication between communities. The website will need a dedicated staff member to provide updates and maintenance. Although currently funded, the role will require continued financial support to sustain the position.

D.   Framework of Cross Systems Coordination

The framework of the SAT, the CSAW, the Trauma Informed Practices Workgroup, and cross systems coordinator will provide for ongoing, sustainable collaboration among the task force member agencies in coordinating efforts around trauma informed care. The existing structure of the SAT and the CSAW will allow for the prioritization of options and a coordinated approach to preventing trauma, especially ACEs. This framework will focus on identifying and ensuring the appropriate interventions and supports for children, youth and their families as appropriate, who have experienced or are at risk of experiencing trauma.

The TIC-TF has recognized the need for further input from individuals outside of state government. Thus far, family voice and tribal partnerships were not heavily involved with the work of the TIC-TF. These components, in addition to further public-private partnerships, are integral in understanding and improving the system for all Oklahoman's. Importantly, this framework integrates the voice of all

involved parties and provides a pathway for collaboration through the cross systems coordinator.

E. An Example of Current Practice: CSAW Initiative — Project 180

Many members of the CSAW and the SAT actively participate in the efforts of the TIC-TF. This overlap of workgroups will allow for an effective transition of this important work. Recently, the CSAW began work on Project 180—an initiative aimed at improving outcomes and meeting the needs of children and families across our state.

History and Context:
In late 2019, a variety of state agency representatives met to examine how to best to serve the children and families that interact with their agencies. The meeting was held in recognition that the agencies are part of a broader child and family-serving system—or continuum. Inherently the collective goal of the participating agencies is to improve the well-being of those served. Foundational to the meeting were a set of core values that drive the work of these agencies: Hope, innovation, and partnership.

Using a cohort of 180 children who had interacted with many of the state agencies, the group identified barriers, bright spots, and opportunities to best serve children and families with complex needs. Several ideas resonated with the participants of that meeting, not the least of which was to involve more partners in the work of improving well-being across our systems. The 180 children now represent a rallying call across child and family-serving agencies in Oklahoma. The CSAW has embraced that challenge with Project 180.

The goals for this project are direct but require a commitment across systems and partnership with communities and those with lived experience. With Project 180, the CSAW will:

- Improve outcomes and better meet the needs for children and families currently involved multiple systems by further examining the 180 children in the original cohort
- Turn our attention 180 degrees so that we can transparently address gaps in our prevention continuum and identify key intervention points across all our systems for the children and families we serve

Project 180 is only one example of work produced by the SAT and the CSAW but, importantly, it exemplifies that the missions of CSAW, the SAT, and the TIC-TF are one in the same—to improve the lives of all Oklahomans, especially for those who are vulnerable and for those with adverse experiences.

Using a cohort of 180 children who had interacted with many of the state agencies, the group identified barriers, bright spots, and opportunities to best serve children and families with complex needs.

FINAL CONSIDERATIONS

It is clear that, throughout the state, Oklahoma has a large array of ongoing trauma-informed initiatives. As we approach the final year of the task force, we recognize that there are still initiatives and programs that the task force has yet to discover. Likewise, the potential to achieve a coordinated effort across the state seems increasingly more achievable.

As the task force mandate comes to a close we will continue to push for coordination and collaboration between the community and state agencies, we will continue to delve into developing best practices, and we will continue to advocate for those affected by trauma. Additionally, in the third and final year of the task force mandate, we will seek to further incorporate public input, consumer input, tribal input, and the input of the families we serve into decision-making and planning of the continued trauma-informed care work.

Thinking toward the future, the task force will begin to discuss the transition of our work to the SAT and the CSAW. In conjunction with the grassroots efforts described in this report, the SAT and the CSAW have the power to transform and push the collective vision for trauma-informed care to both rural and urban communities alike.

Already, the SAT and the CSAW play an intricate role in coordination, collaboration, and implementation towards a trauma-informed Oklahoma. Connecting local communities with the SAT and the CSAW has the potential to create a lasting impact on the state of Oklahoma. An effective collaboration has the potential to grow trauma-informed outreach throughout the state and provide an impact in which agencies and community members are able to see the outcomes of this statewide investment.

As such, the Task Force on Trauma-Informed Care believes it is in the best interest of the legacy of our work to make this seamless transition to the CSAW and the SAT. The collaboration between these workgroups and the communities identified by the Task Force will allow for government transparency and funding opportunities which might have been unavailable to one group alone. The CSAW and the SAT will seek to extend upon our work by designing a web-based platform, building upon public-private partnerships, developing best practices, and locating opportunities for improvement to best serve the citizens of our great state.

APPENDIX

A.   Duties of Trauma-Informed Practices Work Group:

1. Work within the Missouri model framework, as well as consider components of other identified
2. states, to create an Oklahoma trauma-informed care model.
3. A common trauma-informed assessment for communities and organizations to identify or to track progress of becoming trauma-informed as well as identify training needs.
4. Align trauma training pathways and/or certification options and continuously develop a team of certified trainers.
5. Develop common benchmarks as identified within the assessment.
6. Increase coordination between services in the trauma-informed of primary prevention, secondary prevention, and treatment across the lifespan with a special emphasis on maternal health and early childhood 0-5 years of age.
7. Recognizing that trauma-informed training will include strategies to build resilience like reducing sources of stress through social determinants of health, strengthening core life skills, and supporting responsive relationships.
8. Identify funding streams to help further implementation and expansion of trauma-informed practices.
9. Support the development of low cost or no cost cross-sector initiatives.
10. Ensure and sustain plan of how offices and other units of government will collaborate, prioritize options for and implement a coordinated approach to preventing trauma, especially ACEs, and identifying and ensuring the appropriate interventions and supports for children, youth and their families as appropriate, who have experienced or are at risk of experiencing trauma
11. Coordinate, to the extent feasible, among the offices and other units of government research, data collection and evaluation regarding models to demonstrate effectiveness or positive measurable outcomes that reflect the science of healthy child, youth and family development.
12. Identify gaps in or populations or settings not served by models
13. Coordinate, among the offices and other units of government, the preventing and mitigating of trauma
14. Establish procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating of trauma
15. Recommend models for settings in which individuals may come into contact with children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma
16. Recommend best practices that are evidence-based, are evidence-informed or are promising and practice-based, and that include guidelines for:
    a.   training of front-line service providers,
    b.   implementing procedures or systems that:
        i.   are designed to quickly refer children and youth and their families, as appropriate, who have experienced or are at risk of experiencing trauma, and ensure the children, youth and appropriate family members receive the appropriate trauma-informed screening and support, including treatment
        ii.   use partnerships that include local social services organizations or clinical mental health or health care service providers with expertise in furnishing support services including, but not limited to, trauma-informed treatment to prevent or mitigate the effects of trauma
        iii.   use partnerships which co-locate or integrate services, such as by providing

services at school-based health centers

    iv.   use partnerships designed to make such quick referrals, and ensure the receipt of screening, support and treatment

c.   educating children and youth to:

    i.   understand trauma,

    ii.   identify signs, effects or symptoms of trauma, and

    iii.   build the resilience and coping skills to mitigate the effects of experiencing trauma

d.   multi-generational interventions to:

    i.   support, including through skills building, parents, foster parents, adult caregivers and front-line service providers

    ii.   assist parents, foster parents and adult caregivers in learning to access resources related to such prevention and mitigation

    iii.   provide tools to prevent and address caregiver or secondary trauma

e.   community interventions for underserved areas that have faced trauma through acute or long-term exposure to substantial discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, a high rate of violence or a high rate of drug overdose mortality

f.   assisting parents and guardians in understanding eligibility for and obtaining certain health benefits coverage, including coverage under a State Medicaid plan under Title XIX of the Social Security Act of screening and treatment for children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma

g.   utilizing trained nonclinical providers such as peers through peer support models, mentors, clergy and other community figures, to:

    i.   expeditiously link children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, to the appropriate trauma-informed screening and support including, but not limited to, clinical treatment services

    ii.   provide ongoing care or case management services

h.   collecting and utilizing data from screenings, referrals or the provision of services and supports, conducted in the covered settings, to evaluate and improve processes for trauma-informed support and outcomes

i.   improving disciplinary practices in early childhood education and care settings and schools, including but not limited to use of positive disciplinary strategies that are effective at reducing the incidence of punitive school disciplinary actions, including but not limited to school suspensions and expulsions

j.   providing the training described in subparagraph a of this paragraph to child care providers and to school personnel, including school resource officers, teacher assistants, administrators and heads of charter schools

k.   incorporating trauma-informed considerations into educational, pre-service and continuing education opportunities, for the use of health professional and education organizations, national and state accreditation bodies for health care and education providers, health and education professional schools or accredited graduate schools and other relevant training and educational entities

REFERENCES

i. **World Health Organization**
    "…WHO and the United States Centers for Disease Control and Prevention are therefore building a global network focused on understanding the long-term health risk behaviour and chronic disease consequences of ACEs, and providing technical assistance to partners in this area." https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/global_ research_network/en/

ii. **Center for Disease Control**
    "… CDC estimates that the lifetime costs associated with child maltreatment at $124 billion." https://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf

iii. **ACEs Study- Anda et al. (2006)**
    Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . . Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. European Archives of Psychiatry and Clinical Neuroscience, 256(3), 174-186. doi:10.1007/s00406-005-0624-4

iv. **America's Health Rankings**
    America's Health Rankings analysis of U.S. HHS, HRSA, Maternal and Child Health Bureau (MCHB), Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health Indicator Data Set, Data Resource Center for Child and Adolescent Health, United Health Foundation, AmericasHealthRankings.org, Accessed 2019.

v. **Think Trauma**
    Marrow, M., Benamati, J., Decker, K., Griffin, D., & Lott, D. A. (2012). Think Trauma: A training for staff in juvenile justice residential settings. Los Angeles: National Center for Child Traumatic Stress.

vi. **CATS**
    Sachser, C., Berliner, L., Holt, T., Jensen, T., Jungbluth, N., Risch, E. C., Rosner, R., Goldbeck, L. (2017). International development and psychometric properties of the Child and Adolescent Trauma Screen (CATS). Journal of Affective Disorders, 210, 189-195. PMID: 28049104.

vii. **ARTIC ScaleTM**
    Baker, C.N., Brown, S.M., Wilcox, P.D. et al. Development and Psychometric Evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. School Mental Health 8, 61–76 (2016). https://doi.org/10.1007/s12310-015-9161-0

viii. **The Missouri Model**
    Missouri Model: A Developmental Framework for Trauma Informed Approaches, MO Dept. of Mental Health and Partners (2014) https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches

ix. **Trauma-Informed Pennsylvania**
    Trauma-Informed PA: A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State, PA Office of the Governor (2020   https://www.scribd.com/document/470553274/2020-Trauma-Informed-PA-Plan?secret_password=AcW-bQ2CvooqQQ8w20WZO

x. **Michigan ACE Initiative**
    Michigan ACE Initiative: Building Resilience, Healing Communities, July 2020 Impact Report https://www.miace.org/wp-content/uploads/2020/07/MIACE-ImpactReport-FINAL.pdf

xi. **Handle with Care**
    West Virginia Center for Children's Justice http://handlewithcarewv.org/handle-with-care.php

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Oklahoma Home Visiting

Annual Outcomes Report

State Fiscal Year **2020**

OKLAHOMA
PARTNERSHIP
FOR SCHOOL
READINESS

Table of Contents

Acknowledgments

On behalf of the Oklahoma Partnership for School Readiness (OPSR), we would like to thank the Oklahoma State Department of Health's (OSDH) leadership Beth Martin, Program Director and John Delara, MIECHV Program Evaluator for their assistance in collecting and providing data on program outcomes and expenditures for this report. Our state faced unique challenges during the final quarter of SFY2020 in response to the impact of the coronavirus. While OSDH served as the lead for the response efforts, leadership with the Family Support and Prevention Service juggled multiple priorities to assist with the response and continue to serve families receiving home-based services. Their innovation is detailed in this report. Thank you also to OPSR's Gabrielle Jacobi, Program Coordinator, for significant contribution in developing this year's report.

