



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**

**Friday, April 14, 2023
9:00 a.m.**

Zoom Meeting Link:

<https://zoom.us/j/99692580018?pwd=VStrblphRW5uMm9nN3pVTUpZUmlOdz09>

Meeting ID: 996 9258 0018

Dial in by phone: 346-248-7799 Passcode: 246069

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

Brenda Myers
Comanche County Courthouse
315 SW 5th Street, Room 200
Lawton, OK 73501
(580) 581-4565

Brad Wilson
Mordy, Mordy, Pfrehm & Wilson, P.C.
110 West Main
P.O. Box 457
Ardmore, OK 73402
(580) 223-4384

Jonathan Hall
Warburton Capital Management
15 East Fifth Street, Suite 3675
Tulsa, OK 74103
(918) 794-3000

Public Comment: To sign up to speak, please contact Kathleen Arrieta, OCCY Executive Assistant, ***no later than 8:00 p.m. on Thursday, April 13, 2023 at (405) 606-4913 or Kathleen.Arrieta@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.

AGENDA
April 14, 2023
9:00 a.m.

- | | |
|--|---|
| I. Welcome, Introductions, and Determination of Quorum <ul style="list-style-type: none">• <i>Introduction of Commissioners</i>• <i>Introduction of Assistant Attorney General</i>• <i>Determination of Quorum</i> | <i>Chairperson John Schneider</i> |
| II. Public Comment | |
| III. Review of the Minutes from the February 24, 2023 Special Commission Meeting
<i>Discussion and possible vote to modify and/or approve the minutes.</i> | <i>Chairperson John Schneider</i> |
| IV. Presentation and Approval of the Finance Report
<i>Discussion and possible vote to approve the finance report.</i> | <i>Megan Patton,
OMES Financial Manager, and
Mahboob ul Haq,
OCCY Business Manager</i> |
| V. OCCY Parent Partnership Board (PPB) Report
<i>Discussion</i> | <i>Lana Turner Addison,
PPB Co-Chair</i> |
| VI. Presentation: OCCY Children of Incarcerated Parents (CIP) 2022 Annual Report & Partnership Evaluation
<i>Discussion</i> | <i>David A. McLeod, PhD, MSW
Chair, OCCY CIP Advisory
Committee, OU Associate Director
& Associate Professor / Anne
Zarrow School of Social Work
and
Lisa White,
Senior Research Associate,
University of Oklahoma E-Team</i> |
| VII. Presentation of the Proposed SFY 2024 Child Abuse Prevention Contracts for Compliance with the State Plan for the Prevention of Child Abuse Prevention per 63 O.S. § 1-227.4 (B.1)
<i>Discussion and possible vote</i> | <i>Susan Gibson, Oklahoma State
Department of Health</i> |
| VIII. Legislative Report
<i>Discussion and possible vote</i> | <i>Marcia Johnson,
OCCY Legislative Liaison</i> |
| IX. Presentation: Maternal, Infant, and Early Childhood Home Visiting Grant and Home Visiting Programs
<i>Discussion</i> | <i>Lorri J. Essary, Director
Family Support & Prevention
Services</i> |

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|-------|--|---|
| X. | Director's Report: A Report Regarding Agency Activities and Personnel Changes
<i>Discussion</i> | <i>Annette Wisk Jacobi,
OCCY Executive Director</i> |
| XI. | Announcements
<i>Reports only; no discussion</i> | <i>Commissioners</i> |
| XII. | Chairperson Comments | <i>Chairperson John Schneider</i> |
| XIII. | Adjournment | <i>Chairperson John Schneider</i> |

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

Next Meeting: Friday, June 23rd at 9:00 a.m.



COMMISSION MEETING MINUTES

**Special Meeting
February 24, 2023
10:00 a.m.**

Commissioners present in person: Jackie Aaron, Kevin Corbett, Melinda Fruendt, Jonathan Hall, Ginarie Harrington, Jason Hicks, Rachel Holt, Lindsay Laird, and Keith Reed

Commissioners present virtually: Brenda Myers and Brad Wilson

Guests present: Sherry Fair, Betty Hawkins-Emery, Gabrielle Jacobi, Sara Jacoby and Family, Dr. Kathryn LaFortune, Jill Mencke, Emma Morris, Constanzia Nizza, Megan Patton, Audrey Rockwell, and Sheamekah Williams

Staff present: Annette Wisk Jacobi, Mark James, Robert Agnew, Kathleen Arrieta, Danielle Dill, Elizabeth Kaup, Harold Jergenson, Marcia Johnson, Lizz Kaup, Ellen Lohrenz, Joseph McGrath, Keith Pirtle, Makala Pittman, Lisa Rhoades, Isabel Rodriguez, Cherra Taylor, and Mahboob ul Haq

Welcome, Introductions, and Determination of Quorum

– *Chairperson John Schneider*

Chairperson Schneider called the meeting to order at 10:00 a.m.

Public Comments

No public comments were given.

Review of the Amended Minutes from the September 26, 2022 Regular Commission Meeting

– *Chairperson Schneider*

A handout was provided.

Director Holt moved to approve the minutes as written. Commissioner Aaron seconded the motion. The majority of members present voted in the affirmative. Commissioner Laird, Commissioner Myers, Commissioner Reed, and Director Shropshire abstained from the vote. The motion passed.

Review of the Minutes from the December 1, 2022 Regular Commission Meeting

– Chairperson Schneider

A handout was provided.

District Attorney Hicks moved to approve the minutes as written. Commissioner Laird seconded the motion. The majority of members present voted in the affirmative. Commissioner Reed, Director Shropshire, Commissioner Slatton-Hodges abstained from the vote. The motion passed.

Presentation and Approval of the Finance Report

– Megan Patton, OMES Financial Manager

Ms. Patton provided an overview of the financial report through February 22, 2023.

A handout was provided.

Director Holt moved to approve the Finance Report. Director Fruendt seconded the motion. All members present voted in the affirmative. The motion passed.

Formal Adoption of OCCY Rule Changes by OCCY Commissioners Following Public Comment Period

– Marcia Johnson

The Commissioners voted to support the OCCY Rule Changes in the December 1, 2022 OCCY Commission meeting. This vote is the formal adoption of those changes following the public comment period. The public hearing was scheduled for February 9, 2023, and there were no changes from that hearing. There have been no further changes since the December 1, 2022 meeting.

Commissioner Laird moved to approve the OCCY Rule Changes. Director Holt seconded the motion. All members voted in the affirmative. The motion passed.

HB 1028 Prohibiting the Use of Corporal Punishment on Students with Disabilities (Rep. John Talley)

– Sherry Fair, Executive Director, Parent Promise

This bill prohibits corporal punishment on students with disabilities entitled to special education services in accordance with the Individuals with Disabilities Education Act (IDEA). The current special education policies and procedures state “as applied to students with disabilities entitled to special education services under the Individuals with Disabilities

Education Act, the use of corporal punishment by employees or agents of the Oklahoma Public school is prohibited beginning in school year 2020 – 2021. However, The State Education Department did a survey of the schools for the school year 2021 – 2022, and there were 63 Oklahoma School Districts which administered corporal punishments to students with disabilities, and there were 455 incidents of students with disabilities receiving corporal punishment.

This law would state that corporal punishment can not be administered on any student with an individualized education program (IEP). The reason for this bill is that there is currently a statutory waiver available for parents who want to let their child receive corporal punishment, even if they have an IEP.

Ms. Fair asked OCCY to add this bill to their legislative agenda and allow the OCCY logo to be included on a handout along with other supporters of the bill.

It was questioned whether supporting this bill means lobbying, and a concern that the language in the bill might eventually change during the legislative process to something OCCY might not support. It was noted that no other state agencies had lent their logo to show support.

A handout was provided.

Chairperson Schneider asked for a motion. There was no motion forthcoming.

Director Jacobi noted that this is not a judgment on the bill, but that there are many agencies that make up the Commission and it may better for the Coalition to approach them individually.

Proposed Bill to Financially Support Foster Youth Who Are Aging Out

– *Emma Morris, Health Care and Revenue Policy Analyst, and
Jill Mencke Youth Justice Policy Analyst; Oklahoma Policy Institute*

The Oklahoma State child welfare system strives to protect children from maltreatment, support families in crisis, and ultimately ensure that children have safe, permanent homes with their families, relatives, adoptive parents, or legal guardians. However, there are still approximately 200 youth that age out of foster care every year in Oklahoma, which means they are not reunited with family members or any community support. Former foster youth are at a higher risk for experiencing homelessness, mental and physical health issues, employment difficulties and low wages, early parenthood, and interactions with the criminal justice system.

HB 1929 proposes to support these foster youth with an annual \$500 stipend, which can be used for deposits for apartments, rent, clothing, education, other needs, and emergencies. The stipend would not be given directly to the youth but would be sent directly to the landlord,

school, or vendor. The cost would be \$800,000 plus administrative costs. The stipend would be distributed through Oklahoma Successful Adult Program (OKSA) and tied to a specific need such as education career training, or housing.

There was a brief discussion which included the current programs and services at the Oklahoma Department of Human Services (DHS) for youth aging out of foster care, the priority of getting youth into a permanent family, outcomes from this program, and similar programs in other states.

A handout was provided.

Commissioner Laird made a motion to support additional services for youth aging out of foster care through the OKSA process. Commissioner Corbett proposed an amended motion that OCCY supports the concept of increasing the funding to this age group, ages 18-25, that would help them with life skills. Commissioner Aaron seconded the motion, and the majority voted in the affirmative. The motion passed.

Presentation: Juvenile Competency Restoration Outpatient Program

– Kathy LaFortune, J.D., Ph.D., Licensed Attorney and Psychologist

In 2015, a work group involving OCCY and other stakeholders participated in writing the statutes to establish juvenile competency in Oklahoma. Title 10A O.S. 2-2-401.1 states that grounds for a finding of incompetence can include developmental disability, developmental immaturity, intellectual disability, or mental illness. As included in these statutes, developmental immaturity may be addressed because it further impedes how juveniles think and act. The restoration process would include issues frequently addressed in juvenile remediation sessions such as understanding of the court process, allegations, plea options, problem-solving skills, and sentencing options.

This proposal for the pilot Outpatient Juvenile Competency Remediation Services (JCRS) in Oklahoma and Tulsa Counties is based on the Attainment Curriculum for Trial Competence (ACTC), initially developed at Utah State University. Outcome data shows that the use of the ACTC decreased the number of days needs for restoration and increased the percentage of juveniles restored from 56% to 95%. The presentation also outlined prospective hiring and costs.

There was a discussion around the small number of juveniles needing competency restoration, possible program locations, and funding. There were concerns that OCCY would become financially responsible for these services. The Department of Mental Health handles adult competency, so input from Commissioner Slatton-Hodge, who was absent, would be important.

Dr. LaFortune asked if OCCY could develop strategies for creating an outpatient restoration program in Oklahoma which complies with the statutes under Title 10A.

A handout was provided.

After the presentation, Commission members recommended the agency convene an informal workgroup to explore strategies for implementing juvenile restoration services in Oklahoma.

Director's Report: A Report Regarding Agency Activities and Personnel Changes

– *Director Jacobi*

Director Jacobi welcomed Mahboob ul Haq to OCCY as the Business Manager. He will be presenting the financial reports alongside Megan Patton of OMES.

A workgroup has begun related to pediatric marijuana exposures. The Oklahoma Poison Center has seen a large increase in children ingesting medical marijuana and needing medical treatment. The first meeting was held on February 13th and included DHS, OCCY and others.

Oklahoma Governor J. Kevin Stitt proclaimed February as National Parent Leadership Month in Oklahoma. Director Jacobi asked the Commissioners to stay after the meeting for a photo with the proclamation and Parent Partnership Board members Betty Hawkins-Emery, Sara Jacoby and family, and OCCY staff.

Chairperson Comments

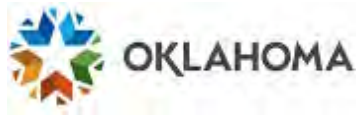
– *Chairperson John Schneider*

Chairperson Schneider thanked everyone for attending.

Adjournment

– *Chairperson John Schneider*

Director Fruendt moved to adjourn the meeting. Director Shropshire seconded the motion. The meeting adjourned at 11:40 a.m.

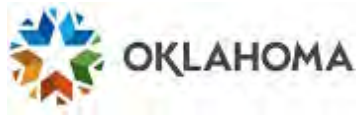


State of Oklahoma
Allotment Budget and Available Cash
As Of March 31,2023

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Business

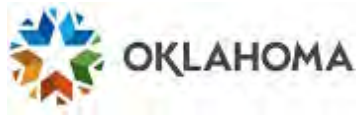
Unit	Class	Dept	Bud Ref	Allocations	Pre Encumbered	Encumbered	Current Yr Exp	Prior Yr Exp	Allotment Budget	Available Cash
12700										
	191	FY21 General Revenue Fund								0.00
	19101	01	21	1,491,710.74	.00	.00	.00	1,491,710.74	.00	
	19101	88	21	69,885.28	.00	.00	.00	69,885.28	.00	
	19111	01	22	200,000.00	.00	.00	.00	200,000.00	.00	
	19111	88	22	333,817.98	.00	.00	35,610.35	298,207.63	.00	
	19121	88	23	200,000.00	.00	.00	200,000.00	.00	.00	
				2,295,414.00			235,610.35	2,059,803.65		
	192	FY22 GRF								415,545.20
	19201	01	22	2,072,630.24	.00	48,565.41	37,596.50	1,986,468.33	.00	
	19201	88	22	85,583.80	.00	15,779.83	4,609.84	65,194.13	.00	
	19211	01	23	251,199.96	.00	.00	.00	.00	251,199.96	
	19211	88	23	100,000.00	.00	100,000.00	.00	.00	.00	
				2,509,414.00		164,345.24	42,206.34	2,051,662.46	251,199.96	
	193	FY23 GRF								168,455.89
	19301	01	23	2,436,643.00	15,000.00	80,481.35	1,675,113.49	.00	666,048.16	
	19301	88	23	72,771.00	.00	22,687.87	38,492.62	.00	11,590.51	
				2,509,414.00	15,000.00	103,169.22	1,713,606.11		677,638.67	
	200	Revolving Fund								289,529.20
	20000	01	21	1,019,357.00	.00	360.00	.00	30,693.85	988,303.15	
	20000	01	22	1,061,451.00	.00	102,214.88	114,365.76	413,511.48	431,358.88	
	20000	01	23	901,510.00	.00	319,884.36	379,922.77	.00	201,702.87	
	20000	88	21	235,000.00	.00	.00	.00	10,726.10	224,273.90	
	20000	88	22	61,500.00	.00	.00	19,694.58	27,997.37	13,808.05	



State of Oklahoma
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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										
	200									289,529.20
	20000	88	23	84,845.00	600.00	53,677.80	17,211.41	.00	13,355.79	
				3,363,663.00	600.00	476,137.04	531,194.52	482,928.80	1,872,802.64	
	210									93,385.92
	21000	01	21	935,310.00	.00	.00	.00	830,467.20	104,842.80	
	21000	01	22	994,971.44	.00	.00	.00	994,970.98	.46	
	21000	01	23	780,000.00	.00	61,327.17	715,483.65	.00	3,189.18	
	21000	88	21	4,000.00	.00	.00	.00	3,634.12	365.88	
				2,714,281.44		61,327.17	715,483.65	1,829,072.30	108,398.32	
	994									(97.80)
Business Unit Totals				13,392,186.44	15,600.00	804,978.67	3,238,100.97	6,423,467.21	2,910,039.59	966,818.41



State of Oklahoma
Allotment Budget and Available Cash
As Of March 31,2023

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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					13,392,186.44	15,600.00	804,978.67	3,238,100.97	6,423,467.21	2,910,039.59	966,818.41

Comm on Children and Youth
Business Unit - 12700
FY 2023 Operating Budget Comparison by Department and Account
as of March 31, 2023

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Department: 0100002 Administration

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	494,552	370,914	325,836.06	0.00	0.00	325,836.06	168,715.94	45,077.88	65.89	87.85
512	Insur.Prem-Hlth-Life,etc	109,128	81,846	61,682.85	1,979.66	0.00	63,662.51	45,465.49	18,183.49	58.34	77.78
513	FICA-Retirement Contributi	121,969	91,477	77,749.26	0.00	0.00	77,749.26	44,219.74	13,727.37	63.75	84.99
515	Professional Services	112,960	84,720	44,074.22	49,552.51	0.00	93,626.73	19,333.27	-8,907.21	82.88	110.51
519	Inter/Intra Agy Pmt-Pers S	3,600	2,700	270.58	3,329.42	0.00	3,600.00	0.00	-900.00	100.00	133.33
521	Travel - Reimbursements	9,950	7,462	3,615.64	0.00	0.00	3,615.64	6,334.36	3,846.53	36.34	48.45
522	Travel - Agency Direct Pmt	20,250	15,187	9,531.34	8,309.30	0.00	17,840.64	2,409.36	-2,653.32	88.10	117.47
531	Misc. Administrative Expen	13,325	9,994	7,679.64	12,177.97	0.00	19,857.61	-6,532.61	-9,864.01	149.03	198.70
532	Rent Expense	92,880	69,660	71,871.10	19,051.00	0.00	90,922.10	1,957.90	-21,262.19	97.89	130.52
533	Maintenance & Repair Expen	0	0	2.50	0.00	0.00	2.50	-2.50	-2.50	~	~
534	Specialized Sup & Mat.Expe	2,250	1,687	923.98	916.13	0.00	1,840.11	409.89	-152.79	81.78	109.06
536	General Operating Expenses	17,000	12,750	2,634.63	5,358.31	0.00	7,992.94	9,007.06	4,756.91	47.02	62.69
537	Shop Expense	50	37	0.00	0.00	0.00	0.00	50.00	37.44	0.00	0.00
541	Office Furniture & Equipme	2,500	1,875	0.00	2,265.00	0.00	2,265.00	235.00	-390.03	90.60	120.80
542	Library Equipment-Resource	2,500	1,875	1,472.01	0.00	0.00	1,472.01	1,027.99	402.96	58.88	78.51
552	Scholar.,Tuition,Incentive	50	37	0.00	0.00	0.00	0.00	50.00	37.44	0.00	0.00
601	AFP Encumbrances	0	0	0.00	22,266.70	15,000.00	37,266.70	-37,266.70	-37,266.70	~	~
		1,002,964	752,221	607,343.81	125,206.00	15,000.00	747,549.81	255,414.19	4,671.27	74.53	99.38
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19211	FY12 Carryover	15,500	11,625	0.00	0.00	0.00	0.00	15,500.00	11,624.85	0.00	0.00
19301	GRF	892,425	669,318	575,948.50	80,481.35	15,000.00	671,429.85	220,995.15	-2,111.91	75.24	100.32
20000	Okla. Comm On Children & Y	95,039	71,278	31,395.31	44,724.65	0.00	76,119.96	18,919.04	-4,841.67	80.09	106.79
		1,002,964	752,221	607,343.81	125,206.00	15,000.00	747,549.81	255,414.19	4,671.27	74.53	99.38

Department: 0100032 Juvenile System Oversight

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	481,486	361,114	366,756.17	0.00	0.00	366,756.17	114,729.83	-5,641.70	76.17	101.56
512	Insur.Prem-Hlth-Life,etc	115,438	86,578	79,384.28	0.00	0.00	79,384.28	36,053.72	7,194.19	68.77	91.69
513	FICA-Retirement Contributi	119,222	89,416	88,467.44	0.00	0.00	88,467.44	30,754.56	949.00	74.20	98.94
515	Professional Services	195,000	146,250	10,932.73	6,267.27	0.00	17,200.00	177,800.00	129,049.73	8.82	11.76
519	Inter/Intra Agy Pmt-Pers S	2,300	1,725	0.00	0.00	0.00	0.00	2,300.00	1,724.94	0.00	0.00
521	Travel - Reimbursements	600	450	520.57	0.00	0.00	520.57	79.43	-70.57	86.76	115.68
522	Travel - Agency Direct Pmt	15,287	11,465	3,036.94	0.00	0.00	3,036.94	12,250.06	8,428.25	19.87	26.49
536	General Operating Expenses	300	225	325.37	33.52	0.00	358.89	-58.89	-133.89	119.63	159.51
541	Office Furniture & Equipme	300	225	0.00	0.00	0.00	0.00	300.00	225.00	0.00	0.00
		929,933	697,449	549,423.50	6,300.79	0.00	555,724.29	374,208.71	141,724.95	59.76	79.68
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19211	FY12 Carryover	180,000	135,000	0.00	0.00	0.00	0.00	180,000.00	134,999.73	0.00	0.00
19301	GRF	718,446	538,834	534,607.89	0.00	0.00	534,607.89	183,838.11	4,226.43	74.41	99.22
20000	Okla. Comm On Children & Y	31,487	23,615	14,815.61	6,300.79	0.00	21,116.40	10,370.60	2,498.79	67.06	89.42
		929,933	697,449	549,423.50	6,300.79	0.00	555,724.29	374,208.71	141,724.95	59.76	79.68

Comm on Children and Youth
Business Unit - 12700
FY 2023 Operating Budget Comparison by Department and Account
as of March 31, 2023

OCPL338
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Department: 0100040 Children's Endowment Fund

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	56,004	42,003	42,124.80	0.00	0.00	42,124.80	13,879.20	-121.80	75.22	100.29
512	Insur.Prem-Hlth-Life,etc	16,878	12,659	6,212.05	0.00	0.00	6,212.05	10,665.95	6,446.45	36.81	49.07
513	FICA-Retirement Contributi	13,884	10,413	10,168.64	0.00	0.00	10,168.64	3,715.36	244.36	73.24	97.65
515	Professional Services	167,000	125,250	74,586.72	7,813.28	0.00	82,400.00	84,600.00	42,849.85	49.34	65.79
521	Travel - Reimbursements	15,500	11,625	670.32	0.00	0.00	670.32	14,829.68	10,954.62	4.32	5.77
522	Travel - Agency Direct Pmt	20,200	15,150	22,822.00	349.00	0.00	23,171.00	-2,971.04	-8,021.12	114.71	152.95
531	Misc. Administrative Expen	60	45	31.00	0.00	0.00	31.00	29.00	14.00	51.67	68.89
532	Rent Expense	0	0	292.62	7,520.00	0.00	7,812.62	-7,812.62	-7,812.62	~	~
536	General Operating Expenses	6,940	5,205	92.57	1,644.00	0.00	1,736.57	5,203.43	3,468.31	25.02	33.36
542	Library Equipment-Resource	0	0	268.58	0.00	0.00	268.58	-268.58	-268.58	~	~
		296,466	222,349	157,269.30	17,326.28	0.00	174,595.58	121,870.38	47,753.47	58.89	78.52
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19211	FY12 Carryover	15,700	11,775	0.00	0.00	0.00	0.00	15,699.96	11,774.88	0.00	0.00
20000	Okla. Comm On Children & Y	280,766	210,574	157,269.30	17,326.28	0.00	174,595.58	106,170.42	35,978.59	62.19	82.91
		296,466	222,349	157,269.30	17,326.28	0.00	174,595.58	121,870.38	47,753.47	58.89	78.52

Comm on Children and Youth
Business Unit - 12700
FY 2023 Operating Budget Comparison by Department and Account
as of March 31, 2023

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Department: 0100042 Office Planning & Coordination

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	170,504	127,878	114,260.46	0.00	0.00	114,260.46	56,243.54	13,617.48	67.01	89.35
512	Insur.Prem-Hlth-Life,etc	33,482	25,111	22,279.18	0.00	0.00	22,279.18	11,202.82	2,832.26	66.54	88.72
513	FICA-Retirement Contributi	42,273	31,705	26,947.90	0.00	0.00	26,947.90	15,325.10	4,756.76	63.75	85.00
515	Professional Services	60,000	45,000	550.00	20,000.00	0.00	20,550.00	39,450.00	24,449.91	34.25	45.67
519	Inter/Intra Agy Pmt-Pers S	1,500	1,125	0.00	0.00	0.00	0.00	1,500.00	1,125.00	0.00	0.00
521	Travel - Reimbursements	2,940	2,205	1,722.35	0.00	0.00	1,722.35	1,217.65	482.47	58.58	78.12
522	Travel - Agency Direct Pmt	10,060	7,545	1,366.04	0.00	0.00	1,366.04	8,693.96	6,178.84	13.58	18.11
531	Misc. Administrative Expen	1,020	765	300.00	287.50	0.00	587.50	432.50	177.50	57.60	76.80
532	Rent Expense	900	675	0.00	0.00	0.00	0.00	900.00	675.00	0.00	0.00
534	Specialized Sup & Mat.Expe	0	0	34.26	0.00	0.00	34.26	-34.26	-34.26	~	~
536	General Operating Expenses	3,080	2,310	2,765.82	1,365.83	0.00	4,131.65	-1,051.65	-1,821.80	134.14	178.87
541	Office Furniture & Equipme	1,000	750	0.00	0.00	0.00	0.00	1,000.00	749.97	0.00	0.00
554	Program Reimb,Litigation C	0	0	7,075.00	0.00	0.00	7,075.00	-7,075.00	-7,075.00	~	~
		326,759	245,068	177,301.01	21,653.33	0.00	198,954.34	127,804.66	46,114.13	60.89	81.18
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19301	GRF	247,759	185,819	163,564.92	0.00	0.00	163,564.92	84,194.08	22,254.12	66.02	88.02
20000	Okla. Comm On Children & Y	79,000	59,249	13,736.09	21,653.33	0.00	35,389.42	43,610.58	23,860.01	44.80	59.73
		326,759	245,068	177,301.01	21,653.33	0.00	198,954.34	127,804.66	46,114.13	60.89	81.18

Comm on Children and Youth
Business Unit - 12700
FY 2023 Operating Budget Comparison by Department and Account
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Department: 0100043 Post Adj Rev Brd Admin

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	116,068	87,051	89,055.36	0.00	0.00	89,055.36	27,012.64	-2,004.39	76.73	102.30
512	Insur.Prem-Hlth-Life,etc	18,650	13,987	12,664.49	0.00	0.00	12,664.49	5,985.51	1,322.95	67.91	90.54
513	FICA-Retirement Contributi	28,762	21,571	21,417.10	0.00	0.00	21,417.10	7,344.90	154.37	74.46	99.28
515	Professional Services	22,000	16,500	822.28	1,190.00	0.00	2,012.28	19,987.72	14,487.60	9.15	12.20
519	Inter/Intra Agy Pmt-Pers S	1,500	1,125	0.00	0.00	0.00	0.00	1,500.00	1,125.00	0.00	0.00
521	Travel - Reimbursements	13,440	10,080	1,661.77	0.00	0.00	1,661.77	11,778.23	8,418.23	12.36	16.49
522	Travel - Agency Direct Pmt	33,440	25,080	292.00	28,120.00	0.00	28,412.00	5,028.00	-3,332.06	84.96	113.29
531	Misc. Administrative Expen	150	113	90.10	0.00	0.00	90.10	59.90	22.40	60.07	80.09
532	Rent Expense	150	113	0.00	0.00	0.00	0.00	150.00	112.50	0.00	0.00
536	General Operating Expenses	412	309	79.53	400.00	0.00	479.53	-67.53	-170.56	116.39	155.20
541	Office Furniture & Equipme	200	150	0.00	0.00	0.00	0.00	200.00	149.94	0.00	0.00
554	Program Reimb,Litigation C	24,000	18,000	10,000.00	14,000.00	0.00	24,000.00	0.00	-6,000.00	100.00	133.33
		258,772	194,079	136,082.63	43,710.00	0.00	179,792.63	78,979.37	14,285.98	69.48	92.64
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19211	FY12 Carryover	15,000	11,250	0.00	0.00	0.00	0.00	15,000.00	11,250.00	0.00	0.00
19301	GRF	164,980	123,735	123,149.23	0.00	0.00	123,149.23	41,830.77	585.65	74.64	99.53
20000	Okla. Comm On Children & Y	78,792	59,094	12,933.40	43,710.00	0.00	56,643.40	22,148.60	2,450.33	71.89	95.85
		258,772	194,079	136,082.63	43,710.00	0.00	179,792.63	78,979.37	14,285.98	69.48	92.64

Comm on Children and Youth
Business Unit - 12700
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Department : 0100044 MDTs

