



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 Oklahoma Open Meeting Act, 25 O.S. §§ 301-314.

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
CAMERON BUILDING
2915 N. CLASSEN SUITE 300
OKLAHOMA CITY, OK 73106**

Zoom Meeting Link: <https://zoom.us/j/91245491186?pwd=RFI0YkZrY05MZWdaZEYyQytld1JkQT09>
Meeting ID: 912 4549 1186
Dial in by phone: 346-248-7799 Passcode: 582321

The following Commissioners will be attending via the Zoom virtual platform:

Secretary Justin Brown
OK Department of Human Services
2400 N. Lincoln Blvd
Oklahoma City, OK 73105

Commissioner Ginarie Harrington
Circle of Care
527 Mathes Park Drive
Tahlequah, OK 74464

Commissioner Brenda Myers
Comanche County Juvenile Bureau
315 SW 5th St. Room 200
Lawton, OK 73501

Judge Mike Warren
Harmon County Courthouse
114W. Hollis St.
Hollis, OK 73550

The following OCCY staff may/will be attending via Zoom virtual platform: 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, Raegan Qualls, Cherra Taylor, Dawn Bender, Adrienne Elder, Danielle Dill, Mary Stockett, Joseph McGrath, and Cherra Taylor

The following individuals may/will be attending via Zoom virtual platform: Amanda Everett, Office of the Attorney General; Latisha Edwards, Office of Management and Enterprise Services; Beth Martin, Oklahoma State Department of Health; 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 end 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, June 24, 2021 (405-249-8892) or Amanda.Jett@occy.ok.gov*** if you plan to speak virtually. Those who are speaking in person at the meeting ***must sign up on the public comment sheet prior to the initiation of the meeting.*** 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 their individual emails listed on the OCCY website.

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 a presenter or guest attendee is speaking. All others should join the meeting by audio connection only. Thank you for your cooperation.

June 25, 2021
9:00 a.m.

AGENDA

- | | |
|--|--|
| I. Call to Order and Determination of Quorum | <i>Chairperson Lindsay Laird</i> |
| II. Welcome and Introductions <ul style="list-style-type: none">• Introduction of all Commissioners• Introduction of all OCCY Staff• Introduction of all guests | <i>Chairperson Lindsay Laird</i> |
| III. Public Comment | <i>Public Guests</i> |
| IV. Review and Approval of the Minutes from the May 21, 2021 Commission Meeting
<i>Discussion and possible action</i> | <i>Chairperson Lindsay Laird</i> |
| V. Presentation and Approval of the Finance Report <ul style="list-style-type: none">• An update regarding the OCCY Budget, Expenses, and Balances <i>Discussion and possible action</i> | <i>Ms. Latisha Edwards, Office of Management and Enterprise Services</i> |
| VI. Election of Officers <ul style="list-style-type: none">• Chair• Vice-Chair• Secretary <i>Discussion and possible action</i> | <i>Commissioner Melinda Fruendt</i> |
| VII. OCCY State Fiscal Year 2022 Budget Approval
See handout
<i>Discussion and possible action</i> | <i>Mark James, Assistant Director, OCCY</i> |
| VIII. Presentation: Presentation: State Plan for the Prevention of Child Abuse and Neglect
<i>Discussion and possible action</i> | <i>Beth Martin, Oklahoma State Dept. of Health</i> |
| IX. Legislative Update
See Attached Report
<i>Discussion and possible action</i> | <i>Jennifer Hardin, OCCY Legislative Liaison</i> |
| X. Presentation: Child Death Review Board Recommendations
See handout
<i>Discussion and possible action</i> | <i>Lisa Rhoades, CDRB Program Manager</i> |
| XI. Presentation: Overview of the funds provided to the Oklahoma Department of Human Services by the American Rescue Plan Act | <i>Secretary Justin Brown, Human Services</i> |

Discussion

- | | | |
|-------|--|--|
| XII. | Director's Report
<i>Discussion and possible action</i> | <i>Annette Wisk Jacobi,
Director, OCCY</i> |
| XIII. | Commissioner Announcements (Report only – no discussion) | <i>Commissioners</i> |
| XIV. | Chairperson Remarks | <i>Chairperson Lindsay
Laird</i> |
| XV. | Adjournment | <i>Chairperson Lindsay
Laird</i> |

NEXT MEETING: FRIDAY September 17, 2021 at 9:00 a.m.

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

COMMISSION MEETING MINUTES

**Regular Meeting
May 21, 2021
9:00 a.m.**

Commissioners present: Melinda Fruendt, Rachel Holt, Kalie Kerth, Lindsay Laird, and John Schneider

Commissioners present virtually: Jackie Aaron, Kevin Corbett, Jonathan Hall, Joy Hofmeister, Angela Marsee, Mike Warren, and Brad Wilson

Guests present: Amanda Everett, Joe Dorman, Wanda Felty, Beth Martin, Sherry Fair, Betty Hawkins-Emery, Brenda Loggins, Sid Brown, Jeremy Irons, Lou Leake, Torry Lawhon, Jill Geiger, Shavonne McRee, Carmin Tecumseh-Williams, Linda Manaugh, and Brandy Bahm

Staff present: Annette Wisk Jacobi, Mark James, Amanda Jett, Cherra Taylor, Rob Agnew, Lisa Rhoades, Elizabeth Kaup, Ellen Lohrenz, Jimmy Widdifield Jr, Joseph McGrath, Tina Pendergraft, Keith Pirtle, Adrienne Elder, Jennifer Hardin, and Danielle Dill

Call to Order and Determination of Quorum

– *Chairperson Lindsay Laird*

Chairperson Laird called the meeting to order at 9:03 a.m.

Welcome and Introductions

– *Chairperson Lindsay Laird*

Chairperson Laird welcomed everyone to the meeting. Introductions were given.

Public Comments

Public comment was given by:

- Brenda Loggins, grandmother, spoke about hope with action and stated that we need to do better amongst each other with more transparency and accountability.
- Torry Lawhon, father, spoke about his experience with DHS and how he believes the system is flawed.
- Joe Dorman, executive director of the Oklahoma Institute for Child Advocacy, congratulated Director Holt and Secretary Corbett and stated that OICA has taken on OCCY's legislative list and looks forward to the partnership they have. He stated that OICA is collecting ideas for interim studies. If Commissioners have suggestions, please contact him.

Review and Approval of the Minutes from the March 12, 2021, Commission Meeting

– *Chairperson Lindsay Laird*

Chairperson Laird asked the Commission to review the minutes and called for a motion.

Commissioner Schneider moved to approve the minutes as written. Director Holt seconded the motion. All members present voted in the affirmative except District Attorney Marsee who stepped away.

Finance Report: An update regarding the OCCY Budget, Expenses, and Balances

– Brandy Bahm

Ms. Bahm provided an overview of the financial report through April 30, 2021.

Director Fruendt moved to approve the financial report. Superintendent Hofmeister seconded the motion. All members present voted in the affirmative except District Attorney Marsee who stepped away.

A handout was provided.

Executive Session Pursuant to Title 25 O.S. §307 (B)(1) for the Purpose of Conducting a Performance Review and Discussing Any Other Matters, Including Compensation, Related to the Employment of the Executive Director

– Chairperson Lindsay Laird

Chairperson Laird called for a motion to enter executive session

Judge Warren moved to enter executive session. Commissioner Wilson seconded the motion. All members present voted in the affirmative.

The Board entered executive session.

Chairperson Laird called for a motion to exit executive session.

Judge Warren moved to exit executive session. Superintendent Hofmeister seconded the motion. All members present voted in the affirmative.

The Board exited executive session.

Review of Personnel Matters, Including Compensation, Relating to the Executive Director

– Chairperson Lindsay Laird

Director Holt provided an overview on behalf of the Personnel Committee, which consisted of Commissioner Fruendt, Commissioner Schneider, Chairperson Laird, and Director Holt. The overview included:

- An OCCY staff survey was conducted.
- A Commissioner survey was conducted.
- A Director's self-assessment survey was conducted.
- The results as well as the Director's goals were provided to the Commissioners during Executive Session.

Superintendent Hofmeister commended Director Jacobi for her work and carrying the agency through the pandemic with fewer resources than normal.

Director Holt moved to approve the personnel review for Director Annette Jacobi. Judge Warren seconded the motion. All members present voted in the affirmative.

Commissioner Schneider motioned to increase to Director Jacobi's salary by 4.5%, bringing it to \$103,142, which is approximately 50% of the authorized salary pay band. Judge Warren seconded the motion. All members present voted in the affirmative.

Presentation: Ready Together Oklahoma – An Action Plan for Supporting Students Through the Pandemic and Beyond

– Superintendent Joy Hofmeister

Superintendent Hofmeister presented on the action plan, Ready Together Oklahoma, to assist students with academic, social, and emotional needs that may have been hindered due to the pandemic. Some of the action items discussed included:

- Investing at least \$14 million for education enrichment.
- Launched a recovery website to provide resources for schools and communities.
- Funding for schools to increase the number of counselors available to students.

Superintendent Hofmeister requested the Commissioners to support the action plan. Commissioner Kerth read out loud the draft resolution provided in the packet.

Judge Warren moved to support the Ready Together Oklahoma action plan and the resolution. Commissioner Fruendt seconded the motion. All members present vote in the affirmative.

A handout was provided.

Presentation: An Overview of The Federal Community-Based Child Abuse Prevention Grant

– Beth Martin

Beth Martin, Director of Family Support and Prevention Service at the Oklahoma State Department of Health (OSDH), presented on the American Rescue Plan Act of 2021 (ARPA).

Ms. Martin provided information regarding the additional funds being provided to Oklahoma through the federal Community-Based Child Abuse Prevention Grant and the Maternal, Infant and Early Child Home Visiting Grant. She covered the distribution formulas used to distribute funds between the states and purposes of each. Ms. Martin also reported that OSDH and the Oklahoma Department of Human Services (OKDHS) are partnering on multiple projects including the Family Resource Centers and the Hope Centers.

Update: Issues Related to Oklahoma's Indian Child Welfare Act (ICWA)

– Carmin Tecumseh-Williams

Carmin Tecumseh-Williams, Deputy Cabinet Secretary of Community and Human Services for the Muscogee - Creek Nation, reported that:

- Four of the five Tribes have signed ICWA agreements with the State.
- 384 native children, 236 Muscogee – Creek being Muscogee-Creek, children, 384 native children, 236 of them Muscogee-Creek, were residing within the Muscogee-Creek reservation area at the time of the Supreme Court ruling in the McGirt case.
- The Muscogee – Creek Nation's Children and Family Services employed 30 workers at the time of the Supreme Court ruling, but has now grown to 40 workers."
- The Muscogee – Creek Nation plans to further expand services and hire additional staff.

Introduction and Overview: Comprehensive State Plan for Services to Children and Youth

– *Jill Geiger*

Jill Geiger, Analytical Consultant with Jill Geiger Consulting, discussed the requirements of the State Plan for Services to Children and Youth's Annual Report, the deliverables that Ms. Geiger will provide, the list of agencies and programs that will be contacted for information, and how she plans to gather community input.

Update: OCCY Request Bills and Other Related Legislative Items

– *Jennifer Hardin*

Jennifer Hardin, Legislative Liaison for OCCY, provided an update regarding the legislative bills for the 2021 Legislative Session. The bills that were signed by the Governor were House Bill (HB) 2311, HB 2312, HB 2317, and Senate Bill (SB) 987. HB 2313 was vetoed. SB 537 was pulled by the author, but could be reintroduced in the 2022 Legislative Session. SB 339 did not move forward through this session.

OCCY's budget for the State Fiscal Year 2022 was increased by 9.3%. The additional \$214,000 will provide three more staff persons.

Handouts were provided.

Director's Report

– *Annette Wisk Jacobi, Executive Director*

Director Jacobi reported on the progress of creating a new OCCY database and the issues that have arisen during the review process. The final decision is for the University of Oklahoma to create an agencywide database for OCCY. Contract negotiations are in progress and involve the Office of Management and Enterprise Services.

A handout was provided.

New Business

– *Chairperson Lindsay Laird*

There was no new business

Commissioner Announcements

– *All*

There were no announcements

Chairman Remarks

– *Chairperson Lindsay Laird*

Chairperson Laird reported that Commission meetings will require that a majority of Commissioners gather in-person in order to hold meetings. She congratulated Director Holt on her recent Senate confirmation for her permanent position as Executive Director of the Oklahoma Office of Juvenile Affairs. She thanked the Commissioners who have signed up to serve on OCCY Committees and encouraged those that have not to do so.

Adjournment

– Chairperson Lindsay Laird

Director Fruendt motioned to adjourn the Commission meeting. Commissioner Kerth seconded the motion. The Commission meeting adjourned at 11:32 a.m.

Future Meeting Dates

June 25, 2021

September 17, 2021

November 19, 2021

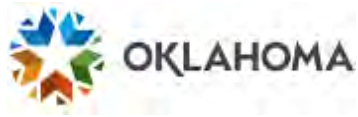
DRAFT

Comm on Children and Youth
Business Unit - 12700 - Sub-Major
FY-2021 Operating Budget Comparison Summary by Business Unit/Account
as of May 31, 2021

OCPGL341
16-JUN-2021
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12700 - Comm on Children and Youth
Department: 0100002 - 8800001

Account Description		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	1,274,647	1,188,820.84	0.00	0.00	1,188,820.84	201,703.16	85,825.94	85.49	93.27
512	Insur.Prem-Hlth-Life,etc	321,866	295,043	229,981.09	0.00	0.00	229,981.09	91,884.91	65,062.34	71.45	77.95
513	FICA-Retirement Contributions	342,323	313,795	278,316.70	0.00	0.00	278,316.70	64,006.30	35,478.65	81.30	88.69
515	Professional Services	1,812,171	1,661,154	210,097.43	241,164.23	2,000.00	453,261.66	1,358,908.90	1,207,892.78	25.01	27.29
519	Inter/Intra Agy Pmt-Pers Svcs	10,100	9,258	2,180.39	339.61	0.00	2,520.00	7,580.00	6,738.15	24.95	27.22
521	Travel - Reimbursements	66,523	60,978	1,286.48	0.00	0.00	1,286.48	65,236.52	59,691.69	1.93	2.11
522	Travel - Agency Direct Pmts	111,753	102,440	5,255.18	3,748.00	0.00	9,003.18	102,749.82	93,436.63	8.06	8.79
531	Misc. Administrative Expenses	43,299	39,690	53,497.75	9,995.24	480.00	63,972.99	-20,673.99	-24,282.68	147.75	161.18
532	Rent Expense	204,892	187,817	91,923.32	11,259.73	167.65	103,350.70	101,541.30	84,466.71	50.44	55.03
533	Maintenance & Repair Expense	5,700	5,225	1,690.27	6,478.86	0.00	8,169.13	-2,469.13	-2,944.13	143.32	156.35
534	Specialized Sup & Mat.Expense	3,150	2,887	217.98	1,668.95	0.00	1,886.93	1,263.07	1,000.35	59.90	65.35
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	7,425	6,370.24	1,603.37	0.00	7,973.61	126.39	-548.83	98.44	107.39
541	Office Furniture & Equipment	78,222	71,703	64,857.19	180.00	0.00	65,037.19	13,184.81	6,666.09	83.14	90.70
542	Library Equipment-Resources	0	0	753.49	0.00	0.00	753.49	-753.49	-753.49	~	~
545	Land,ROW,CIP,Pass Thru Assets	4,000	3,667	3,646.11	0.00	0.00	3,646.11	353.89	20.52	91.15	99.44
552	Scholar.,Tuition,Incentive Pmt	0	0	111.20	0.00	0.00	111.20	-111.20	-111.20	~	~
554	Program Reimb,Litigation Costs	1,026,600	941,050	732,103.58	54,565.62	0.00	786,669.20	239,930.80	154,380.69	76.63	83.59
555	Pmts-Local Gov't,Non-Profits	0	0	207.00	0.00	0.00	207.00	-207.00	-207.00	~	~
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	7,520.55	0.00	7,520.55	-7,520.55	-7,520.55	~	~
Totals		5,429,223	4,976,781	2,872,156.24	338,524.16	2,647.65	3,213,328.05	2,215,894.51	1,763,452.66	59.19	64.57
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	861,796	940,141.56	0.00	0.00	940,141.56	0.00	-78,345.79	100.00	109.09
19101	Duties	2,295,414	2,104,126	1,207,469.95	209,329.65	2,647.65	1,419,447.25	875,966.75	684,678.95	61.84	67.46
20000	Okla. Comm On Children & Youth	1,254,357	1,149,825	0.00	83,768.96	0.00	83,768.96	1,170,588.04	1,066,055.65	6.68	7.29
21000	CAMTA Revolving Fund	939,310	861,034	724,544.73	45,425.55	0.00	769,970.28	169,339.72	91,063.85	81.97	89.42
Totals		5,429,223	4,976,781	2,872,156.24	338,524.16	2,647.65	3,213,328.05	2,215,894.51	1,763,452.66	59.19	64.57

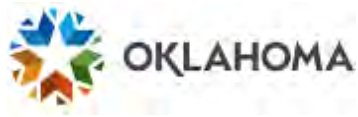


State of Oklahoma
Allotment Budget and Available Cash
As Of May 31,2021

6/1/2021
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Business

<u>Unit</u>	<u>Class</u>	<u>Dept</u>	<u>Bud Ref</u>	<u>Allocations</u>	<u>Pre Encumbered</u>	<u>Encumbered</u>	<u>Current Yr Exp</u>	<u>Prior Yr Exp</u>	<u>Allotment Budget</u>	<u>Available Cash</u>
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									902,197.38
	19101	01	21	2,202,423.00	2,480.00	193,334.23	1,141,250.35	.00	865,358.42	
	19101	88	21	92,991.00	167.65	20,527.75	60,687.27	.00	11,608.33	
				2,295,414.00	2,647.65	213,861.98	1,201,937.62		876,966.75	
	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									866,602.73
	20000	01	19	450,245.00	.00	.00	499.73	404,675.07	45,070.20	
	20000	01	20	396,428.00	.00	142,818.95	6,253.39	120,330.95	127,024.71	
	20000	01	21	1,019,357.00	.00	25,373.96	.00	.00	993,983.04	
	20000	88	19	68,840.00	.00	.00	.00	68,839.76	.24	
	20000	88	20	235,000.00	.00	3,174.47	(11,470.69)	11,942.54	231,353.68	
	20000	88	21	235,000.00	.00	58,395.00	.00	.00	176,605.00	
				2,404,870.00		229,762.38	(4,717.57)	605,788.32	1,574,036.87	