We especially want to acknowledge family support providers (home visitors) across the state for their service to families. During this difficult time, they stepped up and figured out how to connect with families when in-person visits were not an option. We appreciate their dedication to serving families of young children and for their diligence in reporting data for this report. We hope this report will serve as a guide for their work to improve outcomes for families in Oklahoma.

The time frame of this report is between July 1, 2019 through June 30, 2020. Closures and reduction of services due to the pandemic began in mid-March in Oklahoma, resulting in a partial impact on the services delivered this fiscal year. We know that home-based programs, especially to families with very young children, are critically important during these difficult and challenging times. OPSR will continue to support and encourage efforts to increase state investments for home-based family support programs as a smart decision for our state's economy!

Debra D. Andersen

Debra Andersen,
Executive Director

Executive Summary

Strong, stable families are the cornerstone of child health and well-being, but far too many Oklahoma families struggle to provide the kinds of nurturing environments young children need to thrive. Parents may be motivated to do well by their children, but lack the experience, family and social supports, mental health and substance abuse treatment, or other resources essential to provide the safe, enriching environments children need to prosper.

Home-based family support services, also known as home visiting, are one tool the state has been using for two decades to protect Oklahoma children. Oklahoma's home visiting system targets interventions to parents of young children in order to prevent abuse and neglect with the long-term goal that children are ready to enter and succeed in school. These evidence-based programs are provided to expecting mothers and parents of children less than six years of age. Providing information, education, developmental assessments and targeted interventions, home visiting programs teach parents about all facets of caregiving from proper nutrition and health, to typical developmental milestones and appropriate discipline techniques. Caregivers who have participated in home visiting programs report, that among other things, the services:

- Improved their parenting skills by teaching them to engage with their children in positive, nurturing ways, therefore reducing the risk of maltreatment;
- Helped them better understand their child's development, which allowed them to better address concerns about their child's behavior or development;
- Improved children's early language and cognitive development, as well as academic achievement in grades first through third
- Increased knowledge and understanding about their child's behavior and development
- Helped them access health care during pregnancy, which led to more babies being born to term.[1]

Research has proven evidence-based models of home-based family support services lead to fewer instances of child abuse and neglect, improved child health and improved child development that results in less need for expensive remedial education.[2] The benefits of early childhood investments unfold over time. There is strong evidence that programs can produce favorable economic returns when they target vulnerable children and families.

[1] Oklahoma Partnership for School Readiness Parent Survey. (2017).
[2] Karoly, L.A., Kilburn, M.R., and Cannon, J.S. (2005). Early Childhood Interventions: Proven Results Future Promise. Rand Corporation, Santa Monica, CA. http://www.rand.org/pubs/monographs/MG341.html.

Executive Summary

Oklahoma has a long-standing history of implementing high-quality, home-based family support services. However, effectively measuring what works across the home visiting system has historically had its challenges. Different program models collect and measure different data. Programs vary in their length, intensity and populations served. Oklahoma is not alone in this struggle. States across the country have strived to implement assessment practices necessary to facilitate large-scale program reporting. Recognizing the need to better understand the outcomes of home-based family support services and implement systemic improvements, the state legislature introduced the Home Visiting Accountability Act during the 2015 legislative session.

In May 2015, Governor Mary Fallin signed into law the Home Visiting Accountability Act after it was passed with overwhelming support by both the Oklahoma House and the Senate. The new law required the State Early Childhood Advisory Council establish statewide metrics to measure the performance outcomes of all state funded home visiting programs. The Act also required the State Early Childhood Advisory Council to submit an annual outcomes report to the Governor and Legislature detailing program and participant characteristics, outcomes achieved, state expenditures, and recommendations for quality improvements and future investments.

The Oklahoma Home Visiting Outcomes Measurement Plan was submitted in accordance with this Act on January 1, 2016. This annual outcomes report was prepared according to the requirements of the Act and the Outcomes Measurement Plan, and is designed to inform policymakers and practitioners about the home visiting system's impact on Oklahoma families and children. This report is also intended to examine the current state of Oklahoma's home visiting system and determine strategies for improvement.

In 2018, Oklahoma was one of five states selected by Child Trends, the nation's leading research organization focused on improving children's lives, to participate in the State-level Home Visiting Integration with Early Child Data Systems (SHINE) Initiative. Benefits of linking data include ensuring services are reaching all families in need, assessing the impact of home visiting services by analyzing service and outcome data, and creating more coordinated and aligned services at the state level. Through the SHINE Initiative, a data linking project was initiated between home visiting and SoonerStart data to determine if children referred for evaluation by a home visitor completed the evaluation within 45 days of the referral. In January 2019, 163 participants' data were linked through the project. Of the 163, 35 received an initial assessment with SoonerStart within the 45 day time period and 118 participants had received an assessment prior to the home visitor administering the ASQ-3.

[3] (2016). Oklahoma Home Visiting Outcomes Measurement Plan. Oklahoma Partnership for School Readiness, Oklahoma City, OK. http://www. ok.gov/health2/documents/OK%20HV%20Outcomes%20Measurement%20Plan%20Final.pdf.

OK HOME VISITING
At a Glance
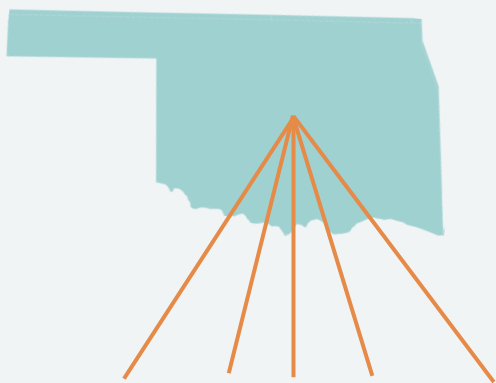
Home Visits Completed: **30,564**
Families Served: **2,882**
Children Served: **2,523**
Counties Served: **57**
Programs: **26**

Oklahoma provides a variety of voluntary home-based family support programs that deliver services to both expectant parents and families with children younger than six years old. Parents who choose to participate in a home-based family support program are matched with specially trained professionals who periodically come to the parent's home and offer education, resources, developmental screenings and other supports that assist parents in caring for infants and young children. Topics addressed during visits include child development, relationship skills, health, and safety. Family support programs are provided to parents free-of-charge and are targeted to those families with the greatest need. Parents served by home-based family support programs face great challenges, including poverty, low educational attainment, single parenthood and young parental age. All of these factors are associated with increased incidence of child maltreatment, poorer health outcomes and decreased school readiness.

Defining Evidence-Based Models

Home-based family support services utilize program models, or a specific framework, for service delivery. In Oklahoma, the models used are evidence-based, meaning the models have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations. See page 14 for a list of current evidence-based models currently being used and their descriptions.

History of Home Visiting in Oklahoma

Oklahoma first implemented a home visiting program in 1992 through the Oklahoma State Department of Education called Parents as Teachers. The state was one of the first in the nation to make such services available statewide with rapid growth and expansion occurring in the late 1990s and early 2000s. Early on, the state invested in creating the infrastructure to implement the evidence-based program models necessary to provide a continuum of services to expecting parents, infants, toddlers and children prior to Kindergarten entry. However, diminishing resources over the years have caused the availability of services to dwindle. During the past six years, the number and availability of home-based family support services have declined. Instability in funding in recent years has come at a cost to the state's overall home visiting system. Decreases in funds not only means less resources for direct services, it also creates inefficiencies in maintaining a statewide system. Since OPSR began developing this Annual Outcomes Report in 2017, the number of counties with home visiting programs has decreased from 100 percent to 74 percent, the number of completed visits has decreased by 32 percent, the number of children served has decreased by 33 percent, and the number of families served has decreased by 37 percent. Ongoing budgetary threats have caused uncertainty among service providers, creating costly turnover considering the amount of specialized training required for effective service delivery. Additionally, the more funds required to recruit and train new home visitors due to turnover means even fewer funds available to serve families, provide quality assurance and improvement, and deliver technical assistance and supervision — all of which are vital to a well-functioning family support system.

Rather than adopt a single, one-size-fits-all program, Oklahoma chose to implement three different evidence-based models of home visiting with varying levels of service intensity targeted

targeted to meet specific family needs and risk factors. These program models vary in the populations they serve, the length of time services are provided, and in the required education and experience of home visitors carrying out model activities. Such a statewide framework allows rural and urban communities to meet their unique needs. Home-based family support programs are delivered through county health departments and community-based non-profits. Depending on the needs and size of the community, more than one program may be offered in a county and in some cases, more than one program may exist in the same agency. Services are strategically coordinated to create a continuum of services while reducing duplication.

Oklahoma Home Visiting Collaborations

The Home Visiting Advocacy Community of Practice (CoP):
This CoP began in 2016 and includes representatives from across the nation. Oklahoma has participated in this CoP since its inception and attends meetings every other month. During these meetings, participants share their expertise, lessons learned, successes, and challenges. A variety of topics are covered and include, home visiting accountability legislation, practical and tactical strategies for advancing home visiting in states, coordinated/centralized intake and referral through a policy lens, and messaging in home visiting.

HVLAC:
As a number of evidence-based home visitation programs were being implemented across the state in the mid 1990's, a competitive atmosphere began to develop at both the local and state levels. For that reason, the Home Visitation Leadership Advisory Coalition (HVLAC) was created in 2003 led by the Family Support and Prevention Service (OSDH) along with the OSU Cooperative Extension Office. Members from various agencies and programs working at all levels, from supervisory roles to the front lines, participate. Membership is comprised of representatives from state agencies, such as counterparts at the DHS and the Oklahoma State Department of Education, and others from the University of Oklahoma, public school districts, youth and family services agencies, PCAOK, parent-child centers and other private non-profits. This coalition allows members to share information, work together to find solutions to common problems and disseminate best practices.