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	112,750	84,562	64,611.21	0.00	0.00	64,611.21	48,138.79	19,951.26	57.30	76.41
512	Insur.Prem-Hlth-Life,etc	19,804	14,853	11,984.48	0.00	0.00	11,984.48	7,819.52	2,868.49	60.52	80.69
513	FICA-Retirement Contributi	27,961	20,971	15,482.96	0.00	0.00	15,482.96	12,478.04	5,487.67	55.37	73.83
515	Professional Services	26,800	20,100	25,740.00	36,484.00	0.00	62,224.00	-35,424.00	-42,124.03	232.18	309.57
519	Inter/Intra Agy Pmt-Pers S	1,000	750	0.00	0.00	0.00	0.00	1,000.00	749.97	0.00	0.00
521	Travel - Reimbursements	3,400	2,550	539.63	0.00	0.00	539.63	2,860.37	2,010.16	15.87	21.16
522	Travel - Agency Direct Pmt	4,400	3,300	297.00	390.00	0.00	687.00	3,713.00	2,612.94	15.61	20.82
531	Misc. Administrative Expen	4,250	3,187	295.60	0.00	0.00	295.60	3,954.40	2,891.84	6.96	9.27
532	Rent Expense	3,500	2,625	1,425.00	0.00	0.00	1,425.00	2,075.00	1,199.94	40.71	54.29
534	Specialized Sup & Mat.Expe	0	0	226.72	0.00	0.00	226.72	-226.72	-226.72	~	~
535	Production,Safety,Security	0	0	440.00	0.00	0.00	440.00	-440.00	-440.00	~	~
536	General Operating Expenses	1,600	1,200	864.33	984.04	0.00	1,848.37	-248.37	-648.40	115.52	154.03
541	Office Furniture & Equipme	300	225	0.00	0.00	0.00	0.00	300.00	225.00	0.00	0.00
554	Program Reimb,Litigation C	832,350	624,263	725,554.74	74,806.08	0.00	800,360.82	31,989.18	-176,098.32	96.16	128.21
		1,038,115	778,586	847,461.67	112,664.12	0.00	960,125.79	77,989.21	-181,540.20	92.49	123.32
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19211	FY12 Carryover	25,000	18,750	0.00	0.00	0.00	0.00	25,000.00	18,749.97	0.00	0.00
19301	GRF	161,515	121,136	92,078.65	0.00	0.00	92,078.65	69,436.35	29,057.39	57.01	76.01
20000	Okla. Comm On Children & Y	71,600	53,700	39,899.37	51,336.95	0.00	91,236.32	-19,636.32	-37,536.74	127.43	169.90
21000	CAMTA Revolving Fund	780,000	585,000	715,483.65	61,327.17	0.00	776,810.82	3,189.18	-191,810.82	99.59	132.79
		1,038,115	778,586	847,461.67	112,664.12	0.00	960,125.79	77,989.21	-181,540.20	92.49	123.32

Department: 0100045 CASA Contract

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
554	Program Reimb,Litigation C	10,000	7,500	4,545.02	5,454.98	0.00	10,000.00	0.00	-2,500.03	100.00	133.33
		10,000	7,500	4,545.02	5,454.98	0.00	10,000.00	0.00	-2,500.03	100.00	133.33
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
20000	Okla. Comm On Children & Y	10,000	7,500	4,545.02	5,454.98	0.00	10,000.00	0.00	-2,500.03	100.00	133.33
		10,000	7,500	4,545.02	5,454.98	0.00	10,000.00	0.00	-2,500.03	100.00	133.33

Department: 0100090 Children of Incarcerated Paren

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515	Professional Services	15,000	11,250	1,875.00	625.00	0.00	2,500.00	12,500.00	8,749.91	16.67	22.22
522	Travel - Agency Direct Pmt	1,500	1,125	0.00	0.00	0.00	0.00	1,500.00	1,125.00	0.00	0.00
531	Misc. Administrative Expen	3,500	2,625	0.00	2,709.00	0.00	2,709.00	791.00	-84.06	77.40	103.20
554	Program Reimb,Litigation C	75,000	56,250	59,106.83	15,893.17	0.00	75,000.00	0.00	-18,750.00	100.00	133.33
		95,000	71,250	60,981.83	19,227.17	0.00	80,209.00	14,791.00	-8,959.15	84.43	112.57
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
20000	Okla. Comm On Children & Y	95,000	71,250	60,981.83	19,227.17	0.00	80,209.00	14,791.00	-8,959.15	84.43	112.57
		95,000	71,250	60,981.83	19,227.17	0.00	80,209.00	14,791.00	-8,959.15	84.43	112.57

Department: 0100301 Juvenile Compentency

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515	Professional Services	52,500	39,375	40,000.00	10,000.00	0.00	50,000.00	2,500.00	-10,625.00	95.24	126.98
		52,500	39,375	40,000.00	10,000.00	0.00	50,000.00	2,500.00	-10,625.00	95.24	126.98
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
20000	Okla. Comm On Children & Y	52,500	39,375	40,000.00	10,000.00	0.00	50,000.00	2,500.00	-10,625.00	95.24	126.98
		52,500	39,375	40,000.00	10,000.00	0.00	50,000.00	2,500.00	-10,625.00	95.24	126.98

Department: 0100401 Board of Child Abuse Exam

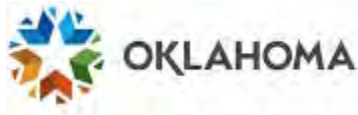
Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515	Professional Services	100,000	75,000	0.00	100,000.00	0.00	100,000.00	0.00	-25,000.03	100.00	133.33
521	Travel - Reimbursements	450	337	0.00	0.00	0.00	0.00	450.00	337.32	0.00	0.00
		100,450	75,337	0.00	100,000.00	0.00	100,000.00	450.00	-24,662.71	99.55	132.74
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
20000	Okla. Comm On Children & Y	100,450	75,337	0.00	100,000.00	0.00	100,000.00	450.00	-24,662.71	99.55	132.74
		100,450	75,337	0.00	100,000.00	0.00	100,000.00	450.00	-24,662.71	99.55	132.74

Department: 0100681 Child Death Review Board

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511	Salary Expense	181,746	136,309	136,340.23	0.00	0.00	136,340.23	45,405.77	-30.82	75.02	100.02
512	Insur.Prem-Hlth-Life,etc	25,462	19,096	17,488.75	0.00	0.00	17,488.75	7,973.25	1,607.72	68.69	91.58
513	FICA-Retirement Contributi	43,910	32,932	31,935.32	0.00	0.00	31,935.32	11,974.68	997.12	72.73	96.97
519	Inter/Intra Agy Pmt-Pers S	400	300	0.00	0.00	0.00	0.00	400.00	299.97	0.00	0.00
521	Travel - Reimbursements	2,520	1,890	1,502.65	0.00	0.00	1,502.65	1,017.35	387.35	59.63	79.51
522	Travel - Agency Direct Pmt	3,756	2,817	2,757.31	0.00	0.00	2,757.31	998.69	59.69	73.41	97.88
531	Misc. Administrative Expen	180	135	0.00	0.00	0.00	0.00	180.00	135.00	0.00	0.00
536	General Operating Expenses	120	90	86.88	150.21	0.00	237.09	-117.09	-147.09	197.58	263.43
541	Office Furniture & Equipme	300	225	0.00	0.00	0.00	0.00	300.00	225.00	0.00	0.00
		258,394	193,795	190,111.14	150.21	0.00	190,261.35	68,132.65	3,533.94	73.63	98.18
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19301	GRF	251,518	188,638	185,764.30	0.00	0.00	185,764.30	65,753.70	2,873.99	73.86	98.48
20000	Okla. Comm On Children & Y	6,876	5,157	4,346.84	150.21	0.00	4,497.05	2,378.95	659.95	65.40	87.20
		258,394	193,795	190,111.14	150.21	0.00	190,261.35	68,132.65	3,533.94	73.63	98.18
Totals for Division 01		4,369,353	3,277,009	2,770,519.91	461,692.88	15,000.00	3,247,212.79	1,122,140.17	29,796.65	74.32	99.09

Department: 8800001 ISD DP - Admin

Account		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515	Professional Services	272,077	204,058	213,204.00	156,602.00	0.00	369,806.00	-97,729.00	-165,748.37	135.92	181.23
531	Misc. Administrative Expen	33,284	24,963	28,457.20	8,665.95	0.00	37,123.15	-3,839.15	-12,160.21	111.53	148.71
532	Rent Expense	37,390	28,042	12,206.95	5,352.86	0.00	17,559.81	19,830.19	10,482.66	46.96	62.62
533	Maintenance & Repair Expen	101,865	76,399	1,156.99	1,228.44	0.00	2,385.43	99,479.57	74,013.23	2.34	3.12
536	General Operating Expenses	4,000	3,000	678.89	0.00	600.00	1,278.89	2,721.11	1,721.08	31.97	42.63
541	Office Furniture & Equipme	9,000	6,750	0.00	360.18	0.00	360.18	8,639.82	6,389.82	4.00	5.34
601	AFP Encumbrances	0	0	0.00	4,156.24	0.00	4,156.24	-4,156.24	-4,156.24	~	~
		457,616	343,212	255,704.03	176,365.67	600.00	432,669.70	24,946.30	-89,458.03	94.55	126.06
Class Funding		Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19121	Carryover	200,000	150,000	200,000.00	0.00	0.00	200,000.00	0.00	-50,000.06	100.00	133.33
19211	FY12 Carryover	100,000	75,000	0.00	100,000.00	0.00	100,000.00	0.00	-25,000.03	100.00	133.33
19301	GRF	72,771	54,578	38,492.62	22,687.87	0.00	61,180.49	11,590.51	-6,602.42	84.07	112.10
20000	Okla. Comm On Children & Y	84,845	63,634	17,211.41	53,677.80	600.00	71,489.21	13,355.79	-7,855.52	84.26	112.34
		457,616	343,212	255,704.03	176,365.67	600.00	432,669.70	24,946.30	-89,458.03	94.55	126.06
Totals for Division 88		457,616	343,212	255,704.03	176,365.67	600.00	432,669.70	24,946.30	-89,458.03	94.55	126.06
Totals for Bus Unit 12700		4,826,969	3,620,221	3,026,223.94	638,058.55	15,600.00	3,679,882.49	1,147,086.47	-59,661.38	76.24	101.65



State of Oklahoma
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of March, 2023

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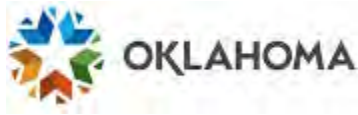
BUSINESS UNIT 12700

CLASS 191 FY21 GRF

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	235,610.35
1-Jul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	235,610.35
2-Aug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	235,610.35
3-Sep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	235,610.35
4-Oct	0.00	2,277.00	0.00	0.00	0.00	0.00	0.00	0.00	233,333.35
5-Nov	0.00	233,333.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6-Dec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Column Totals:	0.00	235,610.35	0.00	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					
Class/Fund Balances:								0.00	0.00
								Current Ledger Balance-Liabilities:	0.00

***Budgeted Cash Balance: 0.00**

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



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BUSINESS UNIT 12700

CLASS 200 Revolving Fund

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	567,880.01
1-Jul	(14,023.35)	45,114.99	(4,222.92)	0.00	0.00	0.00	0.00	0.00	541,011.29
2-Aug	(9,206.69)	103,922.63	2,947.32	0.00	0.00	0.00	0.00	0.00	443,348.03
3-Sep	(11,588.63)	40,894.11	1,275.60	0.00	0.00	0.00	0.00	0.00	412,766.95
4-Oct	(689.44)	50,020.51	(2,621.25)	0.00	0.00	0.00	0.00	0.00	366,057.13
5-Nov	(12,424.33)	102,353.45	2,410.00	0.00	0.00	0.00	0.00	0.00	273,718.01
6-Dec	(121,045.38)	34,904.01	(1,038.75)	0.00	0.00	0.00	0.00	0.00	360,898.13
7-Jan	(33,507.77)	72,792.84	(276.09)	0.00	0.00	0.00	0.00	0.00	321,889.15
8-Feb	(21,108.84)	22,331.99	276.09	0.00	0.00	0.00	0.00	0.00	320,389.91
9-Mar	30,214.28	59,824.99	(2,155.80)	0.00	0.00	0.00	0.00	0.00	292,935.00
Column Totals:	(253,808.71)	532,159.52	(3,405.80)	0.00	0.00	0.00	0.00		
Current Ledger Balance:			(3,405.80)	0.00					

Class/Fund Balances:

0.00	292,935.00
Current Ledger Balance-Liabilities:	(3,405.80)

***Budgeted Cash Balance:** 289,529.20

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



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BUSINESS UNIT 12700

CLASS 210 CAMTA revolving fund

Acctg Period	Revenue (Credit) Debit 4xxxxx	Expenditures (Credit) Debit 5xxxxx	Change in Liabilities (Incr) Decr 2xxxxx	Change in Receivables Incr (Decr) 1xxxxx	Net Payroll Withholdings (Credit) Debit 633xxx	Transfers In (Credit) 631100 and 631150	Transfers Out Debit 621000,621150, 631200, and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Beg			0.00	0.00				0.00	0.14
1-Jul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14
2-Aug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14
3-Sep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14
4-Oct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14
5-Nov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14
6-Dec	(756,368.48)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	756,368.62
7-Jan	0.00	715,483.65	0.00	0.00	0.00	0.00	0.00	0.00	40,884.97
8-Feb	(36,125.94)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	77,010.91
9-Mar	16,375.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	93,385.92
Column Totals:	(808,869.43)	715,483.65	0.00	0.00	0.00	0.00	0.00		

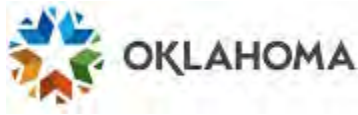
Current Ledger Balance:

Class/Fund Balances:

0.00	93,385.92
Current Ledger Balance-Liabilities:	0.00

***Budgeted Cash Balance:** 93,385.92

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



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BUSINESS UNIT 12700

CLASS 79901 Clearing account

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	14,023.35
1-Jul	4,816.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,206.69
2-Aug	(2,381.94)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,588.63
3-Sep	10,899.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	689.44
4-Oct	(11,734.89)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,424.33
5-Nov	(68,812.18)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81,236.51
6-Dec	47,728.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,507.77
7-Jan	(23,727.01)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,234.78
8-Feb	10,645.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,589.29
9-Mar	27,505.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,084.14
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,084.14
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,084.14
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,084.14
Column Totals:	(5,060.79)	0.00	0.00	0.00	0.00	0.00	0.00		
Current Ledger Balance:			0.00	0.00					
Class/Fund Balances:								0.00	19,084.14
									0.00

*Budgeted Cash Balance: 19,084.14

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



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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:	(1,067,738.93)	3,244,304.68	(10,430.22)	0.00	97.80	(1,882,062.00)	0.00		
Prior Year AP BU Balance:			0.00	0.00					
Current AP Business Unit Balance:			(10,430.22)	0.00					
Business Unit Balances:							0.00	996,332.77	



OCCY PARENT PARTNERSHIP BOARD
Commissioner Meeting Report ~ April 14, 2023
SFY23/ Quarter 3 / January-March
Activities and Outputs

Background

In 2019, the Children's Endowment Fund of Oklahoma was created in statute. The funds are to be administered by the Oklahoma Commission on Children and Youth (OCCY), at the direction of the OCCY Commissioners, through a grant process to "stimulate a broad range of innovative programs, activities or research or evaluation that will improve the well-being and reduce the adverse childhood experiences of Oklahoma's children." Professionals in the social service sector increasingly recognize the importance of the consumer's voice in decision-making at the individual, local, state, and national levels to improve policy and practice. For that reason, when the Children's Endowment fund was enacted, so too was the OCCY Parent Partnership Board (PPB). The PPB aims to connect individuals with lived experiences with OCCY Commissioners to advise the Commissioners and the agency in its effort to Oklahoma's child-serving systems.

Activities and Outputs

- OCCY welcomed two new members to the PPB in January. **Nubia Fiesel** of Oklahoma City is a mother of two children and has participated in multiple advocacy and community programs focused on improving the lives of the underserved and impoverished. **Demetrius Mayhue Sr.** of Oklahoma City is the father of two biological children. Demetrius and his wife have served as foster parents for 13 children over the past 3 years. Demetrius is passionate about creating awareness of foster parents' needs and access to resources.
- OCCY and CTFA provided a two-hour **Orientation Session** to new PPB members. The orientation included information about OCCY; board member's roles and responsibilities; and the benefits of parent leadership. New members also learned about various programs, services, and connections through CTFA.
- Oklahoma Human Services and OPSR were awarded \$36 million in federal funds from U.S. Health and Human Services (HHS) for the **Oklahoma Preschool Development Birth through Five Renewal Grant (PDG)**. The primary goal of Oklahoma's PDG B-5 project is to support a coordinated, collaborative, and equitable Early Childhood Care and Education (ECCE) system that builds the capacity of families, communities, and public and private organizations to provide children birth to age five with seamless access to supports they need to thrive. OCCY is a sub-recipient of the PDG and will support grant deliverables including updates for the comprehensive statewide B-5 assessment and strategic plan; **maximizing parent and family engagement in the B-5 system**; supporting of the B-5 workforces and dissemination of best practices; and others.
- On January 9th, OCCY and Oklahoma State Department of Health (OSDH) Oklahoma Family Support Network (OFSN) convened the **Oklahoma Community of Practice (CoP): Developing**

and Sustaining Effective Parent Advisory Committees. Twelve (12) partners from across the state participated. The focus of the convening was to address recruitment and sustainability of parent leaders within organizations, boards, and committees.

- On January 11th, the PPB served in an **advisory** role to the **Oklahoma Trauma Informed Care (TIC) Task Force** and **Oklahoma State University Center for Integrative Research on Childhood Adversity (CIRCA)**. PPB members provided feedback regarding the **Resilient Oklahoma** website prototype and completed a usability survey to support further development and enhancements of the website.
- OCCY PPB members showcased **parent leaders** from across the state on the agency website and social media as part of National Parent Leadership Month in February.
- Oklahoma Governor J. Kevin Stitt proclaimed **February as National Parent Leadership Month in Oklahoma**. The proclamation was presented at the February 24th OCCY Commissioner's meeting with the inclusion of PPB members Sara Jacobi and family and Betty Hawkins-Emery.
- OCCY hosted the **National Family Support Network (NFSN) Developing & Sustaining Effective Parent Advisory Committee Virtual Training** on March 1st and 2nd. The training is designed for professionals/staff teams that are exploring setting up a new parent advisory committee or are seeking to strengthen an existing one. The training included 27 attendees representing 15 partner agencies from across the state.
- PPB members **Lana Turner Addison** and **Se'Naqua Hildreth** attended the **Oklahoma Institute for Child Advocacy (OICA) 2023 Legislative Learning Lab** on February 1st, 2nd, 3rd & 6th. The lab educates, informs, and empowers advocates to be well prepared to follow and engage Oklahoma's legislative session.
- OCCY facilitated a self-nomination process to select a Co-Chair and Co-Chair Apprentice to the PPB. **Lana Turner-Addison** is the 2023 Co-Chair and **Se'Naqua Hildreth** is the 2023 Co-Chair Apprentice.
- PPB member **Betty Hawkins-Emery** participated in the **Outstanding Child Abuse Prevention and Awards Committee** sponsored by the OSDH.
- At the March 8th PPB meeting, members met with OCCY Commissioners **Lindsay Laird** and **Dr. Kalie Kerth**. Meeting goals included: facilitating connections/engagement with Commissioners; relationship building between PPB members and Commissioners; learning about agency programs and services; strategic sharing from PPB members; and discussion on opportunities to collaborate. **Sunnie Jamerson**, **Tamara Bryan**, and **Delena Sullivan** shared their lived experience with Commissioners.
- On March 22nd, CTFA provided a **Strategic Sharing follow-up training** for PPB members. The training was conducted virtually by CTFA staff Kara Georgi and Meryl Levine. Session goals included: giving parents tools to feel more confident about how to craft different stories based on their individual experiences; how to gather more information about their audience and prepare for presenting; how to align the contents of their story with the priorities of OCCY and the Commissioners; and how to seek and maximize assistance in preparation for a presentation.



ANNUAL REPORT

Oklahoma Children of
Incarcerated Parents
Advisory Committee
2022 Partnership Highlights



BACKGROUND

In accordance with Title 10 O.S. § 601.3, the Oklahoma Commission on Children and Youth (OCCY) is authorized and directed to establish services for the children of incarcerated parents (CIP).

Duties designed to improve the lives of children of incarcerated parents include:

1. Coordinating research
2. Developing an educational toolkit describing services available to children of incarcerated parents
3. Conducting or providing continuing professional education and training for the purpose of improving services to children
4. Coordinating an Advisory Committee to work collaboratively with agencies and services providers to better meet the needs and improve the quality of life for children of incarcerated parents
5. Collecting data
6. Creating a resource clearinghouse

RESEARCH



**Ashley Harvey, PhD Student
Oklahoma State University
2022-23 OCCY CIP Fellow**

Children of Incarcerated Parents Doctoral Fellows Program

OCCY supports transformative student research and training in Oklahoma. Fellows are actively engaged in a doctoral level scholarship which holds the potential to improve the quality of life for children and families impacted by incarceration and the carceral system in Oklahoma. They are provided with an annual stipend of \$2,500 to support their research studies.

Ashley Harvey, PhD student at Oklahoma State University serves as the 2022-2023 OCCY CIP Fellow. Her dissertation topic examines the strength and interaction of multiple causal variables of maladjustment for children of incarcerated parents. Past research has examined the relationship between parental incarceration and negative child outcomes, but questions regarding how much of the impact is specific to parental incarceration and how much can be accounted for other things such as poverty, neighborhood violence, exposure to substance abuse or mental health issues, etc. Her research will examine the strength and interaction of these variables using structural equation modeling, an advanced statistical technique used to examine causal relationships, not just correlation.

EDUCATIONAL TOOLKIT

Children of Incarcerated Parents Educational Toolkit

The Children of Incarcerated Parents Toolkit provides caregivers, service providers, educators and others access to information about state and local resources to support children and families. The toolkit includes information related to family support programs, tips for caregivers and educators, answers to questions a child or a student may have about their parent's arrest or incarceration, adverse childhood experiences, positive youth development and other related topics. The toolkit was written, edited, and designed by the Children of Incarcerated Parents Advisory Committee and OCCY staff, with the help of stakeholders, ranging from caregivers, parents, faith-based community members, counselors, educators, social workers, community leaders, child specialists and others.



2022 Children of Incarcerated Parents Toolkit
(oklahoma.gov/occy)



2023-CIP-Toolkit-Digital.pdf (oklahoma.gov/occy)



PROFESSIONAL EDUCATION & TRAINING

Arizona State University 4th Annual Children of Incarcerated Parents National Conference

OCCY sponsored registration for seven community partners to attend the 4th Annual CIP National Conference held virtually on March 30th, April 6th, and April 13th. The conference was hosted by the Arizona State University Center for Child Well-Being. The conference aimed to provide awareness of the impact of incarceration on children and families as well as to increase community capacity to respond in helpful and healing ways. All Oklahoma attendees “strongly agreed” or “agreed” that the conference...

1. Would enhance support and advocacy efforts of their organizations and/or communities served
2. Would be relevant to their work with children, youth, families, and organizations of which they worked
3. Would be applicable in their work with children, youth, families, and organizations



Education



Training



Community
Impact



Results



Photo: Marquess Dennis, Oklahoma Fatherhood Summit



Photo: Governor Kevin Stitt, Oklahoma Fatherhood Summit

Incarceration & Its Impact on Children and Families Continuing Education Workshop

This professional education workshop was held on June 24th at the University of Oklahoma – Tulsa campus. The event was planned and funded by Haruv USA at OU-Tulsa, OCCY, and the Oklahoma Children of Incarcerated Parents Advisory Committee. Keynote presenters included Nancy Correa, DrPH of Texas Children's Hospital and Hilary Cuthrell, PhD, researcher/author. Workshop topics included incarceration through the lens of race and ethnicity, effects of parent incarceration on children and a lived experience panel. Approximately 70 professionals/service providers from across the state were in attendance and provided an 80% excellent rating of the workshop.

2022 Oklahoma Fatherhood Summit

The Oklahoma Fatherhood Summit was held on October 14th at the Dream Center – Tulsa. The event was sponsored by Birthright Living Legacy, Girl Scouts of Eastern Oklahoma, National Center for Fathering, OCCY, Oklahoma Children of Incarcerated Parents Advisory Committee, OUHSC Center for Child Abuse and Neglect and Tulsa Dream Center. The purpose of the summit was to celebrate and honor the important role that fathers play in the lives of children. The event featured keynote presenter, Dr. Ken Canfield of with the National Center for Fathering. Workshop topics included relationship centered fathering; legal issues of custody and visitation for fathers; play therapy; parent advisory committees; and fathering daughters. The summit also featured a panel of fathers with various lived experience from incarceration, grandparents raising grandchild and blended families. Approximately 230 fathers, families, and service providers from across the state attended.

COORDINATION

OJJDP Second Chance Act: Addressing the Needs of Incarcerated Parents and their Minor Children

Oklahoma Department of Corrections (Principal Investigator) and partners Girl Scouts of Eastern Oklahoma, New Hope Oklahoma, Oklahoma Messages Project, OCCY, and the University of Oklahoma have been awarded an U.S. Department of Justice Office of Juvenile Justice and Delinquency Program Second Chance Act – Addressing the Needs of Incarcerated Parents and their Minor Children Grant. The three-year grant totals \$741,960 (FFY23-FFY25) and is focused on positive family engagement strategies such as implementation of the Nurturing Parenting Program®; reunification visits and programming; after-school and camp programming; empowering at-risk youth; connection and literacy services; and program evaluation. Programs will be implemented at one female and one male prison in the state.

DATA COLLECTION

Children of Incarcerated Parents Partnership Evaluation (Partnership Effectiveness Continuum)

In the fall of 2022, OCCY in partnership with the University of Oklahoma Evaluation Team assessed partnership effectiveness within the Children of Incarcerated Parents program. The evaluation utilized the Partnership Effectiveness Continuum, an evidence-based research tool designed to highlight specific areas where the partnership excels and areas to target for partners program improvements. Evaluation results included 78% indicator responses falling within the effective or highly effective rating, and only 2% of responses rated as ineffective. The Communication and Collaboration dimension was among the highest rated followed by Institutional Leadership and Response to Local Context.



2022-Children-of-Incarcerated-Parents-Partnership-Evaluation.pdf (oklahoma.gov)

CONTACT INFORMATION

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OCCY Children of Incarcerated
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PARTNERS

- A Child's Worth
- Big Brothers Big Sisters of Oklahoma
- Birthright Living Legacy Inc.
- Canadian County Children's Justice Center
- City of Norman Police Department
- Criminal Justice and Mercy Ministries
- Diversion Hub
- Family and Children Services of Tulsa
- Girl Scouts of Eastern Oklahoma
- Goodwill Industries of Central Oklahoma
- Haruv USA
- Hunger Free Oklahoma
- Individuals with Lived Experience
- National Center for Fathering
- New Hope Oklahoma
- New York University
- No Judgement Inc.
- Oklahoma Bureau of Narcotics & Dangerous Drugs Control
- Oklahoma City Public Schools
- Oklahoma County Criminal Justice Advisory Council
- Oklahoma Head Start
- Oklahoma Policy Institute
- Oklahoma Department of Corrections
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Department of Transportation
- Oklahoma Health Care Authority
- Oklahoma Human Services
- Oklahoma Messages Project
- Oklahoma Office of Juvenile Affairs
- Oklahoma State Department of Education
- Oklahoma State Department of Health
- Oklahoma State University
- Okmulgee Criminal Justice Authority
- Prison Fellowship Ministries
- ProsperOK
- Pryor Public Schools
- Public Strategies
- Rep. Ajay Pittman - OK House District 99
- Restorative Justice Institute of Oklahoma
- Tulsa Dream Center
- University of Central Oklahoma
- University of Oklahoma
- United Way of Central Oklahoma
- Urban League of Greater Oklahoma City
- Work Ready Oklahoma



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2023

Children of Incarcerated Parents Toolkit



OKLAHOMA
COMMISSION ON
CHILDREN AND
YOUTH

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If you are using the digital version of the toolkit, click this icon to visit the website referenced.