State of Oklahoma
Allotment Budget and Available Cash
As Of May 31,2021

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<u>Business Unit</u>	<u>Class</u>	<u>Dept</u>	<u>Bud Ref</u>	<u>Allocations</u>	<u>Pre Encumbered</u>	<u>Encumbered</u>	<u>Current Yr Exp</u>	<u>Prior Yr Exp</u>	<u>Allotment Budget</u>	<u>Available Cash</u>
12700										
	210									109,556.59
	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	376,627.92	1,051,625.68	26,241.37	
	21000	01	21	935,310.00	.00	45,425.55	720,910.61	.00	168,973.84	
	21000	88	21	4,000.00	.00	.00	3,634.12	.00	365.88	
				<u>3,940,810.00</u>		<u>90,930.58</u>	<u>1,101,172.65</u>	<u>2,317,925.64</u>	<u>430,781.13</u>	
Business Unit Totals				12,710,394.00	2,647.65	534,554.94	3,318,593.41	5,972,813.25	2,881,784.75	1,878,356.70



State of Oklahoma
Allotment Budget and Available Cash
As Of May 31,2021

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<u>Business</u>	<u>Unit</u>	<u>Class</u>	<u>Dept</u>	<u>Bud Ref</u>	<u>Allocations</u>	<u>Pre Encumbered</u>	<u>Encumbered</u>	<u>Current Yr Exp</u>	<u>Prior Yr Exp</u>	<u>Allotment Budget</u>	<u>Available Cash</u>
Grand Totals					12,710,394.00	2,647.65	534,554.94	3,318,593.41	5,972,813.25	2,881,784.75	1,878,356.70



State of Oklahoma
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of May, 2021

6/1/2021
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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
9-Mar	(8,765.84)	(94,020.40)	979.69	0.00	0.00	0.00	0.00	0.00	872,276.42
10-Apr	(1,614.74)	6,061.00	1,417.65	0.00	0.00	0.00	0.00	0.00	866,412.51
11-May	0.00	(190.22)	3,591.35	0.00	0.00	0.00	0.00	0.00	863,011.38
Column Totals:	(185,612.16)	(1,415.99)	3,591.35	0.00	0.00	(3,033.66)	0.00		
Current Ledger Balance:			<u>3,591.35</u>	<u>0.00</u>					

Class/Fund Balances:

<u>0.00</u>	<u>863,011.38</u>
Current Ledger Balance-Liabilities:	3,591.35

***Budgeted Cash Balance: 866,602.73**

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



State of Oklahoma
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of May, 2021

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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
9-Mar	(255,192.01)	19,288.94	0.00	0.00	0.00	0.00	0.00	0.00	425,169.85
10-Apr	(91,261.93)	38,577.88	0.00	0.00	0.00	0.00	0.00	0.00	477,853.90
11-May	0.00	368,297.31	0.00	0.00	0.00	0.00	0.00	0.00	109,556.59
Column Totals:	(1,060,144.71)	1,101,172.65	0.00	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					

Class/Fund Balances:

	<u>0.00</u>	<u>109,556.59</u>
Current Ledger Balance-Liabilities:		0.00

***Budgeted Cash Balance: 109,556.59**

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



State of Oklahoma
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of May, 2021

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State of Oklahoma
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of May, 2021

6/1/2021
8:40:05 AM
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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:	(1,267,102.12)	3,322,604.99	(493.15)	0.00	0.00	(2,107,168.66)	0.00		
Prior Year AP BU Balance:			(5,469.58)	0.00					
Current AP Business Unit Balance:			(5,962.73)	0.00					
Business Unit Balances:								0.00	1,905,764.68



	Administration	Office of Juvenile System Oversight	Children's Endowment Fund	Office of Planning & Coordination	Post Adjudication Review Board	Freestanding Multidisciplinary Teams	Children's Justice Act Grant - CASA	Children of Incarcerated Parents	Juvenile Competency Evaluation	Board of Child Abuse Examination	Child Death Review Board	IT	TOTAL
	100002 8 FTE	100002 8 FTE	100040 1 Temp	100042 3 FTE	100043 2 FTE	100044 2 FTE	100045 0 FTE	100090 0 FTE	100301 0 FTE	100401 0 FTE	100681 3 FTE / 1 Temp	8800001 0 FTE	
Personnel	743,904	661,921	41,686	238,619	152,876	159,567	0	0	0	0	253,967	0	2,252,540
Professional Services	113,534	0	50,000	85,000	22,000	113,276	10,000	10,000	50,000	100,000	0	522,077	1,075,887
Total Personnel Services	857,438	661,921	91,686	323,619	174,876	272,843	10,000	10,000	50,000	100,000	253,967	522,077	3,328,427
Travel Reimbursements	17,946	1,200	0	6,300	17,682	5,460	0	0	0	450	3,700	0	52,738
Travel Direct Purchase	12,190	14,287	300	20,810	24,562	63,310	0	0	0	0	3,756	0	139,215
Misc. Administrative Expenses	9,775	0	0	0	500	2,400	0	0	0	0	10,000	28,824	51,499
Rent Expense	95,924	0	0	5,500	0	7,370	0	0	0	0	0	42,488	151,282
Maintenance & Repair Expense	0	0	0	0	0	0	0	0	0	0	0	5,700	5,700
Specialized Supplies & Materials Expense	1,550	0	0	0	0	0	0	0	0	0	0	0	1,550
Production, Safety, & Security Expense	500	0	0	0	0	0	0	0	0	0	0	0	500
General Operating Expenses	6,800	0	0	0	0	2,800	0	0	0	0	0	100	9,700
Office Furniture & Equipment	23,000	1,500	0	1,200	900	900	0	0	0	0	1,200	24,022	52,722
Program Reimbursements, Litigation Cost	0	0	0	0	36,000	729,600	0	55,000	0	0	0	0	820,600
Total Other Expense	167,685	16,987	300	33,810	79,644	811,840	0	55,000	0	450	18,656	101,134	1,285,506
Division/Unit Totals	1,025,123	678,908	91,986	357,429	254,520	1,084,683	10,000	65,000	50,000	100,450	272,623	623,211	4,613,933
State Appropriation	927,359	661,921	0	265,513	152,876	159,567	0	0	0	0	253,967	88,211	2,509,414
Non-Appropriations (CJA Grant, Title IV-E)	283,533	16,987	91,986	87,536	101,644	38,400	10,000	0	0	0	0	0	630,086
CAMTA	0	0	0	0	0	729,600	0	0	0	0	0	0	729,600
Projected Carryover	0	0	0	4,380	0	157,116	0	65,000	50,000	100,450	18,656	535,000	930,602
Total	1,210,892	678,908	91,986	357,429	254,520	1,084,683	10,000	65,000	50,000	100,450	272,623	623,211	4,799,702



OKLAHOMA
COMMISSION ON
CHILDREN AND YOUTH

State Fiscal Year 2022 Budget Proposal



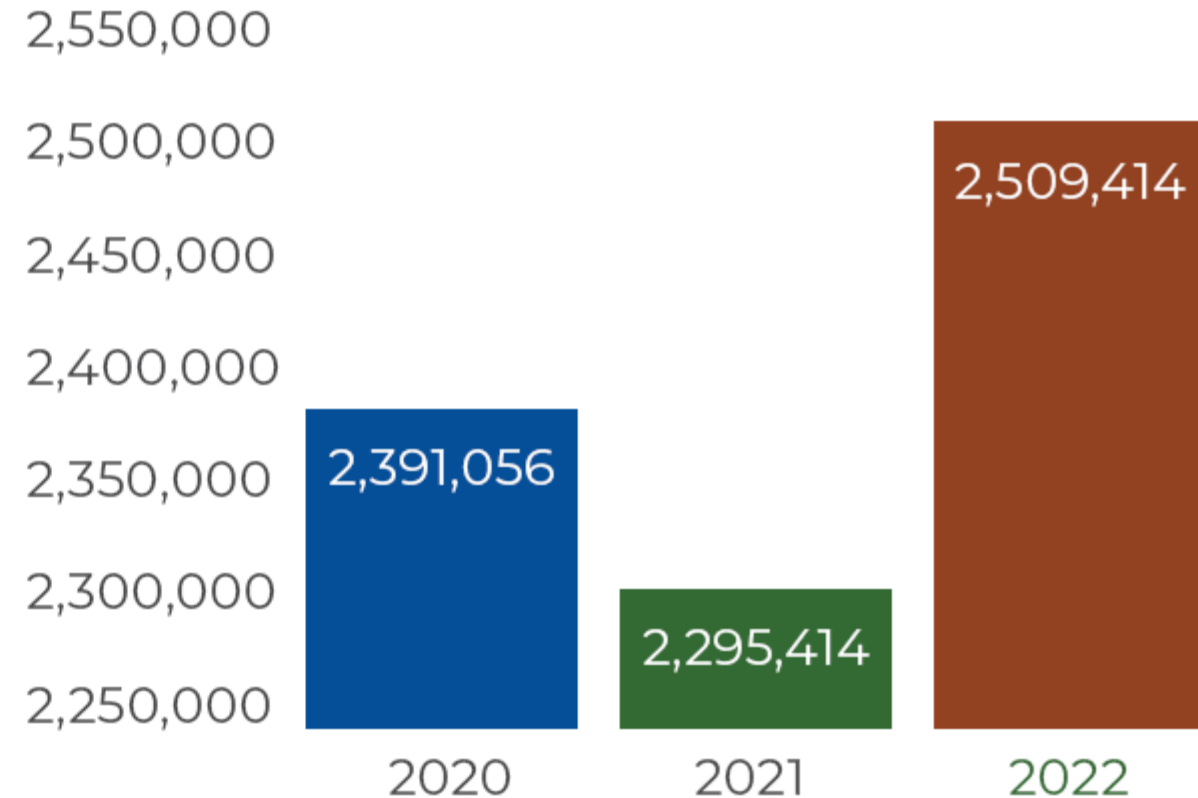
State FY22 Appropriations



- **Increase of \$214,000**

- Community Development Planner • P&C
- Case Manager • CDRB
- Administrative Assistant • OJSO

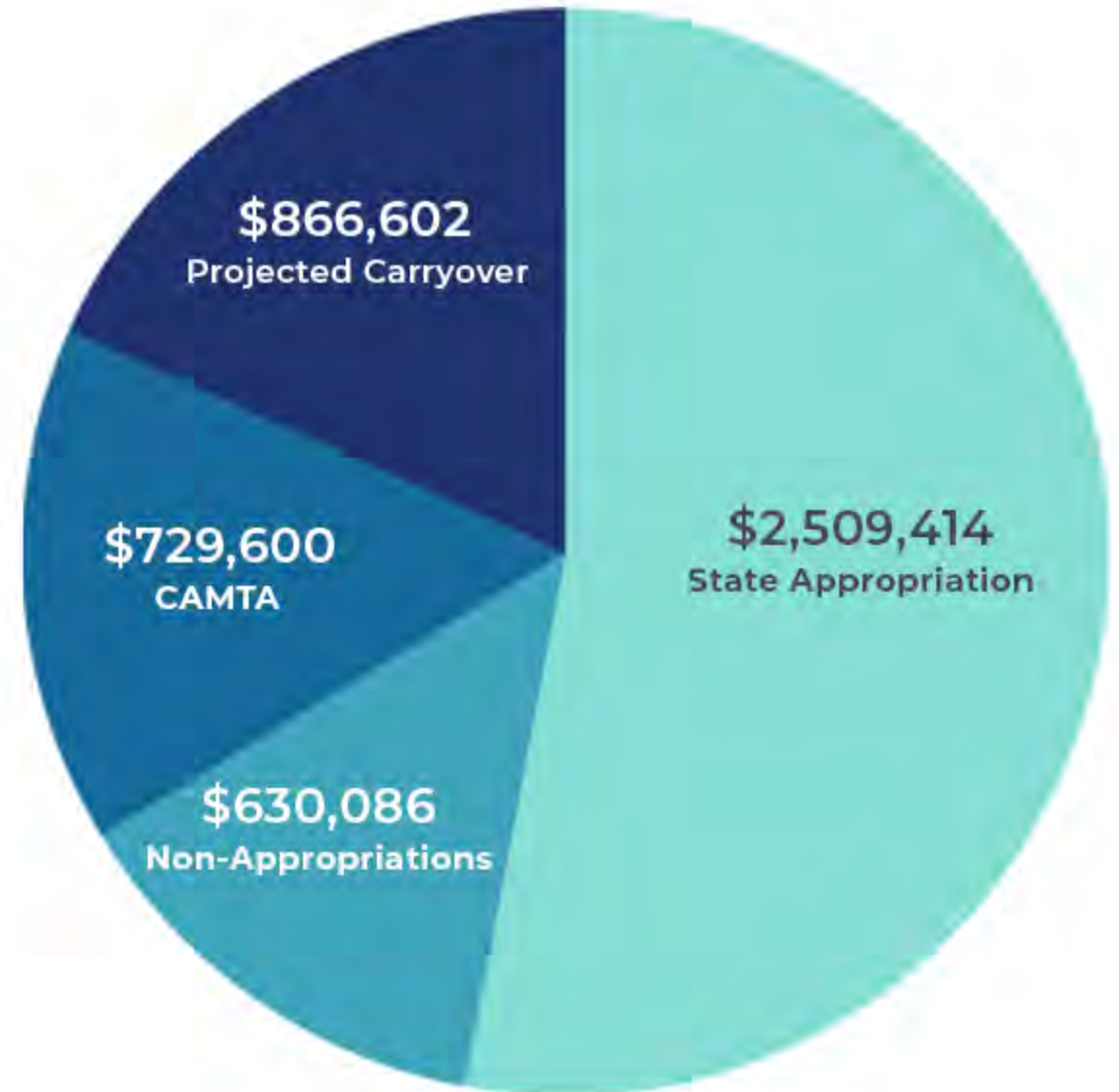
- **90% of Appropriations is used to pay all agency personnel costs**



Projected SFY22 Revenue

- **Projected SFY22 Revenue • \$4,735,602**

- State Appropriation • \$2,509,414
- Non-Appropriations • \$630,086
(Title IV-E, CJA Grant, etc.)
- CAMTA • \$729,600
- Projected Carryover • \$866,602



Projected SFY22 Expenditures



- **Projected SFY22 Expenditures • \$4,623,133**

- New Positions • \$214,000
- Salary Changes • \$8,628
 - = Executive Director • Administration
 - = Executive Secretary • Administration
 - = Administrative Assistant II • P&C
- Agency Database • \$500,000
- Tulsa County PARB Coordinator Contract Increase to \$36,000

\$214,000
New Positions

\$8,628
Salary Changes

\$500,000
Agency Database

\$36,000
Tulsa PARB Increase

Summary of Project Carryover



• Summary of Project Carryover • \$866,602

- Juvenile Competency Evaluations • \$50,000
- Tulsa Co. PARB Coordinator Contract • \$36,000
- Travel, Training, & Other Various Department Costs \$74,000
- Agency Database • \$500,000
- Agency IT Costs • \$35,000
- Chief & Assistant Chief Child Abuse Examiner • \$100,000





	Administration	Office of Juvenile System Oversight	Children's Endowment Fund	Office of Planning & Coordination	Post Adjudication Review Board	Freestanding Multidisciplinary Teams	Children's Justice Act Grant - CASA	Children of Incarcerated Parents	Juvenile Competency Evaluation	Board of Child Abuse Examination	Child Death Review Board	IT	TOTAL
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Travel Reimbursements	17,946	1,200	0	6,300	17,682	6,960	0	0	0	450	2,400	0	52,938
Travel Direct Purchase	12,190	15,287	300	20,810	32,562	63,310	0	0	0	0	3,756	0	148,215
Misc. Administrative Expenses	9,775	0	0	0	500	2,400	0	0	0	0	10,000	28,824	51,499
Rent Expense	95,924	0	0	5,500	0	7,370	0	0	0	0	0	42,488	151,282
Maintenance & Repair Expense	0	0	0	0	0	0	0	0	0	0	0	5,700	5,700
Specialized Supplies & Materials Expense	1,550	0	0	0	0	0	0	0	0	0	0	0	1,550
Production, Safety, & Security Expense	500	0	0	0	0	0	0	0	0	0	0	0	500
General Operating Expenses	6,800	0	0	0	0	2,800	0	0	0	0	0	100	9,700
Office Furniture & Equipment	23,000	1,500	0	1,200	900	900	0	0	0	0	1,200	24,022	52,722
Program Reimbursements, Litigation Cost	0	0	0	0	36,000	729,600	0	55,000	0	0	0	0	820,600
TOTAL OTHER EXPENSE	167,685	17,987	300	33,810	87,644	813,340	0	55,000	0	450	17,356	101,134	1,294,706
DIVISION/UNIT TOTALS	1,025,123	679,908	91,986	357,429	262,520	1,086,183	10,000	65,000	50,000	100,450	271,323	623,211	4,623,133
State Appropriation	927,359	661,921	0	265,513	152,876	159,567	0	0	0	0	253,967	88,211	2,509,414
Non-Appropriations (CJA Grant, Title IV-E)	209,033	17,987	91,986	87,536	64,494	149,050	10,000	0	0	0	0	0	630,086
CAMTA	0	0	0	0	0	729,600	0	0	0	0	0	0	729,600
Projected Carryover	0	0	0	4,380	45,150	47,966	0	65,000	50,000	100,450	18,656	535,000	866,602
TOTAL	1,136,392	679,908	91,986	357,429	262,520	1,086,183	10,000	65,000	50,000	100,450	272,623	623,211	4,735,702

Questions?