Understanding Home Visiting

Need for Home Visiting in Oklahoma

Economic, familial and structural barriers stand in the way of statewide child and parent wellbeing. For more than a decade, the state's poverty rate has been higher than the national average, and in recent years this gap has widened.[4] Children from birth to age five in Oklahoma are more likely to live in poor and low-income households with 41 percent living in households earning 199% of the federal poverty level (FPL) or below in 2019.[5] In SFY 2020, half of all home-based family support service participants lived at or below 50 percent of the FPL, or at a maximum, a yearly income of $8,620 for a family of two.

Structural barriers associated with the state's rural geography make it difficult for many families to access not only home visiting services, but all early childhood care and education (ECCE) programs. Oklahomans who do not own a car and lack adequate access to public health transportation may struggle to get to childcare, work, school, job training and healthcare services. Our state's rural geography has also contributed to high rates of food insecurity and poor internet access, which limits families' awareness of services and ability to search and apply for jobs.

The hardship caused by these various issues can cause trauma in people's lives. Research has increasingly recognized the consequences of various types of childhood adversity. Oklahoma is the only state that falls in the highest prevalence quartile for eight of the most commonly assessed Adverse Childhood Experiences (ACEs). Oklahoma families are more likely to experience ACEs with 50.2 percent of the population having experienced at least one ACE, compared to 39.8 percent nationally.[6] The prevalence of ACEs in Oklahoma is concerning given that research has linked ACEs to a variety of outcomes, including higher likelihood of risky behaviors, chronic health conditions, incarceration, lower education attainment, and lower earnings. Adults' ACEs can also affect children's development. One study found that for each parental ACE identified, a child's suspected risk of developmental delay increased by 18 percent.[7]

Home-based family support services and other ECCE programs that have traditionally served over-burdened and under-served families have faced recent budget cuts that limit their ability to meet demand for services. In SFY 2020, home-based family support services served 2,523 children and 2,882 families. However, the National Home Visiting Resource Center's 2020 Yearbook estimates that an additional 238,100 families could have benefited from these services because they meet at least one of the following criteria: there is a child younger than one year-old, they are a low-income family, there is a single-mother caregiver, there is a caregiver without a high school diploma/GED, there is a pregnant caregiver, or they are a caregiver younger than 21 years of age.[8]

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[4] https://www.okschoolreadiness.org/ uploads/documents/OKFutures_NEEDS%20ASSESSMENT_FINAL%20VERSION.pdf
[5] https://www.childhealthdata.org/browse/survey/results?q=7974&r=1&g=787
[6] https://www.childhealthdata.org/browse/survey/results?q=7915&r=1%20&r2=38
[7] https://pediatrics.aappublications.org/content/141/4/e20172826
[8] https://nhvrc.org/state_profile/oklahoma-2020/

Need for Home Visiting in Oklahoma

In SFY 2020, Oklahoma home-based family support services were offered in 57 of 77 Oklahoma counties. This is a 26 percent decrease in the number of counties served since 2017 when home visiting programs were available in all 77 counties. Local agencies may serve families outside the counties in which they operate and this is often the case in rural areas in which families live miles from the local agency. However, Oklahoma has demonstrated a concerted effort effort in making ECCE programs, including home-based family support programs, available to low-income populations. Notably, a 2016 OKDHS report found that the reach of publicly funded ECCE and home-based family support services is higher in counties at greater risk for poor school readiness.[9]

Home-based family support services have great potential to improve the lives of young children and families, but limited resources hinder the number of children and families that can receive such services. Reaching families of young children in a home environment with strategies to support and enhance parenting skills is a cost-effective intervention compared to the costs of involvement in the child welfare system. In order to maximize what resources are available, most services are targeted toward particular subpopulations that are most in need. Priority populations include:

- Single mothers
- Low-income families
- Parents with low education
- Families with a history of substance abuse or child maltreatment
- Children with developmental delays or disabilities

Parents report benefiting from support services provided by ECCE programs. A 2018 survey of parents receiving home-visiting services found that 69 percent said the visits helped them better understand their child's development, 67 percent said their parenting skills improved, 62 percent said they supported their child's early learning, and 57 percent said they helped them feel more confident as a parent.[10]

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[9] http://www.okdhs.org/OKDHS%20PDF%20Library/S16058_OklahomaSchoolReadinessReach-by-RiskReport2016_opoa_03092017.pdf
[10]https://okschoolreadiness.org/uploads/documents/OKFutures%20Needs%20Assessment_Oct.%202019.pdf

Understanding Home Visiting

What Home Visitors Do

Home visitors meet with parents and families in their homes at agreed upon, regularly scheduled intervals. Visits can occur as frequently as weekly, bi-weekly or monthly and continue as long as the parent desires to continue in the program. Programs can last from six months to several years depending on the family's risk factors and needs. During these meetings, home visitors conduct a variety of assessments and address a myriad of concerns for parents, including:

Gather Family Information to Tailor Services	**Provide Direct Education and Support**	**Make Referrals and Coordinate Services**
— Screen parents for issues like postpartum depression, substance abuse and domestic violence — Screen children for developmental delays	— Provide knowledge and training to make homes safer — Promote safe sleep practices — Offer information about child development	— Help pregnant women access prenatal care — Check to make sure children attend well-child visits — Connect parents with job training and education programs

Who Home Visitors Are

Home visitors have a variety of professional training ranging from nursing, social work and child development. Requirements for being a home visitor vary by program because services differ based on family needs. Regardless of personal background, all Oklahoma home visitors are required to have specialized training in service delivery, child development, safety, child abuse and neglect, domestic violence and a variety of other vital topics.

About the Data

Data for all outcome measures reported in this document are collected, maintained and managed in the Efforts to Outcomes (ETO) data system housed at the Oklahoma State Department of Health. Data from ETO are used for external accountability reporting, as well as for internal quality assurance and improvement efforts. Data included in this report represents de-identified, aggregate data. All names and identifying information was removed for analysis.

State and Federal Investments

The state has long invested in the creation and sustainability of a comprehensive early childhood system to ensure the long-term health, safety, well-being and educational success of the youngest Oklahomans. Since the mid-1990s, state appropriations have supported home visiting programs as one piece of the early childhood system. Over the years, state investments have diminished. In SFY 2019, $9.5 million in state funds were used to support home visiting.

While state funding decreased prior to SFY 2015, federal investments increased. Beginning in 2011 with the American Recovery and Reinvestment Act, and continuing with the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program) funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), federal investments have helped sustain home visitation programs in Oklahoma. As of publication of this report, SFY 2020 HV Expenditures are not available.

SFY 2019 Cost Per Family by Funding Type

State	*$1,724.96*
Millage	*$263.73*
Federal	*$1,354.13*
Cap Fund	*—*
Total	*$3,342.82*

*Costs per family by funding type is not reflective of funding type for each family served, as this varies by program model.

Home Visiting Expenditures by Type SFY12 — SFY19

Home Visiting Funding
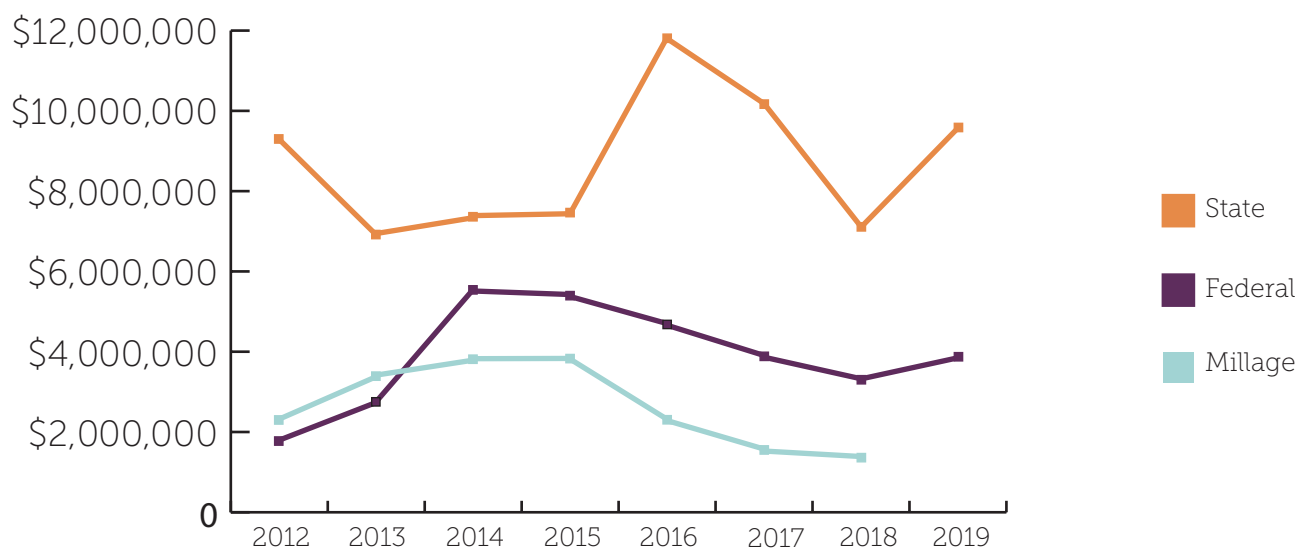
State and Federal Investments

Federal funds have not only contributed to direct services for families, they have supported investments in:
- Continuous quality improvement aimed at increasing the effectiveness and efficiency of programs
- The creation of Efforts to Outcomes (ETO) data systems which collects programmatic and outcomes data for all home visiting programs funded through the Oklahoma State Department of Health (OSDH)
- Targeted marketing efforts to reach more families in need of home-based family support services, including the creation of an electronic resources hub known as Parent Pro.

Cost of Serving Families

During SFY 2019, 2,865 families received home-based family support services. During that time, $9,577,175.79 of state dollars were used to serve families, resulting in an average cost of $3,342.82 per family. On its face, this amount per family may be slightly misleading, as some program models offer more intensive, and therefore more costly services. For example, services provided to families already involved in the child welfare system, like counseling, might result in higher costs per family because of the types, intensity and frequency of services provided. Other programs providing more basic, preventive services to families might have lower costs per family. State investments for home-based family support services reflect 51 percent of the total program costs.

Programs Funded

During SFY 2019, Oklahoma implemented three models of home-based family support programs. Among all the models, 26 home-based family support program sites provided services to families in 56 of 77 Oklahoma counties. Programs available included:
- 17 Parents As Teachers (known as Start Right) regional program sites were available to families in 30 counties;
- 7 Nurse-Family Partnership (known as Children First) regional program sites were available to families in 56 counties; and
- 2 SafeCare program sites were available to families in two counties.