** If any of the links or phone numbers in the digital version of this toolkit do not work, please let us know by contacting Danielle Dill at danielle.dill@occy.ok.gov. Thank you.*



Introduction

This toolkit is for you... IF

- You are a caregiver of a child whose parent is in jail or prison
- Law enforcement came to your home and arrested your husband, wife, boyfriend, or girlfriend in front of the children
- You are a teacher or a school counselor whose student has a parent in prison or jail
- You are a teacher, and a child is asking difficult questions related to the criminal justice system
- You are a social worker looking for resources to help a foster parent with a child whose mother or father was arrested
- You operate a childcare center, and your client had a run in with the legal system and needs some help to figure out options for their kids
- You are a caregiver, educator or service provider who has – or knows of – family members in the criminal justice system for a few days, months, a year, a decade or maybe for life
- You are incarcerated and are looking for resources for the children

How to use this toolkit

The toolkit is designed for you, the caregiver, service provider or educator, to find answers to questions that may apply to you, a child, a client, or a student. The resource list provides a wealth of free information available on the Internet.

We have divided this toolkit into various sections from family support programs to tips for caregivers and educators, to finding answers to questions a child

or a student may ask about their parent's arrest or incarceration.

This toolkit was written and edited by the Oklahoma Commission on Children and Youth (OCCY) Children of Incarcerated Parents Advisory Committee, with the help of stakeholders, ranging from caregivers, parents, faith-based community members, counselors, educators, social workers, community leaders, child specialists, etc.

Families • Caregivers • Educators • Service Providers

When a child's parent goes to prison or jail, with rare exception, the child mourns. They may miss the parent who played with them, cooked for them, or watched TV with them, and doing these things may increase their sadness. If their incarcerated parent was not available before imprisonment, the child may mourn the loss of the hope of what might have been if only Mom or Dad had not gone away.

Either way, the time when a parent is imprisoned is a time when children wait and often hope. They wait for Mom or Dad to come back to take care of them, the way they did before, or they wait for the return of a parent who has been changed and "made better" by their time in prison. They also hope that this time Mom or Dad will stay.

The caregivers of children with incarcerated parents may have many things in common. They cope with the criminal justice system, deal with the impact on the children, must find ways to make ends meet, deal with their own feelings toward the child's parents, and struggle with how to answer children's questions. Each family and each caregiving circumstance are also unique.

Caregivers could be the incarcerated parent's parent, another grandparent, an aunt, or older sibling. A caregiver might be a family friend, foster parent, or group home staff member.

Some caregivers took on the responsibility by default because there was no one else, while others were already the guardians of the children before the parent became incarcerated.

Some caregivers are unrelated to the child by blood but are the friends, girlfriends, boyfriends, or partners of one of the child's parents. Some children are in foster care with adults they did not know before their parent went to prison. In some cases, children move far away from the homes they were living in prior to their parent's arrest and incarceration and find themselves in new and unfamiliar environments.

Meanwhile, most caregivers are expected to raise the children, keep them connected in some way to their imprisoned parent, earn a living, and care for other members of the family. It may be difficult for caregivers to respond consistently to the feelings and behaviors of the children.

Other caring adults in the child's life such as teachers, health care providers, social workers, clergy, coaches, or librarians may or may not be trained to help children or their caregivers cope with this crisis. It may be helpful to share this resource with them as well if they are a trusted family support.

Influences on the caregiver's ability to cope:

- The degree of familiarity they have with the child
- The intensity of change and upheaval in the child's life
- Economic stress/instability, or the oppression of poverty
- Degree of isolation, whether in urban, suburban, or rural settings
- Caregiver's health and emotional well-being
- Quality of the child's school
- Caregiver's job satisfaction
- Community resources
- Support of family and friends
- Family spirituality and faith
- The impact of racial and ethnic prejudices
- Presence of knowledgeable professionals

What do children of incarcerated parents and their caregivers need?



Every child, family and circumstance are different. Children will need different things from caregivers depending on their age, temperament and personality, the family circumstances, the facts and details of the crime, and the availability of outside resources.¹

Some examples of circumstances faced by children of incarcerated parents are:

- Parents who were not around much before their incarceration
- Parents who were unpredictable because of mental health or substance abuse
- Parents who were actively involved before jail or prison
- Trauma from witnessing a violent arrest or a history of traumatizing experiences
- Moving to a new city or state
- Changing schools or childcare arrangements
- Difficulty staying in contact with an incarcerated parent

1. (From interviews with Caregivers - Adalist-Estrin, Family and Corrections Network-FCN).



Most caregivers need:

- Support and understanding from friends, family, clergy, and the community
- Emotional support, such as counseling or group activities
- Information about children of incarcerated parents and services in the community
- Guidance on what is generally best for children and how to answer their questions
- Rules, boundaries, and space in the home for the children, the family, and the caregiver
- Opportunities for respite care and relief from the duties of caregiving
- Help with managing the needs and services that are all too often fragmented, unavailable, or costly

Most children of incarcerated parents need:

- Consistent, caring adults who understand that, in general, children love their parents, even when they have committed a crime
- People who will not condemn the incarcerated parents as worthless
- People who will understand that children of prisoners feel angry, sad, confused, and worried
- A chance to express these feelings and learn to cope with them
- A chance to learn and practice skills and keep busy with activities
- Faith or affiliation with a community that can provide meaning for the child beyond their own crisis
- People who can help them to maintain contact with their incarcerated parent or parents or explain to them why they cannot maintain contact



Feelings and emotions:

When a family member, such as a mom or dad, goes to prison, it can be very difficult for everyone involved. For some children, the experience could be emotionally devastating or even traumatic. For others, it may be less serious, and sometimes even a relief. The overall experience and impact of the child depends on the child's age, understanding of the situation, and reactions of others – particularly their family members.

Children may experience different feelings, multiple feelings at once, or one after the other in sequence. Sometimes these are feelings of sadness, guilt, fear, disbelief, anxiety, anger and/or powerlessness. It is important to help children understand and work through their feelings.

School difficulties:

The stress of having a parent in jail or prison may affect a child's school performance. Strong emotions and the actions that go along with them can result in classroom challenges, social isolation, and other acting-out behaviors.

It is important to work closely with trusted adults at school to help the child have more success. Many times, teachers do not know about a difficult family situation.

Having information about the home life of a student can help teachers be more understanding about difficult behaviors and can help them plan for what a child needs to help them learn. It is important to be aware of risk factors and to know that these do not define the child.

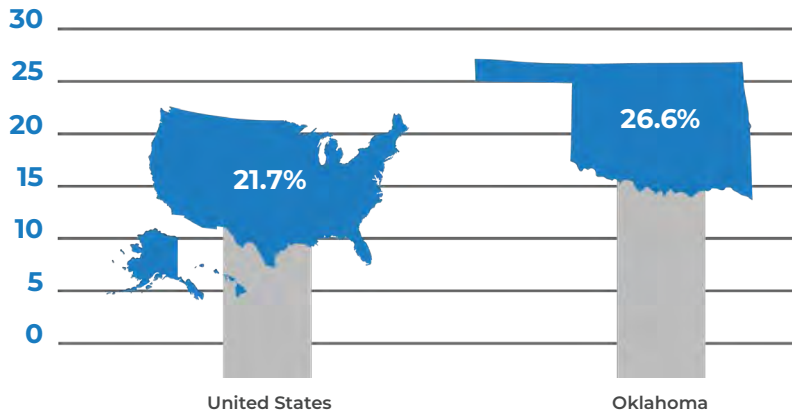


"All children benefit from strong families and safe communities where their needs are met. Surrounding families with supportive neighborhoods, communities, businesses, schools, services and systems is a critical way to support the well-being of children and families." – *Children's Trust Fund Alliance*

Learn more about the Alliance at: <https://ctfalliance.org/>

Adverse Childhood Experiences (ACEs) and Positive Youth Development (PYD): A brief overview

Prevalence of 2 or more ACEs Among Children



(Starcheski, 2015)

Adverse Childhood Experiences (ACEs) are potentially traumatic events that may have lasting negative impacts. ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan by contributing to high levels of toxic stress that derail healthy physical, social, emotional, and cognitive development. Forty-six percent of children in the United States have experienced at least one ACE (Sacks, 2014). The more ACEs a child experiences, the more likely they are to experience health problems, poor academic achievement, and substance abuse later in life. Oklahoma ranks number one in percentage of children with an ACE score of 2 or more. (Overall, 2020)

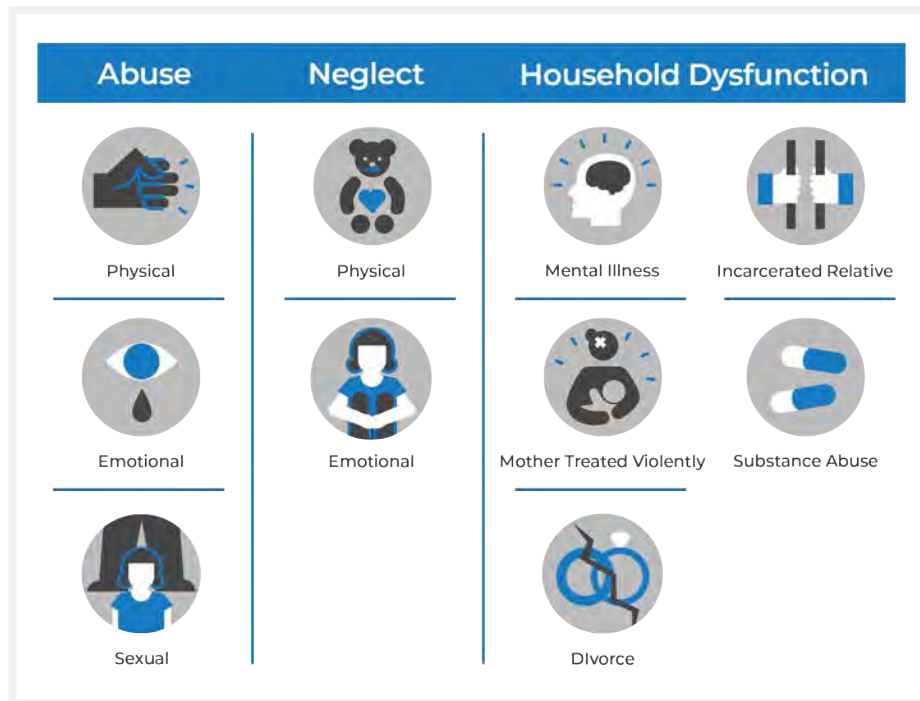
Take the ACE Test

1. Did a parent or other adult in the household often or very often: Swear at you? Insult you? Put you down or humiliate you? Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often: push, grab, slap, or throw something at you? Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever: Touch or fondle you? Have you touch their body in a sexual way? Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that no one in your family loved you or thought you were important or special? Did you often or very often feel that your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that: you didn't have enough to eat? Had to wear dirty clothes?
6. Had no one to protect you? Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
7. Were your parents ever separated or divorced?
8. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? Sometimes, often, or very often, kicked, bitten, hit with a fist, or hit with something hard? Ever repeatedly hit over a minimum of a few minutes or threatened with a gun or knife?
9. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
10. Was a household member depressed or mentally ill? Did a household member attempt suicide?
11. Did a household member go to prison?

Score 1 point for each question that you answered "yes".

Total points? _____

ACEs are categorized into three groups and are further divided into subgroups as follows:



ACE's have been linked to risky health behaviors, chronic health conditions, low potential for the future, and early death (National Center for Injury Prevention and Control, Division of Violence Prevention, 2016). Below-average teacher-reported academic and literacy skills along with behavior problems in kindergarten have been found in children under five years old with ACE exposure (Jimenez, 2016).

Children ages 3 to 5 who have had two or more ACEs are over four times more likely to have trouble calming themselves down, be easily distracted, and have a hard time making and keeping friends.

The good news is, individual, community, and familial strengths facilitate recovery and build resilience (APA, 2008). Despite their enduring influence, ACEs can be offset by the presence of PACEs, Protective and Compensatory Experiences (protective factors), which give children the opportunity to build resilience.

Existing protective factors can insulate children from traumatic experiences. Protective factors that are especially helpful in this demographic include, safety, stability, ability to regulate emotion, and a secure attachment to a caregiver (Buss, 2015). Families should know that maintaining at least one positive, healthy relationship with an encouraging adult is important for developing resilience.

By reducing families' sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, we can prevent and counteract any lasting harm of adverse experiences.



(Starecheski, 2015)

Positive Youth Development:

Positive Youth Development (PYD) allows for a variety of objectives that affect risk factors, protective factors, and youth trajectory toward positive adult outcomes. PYD objectives include:

Bonding

- the emotional attachment between a child and various groups
- allows children to develop social connections

Resilience

- a person's ability to face and overcome adverse situations
- promotes flexibility in times of change and stress

Social/Emotional/Cognitive/Behavioral/Moral Competence

- promotes integration of feelings, thoughts, and actions to move toward goals
- provides skills in processing change

Self Determination

- allows children to enhance confidence in thinking on their own
- promotes advocating for oneself and living according to internal standards (Catalano, 1998)

Spirituality

- traditionally centered on moral and social behavior, now viewed more holistically
- an understanding between one's inward and outward journey (Positive Youth Development and Spirituality: From Theory to Research, 2008)

Self-Efficacy

- youth belief they can achieve goals with learned skills such as goal setting and coping
- promotes a clear and positive identity (Erik Erikson's Stages of Psychosocial Development, 2015)

Clear & Positive Identity

- may include ethnicity, gender, family, culture, and community
- fosters a positive identification with a sub-group or culture (Catalano, 1998)

Belief in the Future

- having hope in long term goals (attending college, finding employment, having choices)
- provides protective factors for youth by seeing a future

Recognition for Positive Behavior

- reacting to desired actions from youth
- rooted in reinforcement theory

Opportunities for Prosocial Involvement

- allowing children to participate in positive social interactions
- creating an environment for this behavior

Prosocial Norms

- embracing healthy beliefs and clear standards
- identifying expectations

It is never too late to build the protective habits and environments that promote resilience and recovery. To learn more about ACE's and PYD please search for the following webpages:

Centers for
Disease Control
and Prevention CDC
– Kaiser ACE Study



National Council
of Juvenile and
Family Court Judges
Finding Your ACE Score



The National
Child Traumatic Stress
Network About Child
Trauma



Youth.gov
Positive Youth
Development





Tips for caregivers:

1. Talk about feelings with children.

"You look sad. Are you missing Daddy?" Or, "When you get that angry at little things I wonder if you are also angry at your mom for going to jail?" or, "I wish your dad could have seen you play ball tonight, and I bet you do too."

2. Using age-appropriate language, be as honest with children as possible.

"Mommy won't be coming home for a very long time. It will be four more birthdays (or two more summer vacations)."

3. Remember to keep your feelings separate from each child's.

"We feel different things about this. I am angry at your dad and don't really want to see him, but I want you to go because he's your dad and you love him."

4. Set up family discussion times.

Tuesday night is the family "meeting." Or Wednesday night is "Let's wait for dad's call tonight and talk about how we are all doing with this." Or Saturday morning's breakfast, "Prison and jail talk is off limits." This can be a moment of relief to those who need a break from the subject.

5. Talk about the family's choice to tell others or keep it a secret from certain people.

Let children know why the choice is necessary. Provide plenty of opportunity to talk about it at home.

6. Encourage children to write or talk to their parents whenever possible.

7. Help children start a picture or story that their parent adds to, and then the child adds on, and so on by mailing it back and forth.

8. Read with the children. Encourage your library to include books and pamphlets about children of incarcerated parents in its collection.

9. Get support and help for the children and yourself through friends, clergy or counselors.

By Ann Adalist-Estrin, Children of Prisoners Library, Family and Connections Network. Copyright 2003.

Questions a child might ask when a family member goes to prison

There are no answers that fit all difficult questions that a child may ask. Each circumstance is unique. This toolkit is designed for you to go through the information and pick out what may apply to you.

In most cases, a prison sentence will be another immediate family crisis, the worst-case scenario. Until now, adults and children in the family could hope for a better outcome such as a suspended sentence, deferred imposition of sentence, or a prison alternative. At this point in the process, it is certain that the family member won't be coming home any time soon. On the other hand, if the family member committed crimes against the children or other adults in the family, a prison sentence guarantees a respite from the hurt, perhaps permanently, and might be a relief. Prisons and jails are similar in appearance, but they have different purposes.

Jails are temporary holding facilities operated by cities, counties, and tribal governments. Suspects go to jail after arrest and before a court hearing or trial if they are not granted bond (or bail). Offenders convicted of misdemeanors in Oklahoma may also serve their sentences in local jails, often in the community in which they committed their crimes. Offenders sometimes remain in county jails for months after sentencing.

Prisons in Oklahoma are large, secure facilities designed for felony offenders serving longer sentences. Prisons have more treatment, education, and exercise options than jails. Prisons and jails are a place where people who have been accused or convicted of crimes are confined or incarcerated. Generally, people stay in jail if they are sentenced for less than a year or if they are waiting for their trial. If they receive a sentence for more than a year, they go to prison. People who are incarcerated are often called inmates.

What are jails?

Jails are temporary holding facilities operated by cities, counties, and tribal governments.

What are prisons?

Prisons in Oklahoma are large, secure facilities designed for felony offenders serving longer sentences.

Who goes to jails and prisons?

Prisons and jails are a place where people who have been accused or convicted of crimes are confined or incarcerated.

How long will they stay?

Generally, people stay in jail if they are sentenced for less than a year or if they are waiting for their trial. If they receive a sentence for more than a year, they go to prison.

10 questions a young child might ask

1. When can I see or talk to my family member?



"I will find out what the visiting rules are and help you see him." If you have a family member held in a jail, contact the jail for more information on how to arrange contact.

Each jail has different visitation procedures. Some information can be found on each local jail's website. For prison visiting rules, visit <https://oklahoma.gov/doc.html> and click on "Facilities" at the top of the web page.

2. When is my family member coming home?

"We believe (s)he might come home after two summers," or "after three birthdays," or "when you are 12 years old." Be careful not to give a child a firm date because prison release dates can change for many reasons, including parole (early release) or new criminal charges (extended stay). If you are reasonably certain when the sentence will end, try using a reference date that is important to the child.

3. Will my family member be safe?

"People who work at the prison are called correctional officers. They are much like police officers. They work very hard to make sure that your family member and the others who are incarcerated are safe. You will be safe when you visit."

4. Where will my family member sleep?

"Your family member will sleep in a bed sort of like a camp cot in a small room with a door, called a cell. (S)he will probably share a cell with at least one other person."

5. What will (s)he wear?

"People who are incarcerated wear identical uniforms that look like doctor or nurse 'scrubs.' They also have socks and shoes, provided by the prison."

6. What will (s)he eat?

"The prison serves three meals a day on trays in a cafeteria similar to the one you have at school. Some people in prison eat meals in their cells. They can also buy snacks from a prison shop called a commissary."

7. How will my family member spend his/her time in prison?

"People read books, write letters, and go outside or to a gym for exercise. They attend classes that help them learn how to obey rules, be better parents, stop drinking alcohol or taking drugs, and be less angry. Most prisons have classes for incarcerated parents who want to earn their high school diploma, GED or study for college."

8. What will it be like to visit prison?

Every prison is different. You will be informed about the rules in advance. This is a general answer to help children envision the visit and perhaps lessen their fear: "You will be with me (or other adult caregiver) the entire time. Before we go, the prison will tell us what we can wear and what we can and cannot bring into the prison. Going into the prison will be sort of like going through airport security (if the child has been to an airport). We will be checked to be sure we don't have cell phones or other things that are not allowed in prison. We will visit in a special room with tables and chairs. Most prison visiting areas have books and toys for children to enjoy. Your family member will meet us there."

9. Will anyone hurt us?

"The people who work at the prison will keep us safe. You will not be left alone at any time in the prison. It might be scary at first to be in a prison, but no one will hurt us." Public safety is the top priority at ODOC correctional facilities. Staff will take any action necessary to protect visitors, other staff and those who are incarcerated. Visits include some risks, which staff members will explain to visitors. Young children probably do not need to be told that a prison visit involves risk. However, it might be a good idea to explain that a stranger (security staff) will be touching them during the search.

10. What if I do something wrong? Will I have to go to prison?

"If you do something wrong, you will have a consequence like 'time out' or not riding your bike for three days. You will not go to prison."

Family / Caregivers: Should I apply for this?

If you are taking care of a child whose parent is in jail or prison, you may need assistance. Getting answers to questions and finding services, programs and support can be confusing and overwhelming.

You may be eligible to receive help if you're dealing with the following situations: eviction, lack of food, homelessness, pregnancy, medical issues, utility shut-off, domestic violence, medical emergency, non-receipt of benefits, dental, mental health services, childcare needed due to work, or circumstances which present harm to the client or others.



Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP provides seasonal assistance to low-income households to assist with winter heating and summer cooling costs, and to provide emergency help for some families who have received utility cut-off notices. Apply at your local Oklahoma Human Services (OKDHS) office in December and July for heating and cooling assistance. Check with your local utility company and ask if there are other assistance programs. (<https://oklahoma.gov/okdhs/services/liheap/utilityservicesliheapmain.html>)



Supplemental Nutrition Assistance Program (SNAP)

SNAP (formerly Food Stamps) enables low-income families to buy nutritious food with Electronic Benefits Transfer (EBT) cards. Children may be eligible for SNAP assistance even if their parents are not. If parents are ineligible for SNAP because they are incarcerated, their children may still be eligible for benefits. The child(ren)'s guardian(s) or caregiver(s) may apply on behalf of the child(ren) or may include them as a part of their own SNAP household if they are also participating in the program. Apply at your local OKDHS office (<https://oklahoma.gov/okdhs/services/snap.html>)

Or apply over the phone through Hunger Free Oklahoma's SNAP Hotline. Call toll-free at 1 (877) 760-0114. English and application assistance is available Monday-Friday 8 am to 8 pm and Saturday 9 am to 5 pm. Burmese and Zomi application assistance are available Wednesday-Friday 1:30 pm to 8 pm and Saturday 1 pm to 5 pm.



Summer Meals for Kids

This program offers meals and learning activities for children over the summer months when children are not in school. To find a site near you, visit <https://meals4kidsok.org>



Child Support Services

OKDHS Child Support Services helps to ensure that both parents are providing the financial support their children need. The parent who is not incarcerated may want to apply for TANF. If so, the state may proceed with a child support case when the application is reviewed. You may want to talk to the incarcerated parent about working with the child support office to request a review and adjustment that reflects actual income during the incarceration period. For more information contact your local OKDHS office or (<https://oklahoma.gov/okdhs/services/child-support-services.html>)



Temporary Assistance for Needy Families (TANF)

TANF is a federally funded program for children deprived of support because of a parent's death, incapacity, absence or unemployment. Cash assistance is available to the family on a time-limited basis through TANF. The purpose of this federal program is to provide temporary support in meeting basic needs, training leading to employment, employment services and childcare assistance for qualified families with children. (<https://oklahoma.gov/okdhs/services/tanf/tanfhome.html>)



Child Welfare Services

Child Welfare Services is required to engage parents, including absent and noncustodial parents, in case planning for their children in foster care whenever possible and appropriate even if the parents are incarcerated. For more information contact your local OKDHS office or (<https://oklahoma.gov/okdhs/services/child-welfare-services.html>)

To report child abuse or neglect, call the statewide Child Abuse Hotline at any time, at 1-800-522- 3511 or your local county OKDHS office during business hours. You will be asked to give the child's name, address and specifics about what happened – how they were harmed or neglected.



Child Care Assistance

OKDHS helps to pay for the cost of childcare for children up to age 13 while the parent(s) work or go to school. Application for the program is made through the local county OKDHS office. For information call 1-844-834-8314 or (<https://oklahoma.gov/okdhs/services/adult/ccsubsidy/child-care-subsidy.html>)



Oklahoma Health Care Authority (OHCA)

Many children remain eligible or gain eligibility for Medicaid coverage (SoonerCare) while their parents are incarcerated. The Oklahoma Health Care Authority (OHCA) is responsible for administering the Oklahoma Medicaid Program and oversight of all state purchased health care. For information call the OHCA helpline at 1-800-987-7767 or (<http://www.okhca.org/>)



Oklahoma County Health Departments

Oklahoma currently has county health departments and two independent city-county health departments serving all 77 counties. Each department offers a variety of services, such as immunizations, family planning, maternity education, well-baby clinics, adolescent health clinics, hearing and speech services, child developmental services, environmental health services, and the SoonerStart early intervention program. For information call the Oklahoma State Department of Health at 1-800-522-0203 or (<https://oklahoma.gov/health/locations/countymap.html>)



Women, Infants and Children (WIC) Program

If you are caring for a child between the ages of 0 and 5 you may qualify for the Women, Infants and Children (WIC) program. This program is provided throughout the state in county health departments, clinics, hospitals, and health centers. For more information (<https://oklahoma.gov/health/family-health/wic.html>)



Build Healthy Relationships and Enhance Child Development

The Child Guidance Program at the Oklahoma State Department of Health housed in the Family Support and Prevention Service, aims to build healthy family relationships, and enhance child development. The program provides behavioral health, child development, parent education, and speech-language services. These services are provided on a sliding fee scale based on income and size of family. No one will be turned away for inability to pay. For more information call 405-271-4477, visit your local health department, or go to the Child Guidance Program (<https://oklahoma.gov/health/services/children-family-health/child-guidance-program.html>)



Social Security

Persons convicted of crime and incarcerated for more than 30 continuous days no longer receive social security retirement or disability payments while serving their sentences. But family members eligible to receive a portion of the incarcerated person's benefits should continue receiving payments. For more information call 1-800-772-1213 or (<https://www.ssa.gov/>)



Social Security Cards

You do not have to be the child(ren)'s legal guardian to obtain Social Security cards for them. All U.S. citizens need a copy of their birth certificate or baptismal record. For more information contact the Social Security Administration at 1-800-772-1213, (<https://www.ssa.gov/ssnumber/>) or go in person to your nearest Social Security Office.



Birth Certificates

The Oklahoma State Department of Health Division of Vital Records is responsible for registering every birth. For general information call 405-426-8000 or to get a birth/death certificate go to Birth Certificates. (<https://oklahoma.gov/health/services/birth-and-death-certificates/birth-certificates.html>)

Enrolling children in school

You don't have to be the legal guardian of a child to enroll the child in public school. Children of incarcerated parents may be considered homeless if they are living with a caregiver who is not their parent or court-ordered guardian. For school, children can get assistance for education under the McKinney-Vento Homeless Education Assistance Act.



If you have questions about a child's eligibility under McKinney-Vento or need help accessing services for a student, contact the local public school. (<https://sde.ok.gov/faqs/title-x-part-c-mckinney-vento-homeless-education-frequently-asked-questions>)



If you have a child with developmental disabilities or chronic medical conditions, you or the child may have special questions and need special assistance. Schools are required to assess children with learning disabilities and provide a free and appropriate education. For more information contact the Oklahoma State Department of Education, Special Education Services at 405-521-3351 or (<https://sde.ok.gov/special-education>)



Enrolling Children in Head Start and Early Head Start

These programs provide a comprehensive program of childcare, education, health, mental health, nutrition, parent involvement and services for children with disabilities. Early Head Start is for children from birth to age 3; Head Start is for children age 3-5. Eligibility is based on family income and other criteria. For more information (<https://okacaa.org/headstart/programs/>)



Reduced-Price/Free Breakfast or Lunch

You can apply for this program at any time during the school year, but keep an eye out for the application, which may be sent home with the child during the first week of school. For more information contact your local school district or (<https://sde.ok.gov/child-nutrition-programs>)

Homelessness resources

Pivot



The Homeless Alliance



Oklahoma Department of Education: Homeless Liaison Directory



Sisu Youth Services



If using the print version of this toolkit, please search for the names of the webpages provided in each box.

Additional Oklahoma programs and agencies offering services and supports to families



Oklahoma 2-1-1 Helpline

Resources for food, clothing, shelter, and financial assistance can be found at Oklahoma 2-1-1. It is a free and confidential community helpline available 24 hours a day, seven days a week. 2-1-1 helps people access information they need to navigate the ever increasing and complex array of human services. For community, housing and financial assistance resources dial 2-1-1. (<https://csctulsa.org/211-oklahoma/>)



Birthright Living Legacy

The mission of Birthright Living Legacy is to celebrate and support fathers by equipping them with the tools and resources to lead successful families. The organization connects fathers through community events and workshops designed to improve parent-child relationships. In addition, Birthright Living Legacy provides support and counseling to fathers while working to creating a strong community of fathers dedicated to breaking negative parent cycles. (<https://brlivinglegacy.com>)



Salvation Army

The Salvation Army operates service centers in communities across Oklahoma. Services include food distribution, children's programs, disaster relief, rehabilitation centers, and more. (<https://www.salvationarmyusa.org/usn/>)



Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

For information about drug/alcohol dependence and prevention, call the Reach Out Hotline at 1-800-522- 9054 or (<https://oklahoma.gov/odmhsas.html>). Teens can talk to a peer who is trained to assist callers with any concerns including drugs and alcohol by contacting Teenline at 1-800-522-8336, between the hours of 3pm and midnight.