STATE PLAN FOR THE

PREVENTION OF CHILD ABUSE & NEGLECT

2019 - 2023



Oklahoma State
Department of Health



THE OKLAHOMA STATE PLAN FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT 2019 - 2023

The Office of Child Abuse Prevention is located within the Family Support and Prevention Service of the Oklahoma State Department of Health (OSDH) in compliance with 63 O.S. §1-227.3. This report is also available on the OSDH website at fsps.health.ok.gov. For more information, contact the Family Support and Prevention Service at (405) 271-7611.

ABOUT THE FAMILY SUPPORT AND PREVENTION SERVICE

The Family Support and Prevention Service promotes the health, safety and wellness of Oklahoma's children and families by:

- providing funding, training, technical assistance and oversight to local organizations/agencies that serve families with young children;
- providing training to professionals that work in the area of child maltreatment prevention and intervention;
- providing information and educational materials upon request; and
- providing infrastructure to family support/child maltreatment prevention efforts.





ACKNOWLEDGEMENTS

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Cindy Allen

Parent Promise

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Injury Prevention Service

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Oklahoma State Department of Health



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EXECUTIVE SUMMARY

Preventing child abuse and neglect has been recognized by the Centers for Disease Control and Prevention (CDC) as a public health priority. One reason for this is the large number of children who experience maltreatment every year. Data reveal more than 15,000 Oklahoma children were victims of abuse and neglect during State Fiscal Year (SFY) 2017.¹ That is enough to fill 211 school buses to capacity. When compared to national rates, Oklahoma is among the highest in the country, ranking 41st out of 50 states for rates of confirmed child abuse and neglect (15.9/1,000 in OK vs. 9.0/1,000 in U.S.).² The impacts of maltreatment are costly and long lasting. Oklahoma must work to detect and prevent instances of child abuse and neglect early and implement effective intervention strategies to ensure all children are safe and healthy.

Oklahoma's public health system is uniquely positioned to address this growing epidemic. The public health system provides the kind of broad-based prevention strategies that encompass not only direct services to families, but also includes public education efforts to change social norms and behaviors, family and community engagement, as well as the policies and institutions that help create a strong prevention system. Such a public health approach to the prevention of child abuse and neglect addresses the risk

factors that lead to maltreatment before incidents ever occur. Public health and prevention system partners collaborate to identify and implement strategies to support safe and healthy children and families. Together, these partners have created the Oklahoma State Plan for the Prevention of Child Abuse and Neglect and will collaborate to ensure its goals are met.

The process for creating the 2019-2023 Oklahoma State Plan for the Prevention of Child Abuse and Neglect began by gathering numerous stakeholders to provide feedback regarding the needs of children, families, and professionals serving Oklahomans. This process served as a tool for identifying system gaps and barriers, assessing geographical needs, recommending improvement strategies, and gathering input from parents and professionals in order to carry out actions to ensure a system that is responsive to their needs. Data were gathered through surveys and Community Café style focus groups centered on parents and professionals across the state. Combined with secondary research, the results were used to develop the vision, goals and strategies for the plan. A summary of the resulting strategic plan is as follows on the next page.



VISION

All Oklahoma children will be healthy and safe.



Infrastructure

Ensure Oklahoma has sufficient infrastructure to support a strong child abuse and neglect prevention system.



Resources

Ensure Oklahoma has sufficient resources to deliver services that promote healthy families and prevent child abuse and neglect.



Community Involvement

Collaborate to ensure safe and healthy social, physical, and mental and emotional environments for community members.



Knowledge

Educate Oklahomans about child development, effective parenting strategies, and child abuse and neglect.

GOALS

INTRODUCTION

When people think of child maltreatment, they often think of cuts, bruises, and broken bones, but the injuries children experience go far beyond physical symptoms. Child maltreatment can impact short- and long-term health outcomes, mental health, social and cognitive development, and even the types of risky behaviors in which adolescents, teens and adults engage, including sexual behaviors, substance abuse, and delinquency.³ In fact, stress and trauma during a child's earliest years can permanently alter his or her brain's size, chemistry, and development.⁴

Child maltreatment is a frequent occurrence and has been on the rise in Oklahoma in recent years. The number of Oklahoma children confirmed to be victims

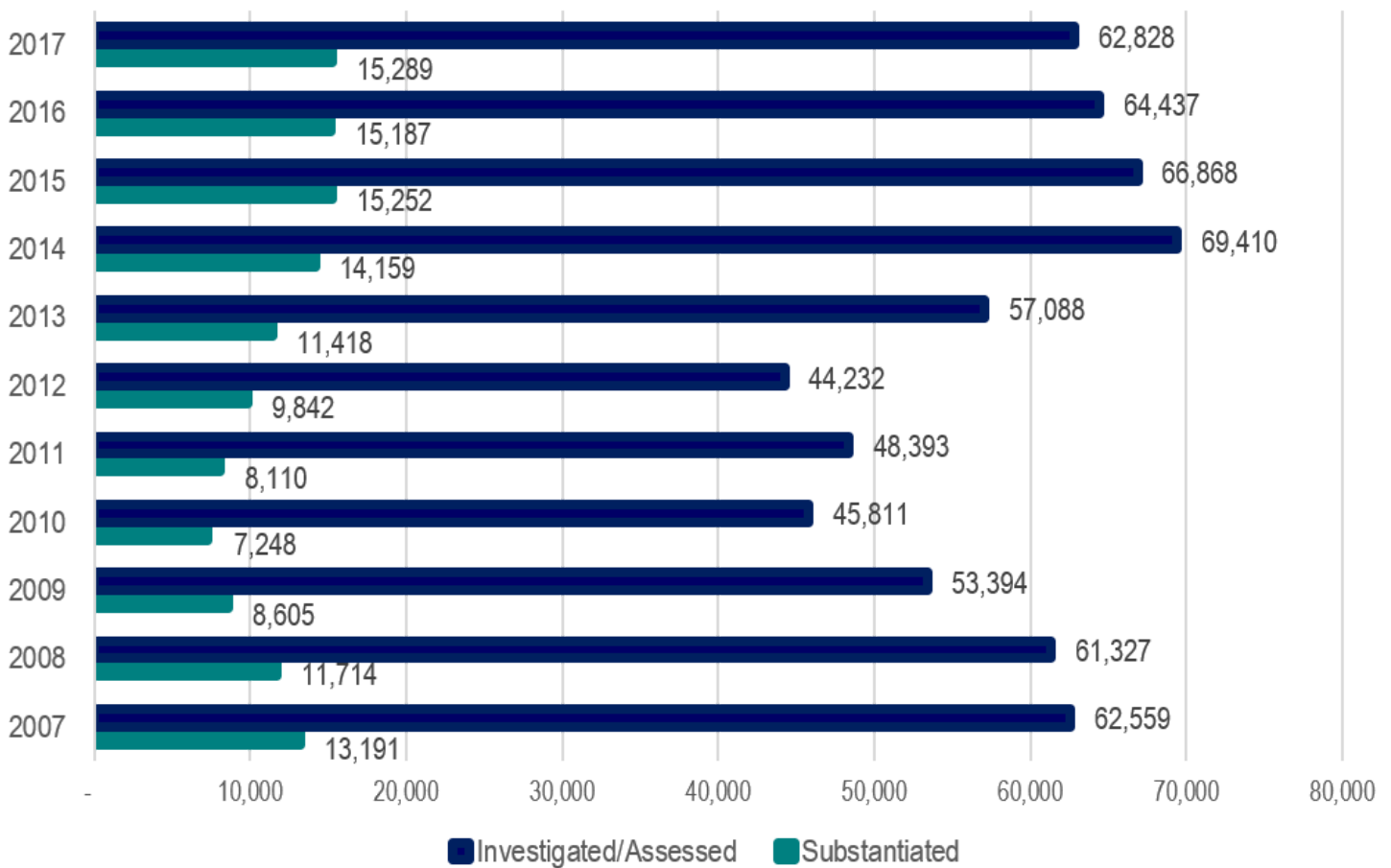
of abuse and neglect in SFY 2017 was more than double that of confirmed victims in SFY 2010, increasing from 7,248 to 15,289.^{6,7} The majority (58 percent) of these victims were under the age of 6 years-old and more than three-fourths (88 percent) experienced neglect.⁸ The most common perpetrator of these instances of maltreatment is a biological or step-parent (79 percent).⁹ That suggests many of these instances might be prevented through family-centered prevention and intervention services that help caregivers understand the needs of young children and appropriate discipline techniques, link caregivers to resources and concrete supports to lessen stress, decrease Adverse Childhood Experiences (ACEs), and reduce instances of neglect.

What is child maltreatment?

Child maltreatment occurs when a child under the age of 18 experiences harm, or threatened harm, to their health or safety by a caregiver, including parents, grandparents, family members, or trusted adults in a custodial role (such as a coach or teacher). The most common types of child maltreatment include physical abuse, sexual abuse, neglect, and emotional or psychological abuse. Causes of maltreatment vary and may be the result of an intentional act, accident, or negligence. In Oklahoma, child maltreatment includes:

- **Physical abuse** is any real or threatened physical injury to the body of a child under 18 years of age that is not an accident.
- **Sexual abuse** includes rape, incest, and lewd or indecent acts or proposals made to a child by a person responsible for the health, safety, or welfare of a child.
- **Neglect** is a failure or omission to provide adequate food, water, shelter, medical care, or supervision.
- **Emotional or psychological abuse** includes any real or threatened mental, or emotional injury or damage to the mind that is not accidental.⁵

Victims of Child Abuse and Neglect, SFY 2007-2017



Source: Oklahoma Department of Human Services, Child Welfare Services.

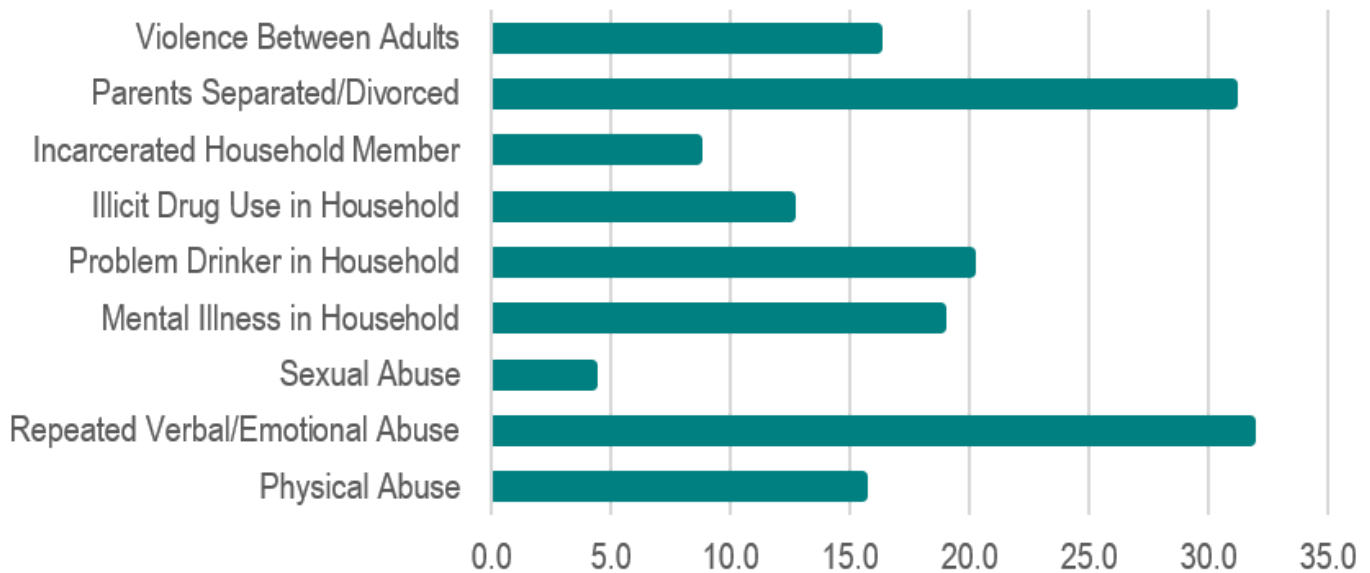
NOTE: Numbers are a duplicated count of children since a child could be the subject of more than one investigation or assessment.

Adverse Childhood Experiences (ACEs) occur frequently among Oklahomans and accumulate over time, contributing to short- and long-term personal, familial, and societal outcomes, including early death. ACEs include such things as family and neighborhood violence, mental illness and substance abuse in the family, divorce, incarceration of a family member, death of a parent/guardian, poverty, and being the victim of abuse. Such experiences cause stress responses in a child's developing brain, including extreme fear and helplessness. Continued stress responses over a prolonged period creates

a buildup of high levels of stress hormones in the body, interrupting normal physical and mental development – even changing the brain's architecture.¹⁰

The cumulative effects of ACEs are undeniable. Individuals who have experienced three or more ACEs are much more likely to abuse alcohol or drugs, experience depression, and attempt suicide.^{11,12} According to Oklahoma's 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey, 15 percent of adults have experienced four or more ACEs. Many of these individuals reported having

Prevalence ACEs Reported by Adults Residing in Oklahoma, 2016

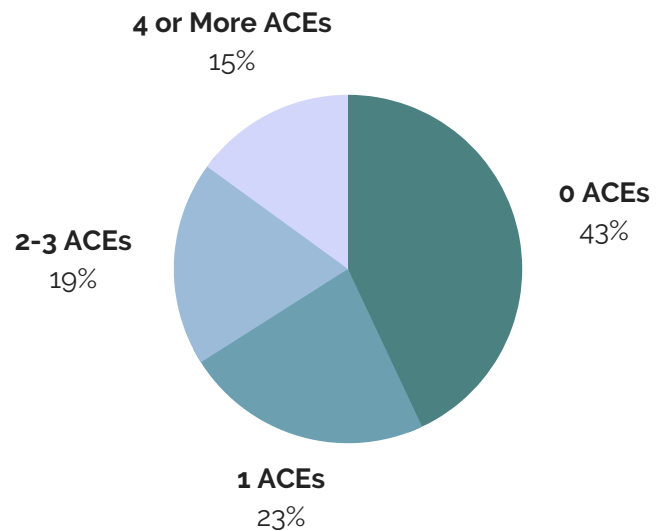


Source: Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), Oklahoma State Department of Health

experienced physical, sexual and emotional abuse. These individuals are five times as likely to misuse prescription drugs than those with zero ACEs, twice as likely to be a heavy/chronic drinker and/or report binge drinking, and are more likely to be obese, smoke cigarettes, and/or suffer from chronic illness (e.g., asthma, chronic obstructive pulmonary disease (COPD), kidney disease, physical disability).¹³ These consequences of adverse experiences are costly and can severely impact a person's quality of life and that of his or her children and family.

Child maltreatment is a costly public health issue. A recent study found the total lifetime cost of just one year of new confirmed cases of child abuse and

Number of Adverse Childhood Experiences (ACEs) Reported by Oklahomans

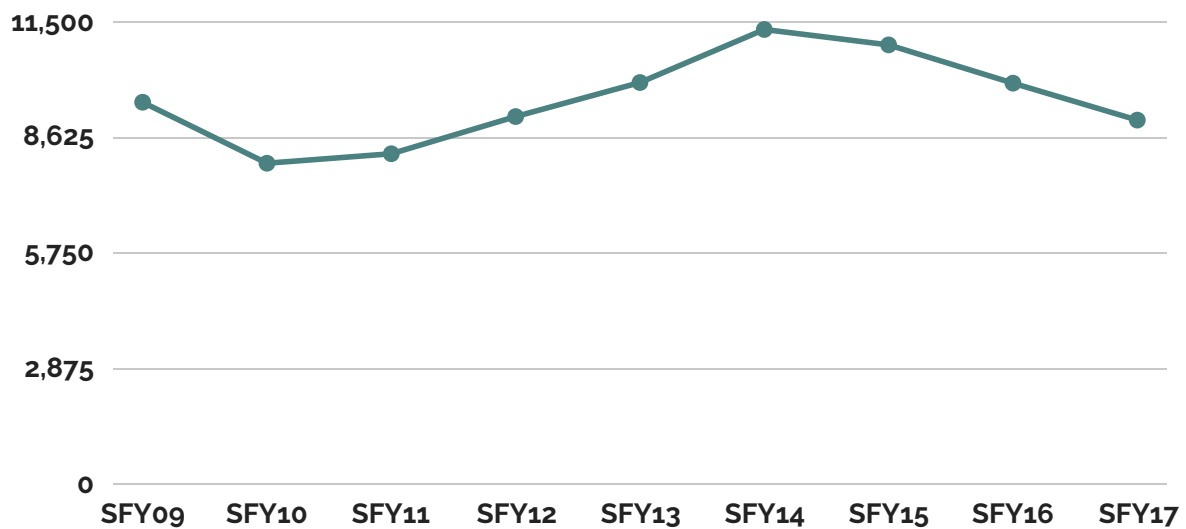


Source: Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), Oklahoma State Department of Health.

neglect in the U.S. was as much as \$124 billion.¹⁴ This includes long-term expenses associated with fatal and non-fatal abuse, including childhood and adult medical expenses, child welfare costs, special education costs, criminal justice expenses, and lost productivity. The same study estimated the average lifetime cost for just one victim of non-fatal child maltreatment to be \$210,012. In SFY 2017, 15,289 Oklahoma children were confirmed victims of child abuse and neglect. That means, Oklahoma can expect more than \$3.2 billion of lifetime costs associated with only those children identified as maltreatment victims during SFY 2017 alone.

States withstand the worst of these child welfare expenses. A recent Child Trends survey revealed during SFY 2014 more than half (56 percent) of costs associated with child welfare came from state and local dollars.¹⁵ While the number of Oklahoma children placed in out-of-home care has declined over the last three years, too many children find themselves being cared for in foster homes, group homes, or kinship care arrangements. During SFY 2016, the Oklahoma Department of Human Services (DHS) reported a 16.1 percent increase in expenditures from the previous fiscal year for child welfare services, reaching \$457.7 million.