Program Name: Start Right

Model:	Parents as Teachers (PAT)
Model Description:	PAT is designed to ensure that young children are healthy, safe and ready to learn. The PAT model aims to increase parent knowledge of early childhood development and improve parenting practices; provide early detection of developmental delays and health issues; prevent child abuse and neglect; and increase children's school readiness and success in school.
Target Population:	Pregnant women and families with children one year of age or younger with services continuing as needed through age five. Services are target low-income parents.
Service Area:	30 counties
Funding Sources:	— State — Federal — Private

Home Visiting Programs

Program Name: Children First

Model:	*Nurse-Family Partnership (NFP)*
Model Description:	*NFP nurse home visitors use nursing experience, practice and input from parents to promote low-income, first time mothers' health during pregnancy, care of their child and own personal growth and development. NFP is designed to improve prenatal health, child health and development, and families' economic self-sufficiency and/or maternal life course development.*
Target Population:	*Low-income mothers pregnant with their first child with services continuing through two years of age.*
Service Area:	*56 counties*
Funding Sources:	*— State* *— Federal* *— Local Millage* *— Medicaid*

Program Name: SafeCare Augmented

Model:	SafeCare
Model Description:	SafeCare aims to prevent and address factors associated with child abuse and neglect among clients served. Eligible clients include families with a history, or at risk of, child maltreatment. SafeCare was developed to offer a streamlined and easy to disseminate program by providing parent training in three focused areas: child development and school readiness, child health and positive parenting practices.
Target Population:	Targeted families will have a child five years or younger and have risk factors of domestic violence, depression, substance abuse, and/or disability. The goal is to reach these families before they ever enter the child welfare system or state custody; thus relieving the already over-burdened state child welfare system, and saving Oklahoma thousands of dollars each year.
Service Area:	2 counties; Cherokee Nation SafeCare
Funding Sources:	— State — Federal — Private — Tribal

Implications of COVID-19

The first confirmed case of the coronavirus 2 (COVID-19) in Oklahoma occurred March 6, 2020 and a Safer at Home order was first issued March 24th.[11] Unfortunately, many families across the state and country lost their jobs and/or childcare, creating financial stress. This additional financial burden, compounded by increased mental distress, increased risk for substance abuse, increased parental duties, and decreased availability of social supports all caused by the COVID-19 pandemic, added to the risk for child maltreatment. Additionally, early childhood professionals, or those who interact with children as part of their job, comprise 67.3 percent of all child maltreatment reports.[12] With increased isolation and decreased time spent with protective adults, normal means of detected child maltreatment were debilitated.

A November 2020 study utilized analyzed court filings pertaining to child maltreatment in Oklahoma over a ten-year time span in order to forecast trends in child abuse charges during February 2020 to June 2020. Criminal cases related to child maltreatment between February and June 2020 had an overall 25.7 percent lower average than forecasted.[13] This led researchers to conclude that it is likely that "interruptions within conventional surveillance systems due to stay-at-home orders, social distancing, and mandated closures are causing cases of abuse and neglect to go unreported."[14]

Given the strong body of research that shows the lasting effects of child maltreatment and the knowledge that children are even more vulnerable during emergencies, it was critical for home visiting services to adapt to the growing needs of families and limitations of in-person meetings during the COVID-19 pandemic. The following is a brief summary of how certain programs responded in SFY 2020.

Children First

In March 2020, as a result of the COVID-19 pandemic, Children First nurses were required to begin providing home visitation via telephone for their safety and for the safety of the clients. Additionally, the majority of home visiting nurses were needed to assist in the statewide pandemic response. While Children First Nurses worked to maintain their relationships with their clients, many were required to spend 80 percent of their time working assisting in COVID-19 efforts. As a result, the caseloads for the Children First Program have significantly dropped across the state.

It is important to note that Children First clients are typically at a much lower risk for maltreatment than other home visiting program populations. Although more time and research will be needed to confirm causation, a decline in Children First caseloads could have resulted in higher maltreatment rates across all home visiting participants in SFY 2020.

[11] https://www.sos.ok.gov/documents/executive/1919.pdf
[12] https://pubmed.ncbi.nlm.nih.gov/33298325/
[13] https://pubmed.ncbi.nlm.nih.gov/33298325/
[14] https://pubmed.ncbi.nlm.nih.gov/33298325/

Office of Child Abuse Prevention (OCAP)

On March 17th, 2020, the OCAP notified the contractors that in-person home visits would cease due to the COVID-19 pandemic. Prior to implementation of a virtual home visits, Parent Educators in the Parents as Teachers (PAT) program were required to complete the PAT Webinar – Virtual Personal Home Visits on the PAT Workspace. A Skype meeting was scheduled to review information and answer questions from the contractors. One concern among many was the families and their ability to access needed resources. The OCAP offered additional flexibility when purchasing concrete support for the families including $25.00 gift cards, phone minutes and emergency funds to assist with rent and utilities. This allowed the families to complete their visits virtually, and reduce the stress brought on by COVID. Another concern was the increased risk of child abuse and neglect in times of extreme stress and uncertainty associated with the pandemic. The OCAP provided the contractors with several resources, including tips for parents and children and ideas about how they can support the families to help prevent child abuse and neglect.

Parents as Teachers National Center (PATNC) established practices that contractors could put into place during closures and other preventative measures to mitigate the spread of COVID-19. This included ways to minimize exposure by approving virtual and telecommunications personal visits. PATNC recommended social distancing strategies using the Centers for Disease Control and Prevention as a primary resource. In addition to the guidance from PATNC, the OCAP required that the contractors submit protocol describing their individual approach to virtual home visits.

SafeCare

Beginning in March, home visitors began conducting virtual and telephone visits due to the COVID-19 pandemic. The National SafeCare Training and Research Center provided guidance and modifications in order to deliver the SafeCare curriculum virtually. Additionally, SafeCare providers completed porch drop offs of materials and concrete supplies for their clients.

Oklahoma Participant Characteristics

During SFY2020, home visitors completed 30,564 visits with 2,882 families enrolled in various home-based family support services. These families included 2,523 children. Home-based family support services are targeted to parents and children at greatest risk for experiencing adverse childhood outcomes. Among the family characteristics that increase the risk of poor outcomes are financial stress, teen pregnancy/parenting and low educational attainment.

During SFY 2020:

— Nearly 14 percent of caregivers enrolled were teens.

— Although the overall number of caregivers receiving services decreased, the number of caregivers with a High School Diploma/GED increased from 697 in SFY 2019 to 936 in SFY 2020.

— Half of all participants (50.3%) live at or below 50 percent of the FPL, or a yearly income of $8,620 for a family of two in 2020.

— The majority of children (79.4 percent) served by home-based family support services in SFY 2020 were two years-old and younger.

Caregivers by Type (n= 2,882)

Female
1013 (35.1%)

Male
45 (1.6%)

Missing
4 (.14%)

Pregnant
1820 (63.2%)

Caregivers by Age

<15
10 (.3%)

15-17
110 (3.8%)

18-19
284 (9.9%)

20-21
386 (13.4%)

22-24
491 (17%)

25-29
676 (23.5%)

30-34
502 (17.4%)

35-44
381 (13.2%)

45+
42 (1.5%)

Oklahoma Participant Characteristics

Children by Age (n= 2,501*)

Under 1
884 (35.3%)

1-2 Years
1103 (44.1%)

3-4 Years
396 (15.8%)

5-6 Years
118 (4.7%)
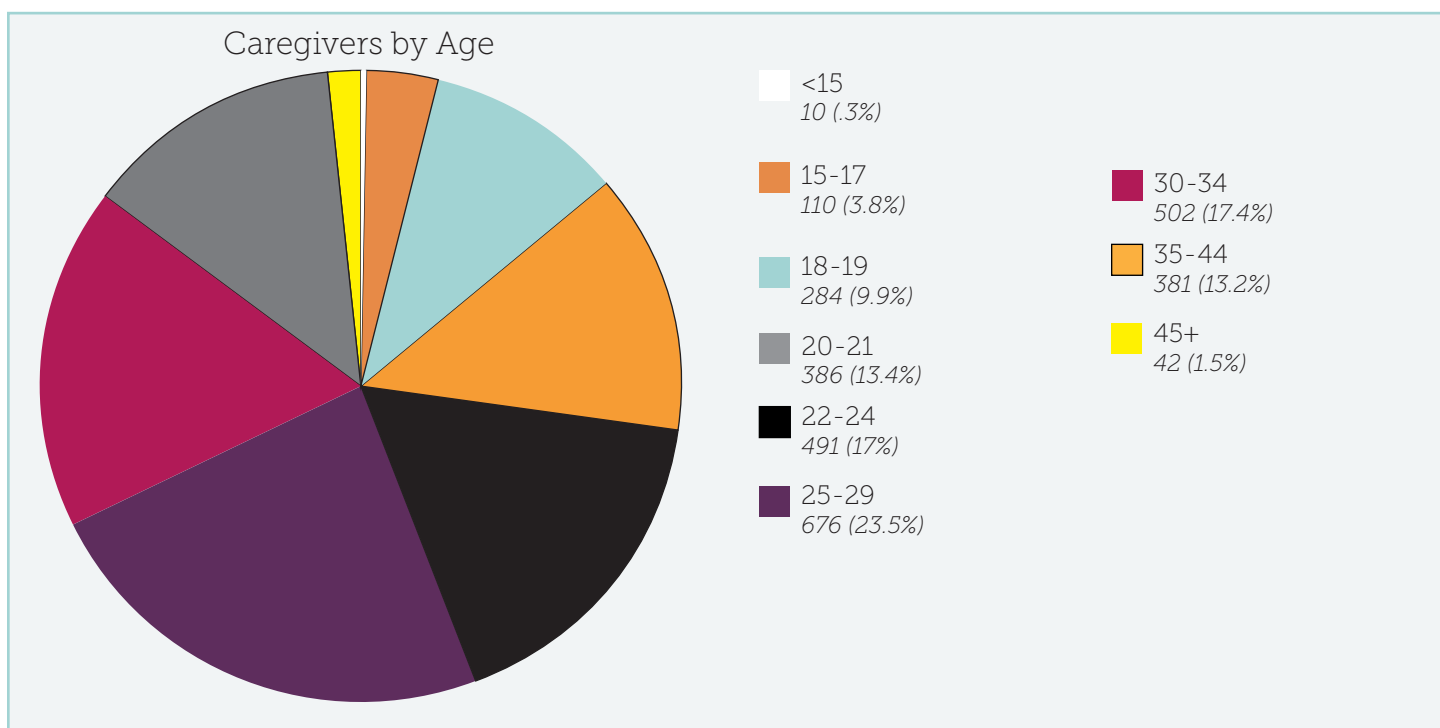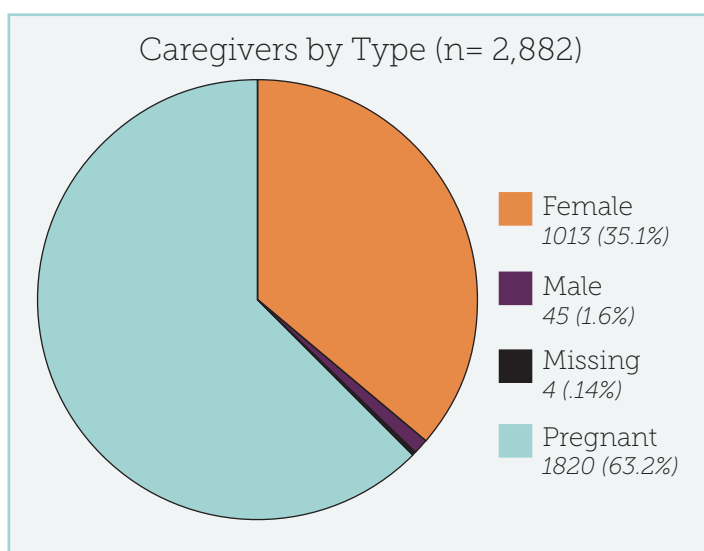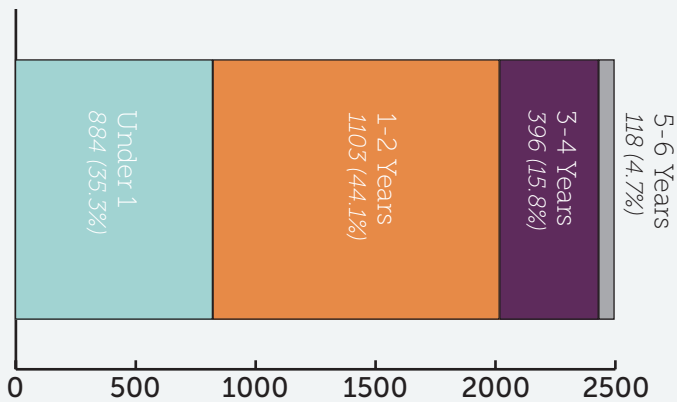
*Unknown/Did not report
22