University of Oklahoma Center on Child Abuse & Neglect

The Center on Child Abuse and Neglect offers assessment and treatment for children who have been abused or neglected, adolescent sex offenders, and women and the children of women who used inappropriate substances during pregnancy. They also provide assessments for children at high-risk for abuse or neglect. For more information call 405-271-8858 or (<https://medicine.ouhsc.edu/Academic-Departments/Pediatrics/Sections/Developmental-Behavioral-Pediatrics/Patient-Care/Center-on-Child-Abuse-and-Neglect>)



Oklahoma Partnership for School Readiness (OPSR)

OPSR was created to help Oklahoma families access the early care and education, family support, and health and mental health services they need to support their children during the most critical period of development from birth to age five. OPSR facilitates collaborative planning and decision making to increase coordination between programs, to maximize the use of public and private funding, and to pursue policies that improve learning opportunities and environments for Oklahoma's children. (<https://okschoollreadiness.org>)



The Oklahoma Association of Youth Services

Oklahoma Youth Services Agency provides counseling, mentoring, first offender programs, shelters, intervention centers, and youth services. (<https://www.oays.org/>)

Oklahoma Association of Community Action Agencies



Community Action Agencies are locally governed non-profit organizations that work to improve the lives of low-income individuals by creating opportunities for increased self-sufficiency and greater participation in the community. Community Action Agencies serve all 77 counties in Oklahoma. For more information call 405-949-1495 or (<http://okacaa.org/>)



Oklahoma Commission on Children and Youth (OCCY)

The Oklahoma Commission on Children and Youth works to improve services to children through planning, coordinating, and communicating with communities and between public and private agencies; independent monitoring of the children and youth service system; and testing models and demonstration programs for effective services. For more information call 405-606-4900 or (<https://www.oklahoma.gov/occy>)



Calm Waters

Help for children and families in their grief journey caused by death, divorce or other significant loss. For more information call 405-841-4800 or (<https://www.calmwaters.org/>)



Goodwill Industries of Central Oklahoma

Goodwill Industries of Central Oklahoma helps people overcome challenges to employment through its little to no cost micro credential programs or no cost employment programs for youth, veterans and re-entry populations. After completion of Goodwill programs, clients have an opportunity to speak with employment specialists to help find a job. (<https://okgoodwill.org/reentry-preparation-program/>)



Warmline for Oklahoma Child Care Providers

The Warmline for Oklahoma Child Care Providers coordinated by the Oklahoma Department of Human Services offers free telephone consultation on numerous topics of concern from providing support, practical advice and resources about parent-child relationships and the behavior and development of children from infants to teens. Consultants answer the Warmline Monday through Friday from 8 a.m. until 5 p.m. For more information call 1-888-574-5437 or (<https://oklahoma.gov/health/services/children-family-health/child-guidance-program/child-care-warmline.html>)



Oklahoma Court Appointed Special Advocate (CASA)

The child may have a court appointed CASA volunteer. The CASA volunteer's role is to ensure that the rights of the child are represented in all proceedings. (<https://oklahomacasa.org/>)



Oklahoma Child Care Resource & Referral Association (OCCRRA)

The OCCRRA is an organization devoted to serving communities statewide in ways that enhance Oklahoma's childcare resources. Information is available on training, as well as listings of licensed childcare facilities, with links to local childcare resource and referral agencies. For more information, call 1-888-962-2772 or (<https://www.oklahomachildcare.org/>)



Oklahoma Department of Corrections (ODOC)

A quick FAQ reference for Oklahoma prisons is available by visiting (<https://oklahoma.gov/doc/offender-info/frequently-asked-questions1.html>)



Oklahoma Indian Tribe Education Guides

A comprehensive list of education guides for Oklahoma Indian Tribes is available (<https://sde.ok.gov/tribe-education-resources>)



Oklahoma Native American Resource Guide

The Oklahoma Digital Prairie provides the Native American Resource guide with a list of programs and resources by visiting (<http://www.digitalprairie.ok.gov/cdm/ref/collection/stgovpub/id/23317>)



Oklahoma Tribal Behavioral Health Resource Directory

A list of tribal behavioral health resources can be found at <https://oklahoma.gov/content/dam/ok/en/oja/documents/2018%20Tribal%20Behavioral%20Health%20Directory%202.pdf>



Hispanic Resource Center; Tulsa City-County Library

Provides the opportunity to learn about Latino history and culture. Strengthening cultural and community connections is a protective factor. (<https://www.tulsalibrary.org/locations/visit-the-hispanic-resource-center>)



Latino Community Development Agency

Resources are available to help strengthen families about protective factors and community resources. (<https://lcdaok.com>)

Mentoring, supports, and youth organizations



Big Brothers Big Sisters of Oklahoma (BBBSOK)

Big Brothers Big Sisters of Oklahoma's mentoring programs are designed to create positive, measurable outcomes for youth, including educational success, avoidance of risky behaviors, higher aspirations, greater confidence, and better relationships. BBBS match children (called Littles) with caring adult role models (called Bigs). Bigs share experiences with Littles that expand their world in new ways. BBBSOK services are available in the metro areas of Bartlesville, Norman, Oklahoma City, Shawnee, Stillwater, and Tulsa. For more information, (<https://bbbsok.org/>) or call 918-744-4400.



Girl Scouts

Girl Scouts is an organization that promotes leadership, success, and adventure in a safe, no-limits environment designed by girls for girls. Girl Scouts aims to develop a strong sense of self, positive values, learning from setbacks, healthy relationships, and problem-solving skills. Girl Scouts participation is available to youth in grades K-1 (Daisies), 2-3 (Brownies), 4-5 (Juniors), 6-8 (Cadettes), 9-10 (Seniors), and 11-12 (Ambassadors). For more information or to find a local Girls Scout program (<https://www.girlscouts.org/>)



Girl Scouts Beyond Bars of Oklahoma

Girl Scouts of Eastern Oklahoma The Girl Scouts Beyond Bars program works with girls with incarcerated mothers, providing support and transportation to visit and maintain contact. For more information call 918-749-2551 or toll-free 800-707-9914 or (<https://www.gseok.org/en/activities/girl-scouts-beyond-bars.html>)



Boys & Girls Clubs of America (BGCA)

The Boys & Girls Clubs of America provides safe places for children to grow and thrive, engaging programs focused on academics, health, and leadership, and trained staff who guide, coach, and motivate kids to be successful. Programs are available for age groups 6 to 9, 10 to 12, 13 to 15, and 16+ years. To locate your nearest Boys and Girls Club call 404-487-5700 or (<https://www.bgca.org/>)



Scouts BSA

Scouts BSA offers a variety of programs including: Cub Scouts for youth grades K-5, Scouts BSA for youth 11-17 years old, Venturing Co-ed 14-20 years old, Sea Scouting Co-ed 14-20 years old, and Exploring Co-ed 10-20 years old. (<https://www.scouting.org/>)

Being a Cub Scout means you are a member of a worldwide youth movement that stands for certain values and beliefs. Young people of different ages have different ranks in Cub Scouting from Tiger Cub (age 7) to Webelos Scout (age 10). (<https://www.scouting.org/programs/cub-%20scouts/>)



4-H Youth Development

This program is for grades 3rd-12th can participate and provides kids with community, mentors, and learning opportunities to develop skills they need to create positive change in their lives and communities. A few of their activities include gardening, science, agriculture, arts, STEM, healthy living, civic engagement and more. (<https://4-h.org/>)



Grandparents Raising Grandchildren

Several services are available to grandparents raising grandchildren (and other relatives serving as guardians). To learn about services, resources or to receive a copy of "Starting Points for Grandparents Raising Grandchildren," contact your local Area Agency on Aging 1-800-211-2116 or (<https://oklahoma.gov/okdhs/services/aging/grandfamilies.html>)



Angel Tree

Angel Tree Camping provides religious ministry and support to the children and families of the incarcerated by distributing holiday gifts to their children and providing a children's camping program. (<http://www.angeltree.org>)



New Hope Oklahoma

New Hope is a non-profit organization dedicated to providing life skills development and social and emotional support services for children of the justice-involved across Oklahoma. New Hope offers high-quality, free programming in schools, led by licensed behavioral health professionals and certified teaching staff. Programs are primarily embedded within school sites, but also can be embedded in community centers and churches during the after-school hours. In addition to after school programs, New Hope offers free residential summer campus for qualifying youth ages 9-14 years and day camps for youth ages 5-8 years during the summer months. (<https://newhopeoklahoma.org/>)



New Day Camp

New Day Camp provided through the Criminal Justice and Mercy Ministries of Oklahoma (CJAMM) is for children who have at least one incarcerated parent and are 8 to 11 and 12 to 14 years old. The camp is hosted at Lake Texoma and includes activities to address the special needs this group of young people may have. office@cjamm.org (<https://www.cjamm.org/newdaycamp/>)



Little Light Ministries Christian School

Little Light Christian School is a non-traditional elementary school serving children in grades K-6 who have a parent who has been or is now in jail or prison. (<https://littlelightschool.org/>)



Oklahoma Messages Project

The Oklahoma Messages Project films parents in prison reading books for their children to maintain and improve the parent-child relationship, boost literacy, and improve the child's social, emotional, and educational outcomes. The DVDs are mailed to the child(ren) with the book or poems on the video. (<https://okmessagesproject.org/>)



Oklahoma Family Network (OFN)

The Oklahoma Family Network is Oklahoma's parent-to-parent mentorship network for those raising children with special medical needs, developmental delays, or a disability. OFN provides support to families through parent-to-parent mentorship and educational training. Call 1-877-871-5072 or (<https://oklahomafamilynetwork.org/>)

Internet links

The Oklahoma Children of Incarcerated Parents Advisory Committee provides these Internet links as a service to caregivers. If you do not have access to the Internet, try your local library or ask a friend to print materials from a home computer.

Other Toolkits and Guides:

United States
Department of Justice
National Institute of
Corrections Children of
Incarcerated Parents



Promising Practices
Toolkit: Working with
Drug Endangered Children
and their Families



National Center for
Homeless Education



The National Resource
Center on Children
and Families of the
Incarcerated



Youth.Gov Children
of Incarcerated Parents
Tools, Guides, & Resources



Sesame Street
Resources



Faith-Based Organizations

Office of Community
and Faith Engagement
(State of Oklahoma)



Criminal Justice and
Mercy Ministries of
Oklahoma, Inc. (CJAMM)



Prison Fellowship
Ministries



If using the print version of this toolkit, please search for the names of the webpages provided in each box.

Reading lists and videos for children, caregivers and providers

The following books were written to help children understand the experience of having a mother or father in prison or jail. When a parent, counselor or caregiver reads these books to children, it can help create the opportunity to talk more about the child's feelings to help them process and cope.

Rocky's Road: A Coloring Book for Children of Incarcerated Parents

Author: Dr. Janice M. Beal (2014)

Daddy's Big House

Author: Corey Beauford and Marilyn Garin (2014)
Little Jo Joe visits his dad in his new big house.

Finding the Right Spot: When Kids Can't Live with Their Parents

Author: Janice Levy (2004)

A story of resilience and loyalty hope and disappointment, love, sadness, and anger too.

Kennedy's Big Visit

Author: Daphne Books (2015)

Little Kennedy is excited to visit her father again.

Knock Knock My Dad's Dream for Me

Author: Daniel Beaty (2013)

A father and son share a special bond and then one day dad does not come home, and no one talks about it. Later, the son receives a letter from his dad. Their special relationship continues.

Tell Me About When Mom and Dads Go to Jail

Author: Judi Goozh and Sue Jeweler (2018)

This book explains what jail is like and why some people have to go there, while reassuring children that their parent loves them, is safe, and is working hard to come home again.

The Night Dad Went to Jail: What to Expect When Someone You Love Goes to Jail

Author: Melissa Higgins (2013)

A little rabbit who loves to draw learns how to make it through the scary, sad, and mad times.

Welcome Home: Mommy Gets out Today

Author: Jamantha Williams Watson (2015)

This story aids youth who are experiencing the return of a parent who has been incarcerated.

What do I Say about That? Coping with an Incarcerated Parent

Author: Julia Cook (2015)

This book takes a unique look at the internal struggles a child faces when a parent is incarcerated. It explores and validates the roller coaster journey of emotions that children of incarcerated parents endure. It also gives insight to the process of healing and coping.

What will happen to me?

Author: Howard Zehr (2010)

This book brings together photographic portraits of 30 children whose parents are incarcerated, along with their thoughts and reflections, in their own words. It includes ten questions often asked by children with a parent in prison.

When Dad was Away

Author: Liz Weir and Karin Littlewood (2013)

This is a gentle and sensitive story showing how one family comes through a difficult time of separation.

A Terrible Thing Happened

Author: Margaret Holmes (Magination Press, 2000)

His gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode...an afterword for parents or caregivers offers extensive suggestions for helping traumatized children.

My Daddy is in Jail

Author: Janet Bender (Youth Light Inc., 2008)

This is a long overdue resource for helping children cope with the incarceration of a loved one. It includes a read-aloud story, discussion guide and optional small group counseling activities.

What is Jail, Mommy?

Author: Jackie Stanglin (Lifevest Publishing, 2006)

"One day after visiting...a little girl blurted out to her mother in frustration, 'What is jail anyway and why can't Daddy be home with us?'"



Empowering Children of Incarcerated Parents

Author: Stacey Burgess, Tonia Caselman and Jennifer Carsey (2009) A workbook for children in grades 2-6 for counselors, social workers, psychologists, and teachers who work with children who have a parent in jail or prison. Designed to be used with students individually or in small groups.

Visiting Day

Author: Jacqueline Woodson (Scholastic Press, 2002) This book follows the experiences of a young girl and her grandmother who take the bus to visit her father in prison. This book has rich illustrations and features an African American family.

Mama Loves Me from Away

Author: Pat Brisson (Boyds Mills Press, 2004) A heartbreaking yet loving story about a mother and a child separated by a prison, and how they try to stay in touch despite the physical distance between them.



Little Children, Big Challenges: Incarceration

This Sesame Street program includes videos for the kids to watch, materials to read, and worksheets that can be printed on your home printer. There are also materials for parents and caregivers. (<https://sesamestreetincommunities.org/topics/incarceration/>)

The Prison Alphabet: An Educational Coloring Book for Children of Incarcerated Parents

Author: Dr. Bahiyyah Muhammad (2014)

This book is divided into two sections. The first section is a coloring book and uses the letters of the alphabet to explain in a child-friendly manner what life is like inside a prison using terms associated with incarceration. The second section contains a discussion guide to help caretakers and counselors explain parental incarceration to a young child.

A Sentence of Their Own

A film by Edgar Barends (2001). "Chronicles one family's annual pilgrimage to a New Hampshire state prison, revealing the damaging impact incarceration has on families."



Bill of Rights for Children of Incarcerated Parents

San Francisco Children of Incarcerated Parents Partnership. (http://sfonline.barnard.edu/children/SFCIPP_Bill_of_Rights.pdf)

Resources for policymakers



Safeguarding Children of Arrested Parents: Bureau of Justice Assistance U.S. Department of Justice: (<https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/IACP-SafeguardingChildren.pdf>)



Child Welfare Information Gateway (<https://www.childwelfare.gov/>)



The Echoes of Incarceration Projects: Young filmmakers with incarcerated parents created a film about their experience. (<https://www.echoesofincarceration.org/>)



Caring Through Struggle: Caregivers of Children with Incarcerated Parents. (<https://www.youtube.com/watch?v=4uGikgx6QTW>)



Keeping Children Safe when their Parents are Arrested: Local Approaches that Work (<https://www.ojp.gov/ncjrs/virtual-library/abstracts/keeping-children-safe-when-their-parents-are-arrested-local>)



Children of Incarcerated Parents, National Conference of State Legislatures, Steve Christian, March 2009. (<https://www.ncsl.org/documents/cyf/childrenofincarceratedparents.pdf>)



Every Door Closed: Barriers Facing Parents with Criminal Records / Amy E. Hirsch, et al., Center for Law and Social Policy, Community Legal Services, 2002, (<https://www.clasp.org/publications/report/brief/every-door-closed-barriers-facing-parents-criminal-records>)



Children of Incarcerated Parents: An Action Plan for Federal Policymakers Justice Center, The Council of State Governments, 2009 (<https://www.ojp.gov/ncjrs/virtual-library/abstracts/children-incarcerated-parents-action-plan-federal-policymakers>)



Parents in Prison and Their Minor Children, The Bureau of Justice Statistics Report Glaze, L. and Maruschak, L., August 2008, revised March 2010, (<https://bjs.ojp.gov/content/pub/pdf/pptmc.pdf>)



Oklahoma Study of Incarcerated Mothers and Their Children – 2014 Author: Susan F. Sharp, Ph.D., David Axlyn McLeod, Ph.D, MSW, Melissa S. Jones, MA, (<https://oklahoma.gov/content/dam/ok/en/occy/office-of-planning-and-coordination/2014-Oklahoma-Study-of-Incarcerated-Mothers-and-their-Children.pdf>)



Oklahoma Children of Incarcerated Parents Advisory Committee / Oklahoma Commission on Children and Youth (<https://oklahoma.gov/occy/meetings/children-of-incarcerated-parents-meetings.html>)



The Effects of Childhood Stress on Health Across the Lifespan (US DHHS CDC, 2008) This report succinctly summarizes the short and long-term effects on children of chronic and/or severe stress, including incarceration of a family member. Data focuses on the results of the Adverse (<https://stacks.cdc.gov/view/cdc/6978>)



Oklahoma Study of Incarcerated Mothers and Their Children Phase 1, 2 and 3 Author: Susan F. Sharp, Ph.D., Study of Incarcerated Women and Their Children in Oklahoma, October 2004, 2005, (<https://www.ojp.gov/ncjrs/virtual-library/abstracts/oklahoma-study-incarcerated-mothers-and-their-children-phase-ii>)

Books for caregivers and service providers

Empowering Children of Incarcerated Parents

Author: Stacey Burgess, Tonia Caselman, Jennifer Carsey (Youth Light, 2009) This book is for counselors, social workers, psychologists, and teachers who work with children ages 7-12 who have a parent who is in jail or prison.

When a Parent Goes to Jail: A Comprehensive Guide for Counseling Children of Incarcerated Parents

Authors: Rebecca Yaffe and Lonnie Hoade (Rayve Productions Inc., 2000) "This book could be used with individuals or small groups of children in therapeutic settings, but it also has a place on the shelf of every school and public library...to help children discuss and come to terms with having a parent in jail." This is a book to read with children to help them understand their parent's situation and their feelings.

Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss

Author: Pauline Boss (Norton, 2006) "Pauline Boss insightfully sees traumatic loss as a relational disorder and not an individual pathology. At a time when the violence and losses of war, terrorism and natural disasters [as well as the ambiguous loss of parents by children of the incarcerated] increasingly threaten to unravel the social fabric of entire communities, clinicians and humanitarian workers alike will welcome Boss's clear guidelines for strengthening connections in families to better cope with the stress of such ambiguous and difficult situations and find new sources of meaning and hope."

Children of Incarcerated Parents

Editors: Katherine Gabel and Denise Johnston (Lexington Books, 1995) "Children of criminal, jailed or imprisoned parents have long been identified as being at high risk for juvenile delinquency...this one-of-a-kind book outlines for professionals working with these children the optimum time to provide intervention following significant trauma, and shows that direct preventative and early intervention services to children of offenders can help them."

Family Arrested

Author: Ann Edenfield (Americana, 2002) This is a highly useful summary written for families by a woman who had her husband incarcerated for many years. It offers tips for families on how to survive economically and emotionally.

Mothering from the Inside: Parenting in a Woman's Prison

Author: Sandra Enos (SUNY Press, 2001) This book reveals how inmate mothers find places for their children to live, manage relationships with caregivers, demonstrate their fitness as mothers and negotiate rights to their children under challenging circumstances. It illustrates the impact of race, ethnicity, and marginality.

Prisoners Once Removed: The Impact of Incarceration and Re-entry on Children, Families and Communities

Editors: Jeremy Travis and Michelle Waul (Urban Institute Press, 2003) Addresses the difficult issues of parenting behind bars and fostering successful family relationships after release.

Loving Through Bars: Children with Parents in Prison

Author: Cynthia Martone (Santa Monica Press, 2005) Offers a searing and poignant view of some of the estimated 2.3 million children in the United States who have a parent in prison, presenting their particular plights through a series of powerful stories.

Doing Time Together: Love and Family in the Shadow of Prison

Author: Megan Comfort (University of Chicago Press, 2008) "Doing Time Together vividly details the ways that prisons shape and infiltrate the lives of women with husbands, fiancés and boyfriends behind bars. Megan Comfort spent years getting to know women visiting men at San Quentin State Prison...tangling with the prison's intrusive scrutiny and rigid rules turns these women into quasi-inmates, eroding the boundary between home and prison...yet Comfort also finds that with social welfare weakened, prisons are the most powerful public institutions available to low-income women struggling to overcome untreated social ills...."

All Alone in the World

Author: Nell Bernstein (New Press, 2005) This groundbreaking book by an author who grew up with an incarcerated father includes stories and perspectives from families and children affected by incarceration, in addition to suggestions for policymakers and social service providers.

Research and information for providers



Childhood Loss and Behavioral Problems: Loosening the Links

(Viboch, Vera, 2005) This article explains the connection between parental incarceration and child misbehavior. The effects of grief and loss, responding effectively to children's feelings of loss, helping kids understand parental incarceration, and fostering stability and security for children are presented. (<https://www.vera.org/publications/childhood-loss-and-behavioral-problems-loosening-the-links>)



Broken Bonds: Understanding and Addressing the Needs of Children with Incarcerated Parents

(Vigne, Davies, Brazzell, Urban Institute, 2008)

This report summarizes the impacts that the changes in daily life related to the incarceration of a parent brings to a family including the emotional and behavioral impacts on children and protective factors that help children build resilience. (<https://www.urban.org/sites/default/files/publication/31486/411616-Broken-Bonds-Understanding-and-Addressing-the-Needs-of-Children-with-Incarcerated-Parents.PDF>)



The Antisocial Behavior of the Adolescent Children of Incarcerated Parents: A Developmental Perspective

(Eddy and Reid, OSLC, 2002)

This study summarizes the relationship between a parent's criminality and the antisocial behaviors of adolescents with incarcerated parents, the behaviors and symptoms that children and youth display when a parent is incarcerated, the effect of education programs in prison for parents, and effective interventions that can assist adolescent children of the incarcerated. (<https://aspe.hhs.gov/reports/antisocial-behavior-adolescent-children-incarcerated-parents-developmental-perspective-0>)



Families Left Behind: The Hidden Costs of Incarceration and Reentry

(Travis, McBride, Solomon, Urban Institute, 2005)

Oriented towards social service providers, this report summarizes the effects of parental incarceration on children including how imprisonment alters family dynamics, the challenges and benefits of visitation and contact, challenges of reunification, reintegration, and the role that families have in providing support and stabilization. (<https://www.urban.org/sites/default/files/publication/50461/310882-Families-Left-Behind.PDF>)



Parents In Prison: Why Keeping Low-Level Drug Offenders in Prison Hurts Kids, and What the Justice Department is Doing to Help

Author: Child Trends, August 22, 2013, (<http://www.childtrends.org/parents-in-prison-why-keeping-low-level-drug-offenders-in-prison-hurts-kids-and-what-the-justice-department-is-doing-to-help/#sthash.0I5fPdnP.pdf>)



Mean Lives, Mean Laws: Oklahoma's Women Prisoners, Sharp, S.F. & Juanita

Ortiz (Contribution by) (2014). (<https://www.degruyter.com/document/doi/10.36019/9780813562773/html>)



Children's antisocial behavior, mental health, drug use, and educational experience after parental incarceration: A systematic review and meta- analysis.

Murray, J., D.P. Farrington, & I. Sekol (2012) Psychological Bulletin 138(2): p. 175-210. (<https://pubmed.ncbi.nlm.nih.gov/22229730/>)



Parental Incarceration and Child Wellbeing in Fragile Families, Fragile Families Research Brief Number 42,

Center for Research on Child Wellbeing (2008) retrieved August 17, 2013 from: (<https://fragilefamilies.princeton.edu/sites/fragilefamilies/files/researchbrief42.pdf>)



Prisoners in 2012 – Advance Counts, Bureau of Justice

Statistics Bulletin, Carson, E.A. & D. Golinelli (2013). retrieved August 19, 2013 from (<http://www.bjs.gov/content/pub/pdf/p12ac.pdf>)



The Effects of Childhood Stress on Health across the Lifespan

This report succinctly summarizes the short and long-term effects on children of chronic and/or severe stress, including incarceration of a family member. Data focuses on the results of the Adverse Childhood Experience (ACE) Study. (<https://drum.lib.umd.edu/handle/1903/22891>)



Parental Incarceration and Child Wellbeing in Fragile Families

This paper summarizes an extensive study of urban families with an incarcerated parent, including effects on economic outcomes, family stability and child development. (<https://fragilefamilies.princeton.edu/sites/fragilefamilies/files/researchbrief42.pdf>)



Prisoners in 2011, Bureau of Justice Statistics

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Parents in prison and their minor children, Bureau of Justice Statistics Special Report,

Glaze, L.E. & L.M. Maruschak (2008). , retrieved August 15, 2013 from (<http://www.bjs.gov/content/pub/pdf/pptmc.pdf>)

National Organizations



There are many national organizations that provide support or information.

Hope House
Resources for
Children of Prisoners



ASU Center of
Child Well-Being



Prison Talk: An Online
Community for Families of
Prison Inmates
(Facebook)



The National Institute
of Corrections' Resources
Relating to Children of
Inmates



Offender Preparation
and Education
Network Inc. (OPEN)



National Center
for Fathering



If using the print version of this toolkit, please search for the names of the webpages provided in each box.

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6. A Behavioral Health Toolkit for Providers Working with Children of the Incarcerated and their Families. (Washington State Department of Social & Health Services, 2009)
7. Children of Incarcerated Parents Web Portal. This website, found at www.childrenofincarceratedparents.org, consolidates, in a single online location, information regarding federal resources, grant opportunities, best and promising practices, and ongoing government initiatives that support children of incarcerated parents and their caregivers. The portal provides user-friendly information for stakeholders, including local and state governments, which wish to initiate their own collaborative processes to improve support for these children. For example, visit the portal to view the Children of Incarcerated Parents Framing Paper, which outlines the challenges children of incarcerated parents and their families face and provides strategies for service providers on how to enhance these children's social and emotional well-being. (Children of Incarcerated Parents Web Portal | National Reentry Resource Center)
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Notes



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A digital version of this publication is available through the agency's website at www.Oklahoma.gov/occy.

2023 Legislative Session		Status of Bills Following 1st Floor Deadline			
Bill Number	Author(s)	Chamber	Description of Bill	Status/Committee	Notes
HB1017	Lawson/ Rosino	S	Children; Family Representation and Advocacy Act; Family Representation and Advocacy Program; purpose	General Order	Title stricken; amended. Will go to conference.
HB1018	Lawson/ Garvin	S	Authorizes voluntary participation in services by a parent prior to adjudication and prohibits such participation from being used as evidence for adjudication or disposition.	Judiciary	
HB1028	Talley/Floyd	S	Deletes the parental waiver allowing the use of corporal punishment on a child with a significant cognitive disability as defined by IDEA.	General Order	Title stricken; anticipating that Senate author will hold the bill on general order until next year
HB1029	Talley/ Stanley	S	Schools; directing the State Department of Education to adopt a form for reporting on student homelessness	Passed out of Education; pending Appropriations	Anticipating the bill bypassing Appropriations committee and being moved to general order.
HB1032	Lawson/ Daniels	S	Requires an adjudication hearing be held within 30 days after a child is detained in secure detention on charges as an accused juvenile delinquent, with certain exception.	General Order	
HB1035	Rosecrants/ Pemberton	S	Schools; student attendance; including exceptions for mental health counseling and occupational therapy	General Order	Title stricken; amended. Will go to conference.