Oklahoma Children in Out-of-Home Placements SFY 2009-2017



Source: Oklahoma Department of Human Services.



THE CHALLENGE

While child abuse and neglect are preventable, many challenges remain to implementing and sustaining the kind of system, services, and culture change necessary to support families.

State funding has shifted investments away from prevention services to address the growing need for intervention through child welfare services. 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, which comprises the majority of confirmed victims of maltreatment in Oklahoma. However, diminishing resources over the years have caused the number and

availability of services to dwindle. Instability in funding in recent years has come at a cost to the state's overall child abuse and neglect prevention system. Decreases in funds not only mean less resources for direct services, it also creates inefficiencies in maintaining a statewide system. Things like ongoing budgetary threats and unmanageable caseloads have caused uncertainty among service providers and burnout, creating costly turnover considering the amount of specialized training required for effective service delivery. Additionally, the more funds required to recruit and train new workers due to turnover, means even fewer funds available to serve families, provide quality assurance and quality improvement, and deliver

technical assistance and supervision – all of which are vital to a well-functioning family support system. When compared to the long-term costs associated with child welfare services and child abuse and neglect, prevention services offer a less costly method to address maltreatment.

Many common family characteristics increase the risk of maltreatment. Child abuse and neglect may result from a number of situational risk factors common among families. One contributor is family economic instability.¹⁶ Loss of employment and incomes at or below poverty levels create parental stress, cause strain on relationships, and limit access to safe child care and basic necessities like food and shelter. In 2015, nearly half of children in the state (49 percent) lived in low-income families.¹⁷

Of those children in low-income families, 17 percent (75,450) did not have an employed parent compared to 2 percent (10,649) of children in families with higher incomes.¹⁸ Access to safe, affordable child care is another common challenge facing caregivers. Since SFY 2003, the number of licensed child care centers and homes declined by nearly half, dropping from 6,267 to 3,359.^{19,20} Limited access to child care can lead to a parent's inability to work or choosing to place children in unlicensed care which can lead to maltreatment. In 2016, 135,000 parents were without health insurance and 70,000 Oklahoma children were uninsured, making access to treatment even more challenging.²¹ Parents who are in good physical, mental, and emotional health are better able to care for children and ensure their safety and well-being.

Common risk factors associated with child maltreatment include:

- Lack of understanding of children's needs, child development and parenting skills;
- History of child maltreatment in the family;
- Substance abuse and/or mental health issues in the family;
- Parental characteristics such as young age, low education, and single parenthood;
- Lack of access to quality child care, health care, and concrete supports (e.g. diapers, food, etc.);
- Social isolation or lack of a family/friend support network;
- Family disorganization, dissolution, and violence, including intimate partner violence;
- Nonbiological, transient caregivers in the home (e.g., mother's male partner);
- Parenting stress, poor parent-child relationships, and negative interactions; and
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, community violence, and high density of alcohol outlets).²²



Oklahoma caregivers experience difficulties accessing needed supports and services.

A recent survey conducted by the Oklahoma State Department of Health shows parents, regardless of income, have trouble finding affordable, quality child care, mental health screening and treatment, services to address child development, and services that are appropriate for their culture or language.²³

Additionally, the survey revealed low-income caregivers are less likely to: know how to help their child learn; know what to expect from their child's development; and believe their child misbehaves just to upset them. Parental age also impacts the likelihood a caregiver knows about available resources, the types of services they need, and how easily they can access such services and resources. Teenage parents experience more challenges

accessing prenatal care and child education resources than older parents in their 30s or 40s. Older parents are more likely than young parents to have a positive view of the safety and support of their community, more easily find community resources when needed, and were more likely to have used parent support programs and disability resources. Caregivers struggle to access health care and mental health treatment as well. The Oklahoma Department of Mental Health and Substance Abuse Services estimates between 700,000 and 950,000 adult Oklahomans are not getting the mental health or substance abuse treatment they need.²⁴ When caregivers lack access to needed support and services, families can experience stress that may lead to child abuse and neglect, as well as potential long-term consequences for children.

PREVENTION WORKS

The good news is child abuse and neglect are preventable. While child maltreatment is a complex problem rooted in poor relationships and environments, research suggests effective intervention strategies are targeted at all levels of societal culture, community involvement, relationships among families and neighbors, and individual behaviors. Such effective prevention strategies focus on modifying policies, practices, and societal norms to create safe, stable, nurturing relationships and environments.²⁵ A strong public health approach to prevention requires an understanding of risk factors that lead to maltreatment, as well as an understanding of the protective factors that help buffer children from risk and adversity.

Protective factors instilled in families and communities can insulate children from the long-term effects of ACEs and prevent child maltreatment. That is why Oklahoma must ensure the strong infrastructure, resources and policies are in place to support strategies that build protective factors among families. Research has shown protective factors to be associated with lower rates of child abuse and neglect and with optimal child development. Protective factors help parents and caregivers find resources, supports and coping strategies that allow them to parent effectively, even when under stress.²⁶ Useful protective factor frameworks may have a broad or

targeted focus, including:

- Centers for the Study of Social Policy, Strengthening Families™ Protective Factors;²⁷
- Administration on Children, Youth and Families, Protective Factors for Victims of Child Abuse and Neglect; and
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

For the purpose of this document, the Strengthening Families™ Protective Factors Framework has been utilized.

When in place, protective factors help mitigate the risk factors that contribute to maltreatment. These protective factors include:

- Parental Resilience: No one can eliminate all stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

- Social Connections: Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.
- Concrete Support in Times of Need: Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment, and help family members get through the crisis.

Multi-generational approaches, or those strategies that address the needs of children and the adults in their lives, are necessary to effectively prevent child abuse and neglect.

"Decades of scientific research shows evidence-based programs can improve outcomes for children and families, but those interventions only go so far. To make the greatest impact toward reducing the long-term effects of toxic stress, we must address the larger issue: adults and caregivers must have the skills necessary to overcome the cumulative burden of stress factors over time, including abuse, neglect, poverty, substance abuse, and family dysfunction and violence. Individuals must have strong executive functions and critical thinking skills to be successful in life, such as planning and problem-solving skills, discipline, and teamwork. These foundational skills lead to adults with the ability to create stable home and school environments, achieve successful employment, and build a healthy population. Such skills may be developed early in a child's life based on the environment in which the child lives, but they can also be learned well into adulthood. That is why there is a need for prevention and intervention programs that teach active skill building to parents and adult caregivers rather than programs that simply provide passive information. Programs that actively teach skill building in adults through coaching, training, and practice not only strengthen the capacity for healthy child development, evidence shows they improve the long-term outcomes for families."

- Harvard University, Center on the Developing Child. (2013). Building Adult Capabilities to Improve Child Outcomes: A Theory of Change.²⁸



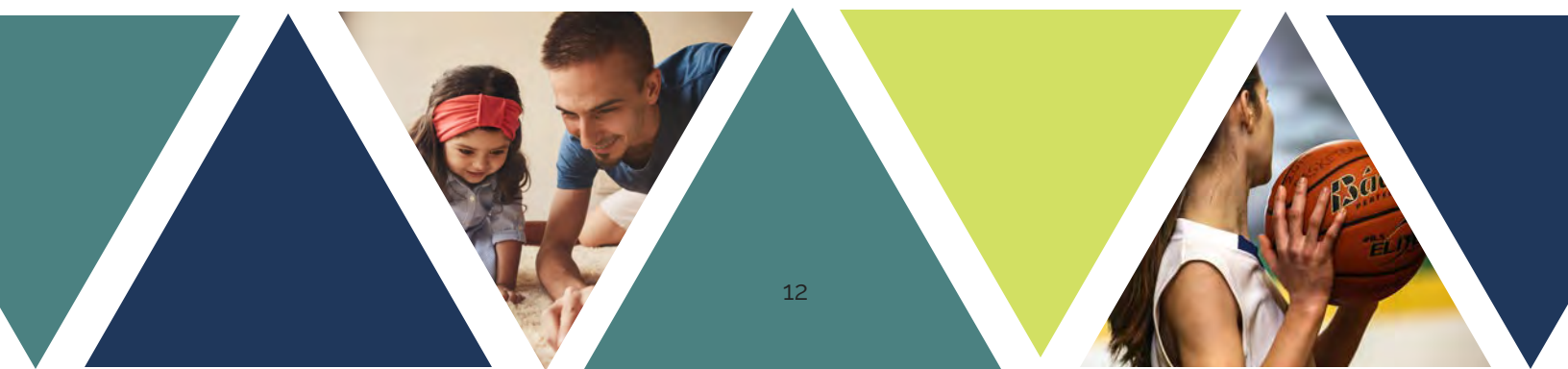
- Knowledge of Parenting and Child Development: Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children in a positive light and promote healthy development. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.
- Social-Emotional Competence of Children: A child's ability to interact positively with others, regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

STRATEGIC PRIORITIES

Rationale

If strategic priorities and plans across state and local government, non-profit, faith-based, and community organizations are coordinated, parents, caregivers, and families will have access to the resources, services, programs and supportive networks to ensure safe, stable, nurturing

relationships and environments for children and prevent instances of child maltreatment. The Family Support and Prevention Service at the Oklahoma State Department of Health, state prevention system partners and stakeholders will collaborate to achieve this goal.





INFRASTRUCTURE STRATEGY: INVESTMENTS

Advocate for investments in evidence-based family support and child abuse and neglect prevention services, programs and resources.

DESCRIPTION	A strong, robust prevention system is necessary to support healthy, stable families and safe children. The foundation of that system includes investments in programs and services. Understanding current investments and system gaps is essential to reducing instances of child abuse and neglect.	
DESIRED OUTCOMES	<ul style="list-style-type: none"> Fully fund current child abuse and neglect prevention services Increase access to parent support, education and child abuse and neglect prevention programs 	
LEAD ORGANIZATIONS	<ul style="list-style-type: none"> Oklahoma Chapter of Prevent Child Abuse America (Parent Promise) 	
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> Publish an annual children's prevention budget outlining funding for children and family support services and make recommendations to direct resources to meet state and local needs Advocate for increases in state, local and private resources and investments based on needs assessments, data, and annual funding report 	
METRICS	<ul style="list-style-type: none"> Increase in funding for child abuse and neglect prevention services (state agency budgets) Increase in the number of parent support, education and child abuse and neglect prevention programs 	
RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	<ul style="list-style-type: none"> Oklahoma Commission on Children and Youth (OCCY) Oklahoma Institute for Child Advocacy (OICA) Oklahoma Chapter of Prevent Child Abuse America (Parent Promise) (PCA) Oklahoma State Department of Health (OSDH)/Family Support and Prevention Service (FSPS) Oklahoma Partnership for School Readiness (OPSR) 	<ul style="list-style-type: none"> Collect funding information and distribute Children's Prevention Budget OICA, PCA, OSDH, OPSR, and other organizations will advocate for strategic, targeted investments to close gaps in the prevention system



INFRASTRUCTURE STRATEGY: POLICY

Advocate for policies that support healthy families and prevent child abuse and neglect.

DESCRIPTION

Policies that ensure access to needed family supports are at the heart of a well-functioning child abuse and neglect prevention system. Strategic policies can increase access to services that help parents support their families and care for their children.

DESIRED OUTCOMES

- Children are healthy
- Children enter school ready to learn
- Children grow up in safe, stable and nurturing environments
- Communities have the resources necessary for families to thrive

LEAD ORGANIZATIONS

- OICA
- OCCY
- OSDH
- Tobacco Settlement Endowment Trust (TSET)

ACTIONS AND MILESTONES

- Advocate for policies that improve access to vital support services, including safe, quality childcare, transportation, and services for children with special needs
- Advocate for reasonable eligibility criteria for services that are aligned across agencies and programs as appropriate
- Advocate for a common intake system and cross-agency information sharing to improve ease of access to resources and services
- Advocate for the implementation of innovative approaches to close workforce gaps to meet local needs
- Advocate for trauma informed policies that prioritize the developmental needs of young children
- Advocate for family and juvenile courts to utilize evidence-based/informed processes when considering custody placements

METRICS

- Increase the number of children who receive developmental screening, monitoring and referral to needed services (NSCH)
- Increase the number of children who have medical coverage (NSCH, OHCA)
- Increase in the number of child care positions available that meet the Oklahoma Quality Rating and Improvement System (QRIS) of 1,2 or 3 stars (DHS)
- Increase in new legislation that addresses child and family well-being
- Increase in the number of communities that participate in efforts to improve community health (TSET, OSDH)
- Increase in the number of child serving state agencies who participate in data sharing agreements (OPSR)



INFRASTRUCTURE STRATEGY: POLICY

Advocate for policies that support healthy families and prevent child abuse and neglect.

RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	<ul style="list-style-type: none">• DHS Child Care• Resource and Referral Agencies• OICA• OCCY• OPSR• OSDH Certified Healthy Program• Local Community Groups• OHCA• State and District Courts	<ul style="list-style-type: none">• Child Care funding• Provide information regarding services• Advocate for family well-being legislation• Improve data sharing agreements across agencies• Supporting health care coverage• Supporting evidence-based practices for family reunification



RESOURCES STRATEGY: OPTIMIZE AND DIRECT RESOURCES

Optimize resources across prevention system partners and make recommendations to direct resources to meet state and local needs.

DESCRIPTION	Identifying cross-agency resources and opportunities for blended funding to maximize resources available for child abuse and neglect prevention programs and services. Utilization of available federal, state, non-profit, faith-based, tribal, and community-based resources to identify and address unique regional and community needs is an important strategy for supporting families.	
DESIRED OUTCOMES	<ul style="list-style-type: none">• Services are easy to access and cost effective• Collaboration exists among government, non-profit, faith-based and community organizations at the local and state levels to provide needed services• Local communities initiate a needs assessment process which includes child and family well-being	
LEAD ORGANIZATIONS	<ul style="list-style-type: none">• OSDH/Family Support and Prevention Service (FSPS) and Center for the Advancement of Wellness• Oklahoma Chapter of Prevent Child Abuse America (Parent Promise)	
ACTIONS AND MILESTONES	<ul style="list-style-type: none">• Support local communities in developing needs assessments to determine resource needs and service gaps• State and local organizations collaborate to direct resources to close identified gaps, reduce duplications, and increase accessibility• State and local organizations prioritize collaborations that increase accessibility of services for children with special needs, early intervention, child development, childcare, mental health treatment, culturally appropriate and bilingual services	
METRICS	<ul style="list-style-type: none">• Increase in number of persons 'have used service' OCAP Community Survey 2018 (Q4)• Increase in perception of access ease OCAP Community Survey 2018 (Q5)• Increase in the number of community needs assessments completed	
RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	<ul style="list-style-type: none">• OSDH• DHS• Community Organizations• Parent Promise• Faith Based and Non-Profit Organizations• Tribal partners	<ul style="list-style-type: none">• Survey annually• Report to OCCY Board annually• Provide seed grants to communities to assist in identifying gaps in services (needs assessment)• Provide TA regarding needs assessment to local communities



COMMUNITY INVOLVEMENT STRATEGY: PARENTAL RESILIENCY & SOCIAL CONNECTIONS

Professional and community organizations partner to increase the availability of local parent support groups and other community networking events.

DESCRIPTION	Social networks provide emotional support, reduce isolation, increase feelings of community safety, help connect families to resources like concrete supports, and assist caregivers with problem solving. Professional and community organizations must collaborate to create more opportunities for parents and caregivers to interact in supportive environments and develop strong relationships.	
DESIRED OUTCOMES	<ul style="list-style-type: none"> Families experience positive relationships within their communities Families experience less stress related to parenting Opportunities for free or low-cost family-centered activities are available Families feel safer in their neighborhoods and communities 	
LEAD ORGANIZATIONS	<ul style="list-style-type: none"> DHS OSDH Local Organizations Faith Based and Community Initiatives 	
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> Increase the availability of local parental support groups Encourage development and promotion of free or low-cost local family activities (faith community, child care, head start, etc.) Develop and promote a centralized listing of free or low-cost family activities 	
METRICS	<ul style="list-style-type: none"> Increase in the number of parent support groups Increase in protective factors as surveyed by the OCAP Community Survey 2018 (Q7,8) Increase in trained workforce to facilitate parent support groups Increase in the number of free or low-cost family-centered activities 	
RESOURCES NEEDED	ORGANIZATION OR RESOURCE <ul style="list-style-type: none"> DHS OSDH Faith Based Community Tribal partners 	ROLE <ul style="list-style-type: none"> Ensure availability of low cost/free family activities in communities Assist with community initiatives Workforce development



COMMUNITY INVOLVEMENT STRATEGY: DEVELOP SAFE COMMUNITIES

Professional and community organizations collaborate to mitigate the effect of violence within families and communities.

DESCRIPTION	Experiencing violence within a family or community can create toxic stress and long-term impacts on children. Helping families feel safe in their neighborhoods aids in increasing community and social connectedness.	
DESIRED OUTCOMES	<ul style="list-style-type: none"> Families feel connected to public services in their communities Families feel safe in their neighborhoods and communities 	
LEAD ORGANIZATIONS	<ul style="list-style-type: none"> Law Enforcement Agencies Office of Juvenile Affairs (OJA) Faith-Based Organizations Community Organizations (formal & informal, neighborhood watch) 	
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> Community members work with local law enforcement to establish and maintain neighborhood outreach efforts (community policing programs, etc.) Services are available to prevent juvenile delinquency (evidence based delinquency prevention programs, behavior management services, bully prevention programs, afterschool programming, etc.) Trauma-informed, evidence based mental health treatment, assessment and services are available for parents and caregivers 	
METRICS	<ul style="list-style-type: none"> Increase in positive neighborhood safety responses (NSCH) Increase in 'I have used this' responses to OCAP Community Survey (Q4) 	
RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	<ul style="list-style-type: none"> Office of Juvenile Affairs Oklahoma Coalition Against Domestic Violence and Sexual Assault Law Enforcement Faith-based Organizations Tribal partners Office of the Attorney General 	<ul style="list-style-type: none"> Support community implementation of violence prevention programs Support community neighborhood outreach programs Educate on the role of Protective Factors in mitigating adverse experiences Provide family friendly social opportunities



COMMUNITY INVOLVEMENT STRATEGY: IMPROVE MENTAL AND EMOTIONAL WELLBEING

Professional and community organizations partner to improve mental and emotional wellbeing of families.