Caregiver by Ethnicity (n= 2,882)

- Not Hispanic
  1848 (64.1%)
- Hispanic
  968 (33.6%)
- Not Reported
  66 (2.3%)

Caregivers by Race

- American Indian
  134 (4.6%)
- Asian
  165 (5.7%)
- Black, African American
  416 (14.4%)
- White
  1922 (66.7%)
- More than one
  139 (4.8%)
- Native Hawaiian, Pacific Islander
  6 (.6%)
- Not Recorded
  100 (3.5%)
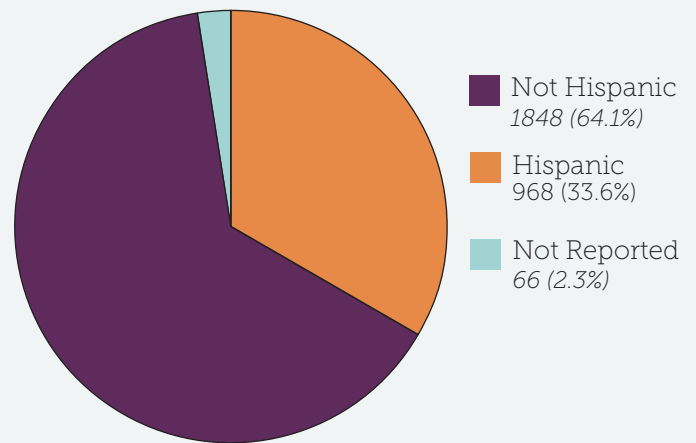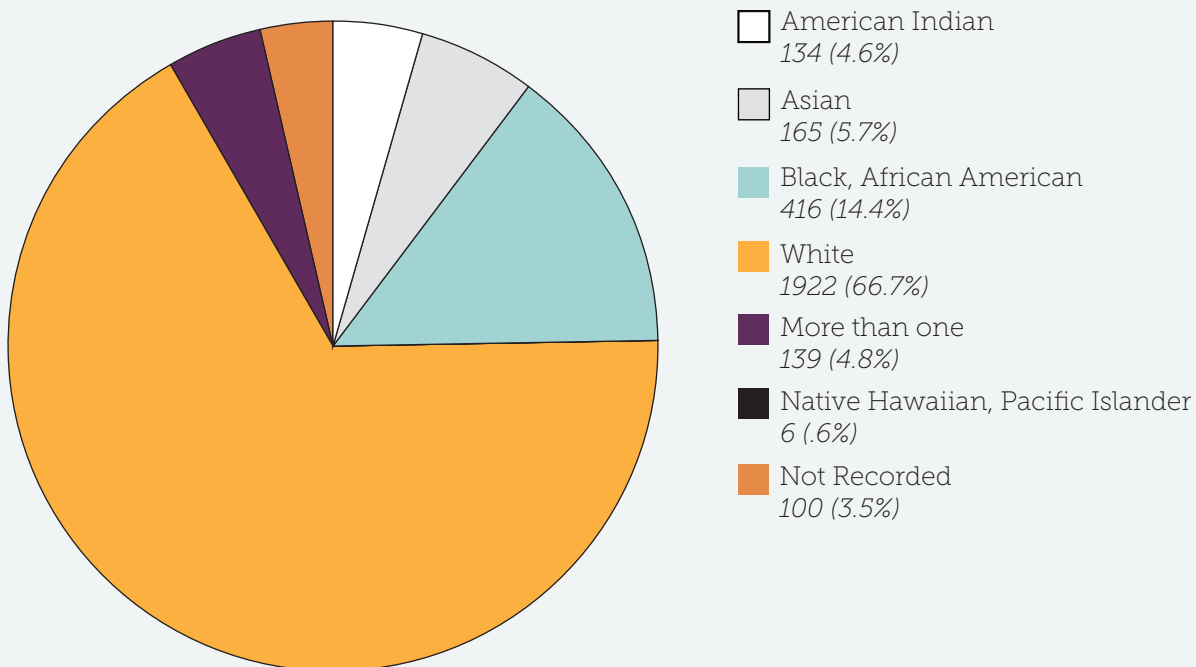
Oklahoma Participant Characteristics

Caregivers by Poverty Level (n= 1,269*)

- 101-133% 129 (10.2%)
- 134-250% 156 (12.3%)
- 251-300% 8 (.6%)
- >300% 5 (.3%)
- 51-100% 324 (25.5%)
- 50% and under 638 (50.3%)
- Household Larger than 9 9 (.7%)
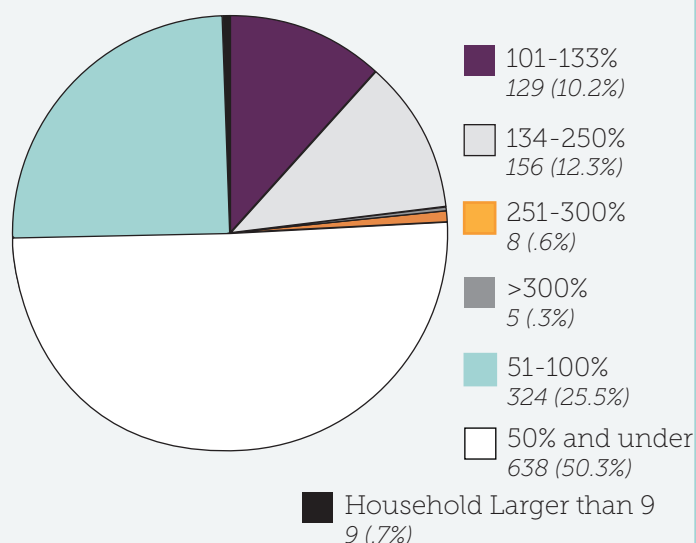
*Unknown/Did not report 1,613

Caregivers by Marital Status (n= 2,382)

- Divorced 76 (3.2%)
- Married 998 (41.9%)
- Never Married 331 (13.9%)
- Separated 79 (3.3%)
- Widowed 5 (.21%)
- Not married, but living with partner 560 (23.5%)
- Single, never married 333 (14%)
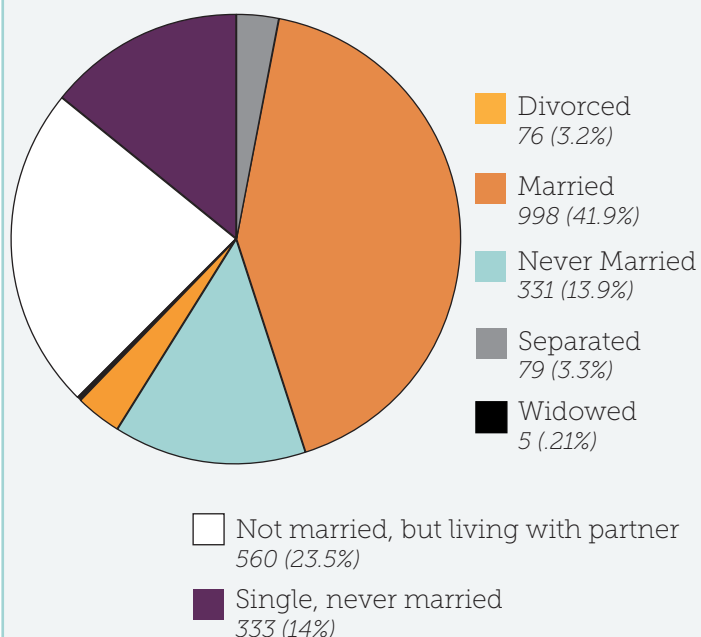
Caregiver Educational Attainment (n= 2,439*)

- HS Diploma/ GED 936 (38.4%)
- Less than HS 702 (28.8%)
- Of HS age, not enrolled 37 (1.5%)
- Some college/ training 531 (21.8%)
- Bachelor's or higher 233 (9.6%)
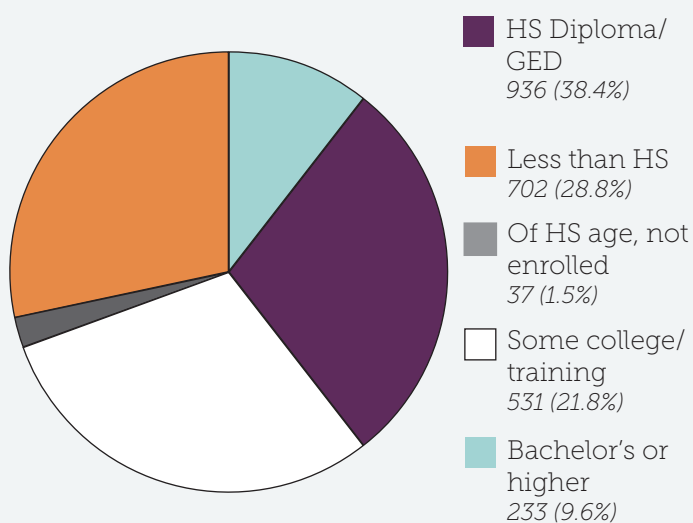
*Unknown/Did not report 443

Outcome Metrics

Goal: Improve prenatal, maternal, infant or child health outcomes

Outcome	Measurement
Preterm birth rates	*Percent of women who had a preterm birth*
Parental substance abuse	*Percent of parents who report substance abuse*
Parental tobacco use	*Percent of parents who report use of smoking tobacco*
Interbirth interval	*Percent of mothers participating in home visiting before the target child is three months old who have an interbirth interval of at least 18 months*