2023 Legislative Session		Status of Bills Following 1st Floor Deadline			
Bill Number	Author(s)	Chamber	Description of Bill	Status/Committee	Notes
HB1072	Talley/ Stanley	S	Children; requires the court to set a hearing within 60 days of a child being placed in a QRTP to approve or disapprove the placement.	General Order	
HB1369	West, T/Hall	S	Modifies the definition of "heinous and shocking neglect" to include an act or failure to act that results in the death or near-death of, or serious harm to, any child.	Judiciary	Likely dormant
HB1376	Boatman/ Garvin	S	Requiring schools to provide free meals to children who live in a household with a total annual income less than or equal to 250% of FPL during the next two school years.	Education; Appropriations	Title stricken; dormant
HB1386	Hassenbeck/ Hicks	S	Modifies the definition of a "court appointed special advocate program" to include a program that meets national and state CASA standards.	Rules	
HB1407	Culver/ Stewart	S	State employee benefits; provides that, for plan years beginning January 1 2024 and 2025, the amount of the employee's benefit allowance will be increased by 2% from the previous year's amount.	Passed out of General Gov't; pending Appropriations	Title stricken; enacting clause stricken. Will go to conference.
HB1798	Osburn/ Thompson R	S	State government employees; establishes how the requirement that state employees be paid 90% of compensation for comparable private sector positions will be accomplished.	Passed out of General Gov't; pending Appropriations	Title stricken; enacting clause stricken. Will go to conference.
HB1842	Kerbs/ Montgomery	S	Children; Office of Juvenile Affairs; powers and duties; Executive Director	General Order	
HB1929	McCall/Treat	S	Children; increases the age limit from 21 to 25 years of age for participation in the Successful Adulthood Program.	Passed out of Health & Human Svcs; pending Appropriations	
HB1930	McCall/Burns	S	Adoption; Increases the amount of living expenses that can be paid for a birth mother from \$1,000 to \$3,500.	General Order	

2023 Legislative Session		Status of Bills Following 1st Floor Deadline			
Bill Number	Author(s)	Chamber	Description of Bill	Status/Committee	Notes
HB1931	McCall/Haste	S	Temporary Assistance for Needy Families program; adds substance abuse treatment and mental health counseling as qualified work activities under the program.	General Order	
HB1932	McCall/Treat	S	TANF; provides that a pregnant applicant who has no minor children in the home is eligible for the program.	General Order	
HB1955	McCall/ Bullard	S	Eliminates the state sales tax on groceries.	Rules/Finance	Dormant
HB2010	Davis/Hall	S	Creates Andy's Law; requires a carbon monoxide warning sticker to be attached to the interior of a motorized vessel, except personal watercraft. Requires Service Oklahoma to provide the stickers and literature on the dangers of carbon monoxide and boating at registration.	General Order	Title stricken; enacting clause stricken. Will go to conference.
HB2108	Pae/Howard	S	Public meetings; authorizes public bodies to conduct meetings and executive sessions using digital means under certain conditions.	General Order	Title stricken; amended. Will go to conference.
HB2109	Pae/ Montgomery	S	Prohibits landlords from engaging in retaliation against tenants for complaints or notice of justified corrective action and enhances certain legal remedies for tenants	General Order	Title stricken; enacting clause stricken. Will go to conference.
HB2158	Lowe, D/ Stanley	S	Modifies school graduation requirements to include a half unit of personal financial literacy	Education	Dormant
HB2177	West K/ Bullard	S	Prohibits health care and mental health care professionals from performing, or aiding or abetting the performance of, gender transition procedures on persons under the age of 18.	Rules; Appropriations	Dormant

2023 Legislative Session		Status of Bills Following 1st Floor Deadline			
Bill Number	Author(s)	Chamber	Description of Bill	Status/Committee	Notes
HB2210	Stark/ Weaver	S	Juveniles; authorizing courts to depart from certain sentencing requirements for juveniles convicted as an adult for an offense against a person who had trafficked or sexually abused the minor within a year of the offense.	General Order	
HB2376	Kannady/Hall	S	Increases from 60 to 80 the number of days of annual leave accrued by state employees with 5 or more years service. Allows employees to carry over up to 640 hours annual leave each year and to be paid for that when leaving state service.	Passed out of Retirement & Insurance; pending Appropriations	
HB2451	Schreiber/ Montgomery	S	Establishes several income tax credits to incentivize employer-sponsored childcare subsidies, facilities and staff.	Passed out of Finance; pending Appropriations	Title stricken; enacting clause stricken. Will go to conference.
HB2452	Schreiber/ Garvin	S	Prohibits local governments from adopting regulations regarding the capacity of family child care homes that contradict DHS requirements.	Health & Human Svcs	
HB2462	Hill/Rosino	S	Children; requiring parents to file a motion to vacate order to terminate parental rights within 30 day of initial action	General Order	
HB2513	Pittman/ Pugh	S	Schools; Handle with Care	Passed out of Education; pending Appropriations	
HB2799	Kendrix/ Bergstrom	S	Sunset; Child Death Review Board; re-creating Board; modifying termination date.	Administrative Rules	
HB2827	Blancett/ Pemberton	S	Schools; creating a grant program subject to the availability of funds to employ school nurses, school counselors, and mental health professionals;	Passed out of Education; pending Appropriations	

2023 Legislative Session		Status of Bills Following 1st Floor Deadline			
Bill Number	Author(s)	Chamber	Description of Bill	Status/Committee	Notes
SB16	Bullard/ Lawson	H	Schools; directs the State Board of Education to establish a two-year pilot program for school districts to provide child care for employees.	A&B	Dormant
SB34	Hall/Duel	H	Public health; updating statutory references relating to prevention of youth access to tobacco.	Public Health	
SB77	Howard/ Moore	H	Youthful Offender Act; making the issuance of court order to pay certain fee permissive. Emergency.	General Order	
SB85	Daniels/ Kannady	H	Child support; modifying certain procedures for modification of child support orders.	General Order	
SB93	Rader/Moore	H	Schools; requiring completion of Free Application for Federal Student Aid to graduate from public high school	General Order	
SB159	Daniels/ Lawson	H	Authorizes voluntary participation in services by a parent prior to adjudication and prohibits such participation from being used as evidence for adjudication or disposition.	General Order	
SB178	Daniels/ Lawson	H	Directs the court to set a date within 6 months for review of a case when trial reunification has been ordered and provides that a child may not spend more than 12 months in a trial reunification.	General Order	
SB187	Burns/ Crosswhite- Hader	H	Adoption; Increases the amount of living expenses that can be paid for a birth mother from \$1,000 to \$3,500.	Judiciary-Civil	
SB193	Garvin/Archer	H	Directs that state employees who have been employed for at least 2 years prior to a request for maternity leave be granted such leave for 6 months.	Passed out of subcommittee; pending A&B	

2023 Legislative Session		Status of Bills Following 1st Floor Deadline			
Bill Number	Author(s)	Chamber	Description of Bill	Status/Committee	Notes
SB281	Coleman/ Talley	H	Temporary Assistance for Needy Families (TANF) program; removes the maximum equity value of one vehicle from the resource exclusion used to determine an applicant's eligibility.	Passed out of subcommittee; pending A&B	
SB291	Murdock/ Newton	H	Permits victims of child abuse to file or have filed for them a petition for an emergency order or ex parte order under the Protection for Domestic Abuse Act.	General Order	
SB302	Thompson R/ Osburn	H	Requires executive state agencies to convert to a payroll system that pays employees every 2 weeks by July 21, 2025. Director of OMES will determine the order and timeline for each agency's transition.	Passed out of subcommittee; pending A&B	
SB406	Rader Boatman	H	Sales tax exemptions to certain federally tax exempt organizations that offer child abuse services or provide school supplies to underserved students.	Passed out of subcommittee; pending A&B	
SB423	Pugh/Roe	H	Adoption; Increases the amount of living expenses that can be paid for a birth mother from \$1,000 to \$3,500 and provides that a parent can relinquish a newborn up to 60 days of age or younger without penalty.	General Order	
SB424	Pugh/Miller	H	Child care; eliminating the restriction that DHS can not adopt rules requiring the resubmission of fingerprints within a 5 year period.	General Order	
SB533	Rosino/ Lawson	H	Children; expanding foster parent rights relating to grievances.	General Order	
SB534	Rosino/ West T	H	Services for children with severe developmental disabilities; modifying income limit of Family Support Program.	General Order	

2023 Legislative Session		Status of Bills Following 1st Floor Deadline			
Bill Number	Author(s)	Chamber	Description of Bill	Status/Committee	Notes
SB561	Haste/McCall	H	Temporary Assistance for Needy Families (TANF) program; modifying certain screening procedures; requiring TANF employability plan to include substance abuse treatment for certain recipients.	Rules	Likely dormant
SB613	Daniels/Hasenbeck	H	Health care; prohibiting gender reassignment medical treatment for minors; providing for administrative violation and penalty.	Public Health	
SB619	Howard/Moore	H	Hearsay; increasing the age, from 13 to 16 years of age, for which certain child testimony is admissible.	General Order	
SB681	Pederson/Ford	H	Requiring passengers 16 years of age and younger to be restrained when riding in the backset of a vehicle.	General Order	
SB694	Treat/McCall	H	TANF program; provides that an applicant who is pregnant and has no minor children living in the home is eligible for the program.	General Order	
SB696	Rader/Boatman	H	OCCY admin bill	General Order	
SB706	Pederson/Randleman	H	Eliminates jury trials in termination of parental rights actions.	General Order	
SB907	Rosino/Lawson	H	High Quality Legal Representation	General Order	
SB1046	Weaver/Manger	H	Increases, to a felony, the penalty for a first offense of domestic abuse against a pregnant women.	General Order	
SB 1063	Garvin/Lawson	H	Establishes several income tax credits to incentivize employer-sponsored childcare subsidies, facilities and staff.	Passed out of subcommittee; pending A&B	
Updated 4/11 3:20 pm					



Children First
Oklahoma's Nurse-Family Partnership
State Fiscal Year Annual Report
2022



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PROGRAM OVERVIEW:

HISTORY

In 1996, the Oklahoma State Legislature authorized legislation to create Children First (C1). Representatives from Tulsa Children's Consortium, the Oklahoma State Legislature and the Oklahoma State Department of Health (OSDH) reviewed home visiting models and chose to implement the "Olds Model," now known as Nurse-Family Partnership (NFP). Implementation began in state fiscal year (SFY) 1997 with pilot sites in Garfield, Garvin, Muskogee and Tulsa counties. Current funding supports 80 nurse home visitors, nurse supervisors and program manager positions.

Oklahoma utilizes the NFP model to improve child health outcomes and minimize risk factors known to contribute to child maltreatment. The NFP model is based on more than four decades of research by David Olds, Ph.D. and colleagues, and strives to:

- Improve pregnancy outcomes by partnering with moms to engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing any use of habit-forming substances;
- Improve child health and development by assisting families to provide responsible and competent care; and
- Improve the economic self-sufficiency of the family by supporting parents to develop a vision for their own future, plan additional pregnancies, continue their education and find work.¹

It has been recognized by the United States Department of Health and Human Services as an evidence-based model and demonstrated "top tier" evidence of effectiveness by the Coalition of Evidence-Based Policy. In addition, it has been endorsed by the Centers for Disease Control and Prevention (CDC) as a program that has great potential to reduce the economic burden of child maltreatment.²⁻⁴ NFP has shown favorable results in moderate to high quality impact studies related to: maternal health, child health, child development, school readiness, positive parenting practices, family economic self-sufficiency; and reductions in child maltreatment, juvenile delinquency, and family violence/crime.²

MISSION

The mission of Children First is to empower first-time eligible families to care for themselves and their babies by providing information and education, assessing health, safety and development, and providing linkages to community resources, thereby promoting the well-being of families through public health nurse home visitation, ultimately benefiting multiple generations.

VISION

The Children First vision is to promote a continuum of healthy pregnancies, healthy babies, healthy families and healthy communities.

SERVICES

Home visitation services are provided through county health departments under the OSDH and the independent city-county health departments in Oklahoma and Tulsa counties. A first-time mom, referred to as a client in this report, is enrolled prior to 29 weeks of pregnancy. Specially trained public health nurses provide assessments, education, information and linkages to community services in order to meet the needs identified for each family.

Nurse home visitors follow public health physician approved protocols and evidence-based NFP visit guidelines to provide a systematic and comprehensive nursing approach that focuses on six domains of functioning: personal health, environmental health, maternal life course development, maternal role development, networks for supportive relationships, and utilization of services. Standardized assessment tools assess risk for depression, substance abuse,

intimate partner violence, physical abnormalities, child growth and developmental delays. Services rendered by the nurses are not intended to replace services provided by the Primary Care Provider (PCP). In fact, nurses consult and collaborate with both the client's and child's PCP to ensure continuity of care and help improve health outcomes. Children First services are provided to:

- Improve maternal health throughout pregnancy and after the child's birth.
- Improve child health and development from birth to age two.
- Enhance family functioning and family stability.
- Improve maternal life course development.
- Decrease the risk of injury, abuse and neglect.

OVERVIEW:

SCREENING TOOLS

- Patient Health Questionnaire (PHQ-9) (Client)
- Generalized Anxiety Disorder (GAD-7) (Client)
- Health Habits Questionnaire (Client)
- Intimate Partner Violence Questionnaire (Client)
- Ages and Stages Developmental Questionnaire (Child)
- Ages and Stages Social-Emotional Questionnaire (Child)
- Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE) (Client and Child)

NURSING ASSESSMENTS

- Brief Health Assessment of Client and Child
- Vital signs of Client and Child
- Client Weight and Blood Pressure
- Child Weight, Length and Head Circumference

ENROLLMENT

Women enrolling in the Children First program, the client, must meet the following criteria:

- The participant must be a first-time mother.⁵
- The monthly household income must be at or below 185% of the federal poverty level.
- The mother must be less than 29 weeks pregnant at enrollment.

Participation in Children First is voluntary. While the NFP intervention is designed to start early in the pregnancy and continue until the child's second birthday, clients are not obligated to participate for any finite length of time.

VISIT SCHEDULE

The suggested visit schedule is as follows:

- Weekly for four weeks following enrollment.
- Every other week until the baby is born.
- Every week during the six-week postpartum period.
- Every other week until the child is 21 months of age.
- Monthly until the child turns 2 years of age.

Nurses may adjust visit schedule and location based on the needs, or at the request of the client.

PROGRAM COSTS

During SFY 2022, a total of \$6,140,783 was expended on Children First activities. Funding sources included state appropriations, county millage, and Medicaid reimbursements, as well as federal funds from the Community-Based Child Abuse Prevention Grant. The cost per family was \$5,820 (total expenditures divided by the number of families served).

CHARACTERISTICS:

PARTICIPANTS

Reports show that home visitation programs have the most benefit for young mothers with low financial, social or psychological resources.⁶ In addition to these characteristics, the NFP model is designed specifically to target first-time pregnant women to provide the best chance of promoting positive behaviors.⁷ Throughout the years, Children First has been successful in enrolling clients who meet these characteristics. The following demographics reflect the status of new Children First clients at enrollment during SFY 2022, unless otherwise stated.

HOUSEHOLD INCOME

In order to participate in Children First, the client must have a household income less than 185% of the federal poverty level. This dollar amount varies based on the number of people in each household. For a single woman living alone, an income of \$25,142 would meet the financial criteria. For a couple expecting their first baby, the amount increases to \$33,874.⁸ Most (55%) new Children First enrollees in SFY 2022 had an annual household income of \$20,000 or less, including 6% who were dependent on a parent/guardian.

HOUSEHOLD INCOME*	PERCENT
Client is dependent on parent/guardian	6%
≤\$3,000	14%
\$3,000-\$6,000	3%
\$6,001-\$9,000	5%
\$9,001-\$12,000	6%
\$12,001-\$15,000	7%
\$15,001-\$20,000	12%
\$20,001-\$30,000	25%
\$30,001-\$40,000	8%
≥ \$40,000	4%
Client declined to answer	6%

*Due to rounding, percentages in some tables may not always add up to 100%.

AGE OF CLIENT

The median age of new enrollees in SFY 2022 was 22 years of age, and the age range was 14 to 49 years of age. At enrollment, 26% of Children First clients were under the age of 20, and 73% were under the age of 25.

AGE OF CLIENT*				
Under 18	18-19	20-24	25-29	30 & OLDER
8%	17%	47%	19%	7%

*Due to rounding, percentages in some tables may not always add up to 100%.

EDUCATION

In SFY 2022, 72% of Children First enrollees had completed high school or a GED.

EDUCATION			
Did not complete GED or High School	Completed GED	Completed High School	Education beyond High School %
25%	3%	72%	43%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

MARITAL STATUS

In SFY 2022, 79% of Children First clients were single, never married.

MARITAL STATUS*			
Single, never married	Married	Separated	Divorced
79%	17%	1%	1%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

RACE/ETHNICITY

Nearly three quarters (71%) of Children First clients in SFY 2022 identified themselves as White. Nearly one fifth (20%) identified as Black, Asian or American Indian.

RACE/ETHNICITY**					
White	Black or African American	Asian or Pacific Islander	American Indian or Alaska Native	Other (Includes multiracial)	Hispanic
71%	16%	2%	5%	6%	22%

**Not all clients chose to indicate one race/ethnicity.

EMPLOYMENT

Nearly half (47%) of Children First enrollees in SFY 2022 were unemployed at the time of enrollment. One quarter (27%) were employed full-time.

EMPLOYMENT*	PERCENT
Part Time Employment (less than 10 hours per week)	2%
Part Time Employment (10-19 hours per week)	5%
Part Time Employment (20-36 hours per week)	19%
Full Time Employment (37+ hours per week)	27%
Not employed and seeking employment	9%
Not employed (student, homemaker, other)	38%
Unemployed/not looking	0%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

HOUSEHOLD COMPOSITION

Of the clients who live with others, over half (61%) lived with the father of their child in SFY 2022.

HOUSEHOLD COMPOSITION***	PERCENT
Live Alone	6%
Institutional Facility (Residential Treatment/Incarcerated) Group home or shelter, Homeless	<1%
Father of Child	61%
Other Family Members	42%
Client's Mother	29%
Husband/Partner (not father of the child)	2%
Other Adults	14%

***Percentages based on those who live with others, and clients could select more than one option.

HEALTH CONCERNS

Pregnancy and birth outcomes are impacted by a client's pre-pregnancy health status. Nurses utilize well-developed tools and questionnaires to assess the client's health status at enrollment. As partners, the client and nurse develop a plan of care to reduce factors associated with poor birth outcomes. The number one health concern identified at enrollment was having a high body mass index. Over one third (39%) of Children First clients were identified as overweight or obese (pre-pregnancy weight). Only 37% of new enrollees did not have at least one health concern at the time of enrollment in SFY 2022.

Children First nurse home visitors follow the Prenatal Weight Gain Management Policy, and work with the client to develop a plan of care for a high body mass index. Nurses follow Physician Approved Protocols to provide nursing interventions, education and referrals related to blood pressure, infections, and other types of health concerns. Nurses use a client-centered approach to ensure the best outcomes for the client and the baby.

HEALTH CONCERNS****	PERCENT
Clients with no health concerns	37%
High Body Mass Index (overweight + obese)	39%
Depression	34%
Asthma	14%
Previous Miscarriage, Fetal Death or Neonatal Death	10%
Diabetes	2%
High Blood Pressure	6%
Chronic Infections (urinary/vaginal)	12%

****Clients could select more than one option; therefore, some tables may not always appear to add up to 100%.

LIFE STRESSORS

Assessments performed at enrollment yield information on the types of stressors experienced by Children First clients. Questionnaires are designed to elicit information about the client's social environment such as family stressors, incarcerations, etc. Nurses use this information to assist families in identifying areas for behavioral change and accessing needed community services.

LIFE STRESSORS****	PERCENT
Close family member became sick or died	15%
Client became separated or divorced	11%
Person close to the client had a problem with drinking or drugs	19%
Client was very sick	15%
Client was in a physical fight	6%
Client's husband/partner was sent to jail	4%
Client was in extreme debt	6%
Client lost job	16%
Client's husband/partner lost job	10%
Client was without a phone	7%
Client & child did not have enough food	6%
Client went to jail	3%

****Clients could select more than one option; therefore, some tables may not always appear to add up to 100%.

MATERNAL HEALTH OUTCOMES:

PRENATAL CARE

Initiating prenatal care in the first trimester and attending regular prenatal visits help to ensure a healthy pregnancy and increase the probability of having a healthy baby. By allowing a healthcare provider to identify potential problems early, many pregnancy and birth-related health

issues can be prevented.⁹ Children First nurse home visitors stress the importance of early and adequate prenatal care as well as connect clients to a PCP. During the pregnancy, the nurse home visitor and PCP are in contact and share pertinent health information about the client to ensure continuity of care. Consequently, 59% of Children First clients who gave birth in SFY 2022 received 10 or more prenatal care visits.

GENERAL ANXIETY DISORDER

Generalized anxiety disorder (GAD) is characterized by excessive anxiety and worry about a variety of events or activities that occur frequently, for at least six months. People with GAD find it difficult to control their worry, which may cause impairment in social, occupational or other areas of functioning.¹⁰ An estimated 31% of U.S. adults experience GAD at some time in their lives. The Generalized Anxiety Disorder-7 (GAD-7) screening is administered at Intake, when the child is 6 months, 12 months, 18 months and 24 months of age and as indicated. Children First nurse home visitors are trained to help mothers identify stressors and help the mother construct a plan to overcome her anxiety. There were 831 GAD-7 screenings completed for 663 clients. Of those, 27% of the screenings using the GAD-7 indicated signs of anxiety and required a referral to a healthcare or mental health provider.

POSTPARTUM DEPRESSION

Postpartum depression can be treated. A CDC study showed that about 1 out of 10 women in the U.S. experienced symptoms of depression in the last year, and 1 in 8 women experience symptoms of postpartum depression.¹¹ Early detection of postpartum depression is a goal of Children First. The Patient Health Questionnaire (PHQ-9) screens for depression and is administered at enrollment, 36 weeks of pregnancy, during the first 8 weeks postpartum, between 4-6 months postpartum, at 12 months postpartum, and at any time that signs or symptoms of depression are suspected. If the screening indicates signs of depression, the Children First nurse home visitor immediately begins to follow the NFP Mental Health Intervention Clinical Pathway. This pathway outlines nursing interventions and provides guidance on when nurses should refer to a healthcare and/or mental healthcare professional. The nurse will follow-up with the client no later than two weeks after a referral is made. There were 1,042 PHQ-9 depression screenings administered to 608 clients. Approximately 10% of screenings indicated signs and symptoms of depression and required a referral to a healthcare or mental health professional.

SMOKING CESSATION

Smoking is one of the most important known preventable risk factors for low birth weight and preterm delivery, as well as many other adverse pregnancy and birth outcomes. E-cigarettes and other products containing nicotine are not safe to use during pregnancy.¹² Additionally, exposure to secondhand smoke is a major cause of childhood disease and illness such as asthma.¹³ Children First nurse home visitors utilize motivational interviewing techniques to facilitate behavior change, and refer smokers to the Oklahoma Tobacco helpline as well as their PCP to help decrease the use of tobacco and other products containing nicotine.

SMOKING CESSATION: INTAKE TO 36 WEEKS OF PREGNANCY*		PERCENT
Clients who quit, reduced, or never began smoking between intake and 36 weeks		98%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

SMOKING CESSATION: INTAKE TO CURRENT*		PERCENT
Clients who did not smoke at intake and still do not smoke		95%
Clients who smoked at intake and still smoke		3%
Clients who decreased smoking since intake		1%
Clients who increased or began smoking since intake		2%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

ANTICIPATORY GUIDANCE AND HEALTH EDUCATION TOPICS

Children First nurse home visitors work diligently to provide anticipatory guidance, and health education on a variety of topics to significantly reduce the incidence of illness and injury and promote child growth and development. When clients were asked about specific topics such as those included in the table below, it was evident that nurses frequently provided more information on anticipatory guidance and health education when compared to other providers.

ANTICIPATORY GUIDANCE AND HEALTH EDUCATION TOPICS	NURSE	OTHER Providers
How smoking during pregnancy could affect your baby	94%	75%
Breastfeeding your baby	97%	75%
How drinking alcohol during pregnancy could affect your baby	96%	72%
Using a seatbelt during your pregnancy	79%	25%
Birth control methods to use after your pregnancy	90%	73%
Medicines that are safe to take during your pregnancy	72%	93%
How using illegal drugs could affect your baby	93%	66%
Doing tests to screen for birth defects or diseases that run in your family	74%	85%
What to do if your labor starts early	95%	75%
Getting tested for HIV (the virus that causes AIDS)	58%	70%
Physical abuse to women by their husbands or partners	93%	41%
How UTIs and yeast infections could affect you and your baby	93%	73%
How STDs could affect you and your baby	89%	65%
How Strep B could affect you and your baby	82%	69%
How to position your baby when he/she goes to sleep	96%	58%
How to prevent your baby from getting injured	93%	48%

CHILD HEALTH OUTCOMES:

GESTATIONAL AGE AND BIRTH WEIGHT

Gestational age is the number of weeks between the date when the last normal menses began and the date of birth. Full term is defined as a pregnancy lasting 39-40 weeks. Preterm birth is the birth of an infant prior to 37 weeks of pregnancy, and very preterm defines those born prior to 32 weeks gestation. According to the CDC, 1 in every 10 babies was born preterm in 2020. In 2020, the rate of preterm birth among African-American women (14.4%) was about 50 percent higher than the rate of preterm birth among white or Hispanic women (9.1% and 9.8% respectively).¹⁴ Preterm and low birth weight also costs the United States' healthcare system more than \$26 billion each year.¹⁵ Babies born weighing at least five pounds and eight ounces (2,500 grams) are considered normal birth weight. Babies born weighing less than five pounds and eight ounces are considered low birth weight, and very low birth weight infants are those weighing less than three pounds and five ounces (<1,500 grams). Babies born at low and very low birth weight have increased risk for health problems and developmental delays.¹⁶ Children First nurse home visitors perform a brief health assessment at every visit during the prenatal period that evaluates weight and blood pressure, signs and symptoms of pre-eclampsia, infections, preterm birth and low birth weight risk factors.

C1 babies born at normal birth weight	87%
C1 babies born premature in SFY 22 (<37 weeks)	13%

NEONATAL INTENSIVE CARE UNIT

Babies born early, with low birth weight or other birth complications, may spend time in the Neonatal Intensive Care Unit (NICU). Time spent in the NICU may inhibit attachment and bonding between mother and baby. The physical assessments, screening, referrals and nursing interventions provided by Children First nurse home visitors are intended to reduce the risk of preterm labor and low birth weight babies and prevent entry into the NICU. If the baby needs to be admitted to the NICU, the Children First nurse tailors the NFP Guidelines to help the mother care for her baby's unique needs. In SFY 2022, 14% of Children First clients reported their baby spent time in the NICU. A total of 13% of all Children First babies were born preterm and 3% were very preterm; 10% were born with low birth weight and 3% very low birth weight.

BREASTFEEDING

The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists promote breastfeeding because of the benefits for both mother and baby. The benefits for the mother include healing faster and decreased risk for some cancers later in life and benefits for the baby include decreased risk of illness and Sudden Infant Death Syndrome (SIDS). Children First nurse home visitors educate clients about the choices available to feed their baby and work with the client to help her make the best choice for herself and her baby. Nurses provide facts about the benefits of breastfeeding as well as dispel myths. Additionally, these nurses demonstrate (using models) how to hold an infant during breastfeeding. After the baby is born, they assist the mother with breastfeeding challenges or questions, and connect the client with a lactation consultant when necessary. Among Children First clients who gave birth in SFY 2022, 90% initiated breastfeeding with their new infant. Nearly half (42%) of Children First clients were still breastfeeding their child at 6 months of age.

DEVELOPMENTAL MILESTONES

Children First uses the Ages and Stages Questionnaire, a developmental screening tool, to assess cognitive, language, motor, problem-solving, social, and emotional milestones of children. These screenings are administered regularly, beginning when the child is four months of age. If the scoring tool indicates a potential delay, the nurse will refer the client to SoonerStart (Early Intervention), Child Guidance and/or the child's PCP.¹⁷ There were 741 Ages and Stages Questionnaires (ASQ-3) completed among clients. In addition, 322 Ages and Stages Social-Emotional Questionnaires (ASQ:SE-2) were completed. There were no referrals made to SoonerStart and 14 referrals to Child Guidance services based on screening results.