DESCRIPTION	Parents and caregivers must be mentally and emotionally well to ensure safe, stable, nurturing environments for children to grow and thrive. Professional and community organizations must work together to ensure caregivers have access to early screening and treatment services.	
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Family stability • Early identification of maternal mood disorders and connections to services • Access to and utilization of mental health services • Workforce trained in trauma informed care 	
LEAD ORGANIZATIONS	<ul style="list-style-type: none"> • ODMHSAS • Oklahoma Health Care Authority (OHCA) • OSDH 	
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Provide information regarding maternal mood disorders to infant caregivers • Awareness education campaigns regarding maternal mood disorders • Availability of trauma-informed, evidence-based mental health treatment, assessment and services for parents and caregivers • Access to concrete supports and respite for caregivers 	
METRICS	<ul style="list-style-type: none"> • Change in percent of mentally healthy days (BRFSS) • Increase in number of screenings for maternal mood disorders • Decrease in number of 'overwhelmed by stress' responses (OCAP survey 2018) • Decrease in the number of inpatient hospital mental illness/substance abuse discharges (OK2SHARE) • Decrease in suicide rate (OK2SHARE) • Increase in the number of professionals trained in trauma-informed care 	
RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	<ul style="list-style-type: none"> • OSDH/Maternal & Child Health • ODMHSAS • OHCA • Private Mental Health Providers 	<ul style="list-style-type: none"> • Ensure availability of mental health screening and treatment • Ensure trauma-informed training is available for professionals • Educate general population in trauma-informed care, respite and concrete supports



COMMUNITY INVOLVEMENT STRATEGY: OUTREACH TO HIGH-RISK POPULATIONS

Professional and community organizations partner to educate high-risk populations about factors that can lead to child abuse and neglect.

DESCRIPTION	Children represent a vulnerable population susceptible to maltreatment, particularly those too young to understand abusive behaviors, those who have experienced abuse in the past, those born to very young parents, those with special needs, and those who identify as LGBTQ. Organizations must collaborate to expand access to important child abuse and neglect prevention programs targeted to these high-risk populations.					
DESIRED OUTCOMES	<ul style="list-style-type: none">• Access to prevention education programs regarding appropriate and inappropriate touch• Access to sexual risk avoidance programs• Access to services and programs for teen parents (e.g. home visiting)					
LEAD ORGANIZATIONS	<ul style="list-style-type: none">• OSDH• ODMHSAS• Community Organizations• University Research Programs					
ACTIONS AND MILESTONES	<ul style="list-style-type: none">• Ensure the availability of teen pregnancy prevention and sexual health education programs for vulnerable youth, including foster children, juvenile offenders• Ensure the availability of sexual abuse prevention programs to young children• Ensure the availability of mentoring and counseling programs for high risk youth• Provide parents the tools necessary to be their child's first and best resource for sexual education					
METRICS	<ul style="list-style-type: none">• Increase in number of sexual abuse prevention programs• Increase in number of sexual education programs• Increase in number of parenting teens enrolled in home visiting programs					
RESOURCES NEEDED	<table><tr><th>ORGANIZATION OR RESOURCE</th><th>ROLE</th></tr><tr><td><ul style="list-style-type: none">• OSDH/MCH/FSPS• Community Organizations• Public/Private Schools• The CARE Center• Prevention programs across state• Tribal partners• Oklahoma State Department of Education (OSDE)</td><td><ul style="list-style-type: none">• Support local communities in implementing sexual risk avoidance programs and teen pregnancy prevention programs• Support education efforts on protective factors at the community level• Provide training on Reporting Child Abuse and Neglect• Provide ROAR program to children</td></tr></table>	ORGANIZATION OR RESOURCE	ROLE	<ul style="list-style-type: none">• OSDH/MCH/FSPS• Community Organizations• Public/Private Schools• The CARE Center• Prevention programs across state• Tribal partners• Oklahoma State Department of Education (OSDE)	<ul style="list-style-type: none">• Support local communities in implementing sexual risk avoidance programs and teen pregnancy prevention programs• Support education efforts on protective factors at the community level• Provide training on Reporting Child Abuse and Neglect• Provide ROAR program to children	
ORGANIZATION OR RESOURCE	ROLE					
<ul style="list-style-type: none">• OSDH/MCH/FSPS• Community Organizations• Public/Private Schools• The CARE Center• Prevention programs across state• Tribal partners• Oklahoma State Department of Education (OSDE)	<ul style="list-style-type: none">• Support local communities in implementing sexual risk avoidance programs and teen pregnancy prevention programs• Support education efforts on protective factors at the community level• Provide training on Reporting Child Abuse and Neglect• Provide ROAR program to children					



KNOWLEDGE STRATEGY: EDUCATE CAREGIVERS

Professional organizations increase the number of child development trainings to community members and professionals who work with children.

DESCRIPTION	Understanding typical child development is a critical tool for effective caregiving. Inaccurate information regarding the capacity of young children to understand and behave in certain ways, can lead to unrealistic expectations, inappropriate discipline techniques, and neglect. By expanding access to child development training, more caregivers and professionals will have a better comprehension of typical developmental milestones.	
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Parents have access to accurate information regarding typical child development and developmental milestones • Parents have access to evidence-based programming regarding positive discipline techniques • Screening is available for early identification of developmental delays and linkages to services 	
LEAD ORGANIZATIONS	<ul style="list-style-type: none"> • OSDH/FSPS/Early Intervention • Public/Private Schools • Head Start 	
ACTIONS AND MILESTONES	<ul style="list-style-type: none"> • Promote child development resources through medical, dental and educational organizations • Provide accessible and affordable parent education classes in the community • Educate early childhood workforce regarding risk and protective factors 	
METRICS	<ul style="list-style-type: none"> • Increase in number of positive responses to 'know how to help child learn/believe child misbehaves/know what to expect from development' on OCAP Community Survey (Q7) • Increase in number of trainings/parent classes 	
RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	<ul style="list-style-type: none"> • OSDH • Pre-K Programs • Head Start • OSDE 	<ul style="list-style-type: none"> • Provide opportunities for workforce development regarding child development



KNOWLEDGE STRATEGY: EXPAND TRAININGS

Increase the number of trainings and educational materials available about child abuse and neglect to both professionals and community members.

DESCRIPTION	Recognizing the signs of child abuse and neglect, as well as risk factors associated with situations that may lead to abuse and neglect, are important strategies for preventing child maltreatment. Educating professionals and community members who regularly interact with children and families about these signs and risk factors will help create more supportive environments and communities for children and families by identifying concerning situations early and intervening with supportive services before abuse or neglect occurs.		
DESIRED OUTCOMES	<ul style="list-style-type: none">• Awareness of the signs of child abuse and neglect• Awareness of situational risk factors that can lead to child abuse and neglect• Connections for families to appropriate supportive services		
LEAD ORGANIZATIONS	<ul style="list-style-type: none">• OSDH• OCCY• DHS		
ACTIONS AND MILESTONES	<ul style="list-style-type: none">• Educate people about types, causes, and signs of child abuse• Provide formal trainings and outreach materials to community members and professionals about reporting laws and procedures• Utilize child abuse and neglect trainings in a variety of formats (face-to-face; web-based; classroom)		
METRICS	<ul style="list-style-type: none">• Increase in the number of and variety of trainings taken OCAP Stakeholder survey 2018 (Q5)• Increase in "Very Confident" responses on the OCAP Stakeholder survey 2018 (Q7)• Increase in the number of child abuse and neglect trainings for parent's/community members		
RESOURCES NEEDED	ORGANIZATION OR RESOURCE		ROLE
	<ul style="list-style-type: none">• OSDH• OCCY• DHS		<ul style="list-style-type: none">• Ensure availability of child abuse and neglect training for schools and community• Ensure availability of child abuse and neglect training on identification and reporting• Ensure educational opportunities are available on risk and protective factors



KNOWLEDGE STRATEGY: IMPLEMENT STRATEGIC COMMUNICATIONS

Implement a strategic communications plan to promote safe, stable and nurturing environments for children and families.

DESCRIPTION	Culture plays a significant role in creating social norms and influencing individual behaviors. Social marketing has proven to be an effective strategy for influencing behaviors to improve individual lives and communities. Strategic, targeted communications coordinated across all prevention system partner organizations will aid in creating communities and social networks that are more supportive of parents, caregivers and families.	
DESIRED OUTCOMES	<ul style="list-style-type: none">• Families know where to access information when they need help• Families know where to access services in their community• Awareness campaigns are culturally sensitive	
LEAD ORGANIZATIONS	<ul style="list-style-type: none">• OICA• CAP Action Committee• OSDH/Parent Pro	
ACTIONS AND MILESTONES	<ul style="list-style-type: none">• Utilize toolkits for community partners to educate and raise awareness of child development, parenting strategies, and preventing child abuse and neglect• Recruit influential messengers to promote messages to targeted audiences• Utilize different communications platforms to reach targeted audiences, including such things as social media promotion, peer-to-peer messaging, op-eds, press releases, etc.	
METRICS	<ul style="list-style-type: none">• Increase in number of people accessing online resources like Parent Pro (website analytics)• Increase in the number of people who have heard of and/or utilized parent support services OCAP Community survey 2018 (Q4)• Increase in under-represented survey participants, OCAP Community Survey 2018 (Q14,15, 16)	
RESOURCES NEEDED	ORGANIZATION OR RESOURCE	ROLE
	<ul style="list-style-type: none">• OICA• CAP Action Committee• Community Initiatives• OSDH/Parent Pro Website• Tribal partners	<ul style="list-style-type: none">• Recognize successful prevention programs and influential people who have contributed to the awareness of child abuse and neglect• Produce and distribute messages, in a variety of formats, regarding risk and protective factors



NEXT STEPS FOR IMPLEMENTATION

The Office of Child Abuse Prevention (OCAP) within the Oklahoma State Department of Health (OSDH) will work with prevention system partners to achieve the goals of the Oklahoma State Plan for the Prevention of Child Abuse and Neglect (State Plan). The FSPS will form a State Plan workgroup, made up of representatives from the state's core prevention system partners, to:

- Refine and implement the included action plan, including specific activities and necessary evaluation of progress;
- Share information about resources, program requirements and policies, outcomes measures, and other

relevant information required to improve prevention activities;

- Annually review progress toward meeting State Plan goals and revise the State Plan as needed;
- Report to partners, policymakers and the public about the effectiveness of the plan in preventing child abuse and neglect; and
- Implement actions for continuous quality improvement.

The State Plan workgroup will meet regularly to ensure ongoing progress is made.

STATE PLAN FOR THE

PREVENTION OF CHILD ABUSE & NEGLECT

2019 - 2023

OCCY Board Update

June 25, 2021

Child Abuse Prevention Act

§63-1-227 through 1-227.9

- Prepare and implement a comprehensive state plan for the planning and coordination of child abuse prevention programs and services and for the establishment, development and funding of such programs and services, and to revise and update said plan pursuant to the provisions of Section 1-227.3 of this title;
- The Oklahoma Commission on Children and Youth shall review and approve the comprehensive state plan and any subsequent revisions of said plan,
- The plan shall include but not be limited to:
 - Specific proposals for the implementation of the comprehensive state plan which would promote the efficient use of staff, funds and other resources on the state level and improve the coordination and integration of state goals, activities and funds for the prevention of child abuse and neglect, particularly with regard to primary and secondary prevention of child abuse and neglect;
 - Specific proposals detailing the interagency provision of services to all populations at risk of committing child abuse. Services, especially those directed at high-risk populations including, but not limited to, those populations in which parental drug and/or alcohol abuse, mental illness and domestic abuse are an issue, shall be specifically addressed.



Child Abuse Prevention Act

§63-1-227 through 1-227.9

- The Office of Child Abuse Prevention and the Oklahoma Commission on Children and Youth shall at least annually review the state plan and make any necessary revisions based on changing needs and program evaluation results not less than every five (5) years.
- The Office of Child Abuse Prevention shall provide adequate opportunity for appropriate private and public agencies and organizations and private citizens and consumers to participate at the local level in the development of the state plan.



Updates

- Biannual Meetings & Collaborations
- Surveys
- Data Collection
- Pandemic Response



Moving Forward



- Upcoming Survey July 2021
- Next Biannual State Plan Meeting: October 14, 2021
- Focus Areas:
 - More Community and Family Involvement
 - Addressing Gaps in Prevention Continuum
 - Begin Preparation for Next Plan Cycle





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The Office of Child Abuse Prevention
Professional Survey 2021

Purpose: The Oklahoma State Department of Health has partnered with other state and non-profit agencies in order to learn more about awareness and use of community supports and resources to help parents care for their children. Responses to this survey are **anonymous** and will be used to identify areas of service where improvements are needed, which will inform the five-year Oklahoma Child Abuse Prevention Plan. Survey completion will take about 10 minutes. By continuing on, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

1. What county do you work in? _____

2. What type of organization are you employed with?

- ☐ Government
☐ Non-profit
☐ Faith-based
☐ School
☐ Child Care Center
☐ Other: _____

3. In your employment do you directly work with children or provide any form of education / therapy / counseling / treatment to children?

- ☐ Yes
☐ No

4. Please further define your work:

- ☐ You work directly with children or their families (in case of younger children)
☐ You work indirectly with children or their families (in case of younger children)
☐ You are an administrative employee and do not work directly or indirectly with children or their families
☐ Other: _____

5. Please indicate your awareness of the following community services:

	I have not heard of this	I know of it, but have not referred clients to this	I have referred clients to this
Home-Based Services (Sooner Start, ParentPro programs: Children First [C1], Parents as Teachers, Safe Care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Support Programs (Incredible Years, Circle of Security, Infant Massage, Positive Solutions, Child Guidance Services, Circle of Parents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food, Housing, and Clothing Resource Programs (SNAP, WIC, TANF, food & Family Resource Centers (FRC), food banks, clothing closets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Education Resource Programs (Job training, job placement, temp agency, interview resources, GED/HSE, ESL, FAFSA, GI Bill, child care subsidy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance / Health Care Resource Programs (SoonerCare, Variety Care, community health centers, tribal health clinics, veterans centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Disability Resource Programs (Sooner Success, ADA DDS waiver, OK Department of Veterans Affairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Resource Programs (Community mental health centers: Red Rock, Grand Lake, CREOKS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Resources Programs (DHS child care licensing, local resource and referral agencies, 2-1-1 Helpline Oklahoma offers information and referrals, including but not limited to rental assistance, food pantries, affordable housing, health resources, child care, after-school programs, caregiver support, financial programs, literacy, and job programs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In the past 5 years, have you taken a class/training on the following child abuse prevention topics: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Victimization | <input type="checkbox"/> Risk factors for maltreatment | <input type="checkbox"/> Trauma-informed care |
| <input type="checkbox"/> Detection | <input type="checkbox"/> ACEs | <input type="checkbox"/> Intimate partner violence |
| <input type="checkbox"/> Reporting procedures | <input type="checkbox"/> Protective factors | |

7. How did you receive that training?

- ☐ In person, one on one
☐ In class group study
☐ Virtual, one on one
☐ Independent study based on materials provided and self research
☐ Other _____

8. Does your agency provide classes/training in child abuse and neglect, or provide access to a classes outside the agency? YES NO

9. Was there a fee associated with the training? YES NO

10. Is that training open to public? YES NO

11. Do you know where to access training on child abuse and neglect? YES NO

12. What training topics would you be interested in receiving: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Victimization | <input type="checkbox"/> Risk factors for maltreatment | <input type="checkbox"/> Trauma-informed care |
| <input type="checkbox"/> Detection | <input type="checkbox"/> ACEs | <input type="checkbox"/> Intimate partner violence |
| <input type="checkbox"/> Reporting procedures | <input type="checkbox"/> Protective factors | <input type="checkbox"/> Other _____ |

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13. How would you prefer to receive training?

- ☐ In person, one on one
- ☐ In class group study
- ☐ Virtual, one on one
- ☐ Independent study based on materials provided and self research
- ☐ Other _____

14. How confident are you in your ability to do the following?

	Not at all confident	Somewhat confident	Very confident
Accurately identify child abuse and neglect			
Accurately identify intimate partner violence			
Quickly and successfully report suspected child abuse and neglect to the appropriate authorities			
Refer clients to resources that best meet their needs			

15. How knowledgeable are you of ACEs (Adverse Childhood Experiences)? (circle one)

Not at all familiar I know a little I know a good amount I am well-informed

16. Are you knowledgeable of the 5 Protective Factors of Child Maltreatment (Parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, social and emotional competence of children)? (circle one)

Not at all familiar I know a little I know a good amount I am well-informed

17. On average, how easily are your clients able to access the following services?

	Very easy	Easy	No opinion	Difficult	Very difficult
Prenatal health care					
Mental health screening & treatment					
Services to address concerns for the child's social, emotional, and/or behavioral development					
Affordable, quality child care					
Affordable, quality child education (pre-K, grade school, etc.)					
Affordable, quality adult education (GED/HSE, ESL, career and technical education, etc.)					

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Parenting education (classes, training, or groups to learn parenting skills)					
Sufficient food, housing, and clothing					
Sports/recreational programs for children (Little League, scouting, music/dance, etc.)					
Services that are appropriate for their culture and language					

18. When you think about your clients, what do you think are the most significant barriers to accessing concrete resources (food, clothing, shelter)? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

19. When you think about your clients, what do you think are the most significant barriers to accessing mental health resources? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

20. When you think about your clients, what do you think are the most significant barriers to accessing parent resources (home-visiting services, parent education groups, etc.)? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

21. When you think about your clients, what do you think are the most significant barriers to accessing quality childcare? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

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22. When you think about your clients, what do you think are the most significant barriers to accessing quality healthcare? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

23. What is the biggest strength/resource in your community to help prevent child abuse and neglect?

24. In your community, what do you think is the least effective resource or tool in preventing child abuse and neglect?

To help us better understand the diverse needs of families in your community, please tell us a little about your experiences comparing now to the previous year during to the COVID-19 pandemic.