Goal: Reduce entry into the child welfare system

Outcome	Measurement
Reported child abuse and neglect	*Percent of children reported to child welfare for child abuse and neglect*
Substantiated child abuse and neglect	*Percent of children who are substantiated by child welfare as victims of child abuse and neglect*

Goal: Improve positive parenting and relationship skills

Outcome	Measurement
Maternal Depression	*Percent of mothers referred for follow-up evaluation and intervention as indicated by depression screening with a validated tool*
Domestic Violence	*Percent of parents who reported domestic violence that completed a safety plan*

Outcome Metrics

Goal: Improve parental self-sufficiency	
Outcome	Measurement
Parental Employment	*Percent of parents who were seeking employment and become employed after program enrollment or the birth of a child*
Parental Educational attainment	*Percent of parents who are enrolled in or complete an education or job training program*

Goal: Improve children's readiness to succeed in school	
Outcome	Measurement
Developmental milestones	*Percent of children referred for follow-up evaluation and intervention as indicated by developmental screening*

Goal: Improve children's social-emotional, cognitive, language and physical development, including efforts at early identification of delays	
Outcome	Measurement
Developmental milestones	*Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional development screenings*

Home Visiting Outcome Data

Preterm Births

Preterm birth, or births occurring before the 37th week, is the leading cause of infant death and long-term neurological disabilities in children.[15] In 2020, Oklahoma had one of the highest pre-term birth rates in the country with 11.4% of all births happening before the 37th week.[16] In previous years, home visiting participants have had lower rates of preterm births than the general Oklahoma population. This is considered a success because program participants are at higher risk than the general population for experiencing premature births. However, the preterm birth rates for home visiting participants increased in SFY 2020 from 9.4 percent to 12.9 percent. Therefore, they slightly surpassed the preterm birth rate seen in the general population.

Percentage of Women Giving Birth Before 37 Weeks

■ Home Visiting Participants

[15]https://www.who.int/news-room/fact-sheets/detail/preterm-birth
[16] https://stateofbabies.org/state/oklahoma/
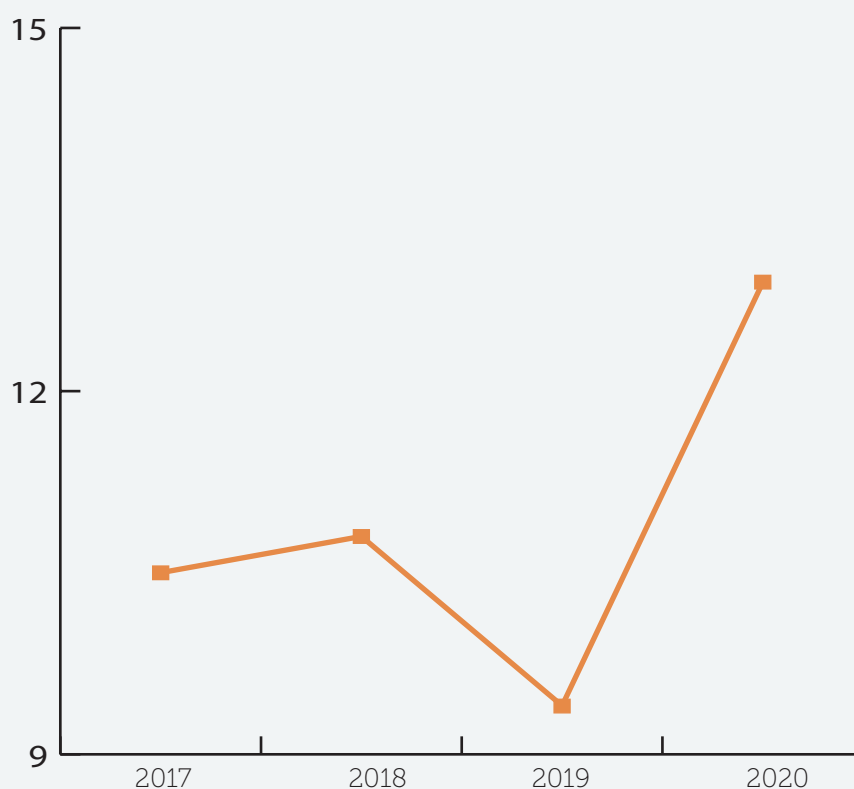
Home Visiting Outcome Data

Interbirth Interval

Giving birth less than 18 months apart increases the risk of babies experiencing poorer health outcomes like being born premature, at a low weight, or even dying before their first birthday. Moreover, increasing the length of time between births can have positive impacts on maternal educational achievement, employment and family self-sufficiency. During SFY 2020, 96.3 percent of mothers participating in home-based family support services did not have another child within 18 months. Although the percentage of all women in Oklahoma who had an interbirth interval longer than 18 months has steadily increased, the percentage has consistently been higher for home visiting participants.

Percentage of Women with
Interbirth Intervals Longer Than 18 Months
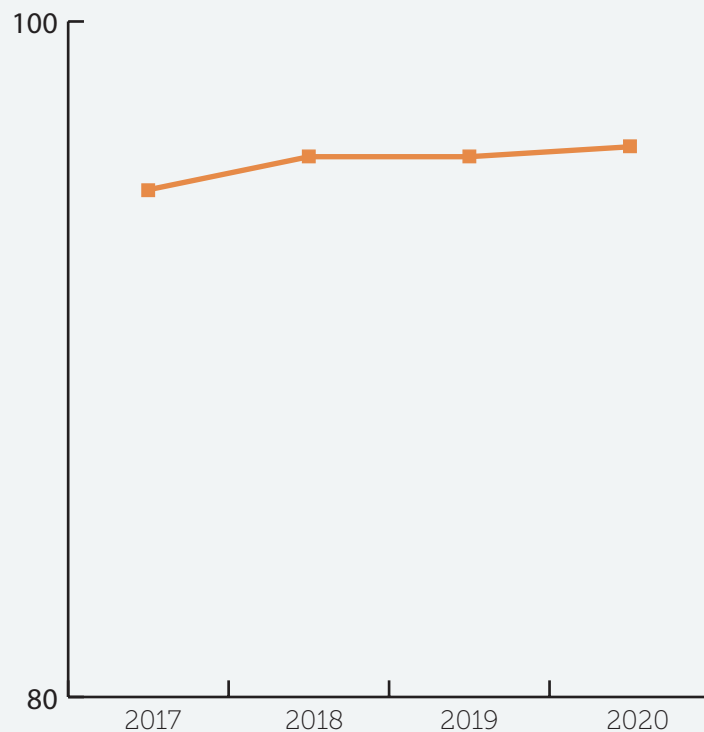
■ Home Visiting Participants

Home Visiting Outcome Data

Parental Substance Abuse

Children with parents who abuse alcohol or other illicit drugs are at increased risk for abuse and neglect, as well as academic, behavioral, and physical and mental health problems. Substance abuse is a major issue in the state with the Oklahoma Department of Mental Health and Substance Abuse Services identifying it as Oklahoma's number one public health problem. Neonatal opioid withdrawal syndrome (NOWS) and Neonatal Abstinence Syndrome (NAS) have steadily increased over the past two decades both nationally and in Oklahoma. The most recent data shows the incidence rate of NAS/NOWS in Oklahoma in 2017 was 6.8 per 1000 live births.[17] Homebased family support and prevention services help parents stop using and abusing alcohol and drugs. In SFY 2020, 303 parent participants reported substance abuse and of those 34.3 percent had quit after 90 days in the home visiting program. Although the percentage of parents who reported quitting is comparable to the year prior, the number of parents who reported substance abuse at enrollment increased from 147 parents in SFY 2019 to 303 in SFY 2020.

HV Participants and Substance Abuse

Participants Who Quit Substance Abuse After Enrollment
37.4%

[17]https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/oklahoma-opioid-involved-deaths-related-harms

Home Visiting Outcome Data

% of HV Participants Who
Quit Tobacco Use
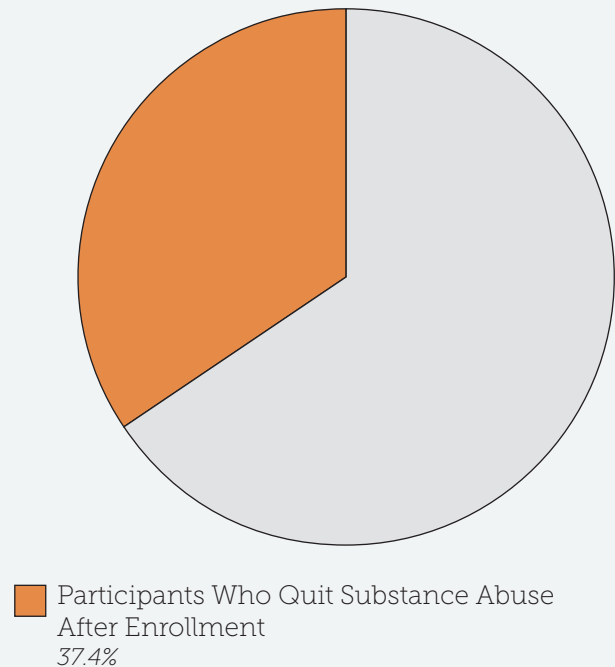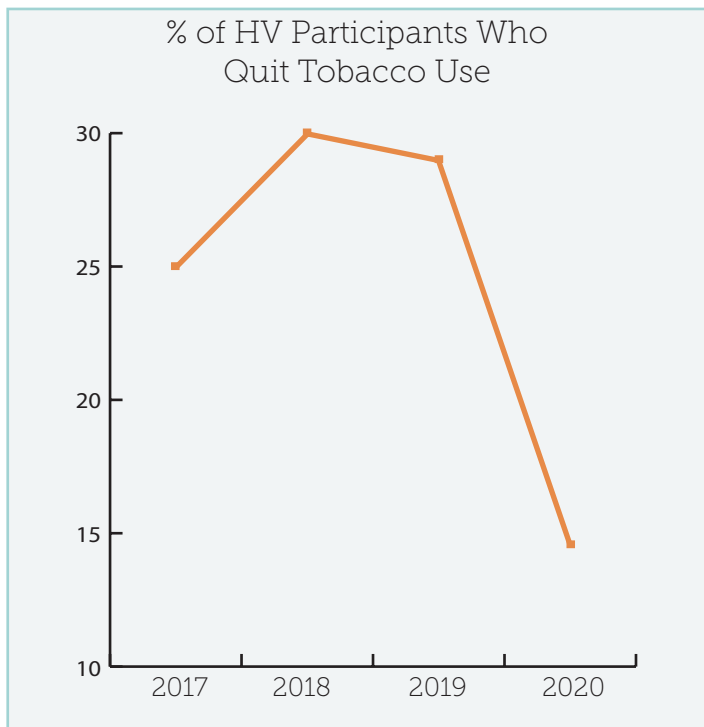
Parental Tobacco Use

Smoking while pregnant increases the risk of miscarriage, low birth weight, preterm birth, serious health problems and Sudden Infant Death Syndrome (SIDS). Moreover, the health risks do not end after the baby is born. Secondhand smoke increases the risk of children developing pneumonia, bronchitis, asthma and ear infections. Oklahoma has higher rates of tobacco use during pregnancy with 10.6 percent of mothers reporting using tobacco during pregnancy in 2020, compared to 6.5 percent nationally.[18] Home-based family support services work with parents to quit smoking. During SFY 2020, 260 caregivers reported tobacco use and of those, 14.6 percent quit after enrollment in the home visiting program. While this is encouraging, it is unfortunately a sharp decline in the percentage of caregivers who reported quitting tobacco use the year before.