IMMUNIZATIONS AND WELL-CHILD EXAMS

Children First nurse home visitors refer clients to the child's PCP to maintain an up-to-date status for childhood immunizations and well-child examinations. Immunization records are retrieved from the state database and reviewed with the client. Clients can also use these records as proof of immunization when enrolling in early care and education. The Children First nurse will discuss with the client assessments completed by the PCP during the well-child visit to build client understanding of the child's health.

At their most recent home visit, 84% of clients reported their child was up to date on immunizations, and 83% were current on their well-child exams. At 24 months, most children were up to date on their immunizations (87%) and well-child exams (86%).

CLIENT STORY



(From left to right)
Xavier Sambrano, Rena Sambrano, Steven Sambrano, Liliana Sambrano,
(Bottom row) David Sambrano

We had been trying to get pregnant and were unsuccessful so when I actually became pregnant, I was scared that the pregnancy would not take. I was also scared because I was not prepared and I was a first-time mom. I remember thinking “ok, now what?” We had our parents support at the time but we still felt like we needed additional support. We were newlyweds and new parents at the same time. We were living with my mom in an apartment to save money at that time. I enrolled in the program because it was for first time mothers. It was assuring to know that someone with a medical background, a nurse, would be there to support me. I was a nervous wreck even though we had a support system in place. There is something different about your normal support system versus a medical professional support system. My mom was in the medical field but I still felt like I needed additional support. We were poor as dirt at the time of enrollment into the program.

The program was so awesome! We had so many questions and we had a nurse there to help answer those questions and give us resources we did not know existed. Doctors seem to get annoyed with all the questions. We had a hands-on nurse to help us. She came to our environment and got to see how our baby was in our environment. You know babies seem to be different in the doctor’s office. In our home the nurse could see what we could see. She also was able to see our home and help us to make it safe for our baby. The program helped us tremendously. It was because of my Children First nurse that my baby is alive today. She saved my baby’s life. She spoke with the pediatrician she had referred me to and they told me to bring my baby to them right away. I did not know the difference in a regular doctor and a pediatrician. I knew my nurse knew what she was talking about and that my baby needed help. Now, my son is 16 years old and he still sees that same pediatrician. He is the pediatrician for all 3 of our kids now. I remember my baby was constipated and having diarrhea like stools at the same time. He was all sunken in and discolored but no one would listen to me and my Children First nurse is who got me the help we needed. Being in the program, helped me learn to be persistent and it helped me with my second child as well. He was having seizures but no

one would listen to me so I continued to be persistent and was able to get the care I needed for him.

My husband and I both have great jobs now. My husband has been with his job for 13 years now and I have been at mine for 11. We both have retirement plans. We bought our own home about 7 years ago. Xavier is in the Renaissance club at school. A 3.5 or greater GPA is required to be in that club. He is now a sophomore and qualified for the High School baseball team. He plays basketball and is in Cross Country as well. The program helped us accomplish these goals by supporting us and helping us with resources. They did not give us a hand out but instead a hand up to help us move forward and upward.

FAMILY SAFETY OUTCOMES:

INTIMATE PARTNER VIOLENCE

Intimate partner violence is a serious, preventable public health concern that affects millions of Americans. Physical, sexual, or psychological harm caused by a current or former partner not only negatively affects the physical and emotional well-being of the mother, but her children as well.¹⁸ Children First nurse home visitors assess their clients at intake, 12 weeks postpartum, when the child is 16 months of age, and as needed using a questionnaire that asks about physical, sexual, and emotional abuse. If any concerns arise, the client with the help of the nurse creates a safety plan and a referral is made to local domestic violence services.

- 86% of clients who were not experiencing domestic violence at intake and are still not experiencing domestic violence.
- 10% of clients who were experiencing domestic violence at intake but are now not experiencing domestic violence.
- 3% of clients who were not experiencing domestic violence at intake but are now experiencing domestic violence.
- 2% of clients who were experiencing domestic violence at intake and are still experiencing domestic violence.

Children First nurse home visitors work with families to build strong protective factors, such as quality relationships and social supports, to decrease the risk of intimate partner violence.

INJURY PREVENTION

According to the CDC, unintentional injuries such as suffocation, drowning, motor vehicle crashes, and burns are the leading causes of death and disability for children one to four years of age, and the fourth leading cause in children less than one.¹⁹ Children First nurse home visitors conduct a home safety check with the family when the child is 2 months, 10 months and 21 months of age. These safety checks include an inspection of the crib to ensure a safe sleep environment that is free from stuffed animals, bumper pads, pillows, and other people; inspection of smoke detectors, including number, placement, and working order; and multiple discussions about car seats, water safety, gun safety, etc. Children First has worked in collaboration with the Oklahoma State Department of Health Maternal and Child Health Services (MCH) to provide cribs for families in need that meet specific criteria. In SFY 2022, MCH distributed 230 portable cribs to families in need and 63 (27%) of those cribs were distributed to Children First families. Nurses provide education, nursing intervention and/or referrals when areas of concern regarding safety are identified.

- **Safe Sleep**

Over half (51%) of Children First clients with a child two months of age reported never co-sleeping with their child, and 26% reported co-sleeping with their child only some of the time in SFY 2022.

- **Car Seat Safety**
Almost all Children First clients (99%) reported always traveling with their child in a car seat in SFY 2022.
- **Fire Safety**
Most Children First clients (96%) had at least one working smoke detector.
- **Water Safety**
All Children First clients (100%) reported never leaving their child unattended near water in SFY 2022.

CHILD MALTREATMENT

Of the 845 children who received at least one visit from Children First in SFY 2022, 686 of them (81%) had not been named as a potential victim in an Oklahoma Department of Human Services (OKDHS) report after enrolling in the program. Furthermore, 808 (96%) have not had a confirmed child maltreatment case with OKDHS since enrollment despite working with high-risk families. Three Children First children served had been named in a report to OKDHS for sexual abuse.

CASES OF MALTREATMENT

The data below is related to the 24 confirmed cases of maltreatment among children participating in Children First.

GENDER OF VICTIM	PERCENT
Male	73%
Female	27%
TYPE OF MALTREATMENT	
Abuse	14%
Neglect	77%
Both	9%
TYPE OF ABUSE IN CONFIRMED CASES	
Threat of Harm	8%
Other (includes: beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, inadequate physical care, and thrown)	92%
TYPE OF NEGLECT IN CONFIRMED CASES	
Threat of Harm	37%
Other (includes: burning/scalding, failure to obtain medical attention, failure to protect, failure to provide adequate nutrition, inadequate or dangerous shelter, inadequate physical care, and lack of supervision)	63%
PERPETRATORS IN CONFIRMED MALTREATMENT CASES	
Mother	44%
Father	40%
Grandparent	3%
No Relation	13%

FAMILY STABILITY OUTCOMES:

FATHER INVOLVEMENT

When fathers are involved in the lives of their children, the children are more likely to exhibit healthy self-esteem and do well in school.²⁰ Children First nurse home visitors encourage the father of the baby to participate in all home visits. If the father is unable to participate, activities are left with the mother for the father to use later. The importance of the client's personal

relationships is discussed, including having a supportive relationship with the person who gives mutual emotional and monetary support.

- 77% of biological fathers spent at least once per week taking care of and/or playing with their child.
- 85% of mothers see or talk to the baby's biological father at least once per week.
- 8% of mothers increased from intake the frequency of time seeing or talking to the baby's biological father.
- 16% of biological fathers did not spend time with their child at all.

PREGNANCY SPACING

The amount of time between pregnancies, known as the inter-pregnancy interval, is calculated as the number of months between the date the last pregnancy ended and the date of the last menstrual period prior to the subsequent pregnancy. According to the March of Dimes, women with short inter-pregnancy intervals may be at risk for poor pregnancy outcomes. The recommended time between birth and the next pregnancy is a minimum of eighteen months.²¹ Children First nurse home visitors educate clients on the importance of family planning. Referrals are made as needed to the local county health department or the client's PCP for Family Planning services. Only 16% of Children First clients were pregnant with their second child before their first child reached one year of age. By the time their first child reached 18 months of age, 26% of clients were pregnant with their second child.

SOCIOECONOMIC INDICATORS

Economic security is important to the well-being of children and families. Poverty places families with children at risk of experiencing unhealthy outcomes. The stress of unemployment places a burden on parents, and financially strains the family. Parents with less education often have lower household incomes; even if they are employed full-time.²² Children First nurse home visitors connect their clients to local services to assist them to further their education and/or obtain a job, thereby increasing their income. Gaining financial aptitude by using credit wisely and saving money are all topics covered during visits, including building money management skills.

- **Household Income**
Among the Children First clients served, 49% increased their household income by the time their child was 12 months of age.
- **Employment**
Among the Children First clients who were unemployed at intake, 31% had found work by the time their child was 6 months of age.
- **Education**
Among the Children First clients over the age of 18 who did not have a high school diploma or GED at intake, 50% earned their high school diploma or GED by the time their child was 18 months of age.
- **Health Insurance**
Most clients (85%) used Medicaid as their primary insurance

CHILDREN FIRST ACTIVITIES

REFERRALS

Each team of nurses has developed unique strategies to reach potential clients in their respective counties. Lead nurses have provided outreach to private physicians, the Indian Health Service, the Oklahoma Health Care Authority, public schools and local community

agencies. There were 2,484 referrals made to the Children First program. Of these, 2,277 met the eligibility guidelines. Among the women who were not eligible to participate, referrals were made to the OSDH Child Guidance program or home visitation programs such as Parents as Teachers and SafeCare.

REFERRALS TO CHILDREN FIRST	NUMBER
Women, Infants and Children (WIC)	1,544
Health Department Family Planning	532
Other (includes Indian Health Services, Other Home Visiting Programs)	154
Oklahoma Health Care Authority	56
Pregnancy testing clinic (Non-Health Department)	1
Community-based agency	8
parentPRO	44
Current/Past C1 Client	8
School	8
Department of Human Services	3
Hospital, Medical Provider, Private physician	14
Faith Based Organization	0
Family/friend/neighbor	12
Health Department Maternity	5
Connect First	97
Total	2,486

TYPE OF REFERRAL AND SERVICE	NUMBER
Referrals	2,486
Eligible Referrals	2,277
New Enrollees	913
Families Served	1,055
Completed Visits	7,859
Births	364

The global pandemic which impacted our nation in 2020 and 2021 significantly impacted the ability to provide home visitation services. In March 2020, as a result of the pandemic, Children First nurses were required to begin providing visits via telephone or virtually for their safety and for the safety of clients. As Public Health Nurses, most Children First Nurses were assigned to assist with the pandemic response. Children First Nurses worked diligently to maintain relationships with their clients while simultaneously assisting in the pandemic response. Some nurses spent as much as 80% of their time working the pandemic response. As a result, the caseloads for the Children First Program significantly decreased across the state and many nurses lost the majority of their caseload due to the significant shift of their responsibilities during the pandemic. It should also be recognized that client outcomes, retention, and enrollment were profoundly impacted, as evidenced by the data in this report. Due to safety measures in place as a result of the vast community spread of the virus, nurses were not always able to provide in-person visits. When telephonic or virtual visits did occur, there were multiple challenges in being able to conduct those visits. Some of these challenges included poor or limited internet access for clients and limited hot spot connections for nurses. The nurses and clients also had to quickly learn how to effectively engage with each other during virtual or telephone visits. The program and the Nurse-Family Partnership National Service Office have worked collaboratively to assist nurses in overcoming these multiple challenges. Nurse-Family

Partnership National Service office has assisted in providing access to just-in-time learning to help nurses navigate all the changes.

In addition to the difficulty in rebuilding caseloads, there was also an average of 16 Children First Nurse Home Visitor vacancies across that state during the pandemic. The program has utilized various tools to recruit qualified nurses including sending post cards to all registered nurses located in hard to fill geographic areas, posting on social media sites and NFP website, attending career fairs, connecting with senior nursing students at universities and many other avenues. It is still a challenge, and we are continuing to find ways to be creative in seeking qualified candidates for our program.

Clients who are ineligible to be served by Children First are referred to other parentPRO programs. ParentPRO is a free service that connects families to home-based parenting services. Families can call 1-877-271-7611 and speak to a referral specialist, or they can navigate the website to find services in their area. During SFY 2022, parentPRO referred 44 potential clients to Children First. ParentPRO is designed to provide a continuum of services to fit the needs of all families seeking parenting support.²³

SFY 2022 Annual Report Data

Children First, Oklahoma's Nurse-Family Partnership

Children First Program	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment (Days) [¶]	Median Length of Enrollment (Days) ^{¶¶}
C1-Adair CHD	21	19	10	5	<5	647	672
C1-Beckam CHD	<5	<5	<5	<5	<5	<5	<5
C1-Bryan CHD	8	31	<5	<5	<5	178	190
C1-Caddo CHD	5	8	<5	<5	<5	135.5	135.5
C1-Canadian CHD	489	125	50	56	28	382	293
C1-Carter CHD	146	47	24	21	8	292	229
C1-Cherokee CHD	40	31	<5	16	<5	419	340
C1-Choctaw CHD	102	37	10	8	<5	510	341
C1-Cleveland CHD	506	144	63	52	13	543	620
C1-Comanche CHD	209	144	53	61	12	175	133
C1-Cotton CHD	<5	<5	<5	<5	<5	125	125
C1-Craig CHD	100	30	16	9	<5	315	232
C1-Creek CHD	270	52	30	18	<5	563	435
C1-Delaware CHD	149	35	18	9	5	473	384
C1-Garfield CHD	6	6	<5	<5	<5	95	97
C1-Grady CHD	43	9	<5	<5	<5	567	518
C1-Hughes CHD	54	5	6	<5	<5	500	308
C1-Jackson CHD	<5	14	<5	8	<5	89	89
C1-Jefferson CHD	<5	<5	<5	<5	<5	194	194
C1-Johnston CHD	14	17	8	8	<5	98	94
C1-Kingfisher CHD	190	17	15	6	8	478	489
C1-Kiowa CHD	<5	<5	<5	<5	<5	111	111
C1-Leflore CHD	298	46	39	28	9	329	204
C1-Lincoln CHD	38	<5	6	<5	<5	786	881
C1-Logan CHD	65	49	9	19	<5	201	222
C1-Marshall CHD	126	21	14	12	5	254	168
C1-Mayes CHD	6	27	<5	<5	<5	111	116
C1-McClain CHD	74	10	<5	<5	<5	686	841
C1-McCurtain CHD	116	26	20	8	<5	225	140
C1-Muskogee	<5	18	<5	<5	<5	59	59
C1-Oklahoma CCHD	1,178	633	201	207	85	338	234
C1-Okfuskee CHD	19	6	<5	<5	<5	245	245
C1-Okmulgee CHD	23	29	5	11	<5	155	108
C1-Ottawa CHD	235	45	30	37	12	322	235
C1-Payne CHD	259	69	30	20	13	282	272
C1-Pawne CHD	<5	<5	<5	<5	<5	<5	<5
C1-Pittsburg CHD	150	67	24	21	<5	192	144

Children First Program	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment (Days) [¶]	Median Length of Enrollment (Days) ^{¶¶}
C1-Pontotoc	13	<5	<5	<5	<5	157	157
C1-Pottawatomie	229	87	28	22	9	543	515
C1-Pushmataha CHD	89	19	9	6	<5	336	327
C1-Rogers CHD	153	26	12	<5	6	517	498
C1-Seminole CHD	47	19	14	10	<5	301	177
C1-Sequoyah CHD	9	17	<5	<5	<5	279	203
C1-Stephens CHD	10	12	<5	8	<5	202	218
C1-Tillman CCHD	<5	5	<5	<5	<5	110	110
C1-Tulsa CCHD	2,112	464	240	181	108	376	298
C1-Wagoner	136	46	16	8	9	375	350
C1-Washington	96	42	15	10	<5	284	235
State Wide ^β	7,846	2,576	1,056	922	367	303	251

Included clients who have had at least one completed home visit in SFY22 and whose start and end dates conform to the following:

1. Start date was prior to SFY22, but end date within SFY22
2. Start date was prior to SFY22, but end date/still enrolled after SFY22
3. Start date was within SFY22, but end date/still enrolled after SFY22
4. Start date and end date were both within SFY22

Totals may be under/overestimates due to data suppression (<5).

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We want to thank all the families who open their doors, their lives and their hearts to Children First nurse home visitors. In addition, we want to acknowledge our health department co-workers and community partners who work with us to make a difference in the lives of Oklahoma families.

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Office of Child Abuse Prevention

State Fiscal Year Annual Report

2022

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Overview:

Mission

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

History

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

Program Costs

The state expenditure per family for PAT during SFY 2022 was \$3,038. This amount was calculated by dividing the total contract expenditures of \$1,752,798 by the total number of unduplicated families participating in PAT. During SFY 2022, a total of 577 families received at least one home visit. Nine contracts serving 28 counties provided home visitation services to families during SFY 2022.

Parents as Teachers Eligibility Criteria

Referrals to local PAT Programs come from a variety of sources including [Women, Infants, and Children](#) (WIC) clinics, the [parentPRO](#) free telephone referral line, the [Oklahoma Department of Human Services](#) (OKDHS), and most often friends and family. Participation in PAT is voluntary and the families may remain actively engaged in services until their child completes kindergarten.

Activities of the Office:

Quality Assurance Site Visits

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

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

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

Legislative Updates

In 2019, the first session of the 57th Legislature passed House Bill 1061 (HB1061) and Senate Bill 742 (SB742). These bills relate to the Child Abuse Prevention Act by providing for dissemination of new information in the 2021 Child Abuse Prevention Annual Report.

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

Distinct Count of Children	Distinct Count of Parents	Total Count of Terminated Parental Rights
2,557	2,233	3,607

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

Continuous Quality Improvement Projects

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

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

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

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

NOTE: CREOKS did not complete the CQI project due to cancellation of the contract.

Parent Child Center of Tulsa did not complete the CQI Project due to significant staff turnover in leadership.

Contractor Site	Counties Served	Description of Project	Reason for Focus
Great Plains Youth & Family Services (GPYFS)	Beckham, Greer, Jackson, Kiowa, Tillman, Washita	Increase Parent Educator caseloads from 76% to 85% capacity to meet PAT requirements.	To meet the PAT Model minimum caseload requirement of 85% capacity.
Test & Check Results			
Parent Educator caseloads exceeded the goal of minimum capacity by 3%.			

Alaina, Jose and Delilah

“I worked with this young family to meet their goals of successfully entering the workforce and creating a safe environment for their daughter, Delilah. Within three months of enrollment, Alaina completed her dental hygienist certification and Jose worked in the real estate business. Alaina and Jose also wanted to make sure their home was secure. I provided them with referrals to make sure they had the appropriate number of smoke detectors and a home security system installed. Along with the accomplishments already mentioned, the family obtained safe, stable housing, and paid all their expenses without assistance. By following up with them on each visit, I helped them set plans with action steps to provide the best life for their daughter, Delilah. This family is as happy as happy gets!” Amie, Parent Educator serving Oklahoma County



Contractor Site	Counties Served	Description of Project	Reason for Focus
Northwest Family Services (NWFS)	Alfalfa, Grant, Major, Woods	Provide monthly drive-through Group Connections for families which will include activities, handouts, referrals and support for families.	Group connection participation has been low due to COVID 19 and other factors. NFS PAT will benefit from publicity and promotion of the groups connections and bring awareness and important information and resources to parents.
Test & Check Results			
Three out of the four targeted months showed an increase in Group Connection participation.			

Aaron, Katy and Asher Elliot



Aaron and Katy enrolled in PAT home visiting in January, 2022. Upon initiation of services, their Parent Educator, Imani administered the Ages and Stages Child Development Screening with Asher Elliot and detected motor and social-emotional delays. With the help of Imani, Aaron and Katy committed to support Asher Elliot as he navigated challenges and began to learn and grow. Imani said “Together, we have explored strategies to develop specified areas of growth and development. We have also practiced parent-child interactions that foster enhanced growth

in language, social emotional, and motor skills.” Katy shared “Since we started the program, Asher Elliot started communicating more, routines and transitions have been successful, and we have learned the value of quality time.” “The growth that this family has experienced is immeasurable,” Imani stated, “I am confident that it will be continuous!” – Imani, Parent Educator serving Tulsa County

Contractor Site	Counties Served	Description of Project	Reason for Focus
Frontline Family Solutions	Southern Cleveland, McClain, Garvin	Standardized and reliable process for developmental screening	To help change 10% of parent's attitude on developmental monitoring for the index child from negative to positive or more positive by using child development materials.
Test & Check Results			
When looking at each individual topic that parents answered, two (importance of tracking child's development and attitude on the CDC Developmental checklist) out of the three items posted the 10% prediction mark and concern on the development of the child dropped from 1.88 to 1.87.			

Brian, Victoria and Parker

“To address Parker’s picky eating issues, my Parent Educator, Sharla made a referral to the Comanche County Health Department with a Nutrition Specialist. I was able to get the information I needed to help Parker and was happy to report to Sharla he started eating a healthy variety of foods. Parker even started eating tuna fish sandwiches, he would have never done that before!” – Victoria, enrolled in Comanche County.



Whitney and Aalyiah

“Whitney enrolled in our program seeking parental supports. She was involved in child protective services and her daughter Aalyiah was removed for a domestic violence incident that occurred between Whitney and Aalyiah’s dad. Shortly after the incident, he passed away from a drug overdose. Whitney needed intense support during this tragic turn of events, and more than ever she needed to prove to DHS that she would protect her daughter at all costs. I worked tirelessly to put supports in place including parenting classes, working through her Individual Safety Plan, and home visits where I continued to provide referrals and education. Aalyiah received Play Therapy to support her through the trauma she experienced as a young child and I was able to support the family with consistent and dependable services. Whitney and Aalyiah have since been reunited and experienced tremendous growth. Whitney has made positive changes to her and Aalyiah’s life and home, building a future for success.” – Hope, Parent Educator serving Jackson County



Contractor Site	Counties Served	Description of Project	Reason for Focus
Northern Oklahoma Youth Services (NOYS)	Kay, Osage, Noble & Pawnee	Offer incentives to families that complete visits to track long-term engagement.	To meet/exceed the number of completed visits per the PAT Essential Requirement #11.
Test & Check Results			
80% of the families successfully completed visits and reengaged in the program.			

Contractor Site	Counties Served	Description of Project	Reason for Focus
Youth & Family Services for Hughes & Seminole Counties	Hughes, Seminole	Fill vacant Parent Educator positions and increase caseloads to 20 families each.	The PAT minimum caseload expectation is 20 families for first year Parent Educators. This will bring the Contractor into model compliance.
Test & Check Results			
Due to staff turnover during the CQI Project, the CQI Goals were not able to be met. Despite the staff turnover, a slight increase in enrollment was demonstrated.			

Contractor Site	Counties Served	Description of Project	Reason for Focus
Latino Community Development Agency (LCDA)	Oklahoma	All families enrolled in PAT will demonstrate a increase in their positive parenting behavior by downloading the CDC Milestone Tracker App .	By encouraging parents to download the CDC Milestone Tracker App to monitor their children's milestones, they will engage more in age appropriate activities promoting healthy development in their children.
Test & Check Results			
Of the 79 families who downloaded the app, half used it at least once a week. Eleven of those families used it on a regular basis. Two families showed the app to their PCP provider during the well child check-up.			

Contractor Site	Counties Served	Description of Project	Reason for Focus
Parent Promise	Oklahoma	To increase family involvement in child development utilizing Positive Parenting Practices (PPP).	To increase the amount of times per week PPP is utilized with families by 15%.
Test & Check Results			
Although the Contractor was unable to meet the 15% increase, the project consistently averaged 4 days of PPP per week.			



Eugene, Titan and DeJuan

When Eugene enrolled, he had many life challenges including a history of substance-use, criminal charges, incarceration and separation from the mother of his boys. Eugene shared “I have made mistakes, but with the help of my Parent Educator, Jeremy, I am moving forward.” I got to work with Eugene providing him with resources and referrals to support him in changing his life path and deepening his connection with his boys, Titan and DeJuan. Eugene stated “The information Jeremy provided helped me understand what is happening in Titan and DeJuan’s development at their age.” Since Eugene has been in the PAT Program, his Child Welfare case has closed, he has obtained transportation, employment and has moved into stable housing. Eugene confided “I want a home with a yard where the boys can play and look for ladybugs and grasshoppers.” – Jeremy, Parent Educator serving Kay County

Peyton, Jacob and Kye

“When I first found out I was pregnant I was scared to be a parent especially



because I am a teen mom. It was very hard and I felt that Jacob and I have been judged by everyone. When I told the doctor I wanted to breastfeed, he said, ‘Well okay but here is some formula.’ I think being able to talk with my Parent Educator, Kylie, read the handouts and complete the activities has built my and Jacob’s confidence. We realize we are not alone and Kylie will support us by providing information and resources and never judges us. Jacob and I know Kylie is

in our corner, and that has helped us to be successful in everything we have done becoming parents and all.” – Payton, enrolled in Major County

***Note:** Payton and Kye were successful at breastfeeding and he is at a healthy weight and developmentally on target.*

Laura, Dale and George

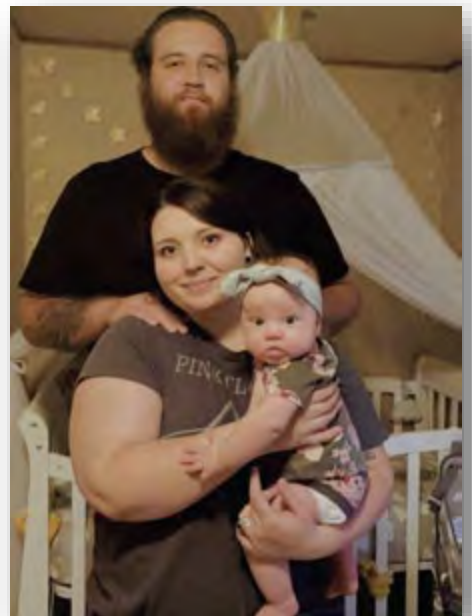
“I really like the support of this program because I feel like I have a lot to learn about being a father”- Dale



Laura and Dale will be the first to tell you the birth story of their son, George. Laura and Dale lived a married, child-free life until Laura started feeling a strange pain. Strange pains were common to her as she had experienced multiple health issues throughout her life. However, it was severe enough that she went to the emergency room. When there, she found out that she was pregnant and due to deliver any moment. Laura and Dale had 6 hours to mentally prepare themselves to be parents, but that hasn't stopped them from creating a beautiful family and life together. – Rachael Hoover, Parent Educator serving Oklahoma County

*“This family has taught me that circumstance does not always indicate continuity; it is possible for our parents who are created in the emerging years to heal from the generational trauma we may have collected from those around us. Charlie, Lilith and Colton embody a blooming example of that ability.”
– Morgan Burchett, Parent Educator serving Wagoner County*

Charlie, Lilith and Colton



Oklahoma Family Support Network

The Oklahoma Family Support Network (OFSN) was formed in 2018. During 2022, the OFSN was in the development and operational phases of the [National Family Support and Strengthening Network](#) Development Continuum. During the phases, network meetings convened, a network vision, mission, and goals were developed and operating guidelines were put in place. In addition, the OFSN maintained regular offerings of the Standards of Quality for Family Strengthening and Support Virtual Certification Training, the review and refinement of network processes and systems, and continued advancement of network goals. This also included funding a full-time position to coordinate OFSN development. The OFSN coordinator continues to grow and maintain partnerships at state and local levels, and coordinates the Oklahoma Standards of Quality training team with the goal of statewide implementation.

In 2022, three Oklahoma Family Resource Centers (OFRC) were awarded funding to develop, implement, and sustain OFRCs in each Tulsa, Oklahoma and Cleveland Counties. The OFRC Contractors have conducted community assessments and implemented services and resources within each of the OFRCs that met the needs of families in their community. These OFRCs are the inaugural members of the OFSN and will help guide future goals. The OFSN coordinator worked with the OFRCs to provide technical assistance including implementation of the Quality Standards, developed Parent Advisory Committees, maintained fidelity to the frameworks utilized, and developed a sustainability plan to be implemented beyond available funding.

Since inception, the OFSN has conducted a total of nine Standards trainings and certified 183 Family Support and Strengthening professionals, advocates, and funders across the state. The Oklahoma Standards Training Team has maintained three trainers and one technical support assistant. The NFSN provided a revised version of the Standards of Quality in January 2021 and a newly piloted virtual Standards of Quality training was launched in Oklahoma in August 2021.