25. When comparing now to the previous year, is there more positive **TOGETHERNESS in your clients households because of. . .**

	Much less than before	A little less than before	The same as before	A little more than before	Much more than before	Do not know	Prefer not to answer this
Getting involved in the children's education							
Facing challenges or solving problems together							
Helping each other							
Eating together							
Sharing material resources							

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26. When comparing now to the previous year, are there more CONFLICTS in your clients households about. . .

	Much less than before	A little less than before	The same as before	A little more than before	Much more than before	Do not know	Prefer not to answer this
Parenting or child care							
Children's schoolwork							
Personal hygiene							
Decisions about visitors to the home							
Work or employment							
Finances							
Privacy or personal space							
Alcohol, tobacco, and/or drug use							

27. What methods do you currently use to contact clients?

	Used frequently	Used some	Used, but not often
Interactive video conferencing			
Texting			
Telephone			
In person			
Other (please describe) _____			

Note: if you have not used video conferencing, you can skip question 28.

28. What challenges do you experience in using interactive video conferencing?

	Major challenge	Minor challenge	No challenge
Do not have stable internet access			

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Do not have tablets, webcams, and/or computers			
Do not have software to do interactive video conferencing			
Do not feel comfortable doing virtual visits			
Families do not have stable internet access			
Families do not have tablets, webcams, and/or computers			
Families do not have software to do interactive video conferencing			
Families seem/would be uncomfortable doing virtual visits			
Families are not/would not be comfortable doing virtual visits			
Our program has not received guidance from our model			
Our program has not received guidance from state or local officials			
Our program is unsure how to adapt visit content for virtual visits			
Our program is concerned about confidentiality and privacy			
Other challenge _____			

29. What do you believe was the most helpful resource provided to families during the COVID-19 pandemic?

Please tell us a little about yourself to help us better understand the diverse needs of families in your community.

30. What is your gender? Female Male

31. How long have you worked directly with children and families? (check one)

- ☐ I have not worked directly with children and families
- ☐ < 1 year
- ☐ 1 – 5 years
- ☐ 6 – 10 years
- ☐ 11 – 20 years
- ☐ > 20 years

32. Have you ever reported child abuse and/or neglect? YES NO

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33. Are you currently concerned a child you know is being abused and/ or neglected? YES NO

34. Which race/ethnicity best describes you? White – non-Hispanic
 Black
 Hispanic/Latino
 American Indian or Alaska Native
 Asian, Native Hawaiian, or other Pacific Islander
 Other: (please specify) _____

35. What is your highest level of education? High school graduate
 Some college/post-secondary school/technical school
 College graduate
 Graduate certificate/post-college certificate
 Master's degree
 Doctoral degree

Thank you for your time!

<p>Please contact the office of Child Abuse Prevention (OSDH) if you need further assistance: (405) 426-8060 <i>If you suspect child abuse/neglect, please call the Oklahoma Child Abuse Hotline (24 hours, statewide): 1-800-522-3511</i></p>
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APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention Community Survey

Purpose: The Oklahoma State Department of Health has partnered with other state and non-profit agencies in order to learn more about awareness and use of community supports and resources to help parents care for their children. Responses to this survey are **anonymous** and will be used to identify areas of service where improvements are needed, which will inform the five-year Oklahoma Child Abuse Prevention Plan. Survey completion will take about 10 minutes. By continuing on, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

1. My home ZIP Code is: _____

2. My child(ren) are aged: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 6 – 13 years |
| <input type="checkbox"/> 1 – 2 years | <input type="checkbox"/> 14 – 18 years |
| <input type="checkbox"/> 3 – 5 years | <input type="checkbox"/> Older than 18 years |

3. I am my child's:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster parent |
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal guardian |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other: _____ |

4. Please indicate if you are aware of or have used the following:

	I have not heard of this	I know of it, but have not used it	I have used this
Home-Based Services (Sooner Start, ParentPro programs: Children First [C1], Parents as Teachers, Safe Care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Support Programs (Incredible Years, Circle of Security, Infant Massage, Positive Solutions, Child Guidance Services, Circle of Parents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food, Housing, and Clothing Resource Programs (SNAP, WIC, TANF, food & resource centers, food banks, clothing closets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Education Resource Programs (Job training, job placement, temp agency, GED/HSE, ESL, FAFSA, GI Bill, interview resources, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance / Health Care Resource Programs (SoonerCare, Variety Care, community health centers, tribal health clinics, veteran centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Resource Programs (Sooner Success, ADA DDS Waiver, OK Department of Veterans Affairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Resource Programs (Community mental health centers: Red Rock, Grand Lake, CREOKS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Resources Programs (DHS child care licensing, local resource and referral agencies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention Community Survey

5. How would you describe your experience accessing the following services for yourself or your child?

	Very easy	Easy	No opinion	Difficult	Very difficult	Not applicable (have not needed this)
Prenatal health care						
Mental health screening & treatment						
Services to address concerns for my child's social, emotional, and/or behavioral development						
Affordable, quality child care						
Affordable, quality child education (pre-K, grade school, etc.)						
Affordable, quality adult education (GED/HSE, ESL, career and technical education, etc.)						
Parenting education (classes, training, or groups to learn parenting skills)						
Sufficient food, housing, and clothing						
Sports/recreational programs for children (Little League, scouting, music/dance, etc.)						
Services that are appropriate for your culture and language						

6. Please indicate your agreement with the following questions:

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
Basic Material Resources: I know where to get help if...					
... I was having trouble providing food for my family					
... I was having trouble providing clothing for my children					
... I was having trouble with housing					
... I was having trouble finding a job					
... I needed affordable child care					
... I needed health care for myself or my child					
Mental Health Resources: I know where to get help if...					
... I (or my partner) was feeling very sad					
... I (or my partner) was using drugs or alcohol					
... my child's behavior became more than I could handle					
... I was concerned about my or my partner's physical or emotional behavior toward my child					
... I was concerned about my partner's physical or emotional behavior toward me					
Parenting Resources: I know where to get help if...					
... I wanted to know more about my child's development					
... I wanted to learn more about parenting					
... I wanted home-based services to help my family					
... I wanted to find quality child care					

APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention Community Survey

7. Please indicate your agreement with the following questions:

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
I feel safe in my neighborhood					
I am satisfied with my neighborhood as a place to live					
People can depend on each other in this community					
I have friends or family nearby that I can count on for help					
	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
Sometimes it is necessary to physically discipline my child (spanking, restraining, hitting, etc.)					
Sometimes it is necessary to physically hurt my partner					
I know how to help my child learn					
I believe my child misbehaves just to upset me					
I know what to expect from my child as s/he grows and develops					
I know how to report child abuse/neglect to the appropriate authorities					

8. Please indicate how often you experience the following:

	Rarely	Sometimes	Most of the time
In my family, we talk about problems			
In my family, we take time to listen to each other			
My family is able to solve our problems			
My family can consistently meet our basic material needs (food, clothing, shelter)			
My family enjoys spending time together			
My family is able to find resources in the community when we need them			
I feel overwhelmed by stress			

9. Does your child(ren) currently live with both biological parents? YES NO

10. If no, how many days each week does your child(ren) spend with his/her other biological parent?

11. Have you ever reported child abuse/neglect? YES NO

12. Are you familiar with the laws in Oklahoma for reporting child abuse and neglect? YES NO

13. Are you currently concerned that a child you know is being abused/neglected? YES NO

APPENDIX A: COMMUNITY SURVEY

Oklahoma Child Abuse Prevention Community Survey

Please tell us a little about yourself to help us better understand the diverse needs of families in your community.

14. What is your gender? Female Male 15. How old are you?

16. Which race/ethnicity best describes you? White – non-Hispanic
Black
Hispanic/Latino
American Indian or Alaska Native
Asian, Native Hawaiian, or other Pacific Islander
Other: (please specify) _____

17. What is your highest level of education? Less than high school
High school graduate/GED
Some college/post-secondary school/technical school
College graduate
Graduate degree(s)

18. What is your household income? Under \$10,000
\$10,000 - \$29,999
\$30,000 - \$49,999
\$50,000 - \$74,999
More than \$75,000

19. What is your employment status? Full-time (40+ hours/week)
Part-time (20 hours/week)
Not employed, but looking for work
Not employed, but not looking for work
Retired
Disabled, not able to work
Student

20. What is your marital/housing status? Married
Unmarried, but living with partner
Unmarried, single parent
Divorced, sharing custody
Divorced, single parent
Widow

21. Have you or your partner ever served in the U.S. military? YES NO

Thank you for your time!

If you need immediate assistance in obtaining resources in Oklahoma, please call 2-1-1
If you suspect child abuse/neglect, please call the Oklahoma Child Abuse Hotline (24 hours, statewide): 1-800-522-3511
For ADA accessible surveys, please contact Child Guidance Services: (405) 271-4477

APPENDIX B: PROFESSIONAL SURVEY

Oklahoma Child Abuse Prevention Professional Survey

Purpose: The Oklahoma State Department of Health has partnered with other state and non-profit agencies in order to learn more about awareness and use of community supports and resources to help parents care for their children. Responses to this survey are **anonymous** and will be used to identify areas of service where improvements are needed, which will inform the five-year Oklahoma Child Abuse Prevention Plan. Survey completion will take about 10 minutes. By continuing on, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

1. What county do you work in? _____

2. What type of organization are you employed with?

- ☐ Government
☐ Non-profit
☐ Faith-based
☐ Other: _____

3. What is your role in your company?

- ☐ Direct client services
☐ Administration (no client contact)
☐ Child advocate (minimal or no client contact)
☐ Other: _____

4. Please indicate your awareness of the following community services:

	I have not heard of this	I know of it, but have not referred clients to this	I have referred clients to this
Home-Based Services (Sooner Start, ParentPro programs: Children First [C1], Parents as Teachers, Safe Care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Support Programs (Incredible Years, Circle of Security, Infant Massage, Positive Solutions, Child Guidance Services, Circle of Parents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food, Housing, and Clothing Resource Programs (SNAP, WIC, TANF, food & resource centers, food banks, clothing closets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Education Resource Programs (Job training, job placement, temp agency, interview resources, GED/HSE, ESL, FAFSA, GI Bill, child care subsidy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance / Health Care Resource Programs (SoonerCare, Variety Care, community health centers, tribal health clinics, veterans centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Resource Programs (Sooner Success, ADA DDS waiver, OK Department of Veterans Affairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Resource Programs (Community mental health centers: Red Rock, Grand Lake, CREOKS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Resources Programs (DHS child care licensing, local resource and referral agencies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B: PROFESSIONAL SURVEY

Oklahoma Child Abuse Prevention Professional Survey

5. In the past 5 years, I have taken a class/training on the following child abuse/neglect topics: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Victimization | <input type="checkbox"/> Risk factors for maltreatment | <input type="checkbox"/> Trauma-informed care |
| <input type="checkbox"/> Detection | <input type="checkbox"/> ACEs | <input type="checkbox"/> Intimate partner violence |
| <input type="checkbox"/> Reporting procedures | <input type="checkbox"/> Protective factors | |

6. Does your agency provide classes/training in child abuse/neglect, or provide access to a class outside of the agency? YES NO

7. How confident are you in your ability to do the following?

	Not at all confident	Somewhat confident	Very confident
Accurately identify child abuse/neglect			
Accurately identify intimate partner violence			
Quickly and successfully report suspected child abuse/neglect to the appropriate authorities			
Refer clients to resources that best meet their needs			

8. How knowledgeable are you of ACEs (Adverse Childhood Experiences)? (circle one)

Not at all familiar I know a little I know a good amount I am well-informed

9. How knowledgeable are you of Protective Factors? (circle one)

Not at all familiar I know a little I know a good amount I am well-informed

10. On average, how easily are your clients able to access the following services?

	Very easy	Easy	No opinion	Difficult	Very difficult
Prenatal health care					
Mental health screening & treatment					
Services to address concerns for the child's social, emotional, and/or behavioral development					
Affordable, quality child care					
Affordable, quality child education (pre-K, grade school, etc.)					
Affordable, quality adult education (GED/HSE, ESL, career and technical education, etc.)					
Parenting education (classes, training, or groups to learn parenting skills)					
Sufficient food, housing, and clothing					
Sports/recreational programs for children (Little League, scouting, music/dance, etc.)					
Services that are appropriate for their culture and language					

APPENDIX B: PROFESSIONAL SURVEY

Oklahoma Child Abuse Prevention Professional Survey

11. When you think about your clients, what do you think are the most significant barriers to accessing concrete resources (food, clothing, shelter)? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

12. When you think about your clients, what do you think are the most significant barriers to accessing mental health resources? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

13. When you think about your clients, what do you think are the most significant barriers to accessing parent resources (home-visiting services, parent education groups, etc.)? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

14. When you think about your clients, what do you think are the most significant barriers to accessing quality childcare? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

15. When you think about your clients, what do you think are the most significant barriers to accessing quality healthcare? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> They don't know what's available |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of available facilities/providers in the community |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Finding facilities/providers that speak language/understand culture |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Waiting lists | |

APPENDIX B: PROFESSIONAL SURVEY

Oklahoma Child Abuse Prevention Professional Survey

16. What is the biggest strength/resource in your community to help prevent child abuse/neglect?

17. In your community, what do you think is the least effective resource or tool in preventing child abuse/neglect?

Please tell us a little about yourself to help us better understand the diverse needs of families in your community.

18. What is your gender? Female Male

19. How long have you worked directly with children and families? (check one)

- ☐ I have not worked directly with children and families
- ☐ < 1 year
- ☐ 1 – 5 years
- ☐ 6 – 10 years
- ☐ 11 – 20 years
- ☐ > 20 years

20. Have you ever reported child abuse and/or neglect? YES NO

21. Are you currently concerned a child you know is being abused/neglected? YES NO

22. Which race/ethnicity best describes you? White – non-Hispanic
Black
Hispanic/Latino
American Indian or Alaska Native
Asian, Native Hawaiian, or other Pacific Islander
Other: (please specify) _____

23. What is your highest level of education? High school graduate
Some college/post-secondary school/technical school
College graduate
Graduate certificate/post-college certificate
Master's degree
Doctoral degree

Thank you for your time!

Please contact Child Guidance Services if you need further assistance: (405) 271-4477
If you suspect child abuse/neglect, please call the Oklahoma Child Abuse Hotline (24 hours, statewide): 1-800-522-3511

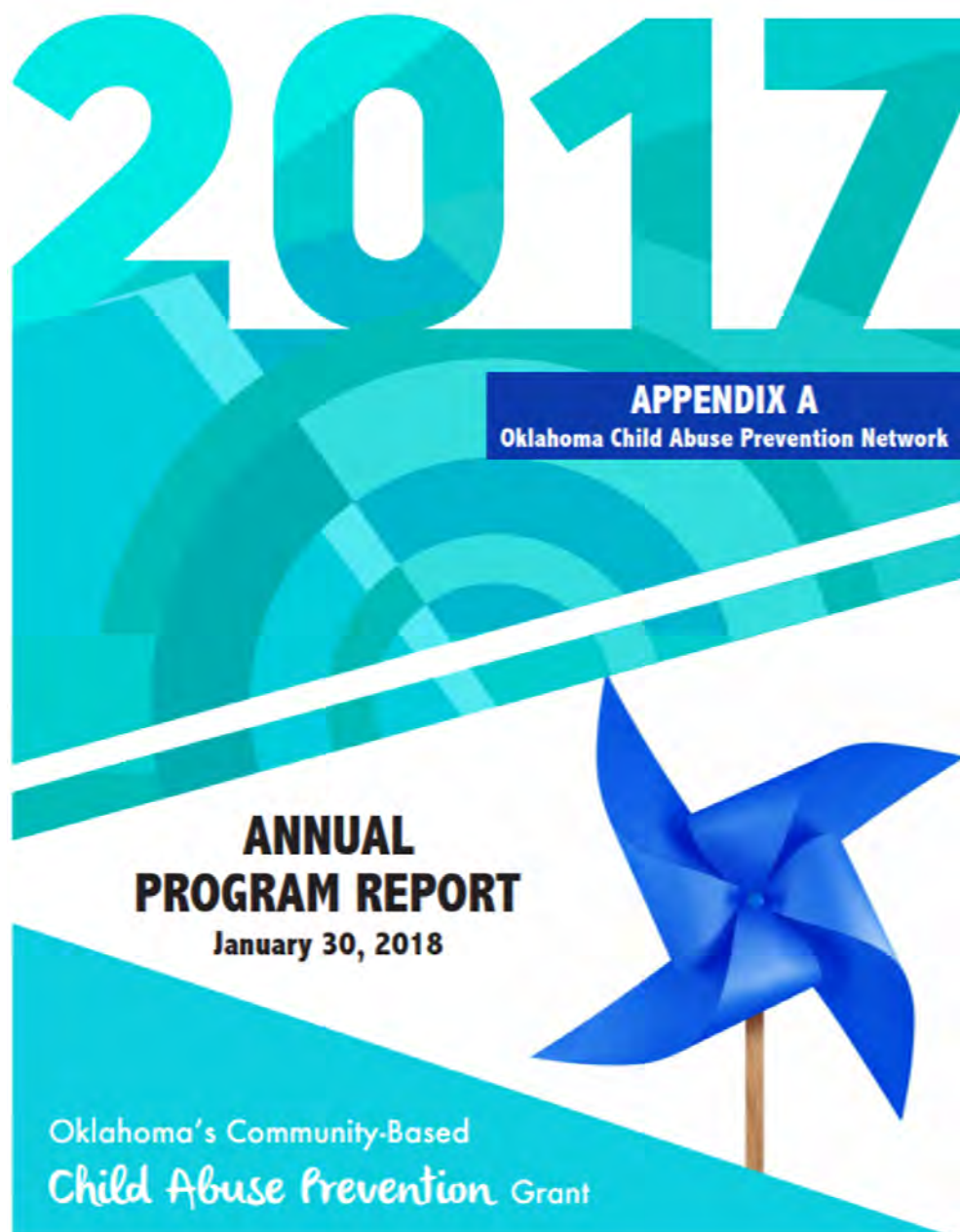
APPENDIX C: SURVEY & COMMUNITY CAFE RESULTS

As part of the process for developing the Oklahoma State Plan for the Prevention of Child Abuse and Neglect, surveys and community cafes were conducted with parents and professionals across the state. Access summary results, methodology and all materials at the following link: <https://go.usa.gov/xPZYB>

APPENDIX D: OKLAHOMA CHILD ABUSE PREVENTION NETWORK

The Oklahoma Child Abuse Prevention Network is a statewide directory outlining the majority of programs and services available in the areas of infrastructure, primary, secondary, and tertiary prevention. Access the directory at the following link:

<https://go.usa.gov/xPgHv>



The 2019-2023 Oklahoma State Plan for the Prevention of Child Abuse & Neglect was approved by the Oklahoma Commission on Children and Youth on 10-26-18 in accordance with Title 63 O.S. 1-227.3.