[18]https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/Smoking_pregnancy/state/OK

Reported and Substantiated Child Abuse and Neglect

Home-based family support services are nationally recognized tools to help prevent child abuse and neglect. Families participating in home visiting programs typically exhibit multiple risk factors associated with an increased risk of child maltreatment. In SFY 2019, 15,809 Oklahoma children were confirmed victims of abuse and neglect. Unfortunately, Oklahoma's rate of child maltreatment ranks higher than national averages on a number of indicators. For example, the infant and toddler maltreatment rate in Oklahoma is nearly double that of the national average (30 and 15.9 per 1,000 children respectively) in 2020.[19] And while substantiated cases of child abuse have dropped 57% since 2012, substantiated cases of neglect have risen 211% in that same time frame.[20] This rise may be due to increased efforts to educate citizens and professionals on how to recognize and report neglect, which is more broadly defined than physical abuse.

Unfortunately, in SFY 2020, both the percentages of children reported as possible victims of child maltreatment, and children confirmed as victims of child maltreatment doubled from the previous year. There are several potential reasons for this possible spike, all of which will require additional analysis. The first possibility is that during SFY 2020 the COVID-19 pandemic disrupted regular home visiting services and also brought unexpected challenges and stressors to caregivers. The ongoing pandemic, and the isolation and economic challenges that has come with it, has been a cause for concern for many early childhood practitioners. For more information about how COVID-19 has impacted home visiting services and outcomes, please look at page 17. Ensuring the health and safety of children at-risk for maltreatment results in significant cost savings related to child welfare involvement and out-of-home placements.

% of HV Participants Reported as Suspected Victims of Maltreatment
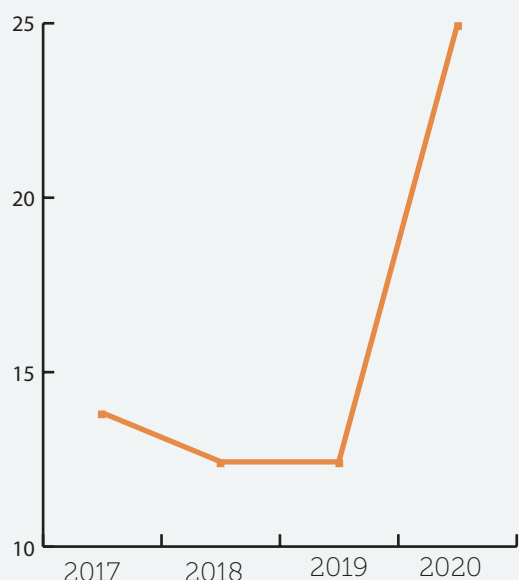
% of HV Participants Confirmed Victims of Maltreatment

[19]https://stateofbabies.org/state/oklahoma/
[20]https://oklahomawatch.org/2019/09/19/the-good-the-bad-and-the-puzzling-in-child-maltreatment-counts/
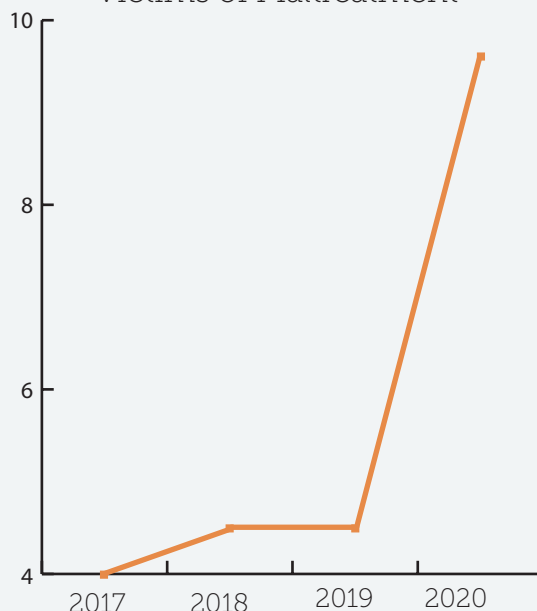
Maternal Depression

Maternal depression is an acute problem within the state with 15 percent of Oklahoma women with a recent live birth reporting depressive symptoms in 2019, compared to 12.5 percent nationally.[21] It is associated with short- and long-term impacts on mothers and their children, including poor health, developmental delays, increased need for early intervention and special education services, poor academic performance, increased child maltreatment, and decreased maternal employment and income. Mothers participating in home-based family support programs are routinely screened at regular intervals and referred for follow-up evaluation and intervention when indicated. During SFY 2020, 51.7 percent of program participants whose maternal depression indicated the need for additional services or treatment received such a referral. Unfortunately, this is the lowest reported percentage since the creation of these outcome measures.

Percentage HV Participants Receiving Referral for Maternal Depression
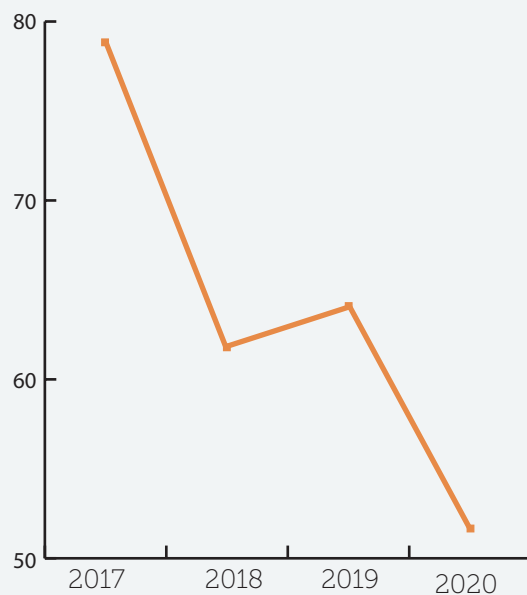
HV Participants and Domestic Violence

Participants reporting domestic violence with a safety plan
31.2%
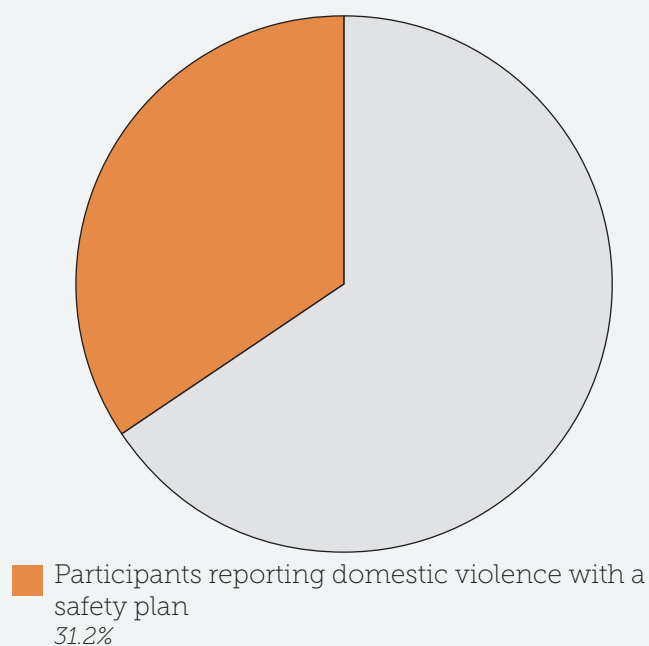
Domestic Violence

Children exposed to domestic violence experience psychological and health impacts, including behavioral problems, emotional disturbances and physical health issues. Program participants in home-based family support programs are routinely screened at regular intervals for domestic violence and are referred for services if appropriate. For those who are not yet ready to leave the relationship or situation, home visitors help caregivers develop a safety plan to ensure the physical safety of themselves and their children. During SFY 2020, 31.2 percent of those who reported currently experiencing domestic violence had a safety plan in place within six months of reporting the abuse.

[21]https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/OK?edition-year=2019
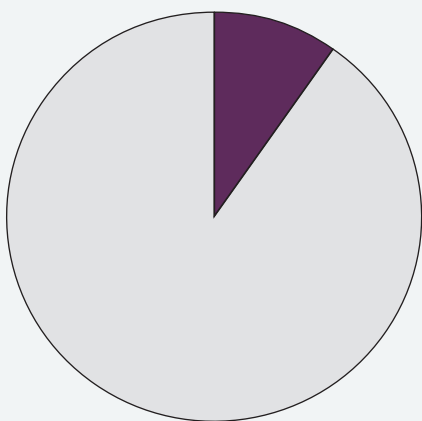
Parental Employment

Stable parental employment is a vital indicator of financial stability and well-being for families. Long-term impacts on children include better health, behavior, academic achievement and financial well-being as adults. During SFY 2020, 50.7 percent of caregivers not working, but seeking employment at the time of enrollment or child's birth, were working after six months in the program. This means 1016 people joined the workforce, boosting Oklahoma's economy and our state's overall wellbeing because of home visiting programs.