The OFSN continued their partnership with the Oklahoma Department of Human Services (OKDHS) designing and implementing two pilot Family Resource Centers (FRCs) in Oklahoma. They were the first of their kind in Oklahoma to combine the Science of Hope and the Quality Standards utilizing the [Strengthening Families Protective Factors Framework](#) from the Center for the Study of Social Policy and the Principals of Family Support Practice, along with Dr. Chan Hellman's study of [Hope Science](#). In addition, the OFSN embarked on a new partnership with Potts Family Foundation and the Oklahoma State Department of Health's Allied Health programming for infant and early childhood mental health to develop FRCs in even more communities. These FRCs will have an infant mental health focus and will include innovative service designs to meet the needs of families.

Another notable partnership that has continued to thrive is with the Oklahoma Commission on Children and Youth (OCCY). The partnership combines the work of OCCY's Parent Partnership Board with the OFSN's community level Parent Advisory Committees. Through this combined effort, more Family Strengthening and Support professionals and Parent Professionals have been certified in the NFSN's Sustaining Effective Parent Advisory Committees certification training and is also trained in [Circle of Parents](#), offered by OSDH. The OCCY and OFSN launched the initial Oklahoma Parent Advisory Committee Community of Practice for providers and professionals who are implementing parent advisory committees. This is the first official OFSN group to convene, is regularly scheduled for professional development, networking, and peer support opportunities. The first cohort was identified and met in 2022; additional cohorts will be added on a regular basis.

Child Abuse Prevention Month

Each year in April, the OSDH, Family Support and Prevention Service (FSPS) observes National Child Abuse Prevention Month (NCAPM) with events and activities included in an elaborate and strategic statewide plan. This is made possible with the expertise, dedication, and involvement of countless prevention partners who meet throughout the year as part of the Child Abuse Prevention (CAP) Action Committee. Energy ran high in 2022 with a renewed sense of purpose and a strong desire to meet in person for events after reeling from COVID-19 over the last few years. There was record attendance at the Outstanding Child Abuse Prevention Awards Ceremony which returned to the Oklahoma State Capitol in 2022 with exceptional individuals and programs being honored for their work. Many states issue proclamations and media releases to raise awareness on the importance of child abuse prevention while also shining a light on the many ways we can all play a role in preventing children from being harmed. According to The White House briefing (03/31/2022), National Child Abuse Prevention Month is a time to join together to promote safety and well-being of all children and families and to recognize the child welfare workforce and allies who work tirelessly to protect our children.¹

During SFY 2022, the CAP Action Committee led NCAPM planning meetings from 01/14/22 through 05/13/22 (which is an abbreviated schedule compared to past years due to continued impact of COVID-19). New partners continued to join the group and the Oklahoma Child Abuse Prevention Facebook Page continued to grow in followers and likes. Graphic designs were provided by various CAP Action committee members as well as the OSDH Office of Communications (OOC).

2022 Child Abuse Prevention Month Campaigns, Events and Activities:

- Creation of social media campaign materials for all activities and events (Designed by the CAP Action Committee members and the OSDH/OOC)
- Social media promotion leading up to April via the Oklahoma Child Abuse Prevention Facebook page (with over 1,395 likes and over 1,658 followers)
- Promotion of 2022 April NCAPM Campaigns on OSDH website
- 2022 CAP Month Newsletter
- Happy Day Coloring Challenge
- The Super CAP Month Challenge
- Pinwheel Gardens – Led by Parent Promise/PCA-OK
- Dissemination of Children’s Bureau National CAPM Resource Guides
- Media Event: Governor Kevin Stitt and First Lady Sarah Stitt Discuss Child Abuse Prevention Month, highlighting the Oklahoma Child Advocacy Centers
- [CAP Social Media Challenge](#) – Community partners were challenged to use social media to spread awareness about child abuse prevention using Facebook, TikTok, Instagram, or Twitter.
- Annual Build a Blue Ribbon Tree for Kids Campaign
 - ⇒ [2022 Blue Ribbon Tree Slideshow](#)
 - ⇒ [2022 Blue Ribbon Tree Flyer](#)
 - ⇒ [2022 Blue Ribbon Tree Yard Sign](#)

¹The United States Government. (2022, March 31). *A proclamation on National Child Abuse Prevention Month, 2022*. The White House. Retrieved November 11, 2022, from <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/03/31/a-proclamation-on-national-child-abuse-prevention-month-2022/>

Notable Dates:

- **October 14, 2021 and April 1, 2022:** Biannual Collaborative Convening Partnering with OKDHS
- **April 1, 2022:** [Annual Wear Blue Day](#)
- **April 11th, 2022:** Sky Dance Bridge Lighting goes blue for NCAPM
- **April 13-15, 2022:** FSPS Co-hosting 28th Annual Child Abuse and Neglect Conference
- **April 18-22, 2022:** State Capitol Lit up in Blue & YMCA's 5 Days of Action
- **April 21, 2022:** Annual Outstanding Child Abuse Prevention Awards Ceremony at the Oklahoma State Capitol including First Lady Sarah Stitt



Commissioner Reed and Children First Nurses decorate the OSDH Blue Ribbon Tree at the Oklahoma Commons Building.



Community partners wear blue on April 1st to kick-off Child Abuse Prevention Month.



The Sky-Dance Bridge in Oklahoma City lights up blue for National Child Abuse Prevention Month.



Annual Outstanding Child Abuse Prevention Awards Ceremony held at the Oklahoma State Capitol.

Professional Education and Training Provided

Orientation

Supervisors and Parent Educators receive orientation training (separate from intensive role specific training) prior to direct work with families to familiarize them with the functions of the site.	
Orientation	Boundaries
	Community Resources
	Confidentiality
	Provisional Child Abuse and Neglect Indicators
	Provisional Child Screenings: Hearing & Vision
	Provisional Efforts to Outcomes (ETO) Database Training
	Provisional HIPAA and Cyber Security
	Provisional Life Skills Progression (LSP)
	Provisional Onboarding
	Provisional Personal Visit Observation
	Provisional Policies and Procedures
	Provisional S.O.A.P. Notes
	Provisional Staff Safety
	Site and Role Specific Orientation

Parents as Teachers (PAT) Model Training

Parent Educators and Supervisors are required to complete all PAT trainings.	PAT Foundational I
	PAT Foundational II
	PAT Model Implementation

Annual Training

Complete within 30 days of employment and every year thereafter.	Caregiver Health and Wellness
	Child Abuse and Neglect Indicators Training
	Diversity Awareness - <i>Based on their current service population</i>
	Intimate Partner Violence Training
	Policy and Procedure Review
	Substance Use

Required Training

Completed Within the first year of employment	Attachment
	ASQ 3, ASQ:SE 2
	Child Maltreatment and Mandatory Reporting in Oklahoma
	Developmental Milestones
	Family/Domestic Violence
	Home Visitors Safety Training
	Maternal Depression/Reproductive Health

	Mental Health Issues
	PICCOLO
	Reflective Supervision for Parent Educators
	Reflective Supervision for Supervisors
	Safe Sleep
	S.O.A.P. Notes Documentation Training
	Special Needs
	Strengthening Families: Protective Factors
	Tobacco Cessation/Substance Use
Complete Within Second Year of Employment	Adoption
	Autism
	Breastfeeding
	Child Passenger Safety
	Circle of Parents
	Motivational Interviewing
	Newborn Screening/Grief
	Period of Purple Crying
	Standards of Quality for Family Strengthening and Support

Professional Development

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

Family Characteristics

Age of Client

Age of Client	Percent
Under 16 years	1%
16–19 years	3%
20-24 years	11%
25-29 years	23%
30-39 years	52%
40 years & Older	10%
Total	100%

Marital Status of Client

Marital Status of Client	Percent
Divorced	5%
Married	39%
Not married but living with partner	20%
Single, Never Married	31%
Separated	4%
Widowed	1%
Total	100%

Age of Children Living in Household

Age of Children	Number
Under 1 year	45
1-2 years	279
3-4 years	145
5-9 years	71
10-14 years	35
15-18 years	19
Total	594

Household Composition of Families Served

Household	Percent
Father of the Child	43%
Others	33%
Grandparent of the child	9%
Aunt of the client	6%
Uncle of the client	9%
Total	100%

Number of Families Accepted to Program & Average Length of Enrollment

Site	Number of New Families	Number of Total Families	Average Time Enrolled (Months)
Great Plains	29	59	19
CREOKS	33	60	15
Latino Community Development Agency	11	46	27.6
Frontline Family Solutions	12	29	15
Northwest Family Services	29	47	13
Northern OK Youth Services	44	67	8.5
Parent Child Center of Tulsa	46	73	9.2
Parent Promise	62	117	15.3
Tahlequah	35	35	5.4
Youth & Family Services for Hughes & Seminole Counties	22	44	10.7
Total	323	577	13.9

Number of Families Not Accepted to Program & Reason

Potential Enrollee	Number
Unable to locate	43%
Refused services/not interested	16%
Returned to Work	6%
Other	35%
Total	94%

Program Activities and Recommendations for SFY 2023:

Virtual Service Delivery

The COVID-19 Health Crisis has served as a catalyst for Parents as Teachers to release guidance and materials supporting virtual home visiting, making valuable resources and support available to professionals serving families during this unprecedented time. PAT is a leading partner in the Rapid Response collaborative, along with the Institute for the Advancement of Family Support Professionals, and the National Alliance of Home Visiting Models. Virtual service delivery refers to services both through interactive video conferencing technology and phone calls. Virtual visits through an interactive video conferencing platform allow there to be two-way, real-time, audio-visual communication between the home visitor and parent(s), guardians, or primary caregivers and their child(ren). These visits are delivered using a device, preferably a tablet or computer (laptop) and a secure video conferencing platform. Virtual visits through telecommunication are visits completed via audio phone calls.² Virtual services will remain an option for families, not just in times of health crisis, severe weather or other environmental situations, but based on family choice as well. Having a range of options for service delivery supports the Essential Requirements for model fidelity.

Virtual Training Plan

Due to the COVID-19 Public Health Crisis, Parents as Teachers suspended all on-ground training and transitioned Model Implementation, Foundational and Foundational 2 Core trainings to a virtual platform. Following suit, the OCAP has provided the Contractors with virtual training and webinars covering topics that are required in the Training Plan and relevant to home visiting. As the number of COVID-19 cases decreased and the vaccinated persons increased, the OCAP has resumed several in-person trainings, following all recommended COVID-19 Safety Guidelines.³

Supervisor Activities

Monthly

The OCAP schedules supervisor calls on the last Friday of each month. The OCAP has made it a standard to meet using video capabilities and incorporating communication during months that meetings were not held by sending out updates in presentation format. This allowed the OCAP to provide consistent communication using PowerPoint, video and Webinar platforms enhancing engagement with the Contractors. Additionally, trainers were scheduled that provided information and current practices as requested by the Contractors. The OCAP partnered with a the Warm Line and OSU Infant Mental Health ECHO to continue supporting contractors in staying up to date on evidence-based practices in Infant Mental Health as well as the ability to have real-time clinical review of cases and programming questions. Some of the technical assistance provided in monthly supervisor's calls included policy and PAT model updates, resources, database information, and training. Based upon a Satisfaction Survey of the OCAP the monthly supervisors call had a 62% satisfaction rate by the contractors in FY 22. The OCAP has implemented regular satisfaction and review surveys to identify adjustments that can be made to increase over-all satisfaction. The OCAP requests monthly staffing and capacity reports on the 5th of each month. In SFY 2023 the OCAP will continue to keep up to date with this information to provide technical assistance and support relevant to the individual Contractor.

² *Virtual service delivery*. Parents as Teachers. (2022). Retrieved November 10, 2022, from <https://parentsasteachers.org/virtual-service-delivery>

³ Centers for Disease Control and Prevention. (2022, October 19). *How to protect yourself and others*. Centers for Disease Control and Prevention. Retrieved November 11, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Bi-Annual

During SFY 2022, bi-annual meetings were scheduled virtually due to the continued need for social distancing and accessibility to Contractors who were not able to travel. The meetings occurred in March and September. The objectives were to create a platform to dive deeper into topics that were discussed during the monthly supervisor's call. Some of the most noted topics included in the bi-annual meeting were presentations from several community agencies such as Developing Caring Communities Committed to Action (DCCCA, Inc.), Oklahoma Commission on Children and Youth (OCCY), and Oklahoma ABLE Tech. The Contractors were also provided valuable information regarding safe disposal and storage of medicine, and administering Naloxone. The focus also included guidance, problem solving, and strategic planning for establishing a hybrid of virtual and in-person home visits. The Contractors and the OCAP worked on planning for barriers and stressors families and home visitors experienced during the pandemic.

Blue Ribbons Sites

The PAT Essential Requirements and Quality Standards form the basis for the Quality Endorsement and Improvement Process (QEIP), which is the process that Contractors go through to demonstrate their commitment to high quality services and work to earn the Blue Ribbon designation.⁴ Currently, Oklahoma has five Contractors that serve Oklahoma and Tulsa Counties that have achieved Blue Ribbon status.

Quality Endorsement and Improvement Process

Contractors are invited to participate in the QEIP process for the first time in their fourth year of implementation. QEIP helps ensure that Contractors are delivering high quality home visiting services while implementing the PAT model to fidelity. The QEIP process ensures that essential requirements and quality standards set by Parents as Teachers National Center are fulfilled. This indicates the highest quality of services are being provided to children and families. During SFY 2022, Contractors serving Beckham, Washita, Greer, Kiowa, Jackson Tillman, McClain, Garvin, Comanche, Oklahoma, Hughes and Seminole counties have been designated to begin the QEIP process and ultimately achieve Blue Ribbon Status.

⁴ *Blue Ribbon affiliates*. Parents as Teachers. (2021, October). Retrieved November 11, 2022, from <https://parentsasteachers.org/blue-ribbon/affiliates-1>

Target Fidelity Project

This initiative created by Parents as Teachers National center was designed to increase support to Contractors who missed at least one Essential Requirement. Through this project, the OCAP provides intensive Technical Assistance to Contractors to review and execute a Success Plan utilizing the parallel process of reflection and support. The goal is to improve processes throughout the fiscal year to meet the Essential Requirements that were missed. The structure includes monthly calls to review progress and change. In SFY 2021 six of the twelve sites participated in the Target Fidelity Project (TFP). In SFY 2022 100% of the Contractors participated in TFP. After receiving positive feedback from the Contractors, we will have 100% participation again in SFY 2023.

What our Supervisors are saying:



Budget and Program Needs:

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

Below is a snapshot of a 10-year budget history for PAT. In 2018, state funded PAT Programs were cut, and reinstated in 2019 at the current funding of \$2,014,668. The table below represents the decline of services from 2011 to 2021 due to budget cuts and no increases.

State Fiscal Year	Total Expenditures	Number of Families Served	Average Cost per Family	Number of Contractors	Number of Counties Served
2011	\$2,964,476	1,085	\$2,732	21	39
2012	\$2,790,426	1,068	\$2,613	19	37
2013	\$2,711,578	786	\$3,450	14	30
2014	\$2,788,042	774	\$3,602	14	30
2015	\$2,613,823	738	\$3,542	13	28
2016	\$2,440,713	672	\$3,632	13	28
2017	\$2,246,365	608	\$3,695	11	26
Contracts Cancelled					
2018	\$906,145	321	\$2,823	9	23
Contracts Reinstated					
2019	\$2,014,668	386	\$5,479	9	28
2020	\$2,014,668	648	\$2,890	9	28

The table below represents the confirmed child abuse and neglect cases in the counties PAT serves.

Confirmed Child Abuse and Neglect Cases 2019 Kids Count Data					
Rural Counties Served - 26					
1.	Adair	184	14.	Major	26
2.	Alfalfa	2	15.	McClain	88
3.	Beckham	94	16.	Noble	61
4.	Cherokee	152	17.	Okfuskee	60
5.	Cleveland (<i>Rural & Suburban</i>)	751	18.	Okmulgee	295
6.	Creek	235	19.	Osage	201
7.	Garvin	86	20.	Pawnee	66
8.	Grant	9	21.	Seminole	175
9.	Greer	41	22.	Sequoyah	234
10.	Hughes	33	23.	Tillman	48
11.	Jackson	112	24.	Wagoner	235
12.	Kay	410	25.	Washita	41
13.	Kiowa	66	26.	Woods	27
Metropolitan Counties Served - 2			Rural Counties Total Cases		3,732
27.	Oklahoma	2,802			
28.	Tulsa	3,074			
Metropolitan Counties Total Cases		5,876			

“Research has proven evidence-based models of home-based family support services lead to fewer instances of child abuse and neglect, improved child health, and improved child development that results in less need for expensive remedial education.”⁵ Enhancing and expanding our services has the potential to positively impact more families. Children and parents engaged in the PAT program are less likely to go to the emergency room for injury and have a 50% reduction in cases of abuse/neglect.⁶ Families engaged in PAT are more likely to attend well child visits and eat more fruits and vegetables.⁷ PAT children were rated significantly higher than non-PAT children on multiple, developmental indicators of school readiness (emotional well-being, fine motor, expressive language, receptive language and social competence).⁸ PAT Families were found to be more responsive and stimulating for children while feeling more support from their communities.⁹ PAT not only reduced the likelihood of abuse/maltreatment but also improved outcomes within education and physical health. PAT increased access to health care and social support networks.

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

- Increase state funding to expand home visitation services across the state. Continue identifying gaps in the continuum of home visiting services between PAT and Children First (Oklahoma’s Nurse Family Partnership) by identifying underserved populations.
- Increase the state’s investment dollars in child abuse prevention services such as PAT Home Visitation Services, Children First and SafeCare.
- Identify partners through other state agencies, private non-partners and local communities to achieve a more cohesive robust home visiting footprint.
- Research other states with statewide home visitation models to work toward a long-term goal of providing services to all 77 Oklahoma counties.
- Play an active role in the Thriving Families Safer Children Initiative¹⁰ led by the Children’s Bureau at HHS’ Administration for Children and Families, Casey Family Programs, the Annie E. Casey Foundation and Prevent Child Abuse America. This partnership is a nationwide initiative to prove it is possible to fundamentally rethink how child welfare systems function to prioritize strengthening families and building resiliency, rather than separating families.

⁵ *Annual outcomes report - OK school readiness*. (2020). Retrieved November 11, 2022, from https://okschoollreadiness.org/uploads/documents/Home%20Visiting%20Report_2020.pdf

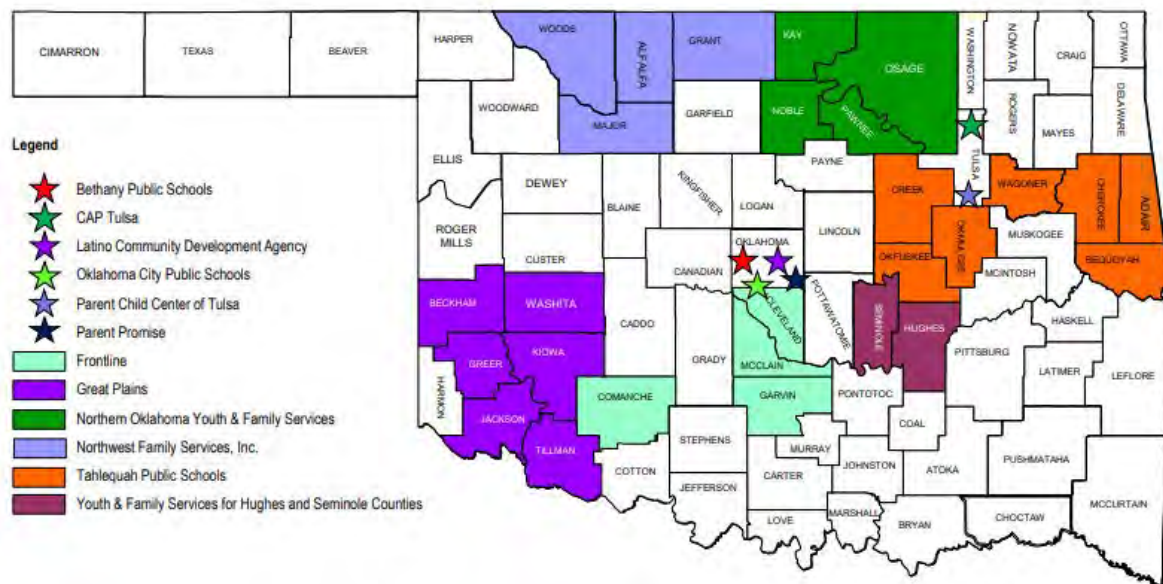
⁶ Wagner, M., Iida, E., & Spiker, D. (2001). *The multisite evaluation of the Parents as Teachers home visiting program: Three-year findings from Winston-Salem, NC*. Menlo Park, CA: SRI International.

⁷ Haire-Joshu, D., Schwarz, C., Steger-May, K., Lapka, C., Schechtman, K., Brownson, R., & Tabak, R. (2018). A randomized trial of weight change in a national home visiting program. *American Journal of Preventative Medicine*, 54(3), 341–351.amepre.2017.12.012

⁸ O’Brien, T., Garnett, D.M., & Proctor, K. (2002). Impact of the Parents as Teachers program. Cañon City, CO (Fremont County) School Year 1999-2000. Center for Human Investment Policy, Graduate School of Public Affairs, University of Colorado at Denver.

⁹ Owen, M.T. & Mulvihill, B.A. (1994). Benefits of a parent education and support program in the first three years. *Family Relations*, 43, 206-212. <https://doi.org/10.2307/585324>

¹⁰ The Annie E. Casey Foundation. (2021, April 22). *National Partnership to Reinvent Child Welfare Expands*. The Annie E. Casey Foundation. Retrieved November 10, 2022, from <https://www.aecf.org/blog/national-partnership-to-reinvent-child-welfare-expands>



Data Source: Parents as Teachers, Family Support and Prevention Services, Oklahoma's State Department of Health

Created: 04.26.2022



Disclaimer: This map is a compilation of publicly information and data from various city, county and state offices and other sources, collected from these offices and is the best representation of this data available at this time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent liabilities of this map including the fact that the data are changing and is a constant state of maintenance.



OKLAHOMA
State Department
of Health

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

Featured Parent Success Story

Parent Promise, Oklahoma County

Mr. Wayne

Kairo

Julestria

Mr. Wayne was introduced to Parent Promise during a volatile and crucial time in his family. His niece, Julestria was initially referred to PAT by another Parent Promise Program called [Right Track](#). Shortly before she could be enrolled, her baby, Kairo was removed from by Child Welfare due to abuse by his father. Mr. Wayne stepped up to be the kinship foster placement in an effort to keep some normalcy in Kairo and Julestria's life.

Being a new parent and not knowing what to expect, Mr. Wayne was hesitant to enroll in Parents as Teachers. He was already overwhelmed with home visits from other social service agencies as he was now the primary caregiver for Kairo. Mr. Wayne's Parent Educator Christy recognized his stress and made sure he saw her as a source of support, so she asked Mr. Wayne if they could meet once, then go from there. Mr. Wayne confided "I don't have a clue on how to raise a newborn baby, let alone a baby with special needs." Kairo suffered a head trauma, and as a result his cognitive and physical development was delayed. Mr. Wayne decided that he wanted help and trusted Christy, and so began his journey with Parent Promise. As time went on and more visits were completed, Mr. Wayne got comfortable, and his trust grew with Christy. She provided adjusted developmental information and screenings, basic childcare needs and parent-child interaction information to help him learn how to care for his nephew. She also provided Mr. Wayne with child health education, family goal setting, home safety, and concrete supports. Christy shared "Mr. Wayne never asks for anything, but is so grateful when I bring Kairo clothes or an extra book."



"I'm so happy for Miss Christy to a part of our family!" – Mr. Wayne

Christy shared that Mr. Wayne understood the importance of Julestria in Kairo's life and invited her to participate in visits so she can experience Kairo's growth and milestones. In July 2022, Mr. Wayne officially adopted Kairo, stating "Christy helped me gain the skills I needed to be a great provider to Kairo and the confidence to proceed with adoption." He also said, "I appreciate Miss Christy for helping, encouraging, guiding, loving, supporting, patience and thoughtfulness." Christy shared "It felt like a lifetime to get this family where they are but I have worked hard to be his cheerleader, and to keep him going to do his BEST!"

"Working with families and children is a passion that I truly enjoy. I love building strong relationships that strengthen the family's dynamic and emotional health. I feel like working with Mr. Wayne validates this and helps me know I am doing good work!"

– Christy, Parent Educator serving Oklahoma County

“

I was
equipped
with the
tools to meet
the
challenges I
face.

WAYNE

PARENT PROMISE
CLIENT



parent
promise

Prevent Child Abuse
Oklahoma™

Acknowledgments

Keith Reed, RN, MPH, CPH
Commissioner of Health

Mendy Spohn, MPH
Deputy Commissioner

Tina R. Johnson, MPH, RN
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Family Support and Prevention Service

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

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OKLAHOMA HOME VISITING

Annual Outcomes Report

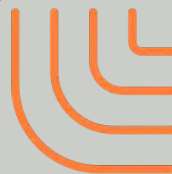
FISCAL YEAR 2022

July 1st, 2021-June 30th, 2022

Submitted to: Governor Stitt, Oklahoma State Legislature,
and Oklahoma Commission on Children and Youth.

Submitted by: Oklahoma Partnership for School Readiness
as the Oklahoma State Early Childhood Advisory Council.

In accordance with: The Family Support Accountability Act
Title 10 O.S. §601.80.



OKLAHOMA
PARTNERSHIP
FOR SCHOOL
READINESS



ACKNOWLEDGMENTS



To Governor Stitt, Oklahoma Legislature, and Oklahoma Commission on Children and Youth:

Oklahoma Partnership for School Readiness (OPSR), serving as the state's Early Childhood Advisory Council, is pleased to present the 2022 Home Visiting Report. This report further demonstrates the collaborative efforts of Oklahoma home visiting programs, as program leadership offered guidance and support for this report. We thank Oklahoma State Department of Health's Mr. John Delara, MIECHV Grants Manager, for his assistance in collecting and providing data on program outcomes and expenditures for this report. We are especially grateful to the Sustainable Implementation of Evidence-Based Home Visiting Committee, led by University of Oklahoma Health Sciences Center's Center on Child Abuse and Neglect, for their collaborative leadership to promote evidence-based, home visiting programs across Oklahoma. Thank you also to OPSR's Adelaide Webb and Taylor Knooihuizen, for their contribution to the development of this year's report.

We especially want to acknowledge family support providers (home visitors) across Oklahoma for their dedicated service to families of young children. We know that home-based family support programs, especially those serving families with very young children, are proven effective in achieving positive outcomes for parents and their children. This report highlights successes, identifies improvement opportunities, and educates a broader audience about home visiting and its effectiveness. OPSR will continue to uplift Oklahoma's home visiting work and encourage increases in state investments for equitable and evidence-based home visiting programs.

Carrie Williams,
Executive Director



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FAMILY SUPPORT ACCOUNTABILITY ACT

The Family Support Accountability Act (Title 10 O.S. §601.80), signed into law in 2015, requires the State Early Childhood Advisory Council to establish statewide metrics by which to measure the performance outcomes of all state funded and implemented home visiting programs. Additionally, the State Early Childhood Advisory Council will submit an annual outcomes report to the Governor, Legislature, and Oklahoma Commission on Children and Youth that details the following:

- State expenditures.
- Program and participant characteristics.
- Outcomes achieved.
- Recommendations for quality improvements and future investments.

Further, under the Family Support Accountability Act, an outcomes measurement plan must be updated every five years that includes home visiting metrics and efficiency of program implementation. An updated measurement plan will be submitted to the Governor, Legislature, and Oklahoma Commission on Children and Youth in 2023.

SUSTAINABLE IMPLEMENTATION COMMITTEE

The University of Oklahoma Health Sciences Center's Center on Child Abuse and Neglect was an awardee for the Administration for Children and Families' "Evidence-Based Home Visiting" (EBHV) Grant in 2008. One of the requirements of the grant was to create a committee that would investigate future funding opportunities that could sustain the EBHV grant-funded program that was funded through the ACF grant (i.e., SafeCare augmented). After OSDH was awarded the Maternal Infant and Early Childhood Home Visitation (MIECHV) Grant and the EBHV grant shifted under the MIECHV mechanism, the Sustainable Implementation Committee expanded the scope to include sustained implementation of all evidence-based home visitation programs in Oklahoma.