This publication was issued by the Oklahoma State Department of Health (OSDH), an equal opportunity employer and provider. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries in compliance with section 3-114 of Title 65 of the Oklahoma Statutes and is available for download at www.documents.ok.gov. | www.health.ok.gov | Issued October 2018

American Rescue Plan Act (ARPA): Child Well-Being

The American Rescue Plan Act of 2021 (ARPA), signed into law in March 2021, builds on previous pandemic relief efforts. ARPA is designed to provide aid to states, localities, territories, and tribes to fill revenue holes, address COVID-related needs, and address the learning needs of students.

Education

Additional funding for Oklahoma schools is critical in order for schools to reopen safely and ensure all students' educational needs are being met.

Funding	Details	State Implementation	Timing	Additional Resources
\$1.5 billion for K-12 funding Breakdown of Supplemental Oklahoma Funding Administered by the U.S. Department of Education	Funds will be distributed automatically based on the Title I formula. Funding can be used to address learning loss and student trauma; reduce class sizes, modify spaces, modernize HVAC systems and provide proper PPE to ensure schools can open safely; and hire additional custodians, nurses and counselors. Minimum of 20% of this funding (\$261,377,025) must be used to address loss of learning time.	Advocacy will be needed at state and local levels over the next three years to ensure funds are being used equitably to target students most affected by the pandemic. Decision Maker: Superintendent Joy Hofmeister	Schools must spend the funds by Sept. 2024	State by state allocations USDE Roadmap to Reopening Safely and Meeting All Students' Needs USDE State Plan for the American Rescue Plan Elementary and Secondary School Emergency Relief Fund
\$40 million for Individuals with Disabilities Education Act (IDEA) Administered by the Office of Special Education Programs	Provides funding to IDEA Part B, 611 and 619 to assist states in providing a free appropriate public education for children with disabilities ages 3-21. Provides funding to IDEA Part C to assist states in providing early intervention services for infants, toddlers, and their families.	Funds will need to be spent according to IDEA guidelines. Decision Maker: Sooner Start Director John Corpolongo	Supplemental grants are only for FFY 2021.	Use of Funds Q&A for Part B and Part C



Child Care

Additional funding will be coming into Oklahoma to support the state's child care industry and working parents of young children. This will provide much needed accessibility to high-quality early education opportunities for families across the state, particularly families of color, rural families, and low-paid workers. Additionally, this will support child care providers that have long operated on thin margins and played a crucial role during the COVID-19 pandemic to support working parents of young children.

Funding	Details	State Implementation	Timing	Additional Resources
<p>\$363 million for child care emergency stabilization funds</p> <p>Administered through Office of Child Care</p>	<p>Funding to help child care providers remain financially viable, as well as improve the quality of child care.</p> <p>Can be used to reimburse any costs incurred prior to March 21, 2021 for things like personnel costs, PPE, COVID-related professional development, goods and services to maintain or resume child care, and mental health supports for both employees and children.</p>	<p>Child care providers and advocates should help shape how states use this large infusion of resources.</p> <p>Decision Maker: OKDHS Child Care Services Director Brittany Lee</p>	<p>Grants must be obligated by Sept. 30, 2022, and spent by Sept. 30, 2023.</p>	<p>Supporting the Child Care Early and Early Education Workforce</p> <p>The American Rescue Plan: Recommendations for Addressing Early Educator Compensation and Supports</p> <p>Optimizing Distribution of American Rescue Plan Funds To Stabilize Child Care</p>
<p>\$227 million to Oklahoma for Child Care and Development Block Grants (CCDBG)</p> <p>Administered through CCDBG.</p>	<p>CCDBG provides funding to states for child care assistance and improving the quality of child care.</p>	<p>States will have to decide how to use CCDBG funds to expand access to child care assistance and improve quality of care. Receiving input from both families and providers will be critical.</p> <p>Decision Maker: Secretary Justin Brown</p>	<p>Funds must be obligated by Sept. 30, 2023 and spent by Sept. 30, 2024</p>	<p>How states can improve child care facilities & physical spaces using federal relief dollars</p> <p>Centering Values: Building an Equitable Future through the the American Rescue Plan Act</p>



EITC and CTC

ARPA will temporarily expand and restore the refundability of the Child Tax Credit (CTC), as well as temporarily expand the Earned Income Tax Credit (EITC), providing timely income support to people who do important work for low pay. These policies should work in conjunction to stabilize families, reduce stress, and trigger a historic reduction in poverty, particularly for families of color.

Funding	Details	State Implementation	Timing	Additional Resources
\$104 billion for CTC Expansion (estimated 895,000 Oklahoma children under 18 will benefit from this expansion)	<p>Increased from \$2,000 to \$3,000 per child (\$3,600 for children under six).</p> <p>Refundable, meaning fully available for children in families with no or very low earnings.</p> <p>A household can receive up to half its CTC in advance payments in 2021</p>	State and localities should play an important role in outreach work. Outreach efforts will be particularly important to ensure the payments reach low-income individuals who do not typically file returns, including households where children have social security numbers, but parents do not.	<p>One-year expansions for tax year 2021 only.</p> <p>Advance payments begin July 1, 2021.</p> <p>Those who file a 2020 tax return during this filing season will generally get advance payments later this year.</p> <p>Those who don't file may be able to claim advance payments through a portal later this year.</p>	Estimated number of children who will benefit from child tax credit expansion by ARPA by state.
\$12 billion for federal EITC Expansion (estimated 236,000 Oklahoma workers will benefit)	<p>Raises the federal EITC for low-paid working adults with children at home.</p> <p>Raises the minimum federal EITC for workers without children from roughly \$530 to \$1,500 and the income cap for these adults to qualify increases from about \$16,000 to \$21,000.</p> <p>Expands range of eligible workers without children to include younger adults aged 19-24 who aren't full time students, as well as 65+.</p>	State and localities should play an important role in outreach work. Outreach efforts will be particularly important to ensure the payments reach low-income individuals who do not typically file returns, including households where children have social security numbers, but parents do not.	<p>One-year expansions for tax year 2021 only.</p> <p>Individuals generally must file a tax return to receive the federal EITC increase.</p>	



Family Supports

Housing insecurity contributes to stress for both parents and children. Instability and frequent moving can disrupt a child's education and hinder their educational opportunities. ARPA contains several provisions that aim to reduce housing instability and mitigate any adverse effects these problems have on a child's health, development, and education.

Funding	Details	State Implementation	Timing	Additional Resources
\$209 million for rental assistance Administered by Treasury Department	Provides additional funding to the Emergency Rental Assistance Program (ERAP) for low-income renters who have lost income or are experiencing hardship and risk losing their housing.	Treasury will allocate funds to states, localities, and territories, and a special allocation will be set aside for "high-need" grantees. States, localities, and territories may distribute aid directly to landlords on behalf of renters (or directly to renters in some cases) or may designate other entities (such as non-profits) to do so. Decision Maker: Oklahoma COO John Budd	This funding will be available to the Secretary of the Treasury until September 30, 2027. Beginning March 31, 2022, the Treasury will reallocate funds to eligible grantees.	Treasury guidance and FAQs. Use of Funds.
\$88 million for Homeowner Assistance Fund Administered by Treasury Department	Prevents homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financing hardship due to the pandemic, and assistance that promotes housing security	Each state must submit a notice of funds request to the Department of the Treasury by April 25, 2021. Deadline for a Tribe or Tribal entity to submit a notice of funds is Sept. 30, 2021. Decision Maker: Oklahoma COO John Budd	Funds are available until Sept. 30, 2025	Treasury Guidance
\$100 million nationally for housing counseling ** Administered by NeighborWorks	Provides counseling directly to households facing housing instability due to events like eviction, default, foreclosure, loss of income, or homelessness.	Decision Maker: Governor Kevin Stitt	Funds will be available through Sept. 30, 2025	



Family Supports (Continued)

Funding	Details	State Implementation	Timing	Additional Resources
<p>\$5 billion Emergency Housing Vouchers**</p> <p>Administered by Treasury Department</p>	<p>Emergency housing vouchers will help transition high-need homeless and at-risk families, youth, and individuals, including survivors of domestic violence and human trafficking, to stable housing.</p>	<p>HUD will establish a procedure for agencies to accept or decline the vouchers, as well as provide guidance on use of funds. State and local housing agencies will administer the vouchers.</p> <p>Agencies should partner with organizations that offer a continuum of care and resources in order to develop strategies that prevent homelessness and provide economic stability.</p> <p>Decision Maker: Oklahoma COO John Budd</p>	<p>Funding is available until Sept. 30, 2030, but vouchers cannot be reissued after Sept. 30, 2023.</p>	
<p>\$33 million for Homelessness Assistance and Supportive Services Program (HASSP)</p> <p>Administered by HUD.</p>	<p>Funds will help create housing and services for people experiencing or at risk of homelessness</p>	<p>Funds are distributed using the HOME Investment Partnerships Act Program Formula.</p> <p>State and local advocates should encourage grantees to consult with community partners offering a continuum of resources in order to strategically address homelessness and advance equity.</p> <p>Decision Maker: Governor Kevin Stitt</p>	<p>Funds will be available through Sept. 30, 2025</p>	<p>National Council of State Housing Agencies Guidance</p>



Family Supports (Continued)

Children who don't get enough food to eat can be at risk for worse academic, health and economic outcomes. ARPA will extend and expand nutrition assistance programs to help families avoid food insecurity and put food on their tables. This will help with our children's immediate needs, and can provide long-lasting improvements in their health and educational outcomes.

Funding	Details	State Implementation	Timing	Additional Resources
\$3.5 billion for SNAP 15 (estimated increase of \$87 million in total benefits in Oklahoma in six months) Administered through USDA.	Extends a 15% increase in SNAP benefits.	Already in effect. \$14.5 million estimated increase in state benefits in one month.	Funding will be available through Sept. 2021.	
\$5.56 billion for Pandemic EBT (P-EBT)** Administered through USDA.	Extends the P-EBT program, which provides grocery benefits to replace meals that children miss when they do not attend school or child care in person.	State will need to revise and extend plans and receive USDA approval. Federal funds can cover all administrative costs, and states can enter into contracts with nonprofits to conduct outreach or help families get benefits. Key Decision Maker: OKDHS Adult and Family Services Deputy Director Linda Cavitt	Extended to cover the summer and for the duration of the pandemic until schools and childcare fully reopen.	Strategies to Ensure States Reach All Eligible Families With P-EBT
\$490 million for additional WIC nutrition Administered by USDA	Boosts cash-value voucher benefit by more than three times to allow participants to purchase fruits and vegetables as part of their WIC package. Under normal circumstances, the monthly cash value is \$9/child and \$11/pregnant/postpartum/breastfeeding women. This funding allows states to provide up to \$35 per child and adult per month.	States can choose to opt-in to this four-month benefit. Oklahoma opted-in to provide the maximum \$35 per child and adult per month. Key Decision Maker: Commissioner Lance Frye, M.D.	June-September 2021.	WIC Opt-in Increases under ARPA by state.



Family Supports (Continued)

There is additional funding that will be coming to Oklahoma to support all families and improve child well-being. The hardships caused by the pandemic harms not just individuals, but the potential of an entire generation. The intense stress caused by the pandemic can interfere with parenting and negatively impact a child's physical and mental health. Additionally, ARPA restores and expands the paid sick and family leave benefits that were passed in 2020. The clock was reset on March 31, 2021, so that those who took leave in the past year are eligible to take it again if needed.

Funding	Details	State Implementation	Timing	Additional Resources
<p>\$3.2 million for supplemental Community-Based Child Abuse Prevention (CBCAP) funding</p> <p>Administered by HHS</p>	<p>Funds may be used to enhance community-based and prevention-focused programs and activities designed to strengthen and support families.</p>	<p>Grants will be awarded to existing CBCAP grantees and no separate application is required.</p> <p>Waives CBCAP match requirement.</p> <p>Lead agencies should work with families and community-based agencies to plan an equitable strategy for the use of funds to increase supports for families most often underserved and overburdened.</p> <p>Key Decision Maker: Commissioner Lance Frye, M.D.</p>	<p>Funding must be obligated by Sept. 30, 2025 and liquidated by Dec. 30, 2025</p>	<p>CBCAP Use of Funds and Guidance</p>
<p>\$150 million for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program**</p> <p>Administered by Health Resources and Services Administration</p>	<p>Funds can be used to serve families with home visits (in person or virtual), staff costs including hazard pay, training, helping families acquire necessary technology to conduct virtual visits, and providing emergency supplies to families (e.g., formula, food, water, hand soap and sanitizer, and diapering supplies).</p>	<p>To receive funding, entities must be operating a MIECHV home visiting program and meet other eligibility requirements, including agreeing not to reduce staffing levels during the pandemic.</p> <p>Key Decision Maker: Commissioner Lance Frye, M.D.</p>	<p>Available through Sept. 30, 2022</p>	<p>Award Instructions</p>
<p>\$1.3 million for Child Abuse Prevention and Treatment Act (CAPTA) grants</p> <p>Administered by Health and Human Services</p>	<p>Funds may be used to improve the child protective services system of the state and support interagency collaboration and community-based partnerships to support families and children</p>	<p>Grants will be awarded to all agencies previously approved for FY2021 CAPTA funding. No separate application is required.</p> <p>Lead agencies should work with families and community-based agencies to plan an equitable strategy for the use of funds to increase supports for families most often underserved and overburdened.</p> <p>Key Decision Maker: Commissioner Lance Frye, M.D.</p>	<p>Funding must be obligated by Sept. 30, 2025 and liquidated by Dec. 30, 2025</p>	<p>CAPTA State Grant Program Purposes</p>

Oklahoma Child Death Review Board

2021 Annual Recommendations

Oklahoma Commission on Children and Youth

Commission Meeting

June 25, 2021



OKLAHOMA
COMMISSION ON
CHILDREN AND YOUTH

Mission Statement:

The mission of the Oklahoma Child Death Review Board is to reduce the number of preventable deaths through a multidisciplinary approach to case review. Through case review, the Child Death Review Board collects statistical data and system failure information to develop recommendations to improve policies, procedures, and practices within and between the agencies that protect and serve the children of Oklahoma.

Oklahoma Child Death Review Board



Quick Facts:

- 1989 Oklahoma Child Abuse Study Commission
- Statutorily Created/Sunset Reviewed
- Definition of “Child Protection System”
- Annual Data and Recommendations
- Oklahoma State Plan for Children’s Services

2019 Data

Total Deaths Reviewed and Closed

N = 136

MANNER	NUMBER	PERCENT
Accident	59	43.3%
Unknown	31	22.8%
Suicide	19	14.0%
Homicide	18	13.2%
Natural	9	6.6%

Oklahoma Child Death Review Board



2019 Data

Accidents

N = 59

INJURY TYPE	NUMBER	PERCENT
Vehicular	31	52.5%
Asphyxia	15	25.4%
Drowning	9	15.3%
Fire	1	1.7%
Firearm	1	1.7%
Hypoxic Ischemic Encephalopathy*	1	1.7%
Poisoning/OD	1	1.7%

2019 Data

Unknown/Could Not Be Determined

N = 31

- Twenty-five (82.6%) were one year of age or less.
- Twenty-one (67.7%) were determined to be related to unsafe sleep environment; in an additional three cases, the role of the sleep environment as a contributory factor was unable to be determined.
- Two (6.5%) were due to injuries from firearms but the intent of the shooter was unable to be determined.
- Four (12.9%) were suspicious for child maltreatment, including but not limited to abusive head trauma, lack of supervision and prenatal drug exposure.

2019 Data

Suicides

N = 19

INJURY TYPE	NUMBER	PERCENT
Firearm	11	57.9%
Asphyxia	6	31.6%
MVC	1	5.3%
OD	1	5.3%

2019 Data

- Ten (52.6%) had a history of suspected child maltreatment.
- Two (11.1%) had a history of out-of-home placement; one (5.3%) case was currently in out-of-home placement, but it is unknown if this was due to child maltreatment vs. juvenile delinquency.
- Three (15.8%) had threatened suicide within the previous 30 days; in 13 (68.4%) cases this information was not collected during the investigation.
- Six (31.6%) had documentation of a recent crisis; 11 (57.9%) cases this information was not collected during the investigation.
- Four (21.1%) had a history of self-mutilation; in 14 (73.7%) cases this information was not collected during the investigation.
- Two (10.5%) had a previous suicide attempt; in 17 (89.5%) cases this information was not collected during the investigation.