HV Participants Employed After Six Months in Program
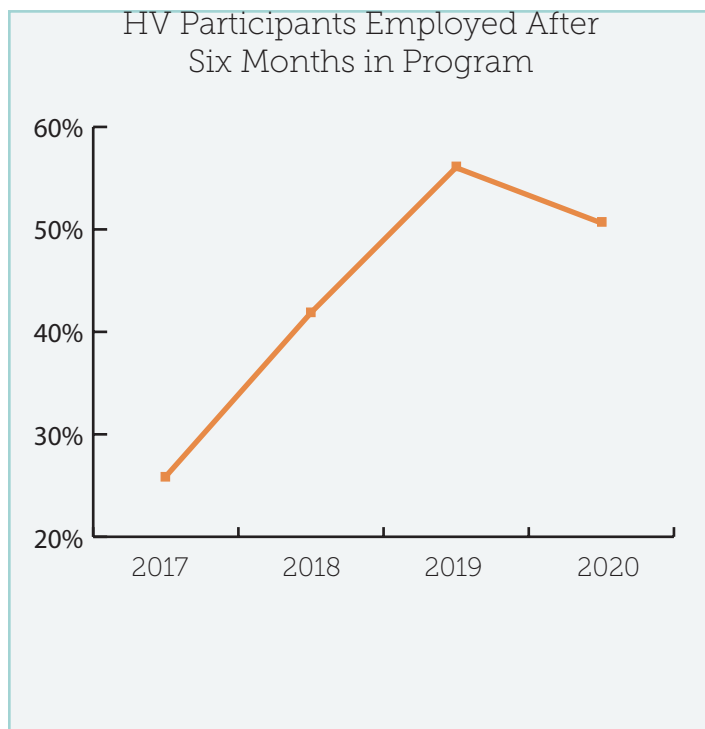
HV Participants Enrolled in Educational or Vocational Programs

■ Enrolled in educational or vocational programs
10.7%

■ Not enrolled in educational or vocational programs
89.3%

Parental Educational Attainment

Increased educational attainment by parents leads to improved employment opportunities and the potential for increased household income. Home-based family support programs provide resources to caregivers interested in returning to school or vocational training. During SFY 2020, 10.7 percent of caregivers who had not completed any kind of educational or vocational programs, and were not enrolled in any at the time of program entry but were interested in doing so, had enrolled in such programs while participating in home visiting. Increasing the number of participants enrolled in educational or vocational programs is especially critical because by 2025, 70 percent of Oklahoma jobs will require postsecondary certificates, credentials and degrees.[22]

22 https://oklahomaworks.gov/attainmentgoal/#:~:text=To%20address%20this%20skills%20gap,and%20other%20high%20quality%20credentials
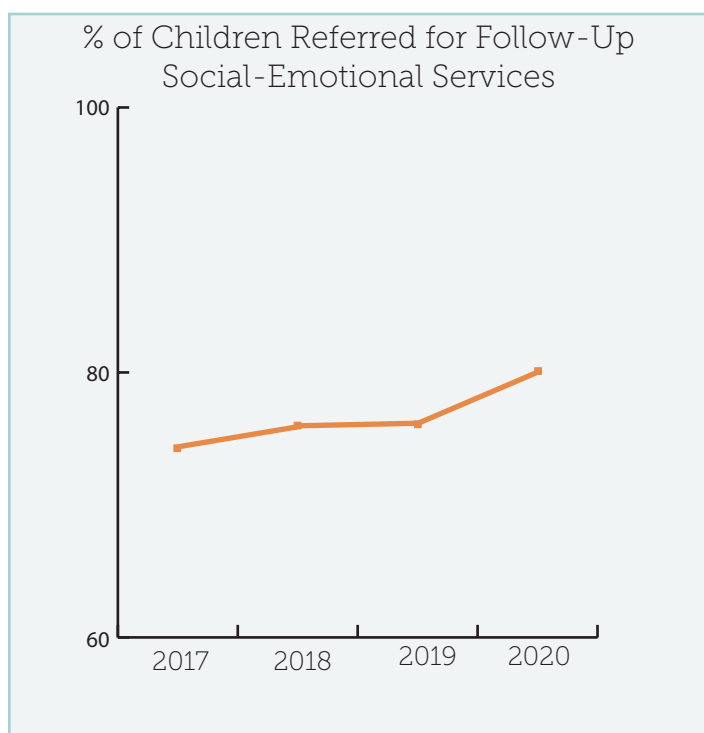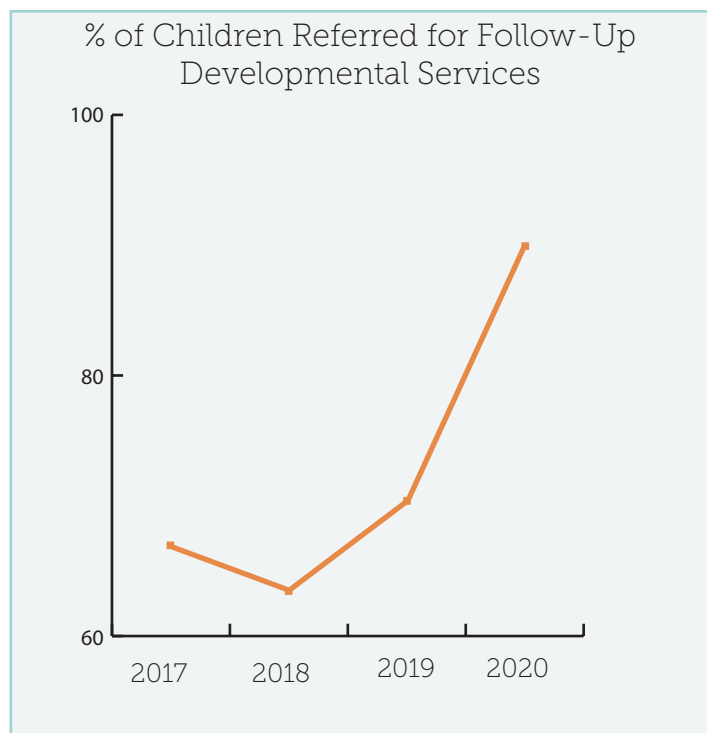
Home Visiting Outcome Data

Developmental Milestones

Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensure children receive early intervention services necessary for school readiness. Children enrolled in home-based family support services routinely receive developmental screenings at regular intervals. During SFY 2020, 89.9 percent of children who were identified as in need of referral for follow-up evaluation and intervention had received the needed follow-up services. This is an increase from prior years' rates.

Social-Emotional skills are also an important component of school readiness and the early identification of developmental delays. Well-developed social-emotional skills are associated with improved academic performance and lower risk for aggression and anxiety disorders. Having good social-emotional skills early lay a solid foundation for vital skills necessary later in life. Children enrolled in home-based family support services are also routinely screened for social-emotional development at regular intervals. During SFY 2020, 80.1 percent of children who were identified as in need of referral for follow-up evaluation and intervention had received the needed follow-up services.

% of Children Referred for Follow-Up Developmental Services

% of Children Referred for Follow-Up Social-Emotional Services

Recommendations

Home-based family support is a relatively new field, with longitudinal research studies examining the long-term impacts on families still being released today. This means evidence-based program models that exhibit effectiveness in a research setting are still being tweaked for field implementation to achieve the kinds of desired outcomes realized in academic settings. Therefore, missing the established outcome target does not necessarily mean failure; it indicates a need for continuous quality improvement. With this in mind, the following actions are recommended to improve home-based family support service delivery and to strengthen the state's early care and learning system:

Implement Targeted Quality Improvement Efforts

Quality improvement efforts strategically targeted to improve outcomes in the following measures are needed to strengthen the state's early childhood system:

- Increase the number of safety plans within six months of reporting abuse for caregivers experiencing domestic violence.
- Increase the number of referrals given to program participants whose maternal depression screening indicated the need for additional services or treatment.
- Increase the number of children who receive follow-up evaluation and intervention services related to developmental milestones.
- Increase the number of caregivers enrolling in or completing education or vocational training.
- Increase the number of caregivers seeking employment who are working after six months.
- Decrease the number of caregivers smoking tobacco.
- Decrease the number of caregivers abusing substances.

Such efforts should seek to understand the barriers to improving these outcomes and implement strategies to overcome identified barriers. Quality improvement initiatives should be informed by families' experiences and respond to their needs. Efforts should also include the exploration of partnerships to improve the above listed outcomes. Examples of collaborative partnerships for quality improvement include training and consultation to increase the development of safety plans with victims of domestic violence, as well as the establishment of funding initiatives to decrease exposure of young children to secondhand smoke.

Review Policies and Infrastructure Impacting Home-Based Family Support Programs

Public policy and systemic infrastructure can unintentionally create a negative impact on out-comes. The social service safety net exists to support families in poverty to increase their economic opportunities by supporting basic needs, child care and job training. However, parents who are successfully participating in home-based family support programs sometimes fall victim to the cliff effect. The cliff effect occurs when families no longer qualify for support programs, like housing, food, and child care assistance due to a modest increase in earnings. A slight increase in income can cause a sudden loss of eligibility for these supports. Such phenomena cause a net loss in income for families and becomes problematic for home-based family support programs trying

Recommendations

to help parents achieve economic self-sufficiency. Oklahoma must thoughtfully review existing policies and systemic barriers in order to successfully transition families into increased self-sufficiency.

Increase Flexibility to Fund Cost-Efficient and High Performing Home-Based Family Support Programs that Meet Individual Community Needs

Home-based family support programs are funded in different ways. Some programs are awarded through competitive bid contracts that require fiscal efficiency and attainment of high performance standards. Other programs are funded with general revenue dollars through county health departments with no contractual relationship to state-level administrators. Varied funding streams allot specific amounts of money to individual program models that are then dispersed throughout the state. Such a structure creates little flexibility for communities to implement the kinds of services they most need, and at times, offers little recourse for state administrators to address performance issues or implement cost-efficiencies. Placing all dollars used to support home-based family support services into one fund that competitively bids awards to applicant community organizations would allow communities to select the services that best fit their needs, control costs, and allow performance issues to be addressed by state administrators.

Increase State Funding for Home-Based Family Support Programs and Accountability Systems

The Oklahoma legislature should increase funding to address the need in Oklahoma for more home-based family support services and to build an early childhood integrated data system to examine the long-term benefits of these programs. The OPSR OKFutures Strategic Plan, created under the federal Preschool Development Grant Birth through Five, prioritized five goals to improve outcomes for young children. Goal 4 in the strategic plan articulates a need to expand the reach, eligibility and family choices for home visiting programs to support expectant parents, children in out of home care including licensed child care, family, friend and neighbor care, and children in foster care or adoptive placements. Oklahoma has a clear plan to link data in order to understand the long-term impact of home-based family support programs. Funding should be allocated to support integrated data in order to inform future decisions on program funding levels and the benefits of home-based family support programs with eligible populations.

About OPSR

About

In 2003, the Oklahoma legislature signed House Bill 1094, which created our organization, the Oklahoma Partnership for School Readiness (OPSR). This legislation recognized more state level action is required to successfully support families and children from birth to five-years-old. At this state level, OPSR engages and informs policy makers and the public on how to improve children's health and development.
Together, we lead public and private partnerships, so that children arrive at school with the knowledge, skills, and physical and emotional health to achieve success. We also utilize data, research and best practices that engage parents, nonprofits, community partners and business leaders to inform recommendations to the Governor and legislature.

Mission

Our mission is to lead Oklahoma in coordinating an early childhood system that strengthens families and ensures all children are ready for school.

Vision

Our vision is that all Oklahoma Children are safe, healthy, eager to learn and ready to succeed by the time they enter school.

OPSR Board

The Oklahoma Partnership for School Readiness Board is comprised of 32 agency leaders and governor appointees that are responsible for carrying out state and federal legislatively-defined mandates.

OPSR Foundation

In conjunction with the establishment of OPSR, the OPSR Foundation was created to solicit and receive public and private funds. The foundation supports OPSR's mission and vision by expanding the breadth in which our organization can financially support early childhood research, programs and initiatives. In this capacity, the OPSR Foundation operates as a 501(c)3. Currently the Foundation is made up of passionate, dedicated advocates, some of whom worked to improve school readiness even before the formation of OPSR.

OKLAHOMA PARTNERSHIP
FOR SCHOOL READINESS