Oklahoma Child Death Review Board



2019 Data

Homicides

N = 18

INJURY TYPE	NUMBER	PERCENT
Firearm	9	50.0%
Physical Abuse	5*	27.8%
Cross-bow	1	5.6%
Drowning	1	5.6%
Fire	1	5.6%
Stabbing	1	5.6%

Oklahoma Child Death Review Board



2019 Data

Natural

N = 9

ILLNESS TYPE	NUMBER	PERCENT
Infectious Disease	3	33.3%
Asthma	2	22.2%
Cancer	1	11.1%
Cardiovascular	1	11.1%
Complications of Cerebral Palsey	1	11.1%
Complications of Prematurity	1	11.1%

2019 Data

Sleep-Related

N = 35

MANNER	NUMBER	PERCENT
Undetermined	21	61.8%
Accidental	14	41.2%

2019 Data

Sleep-Related Position When Placed

MANNER	NUMBER	PERCENT
Unknown	13	37.1%
On Back	11	31.4%
On Stomach	6	17.1%
On Side	5	14.3%

2019 Data

Sleep-Related Position When Found

MANNER	NUMBER	PERCENT
On Stomach	13	37.1%
On Back	10	28.6%
Unknown*	7	20.0%
On Side	4	11.4%%
Not on the Surface	1	2.9%

Oklahoma Child Death Review Board



2019 Data

Sleep-Related

Sleeping Location:

LOCATION	NUMBER	PERCENT
Adult Bed	20	57.1%
Crib	4	11.4%
Couch	3	8.6%
Floor	2	5.7%
Air mattress	1	2.9%
Futon	1	2.9%
Playpen	1	2.9%
Bouncy Chair	1	2.9%
Unknown*	1	2.9%
Unknown**	1	2.9%

Sleeping Arrangement:

ARRANGEMENT	NUMBER	PERCENT
Alone	14	40.0%
With Adult and/or Other Child	20	57.1%
Unknown**	1	2.9%

2019 Data

Sleep-Related – Additional Information:

- Seventeen (48.6%) had a crib/bassinette available in the home; four (11.4%) did not and crib availability was unknown for 14 (40.0%) cases.
- Seventeen (48.6%) cases had at least one caregiver with a documented history of drug and/or alcohol abuse; in six (17.1%) cases this information is not addressed on any caregiver in investigative reports.
- Four (11.4%) of these deaths occurred in a sleep space designed for infant sleep (e.g., crib).
- Five (14.3%) were exposed to secondhand smoke; for 20 (57.1%) cases, this information is not addressed in investigative reports. Ten (28.6%) were not exposed to secondhand smoke.
- One (2.9%) case the supervisor is documented as being under the influence of drugs or alcohol at the time of the incident. In an additional eight (22.9%) cases, the supervisor's condition is not addressed in investigative reports.
- One (2.9%) death was noted as to having occurred when a caregiver fell asleep during feeding; in four (11.4%) cases, however, this information is not addressed in investigative reports.

2019 Data

Child Maltreatment

N = 31

MANNER	NUMBER	PERCENT
Accident	15	48.4%
Homicide	6	19.4%
Undetermined	6	19.4%
Natural	3	9.7%
Suicide	1	3.2%

2019 Data

Child Maltreatment

Additional Information:

- Five (16.1 %) cases were ruled abuse only; two (6.5%) cases were ruled abuse and neglect; and 24 (77.4%) cases were ruled neglect only.
- Ten (38.5%) of the 26 neglect cases included lack of supervision.
- Twelve (46.2%) of the 26 neglect cases included failure to protect from hazards.
- Five (71.4%) of the seven abuse cases included abusive head trauma.
- Fifteen (48.4%) cases had a previous referral for alleged child maltreatment.
- Five (16.1%) had an open Child Welfare case at the time of death.
- Two (6.4%) children were in formal foster care at the time of death.

2019 Data

Child Maltreatment

Additional Information:

- Eighteen (58.1%) cases had at least one caregiver with a documented child welfare history as an alleged perpetrator; in six (33.3%) of these, both caregivers had child welfare history as an alleged perpetrator.
- Sixteen (51.6%) had at least one parent on Medicaid.
- Fifteen (48.4%) had at least one caregiver receiving TANF.
- Eleven (35.5%) had at least one caregiver with a reported history of substance abuse; in five (16.1%) cases both caregivers had a reported history of substance abuse.
- Nine (29.0%) cases the caregiver was documented to have a history of domestic violence as a victim.
- Six (19.4%) had at least one caregiver with a documented child welfare history as a victim; in one (3.2%) case, both caregivers had a history as a victim.
- Three (9.7%) cases the caregiver was documented to have a history of domestic violence as a perpetrator.

Oklahoma Child Death Review Board



2019 Data

Near Deaths

N = 106

INJURY	NUMBER	PERCENT
Physical Abuse	32	30.2%
Poisoning/ O.D.	28	26.4%
Natural Illness	19	17.9%
Vehicular	6	5.7%
Asphyxia	5	4.7%
Fire/Burn	4	3.8%

INJURY	NUMBER	PERCENT
Drowning	3	2.8%
Inorganic Failure to Thrive	3	2.8%
Dog Attack	2	1.9%
Fall*	2	1.9%
Firearm	2	1.9%

2019 Data

Near Deaths

Additional Information:

- Seventy-five (70.8%) were alleged to be neglect, 23 (21.7%) alleged abuse and neglect, and eight (7.5) alleged abuse only.
- 98 (92.5%) had at least one biological parent as the alleged perpetrator.
- 67 (63.2%) had an associated TANF case.
- 62 (58.5%) were on Medicaid.
- 60 (56.6%) had a sibling with a previous child welfare referral; 16 of the 60 (26.7%) were substantiated.
- Fifty-seven (53.8%) were substantiated by OKDHS as to the allegations; 26 of these (45.6%) resulted in a treatment plan, of which, 17 of these 26 (65.4%) cases resulted in reunification; another three (5.3 % of the 57) resulted in immediate termination of parental rights, therefore, no treatment plan was initiated.

2019 Data

Near Deaths

Additional Information:

- Forty-four (41.5%) had a previous child welfare referral; 11 of the 44 (25.0% of 44/10.4% of all near deaths) were substantiated.
- Thirty (93.8%) of the 32 physical abuse cases were attributed to abusive head trauma; two of these also involved a simultaneous, separate type of inflicted injury.
- Twenty-six (24.5%) were associated with a Child Support Enforcement case.
- Thirteen (12.3%) sustained a chronic condition as the result of the near-death incident (e.g., vision impairment).
- Two (1.9%) were either currently in state custody or had a history of having previously been in state custody.

Recommendations

Abusive Head Trauma

In 2010, the Preparing for a Lifetime, It's Everyone's Responsibility Infant Mortality Reduction Initiative created the Infant Injury Workgroup charged with recruiting hospitals to provide, free-of-charge, the Period of PURPLE® Crying, an abusive head trauma prevention education program.

In 2019, the Board reviewed and closed four deaths and 30 near deaths that were attributed to abusive head trauma, occurring in both metropolitan areas, as well as rural. There are currently 39 of 46 birthing hospitals across the state that provide this education, through the Preparing for a Lifetime; It's Everyone's Responsibility Infant Injury Workgroup.

The Board recommends this program continue to be funded and ensure all birthing hospitals provide this education in the expectation that caregivers may acquire skills that empower their capability to keep an infant safe.

Unsafe Sleep

In 2019, infant deaths in Oklahoma totalled more than 30% of the deaths reviewed and closed (45 out of 136) by the CDRB. Of these, 34 (75.6%) were noted to be due to an unsafe sleep environment; in an additional three cases, this could not be determined but was not ruled out. These deaths are also occurring in both urban and rural areas.

To the Board's knowledge, there is limited instruction on infant safe sleep available for non-professional caregivers across the state, and recommend an environmental scan be conducted to determine what, if any, caregiver education is being provided and by whom. The Board further recommends safe sleep education be provided in areas identified by the scan as lacking safe sleep education to be provided educational resources as needed.

Suicide

Identifying prevention needs to reduce suicides has been difficult for the Child Death Review Board. This is due to investigation reports of suicide deaths lacking information such as a family history of suicide, previous attempts, mental health history, and use of behavioral health medications. It is often difficult to ascertain if the child even left a suicide note.

The Board recommends investigations conducted by law enforcement include the details previously listed in order to identify specific suicide prevention needs. Additionally, suicide investigation policies and procedures need to include notification of the death to Oklahoma Department of Human Services, Child Welfare division.

Questions?

Oklahoma Child Death Review Board



Contact Information:

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405-568-7451



Oklahoma Child Death Review Board 2021 Recommendations

The CDRB respectfully submits the following recommendations to the Oklahoma Commission on Children and Youth for consideration for inclusion in the State Plan for Children's Services:

Abusive Head Trauma

In 2019, the Board reviewed and closed four deaths and 30 near deaths that were attributed to abusive head trauma, occurring in both metropolitan areas, as well as rural. In 2010, the Preparing for a Lifetime, It's Everyone's Responsibility Infant Mortality Reduction Initiative created the Infant Injury Workgroup charged with recruiting hospitals to provide, free-of-charge, the Period of *PURPLE*® Crying, an abusive head trauma prevention education program. There are currently 39 of 46 birthing hospitals across the state that provide this education, through the Preparing for a Lifetime; It's Everyone's Responsibility Infant Injury Workgroup. The Board recommends this program continue to be funded and ensure all birthing hospitals provide this education in the expectation that caregivers may acquire skills that empower their capability to keep an infant safe.

Unsafe Sleep

In 2019, infant deaths comprised over 30% of the deaths reviewed and closed (45 out of 136) and of these, 34 (75.6%) were noted to be due to an unsafe sleep environment; in an additional three cases, this could not be determined but was not ruled out. These deaths are also occurring in both urban and rural areas. To the Board's knowledge, there is limited instruction on infant safe sleep available for non-professional caregivers across the state, and recommend an environmental scan be conducted to determine what, if any, caregiver education is being provided and by whom. The Board further recommends safe sleep education be provided in areas identified by the scan as lacking safe sleep education.

Suicide

Identification of prevention needs to reduce suicides has been difficult for the Child Death Review Board, due to suicide death investigation reports lacking information such as a family history of suicide, previous attempts, mental health history, and use of behavioral health medications. It is often difficult to ascertain if the child even left a suicide note. The Board recommends law enforcement agencies increase the thoroughness of their investigation to include such details, so that specific prevention needs can be identified. The thoroughness needs to include notification of the death to Oklahoma Department of Human Services.

DIRECTOR'S REPORT
OCCY COMMISSION MEETING
June 25, 2021

PERSONNEL

Full-time Employee: In addition to the vacant Freestanding Multidisciplinary Team Training Coordinator position, OCCY is in the process of posting three new positions. The following departments will be adding one new position: 1) the Office of Juvenile System Oversight; 2) the Child Death Review Board; and 3) the Office of Planning and Coordination.

Temporary Employee: No changes.

Contract Employees: OCCY is in the process of contracting with an individual or individuals to 1) edit reports; and 2) revise and if necessary, develop new policy and procedures for the agency.

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.***

State Fiscal Year 2022 Budget: We are pleased to report that we did receive an additional \$214,000 to support the three new positions mentioned in the personnel section of this report. Thanks goes to Assistant Director Mark James for diligently working with OMES to set our SFY 2022 budget. While our budget is relatively simple and straight forward, it is still tedious work. In addition, I want to thank OCCY Commissioners Rachel Holt, Melinda Fruendt, and Jonathan Hall for serving on the Finance Committee. Your willingness to listen to the detail and assist us in critiquing the budget is very helpful. Lastly, I would like to thank Legislative Liaison Jennifer Hardin for assuring that our SFY request was noticed and well received.

DIRECTOR'S HIGHLIGHTED ACTIVITIES

OCCY Database: We continue to work with OMES in securing a vendor for the new OCCY database. The process has taken much longer than anticipated. The University of Oklahoma Evaluation Team (ETEAM) has been selected, interagency agreement has been drafted, and the agreement has been routed for signatures. The maximum annual cost for the development of the database is \$500,000.

Oklahoma City Housing Authority: I have recently been appointed by Mayor Holt to serve as a Commissioner for the Oklahoma City Housing Authority. I will be taking annual leave to attend meetings so that there is no confusion that I am serving on my personal time and not in my capacity of OCCY Director.

OCCY PROGRAM HIGHLIGHTS

Post Adjudication Review Board - PARB (Keith Pirtle)

Mr. Pirtle would like to thank Commissioner Harrington and District Judge Kirkley of Cherokee County for their interest in creating a PARB for their county. Initial meetings have taken place and efforts will continue throughout the summer.

Mr. Pirtle took advantage of the slower pace during the pandemic to create virtual trainings for PARB members. They have been very well received. Future trainings are listed below. Should you or staff be interested in attending, please contact Mr. Pirtle at Keith.Pirtle@occy.ok.gov for details.

6-8-2021	10-11:30	The Office of Juvenile Affairs and Delinquency Court-Greg Delany and Oklahoma Association of Youth Services-Dr. Peter Messiah
6-15-2021	10-11:30	Unite Us Oklahoma-Kiyana Dan
6-22-2021	10-11:30	*New* Volunteer Recruitment and Support-Kathy North
6-29-2021	10-11:30	Girl Scouts Beyond Bars Program-Shannon Luper
7-20-2021	10-11:30	PARB Case Review Training-Kim Rebsamen, Keith Pirtle and Lee Inbody
7-27-2021	10-11:30	The Court Improvement Program-Maghan Ruark
8-3-2021	10-11:30	*New* Domestic Violence Prevention-Jackie Steyn
8-10-2021	10-11:30	Families First and True North Goals-Keitha Wilson, Dr. Carisa Wilsie and Maghan Ruark
8-17-2021	10-12	New* Family Tree and Oklahoma County Juvenile Justice Center Field Trip-On site only. More info for those that register

Office of Planning and Coordination - P&C (Danielle Dill)

Ms. Dill continues to rebuild the P&C Office and has dedicated a great deal of time this spring to meeting and recruiting new partners as well as establishing contracts and other agreements. In addition to her attention to all of the statutorily required work, Ms. Dill has assured that OCCY now has language interpretation services – something long overdue for OCCY. Staff can now take complaints or assist citizens in numerous languages including American Sign Language.

OCCY Communications (Rob Agnew)

Mr. Agnew is working with OMES to determine an option and costs for a new OCCY website. Because of Mr. Agnew's skills, we are desiring the ability for Mr. Agnew to do most of the work. We are anticipating that this cost would be less, and it would provide OCCY the most control in the actual design.

Freestanding Multidisciplinary Teams (Jimmy Widdifield, Jr.)

The annual review process to determine if Freestanding Multidisciplinary Teams (MDTs) are deemed functioning is now underway. This review requires MDTs to submit documentation of their procedures and work for the past year. The results from the review will be presented to the Commissioners at the September meeting for your approval. The Commissioners approval allows the functioning MDTs to receive funding from the Child Abuse Multidisciplinary Teams Account (CAMTA). This funding is made possible by funding from Oklahoma Human Services and collected court costs. Typically each MDT receives approximately \$20,000 per year to provide training, equipment, and support for individuals serving on the MDT.

Children's Justice Act Grant: Training (Jimmy Widdifield, Jr.)

Completed Trainings

Asterisks denote that a training was completed as part of a larger, overall program:

*"Indian Country Basics: Child Maltreatment and Federal Response in Indian Country"; co-sponsored with the FBI and US Department of Justice, and in partnership with Native American Children's Alliance, Children's Advocacy Centers of Oklahoma, and the US Attorney's Office Northern and Eastern Districts of Oklahoma.

**The Complexity of Child Abuse in Indian Country*

Presenter: Geri Wisner, JD; Director, Native American Children's Alliance

Date: May 12, 2021

Location: Virtual

Number of Trainees: 89

**FBI Forensic Interviewing in Indian Country*

Presenter: Karen Blackwell, MSW, LCSW, FBI Child/Adolescent Forensic Interviewer, Victim Services Division, Child Victim Services Unit

Date: May 12, 2021

Location: Virtual

Number of Trainees: 89

**Domestic Violence and Strangulation*

Presenter: Leslie Hagen, National Indian Country Training Coordinator, United States Department of Justice

Date: May 12, 2021

Location: Virtual

Number of Trainees: 89 attendees

**Considerations for Forensic Interviewing on Federal Child Sex Crimes*

Presenter: Christopher Nassar, JD, Project Safe Childhood Coordinator, Northern District of Oklahoma, US Attorney's Office

Date: May 12, 2021

Location: Virtual

Number of Trainees: 89

**The Multi-Disciplinary Team as a Prosecution Tool*

Presenter: Kalah Paisley, JD, Assistant U.S. Attorney, District of Montana, United States Attorney's Office

Date: May 13, 2021

Location: Virtual

Number of Trainees: 70

**Medical Considerations of Child Abuse and Homicide*

Presenter: Kathryn "Kathi" Wells, MD, FAAP, Director of The Kempe Center

Date: May 13, 2021 (

Location: Virtual

Number of Trainees: 70

But He Doesn't Abuse the Children: Child Abuse and Domestic Violence / Coercive Control

Presenter: Lisa Fontes, PhD, University of Massachusetts at Amherst

Date: May 17, 2021

Location: Virtual

Number of Trainees: 115

Effective Child Abuse Investigation Techniques for Multidisciplinary Teams

Presenter: Michael Johnson, Detective Mike, LLC

Date: May 27, 2021

Location: Virtual

Number of Trainees: 25

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

	New Complaints	Closed Cases	Facility Complaint Visits	Facility Oversight Visits
April 2020	35	149	0	0
May 2020	25	107	0	0
June 2020	24	67	0	0
July 2020	31	36	0	0
August 2020	29	24	0	0
September 2020	21	22	0	0
October 2020	32	11	0	1
November 2020	22	40	0	0
December 2020	22	24	0	2
January 2021	24	29	0	0
February 2021	37	23	0	0
March 2021	42	27	0	0
April 2021	28	28	0	0
May 2021	30	53	1	0

Foster Youth Matters/Foster Parent Voices (Mark James and Tina Pendergraft)

	# of Youth Complaints	# of Foster Parents Complaints
April 2020	22	4
May 2020	24	20
June 2020	58	15
July 2020	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
March 2021	29	18
April 2021	29	23
May 2021	41	9

Juvenile Competency Evaluations (Mark James)

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

*One evaluation dismissed