This committee stays abreast of the latest research and evaluation findings of home visitation programs in Oklahoma, identifies current and potential sources of funding, develops strategies for marketing and messaging to facilitate accurate understanding about EBHV, and supports expanded participation of families, with a focus on engaging fathers. The Sustainable Implementation Committee includes members from multiple state agencies (e.g., OSDH, OKDHS, OCHA), nonprofit agencies (e.g., NorthCare Center, Parent Child Center of Tulsa, Latino Community Development Agency), tribes (Choctaw Tribe, Cherokee Tribe), the Oklahoma Institute on Child Advocacy, Oklahoma Partnership for School Readiness, University of Oklahoma Health Sciences Center, Oklahoma State University, and the business community.

During this past fiscal year, the Sustainable Implementation Committee worked with communities to identify their needs with the goal of helping guide the State's use of the American Rescue Plan Act (ARPA) funds. Updates on new and expanding programs were shared, such as the TANF funded expansion programs for SafeCare rolling out across the designated counties, and the introduction of two new programs: the Modified Attachment Biobehavioral Catch-Up (ABC) Model, and the Parent-Child Assistance Program (PCAP). The Parent Partnership Advisory Committee (PPAC) was established from the Parent Partnership Board, with the plan of expanding and providing trainings and consultation to other PPACS wanting to start across the state.

HOME VISITING COLLABORATIONS

parentPRO

parentPRO supports Oklahoma pregnant mothers and families with young children by linking them with programs that best fit their family. There are a variety of programs across Oklahoma and each of these programs has unique features and specific enrollment criteria. parentPRO simplifies the enrollment process and connects expectant mothers or families from pregnancy through kindergarten to services in their area.

Home Visitation Leadership Advisory Coalition (HVLAC):

The Home Visitation Leadership Advisory Coalition (HVLAC) is led by the Family Support and Prevention Services team at Oklahoma State Department of Health. Membership is comprised of multi-level representatives from state agencies, universities, child-serving agencies, and other private nonprofits. This coalition allows members to share information, work together to find solutions to common problems, and disseminate best practices.



HOME VISITING



Home-based family support programs (home visiting) support parents and caregivers to provide safe, stable, and nurturing environments for their children. As a two-generational approach, both adults and children benefit from in-home visits. Caregivers who receive support and coaching during home visits learn skills that protect their children from adverse childhood experiences (ACEs).¹

Extensive research has been conducted on the negative impact of ACEs into adulthood, but the harm caused by ACEs can be mediated through the use of protective and compensatory experiences (PACEs).¹ The protective components of PACEs focus on relationships and resources - two critical components of high-quality, evidenced-based home visiting programs.

IS HOME VISITING EFFECTIVE?

Studies focused on the cost-effectiveness of home visiting programs have found strong returns on investment. For example, a Nurse Family Partnership (NFP) model study found a 7% reduction in TANF payments nine years postpartum and costs for those on Medicaid decreased by 10%.²

Home visiting programs also have been shown to improve caregivers' financial stability and reduce substance abuse, while reducing taxpayer costs due to child welfare involvement.

HOME VISITING MODELS

Home visiting models vary in the outcome, duration, frequency of visits, and intended target population. Some begin in pregnancy, while others start during the first year of a child's life. Models may last two years, up to age 6, or kindergarten completion.

Potential outcomes include:

- »» Improvements in maternal and infant health
- »» Prevention of child injuries, abuse, neglect or maltreatment
- »» Reduction in emergency department visits
- »» Increased school readiness and achievement
- »» Lower incidence of crime or domestic violence
- »» Improvements in family economic self-sufficiency
- »» Better coordination of and referrals for community resources and supports

1 Hays-Grudo, J., Sheffield Morris, A., Beasley, L., Ciciolla, L., Shreffler, K., & Croff, J. (2021). Integrating and synthesizing adversity and resilience knowledge and action: The ICARE model. *American Psychologist*, 76(2), 203-215.

2 Nurse-Family Partnership: Outcomes, Costs and Return on Investment in the U.S. Nurse Family Partnership (2017). Nurse-Family Partnership https://www.nursefamilypartnership.org/wpcontent/uploads/2017/02/Miller-State-Specific-Fact-Sheet_US_20170405-1.pdf

ABOUT THE DATA

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

WHO ARE HOME VISITORS?

Home visitors have a variety of professional training ranging from nursing, social work, and child development. Requirements for being a home visitor vary by the program because services differ based on family needs. Regardless of their professional background, all Oklahoma home visitors are required to have specialized training in service delivery, child development, safety, child abuse and neglect, domestic violence as well as other relevant fields necessary to effectively support families.

WHAT HOME VISITORS DO

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



Gather Family Information to Tailor Services

- Screen parents for issues like postpartum depression, substance abuse, and domestic violence
- Screen children for developmental delays



Provide Direct Education and Support

- Provide knowledge and training to make homes safer and promote safe sleep practices
- Offer information about child development
- Screen children for developmental delays



Make Referrals and Coordinate Services

- Help pregnant women access prenatal care
- Encourage parents take children to their well-child visits
- Connect parents with job training and education programs

ACES & PACES

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) include 10 categories of experiences before the age of 18: physical, sexual, and emotional abuse, physical and emotional neglect, domestic violence, parental divorce, and household mental illness, incarceration, and substance use. Having multiple ACEs impairs development and increases the risk of poor health.³

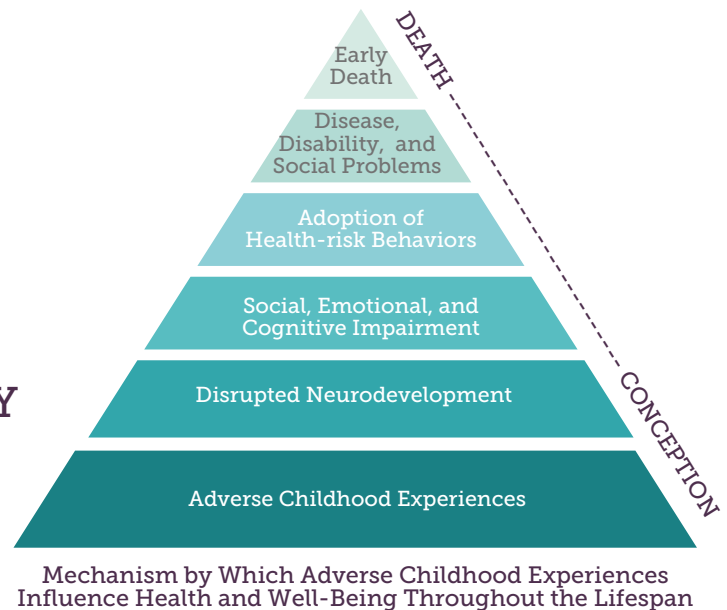
PROTECTIVE AND COMPENSATORY EXPERIENCES

Protective and Compensatory Experiences (PACES) are experiences that protect against risk and increase resilience. Like ACEs, PACES influence development. Unlike ACEs, this foundation provides the relationships and resources needed for healthy development.³ PACES include:

1. Unconditional love from a parent/caregiver
2. Having a best friend
3. Volunteering in the community
4. Being part of a social group
5. Having support from an adult outside of the family
6. Living in a clean, safe home with enough food
7. Having resources and opportunities to learn
8. Engaging in a hobby
9. Regular physical activity
10. Having daily routines and fair rules

Protective experiences provide the basis for the heart model. Supportive relationships and resources lead to healthy development. Individuals then adopt behaviors resulting in healthy, long lives.³

THE ACES MODEL³



PACES HEART MODEL³



³ Ratliff, E., Sheffield Morris, A., & Hays-Grudo, J. (2020). The impact of adverse and protective childhood experiences. Oklahoma State University Extension. Retrieved from <https://extension.okstate.edu/fact-sheets/the-impact-of-adverse-and-protective-childhood-experiences.html>

HOME VISITING IN OKLAHOMA

In 1992, Oklahoma implemented its first home visiting program, Parents as Teachers, through the Oklahoma State Department of Education. Oklahoma was one of the first states to make these services available statewide, and programs consistently grew and expanded in the late 1990s and early 2000s. Early on, state investments created the infrastructure to implement evidence-based models with a continuum of services to expecting parents, infants, toddlers, and children prior to kindergarten completion.

Oklahoma home visiting programs deliver a wide variety of services to both expectant parents and families with children under six years old. Providing supports to parents enrolled in home visiting programs increases PACEs in the home, which can positively influence developmental health outcomes and school readiness. Caregivers who choose to participate in a home visiting program are matched with specially trained professionals who periodically come to the caregiver's home and offer education, resources, developmental screenings, and other resources.

Oklahoma home visiting programs use evidence-based models that have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations. Currently, Oklahoma implements three evidence-based home visiting models: Children First, Parents as Teachers, and SafeCare Augmented.

AT A GLANCE

38,522

Home Visits
Completed



2,796

Families
Served

2,331

Children
Served



58

Counties
Served



27

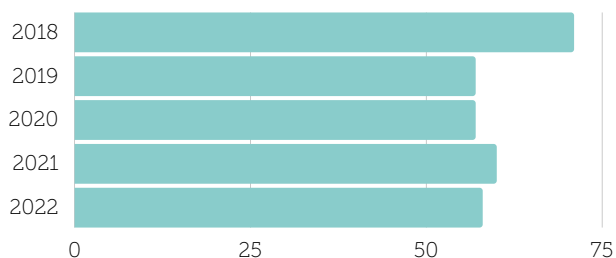
Programs

The three models vary in the populations they serve, the length of time services are provided, and the required education and experience of home visitors carrying out activities. Home visiting programs are delivered through county health departments and community-based nonprofits. Depending on the needs and size of the community, more than one program may be offered in a county, and programs are strategically coordinated to reduce duplication of effort and maximize efficiency.

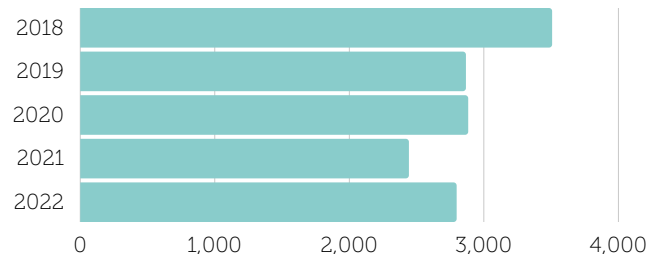
Over the last five years, home visiting services have seen declining numbers due to decreased funding. Since 2018, the number of counties with home visiting programs has decreased from 92% to 75%, the number of children served has decreased by 22%, and families served have decreased by 20%. However, due to the availability of virtual visits and the increased accessibility they provide for families to utilize home visiting services, completed visits have increased by 12%.

Funding challenges have caused uncertainty among service providers, creating costly turnover considering the amount of specialized training required for effective service delivery. Additionally, the more funds required to recruit and train new home visitors due to turnover means even fewer funds available to serve families, provide quality assurance and improvement, and deliver technical assistance and supervision – all of which are vital to a well-functioning family support system.

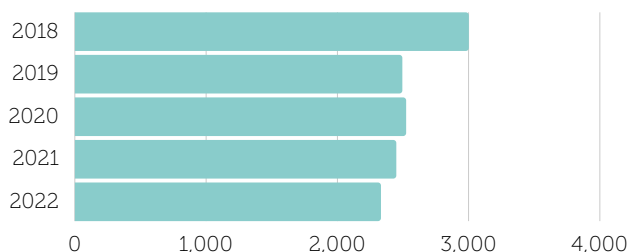
Counties Served



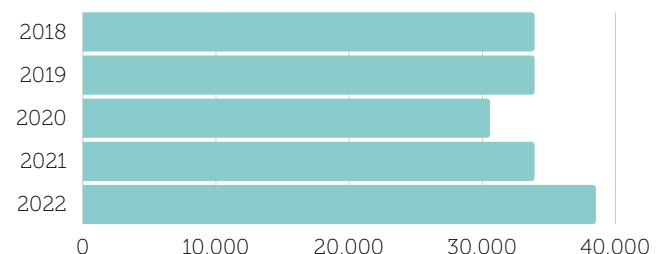
Families Served



Children Served



Home Visits Complete



*2022 data includes both in-person visits (26,293) and virtual visits (12,229)

HOME VISITING FUNDING

STATE INVESTMENTS

Home visiting programs have been funded since the 1990s through state appropriations. In SFY2022, \$5,873,438.68 of state funds and \$756,278.40 millage funds supported the Nurse-Family Partnerships were used to support the Nurse-Family Partnership home visiting program, known as Children First. Additionally, \$1,752,798.00 state dollars were used to support the Parents as Teachers home visiting model in SFY2022.

FEDERAL INVESTMENTS

Since 2015, federal investments have increased and helped to sustain home visiting programs where state investments have waned. In 2011, the American Recovery and Reinvestment Act contributed federal dollars followed by the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program), which is funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA). SafeCare does not currently receive state support and is funded solely through federal dollars. In state fiscal year 2022, federal investments contributed \$3,813,038.78 toward Oklahoma home visiting programs.

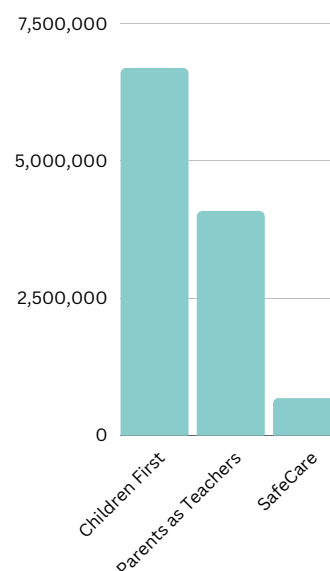
Federal funds contribute to direct services for families and also support:

State Fiscal Year 2022 Home Visitation Funding by Funding Stream

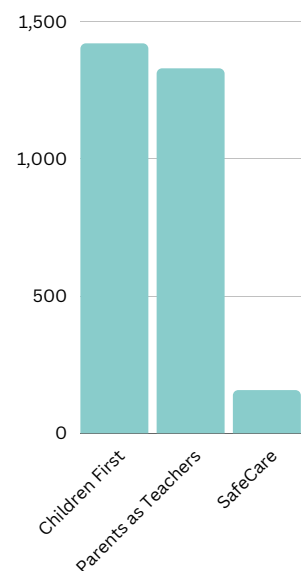
State	\$6,869, 958.28
Millage	\$756,278.40
Federal	\$3,813,038.78
Total	\$11,439,275.46

Home Visiting by Program

2022 Funding by Program



2022 Families Served by Program



- »» Continuous quality improvement that increases program effectiveness and efficiency.
- »» Efforts to Outcomes (ETO) data system that collects data for all home visiting programs funded through Oklahoma State Department of Health (OSDH)
- »» Targeted marketing efforts to reach more families in need of home-based family support services, including the creation of an electronic resources hub known as parentPro

COST OF SERVING FAMILIES

In state fiscal year 2022, 2,796 families received home visiting services and \$7,626,236.68 of Oklahoma state dollars contributed to help support serving families. With state, millage, and federal funds combined, the average cost to serve families participating in home visiting programs is \$4,091.30. It is important to note that this cost per family does not include some of the more intensive services some program models offer that could be more costly. For example, services provided to families already involved in the child welfare system, such as counseling, may result in higher costs per family because of the type, intensity, and frequency provided. Other program models may provide solely preventative and essential services to families, which may have lower costs per family. State and millage investments in home visiting programs reflect 67% of the total program costs.

State Fiscal Year 2022 Cost Per Family by Funding Type

State	\$2,457.07
Millage	\$270.49
Federal	\$1,363.75
Total	\$4,091.30

STATE AND FEDERAL INVESTMENTS

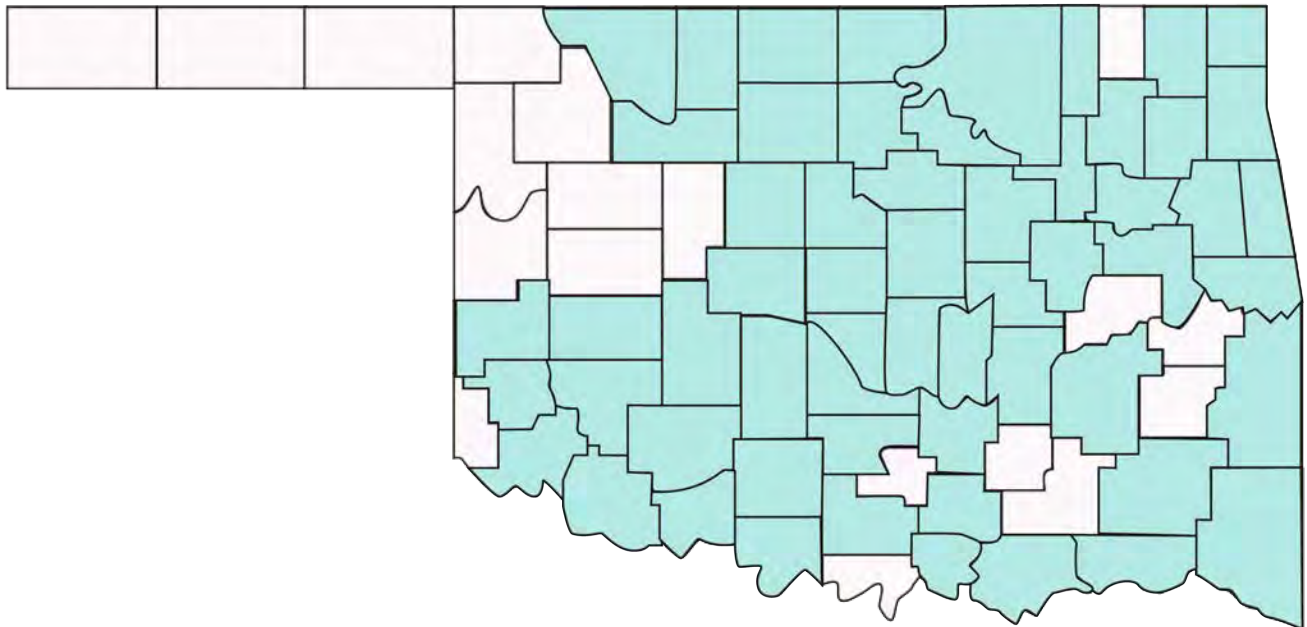
In state fiscal year 2022, Oklahoma used three models of home-based family support programs. Among all the models, 27 home-based family support program sites provided services to families in 58 of 77 Oklahoma counties. Programs available included:

- »» 10 Nurse-Family Partnership (known as Children First) regional program teams were available to families in 47 counties; and
- »» 12 Parents As Teachers regional program sites were available to families in 29 counties;
- »» Five SafeCare program sites were available to families in 11 counties.

HOME VISITING BY COUNTY

Counties Served by Programs

Adair, Alfalfa, Beckham, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Cleveland, Comanche, Cotton, Craig, Creek, Delaware, Garfield, Garvin, Grady, Grant, Greer, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, LeFlore, Lincoln, Logan, Major, Marshall, Mayes, McClain, McCurtain, Muskogee, Noble, Okfuskee, Oklahoma, Okmulgee, Osage, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tillman, Tulsa, Wagoner, Washington, Washita, and Woods.



HOME VISITING PROGRAMS

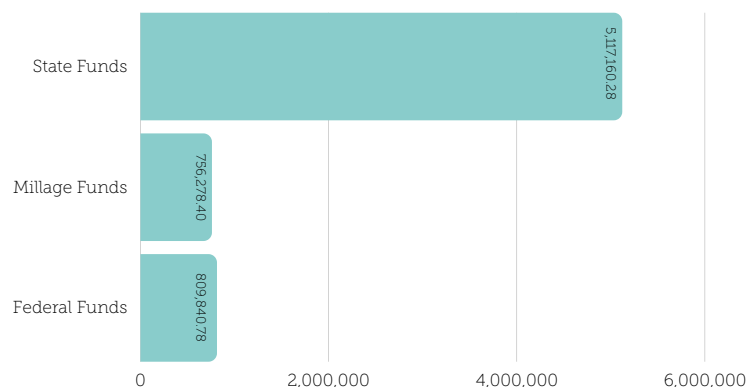
CHILDREN FIRST

Nurse-Family Partnership (NFP)

Children First was created in 1996 as a deterrent to child maltreatment and a means to improving children's health and wellbeing. Originally piloted in four counties, Children First is now delivered across much of the state through the regional/county health department system. Since 1996, the program (administered by the Oklahoma State Department of Health) has served more than 42,000 families.

- NFP is targeted to low-income mothers pregnant with their first child with services continuing through age 2.
- The program schedules home visits with each first-time mom over a two-and-a-half year period provide content that is based on client requests, nursing assessment, and program topics.

FUNDING



AT A GLANCE

11,057

Home Visits Completed



1,419

Families Served

874

Children Served



CAREGIVER SNAPSHOT

23 median age

96% received prenatal care

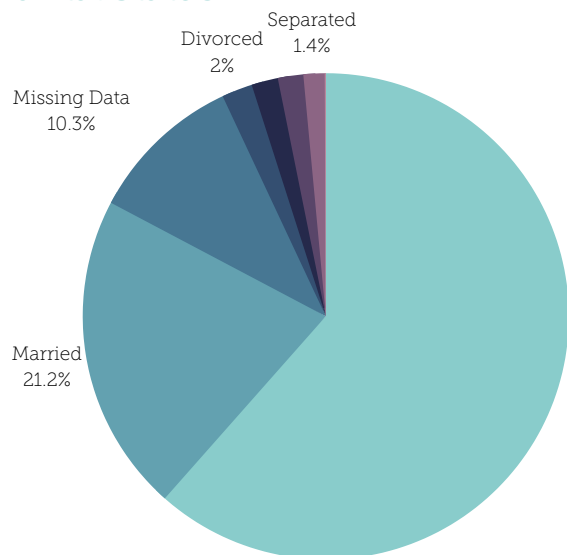
\$22,695 median annual household income level

67% are unmarried

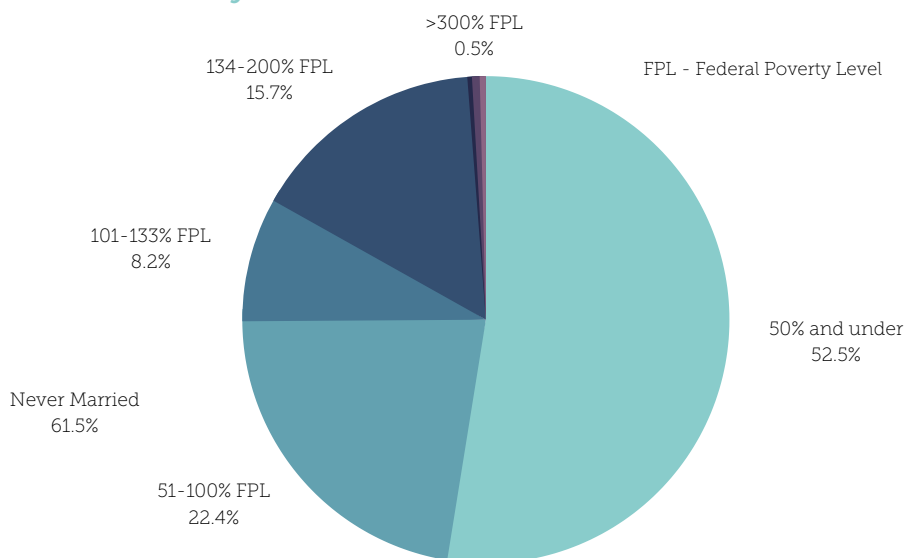
44% are unemployed

Children First: Caregiver Information

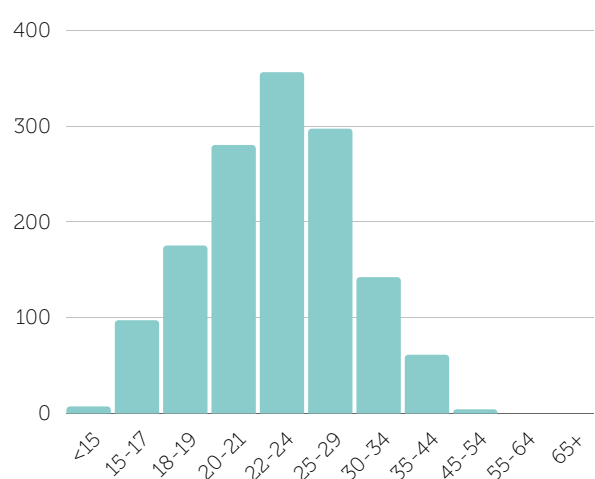
Marital Status



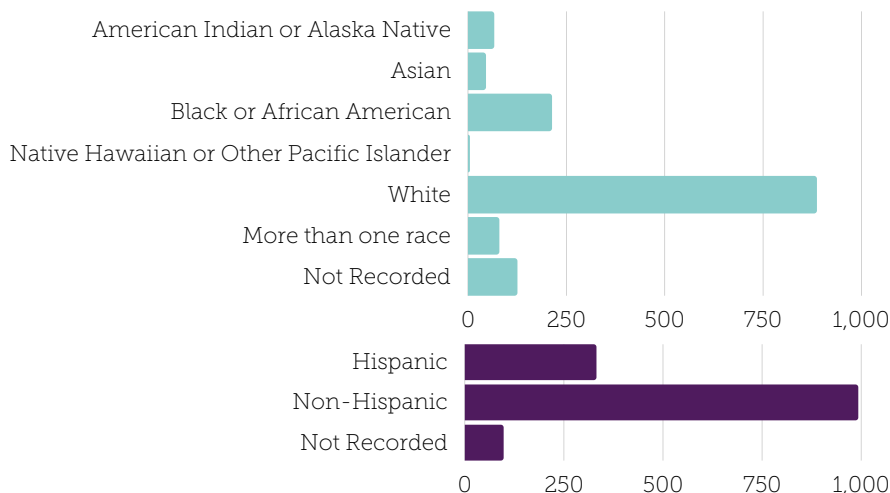
Poverty Level



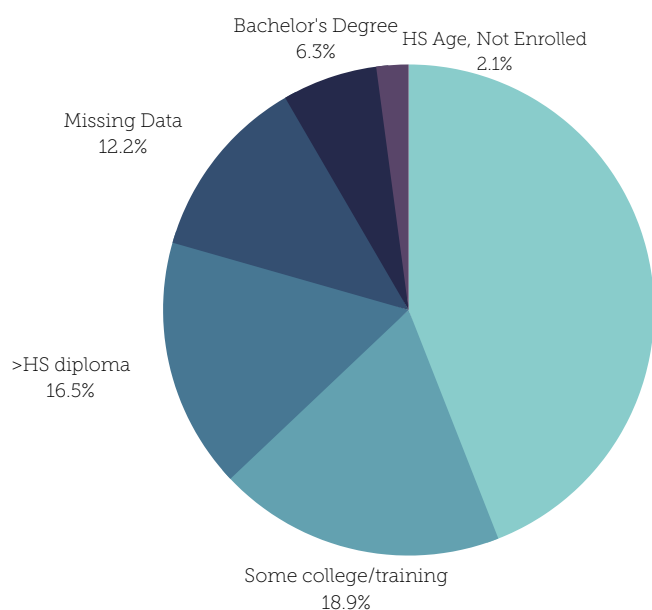
Age



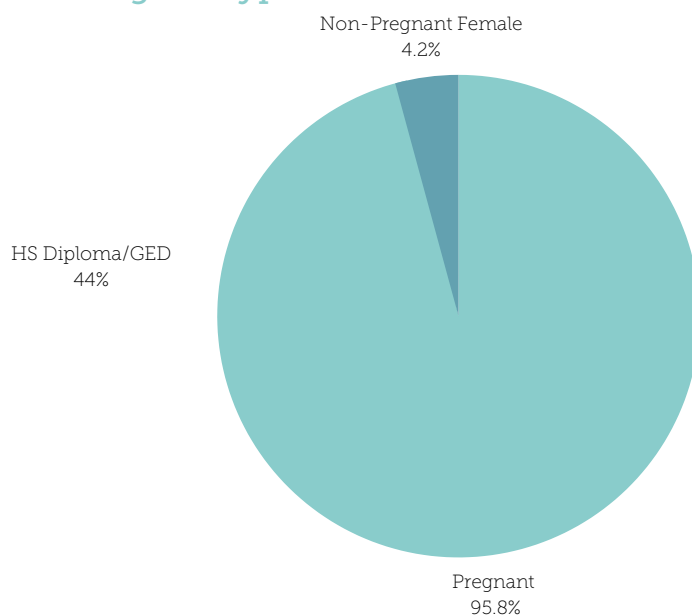
Race and Ethnicity



Caregiver Educational Attainment

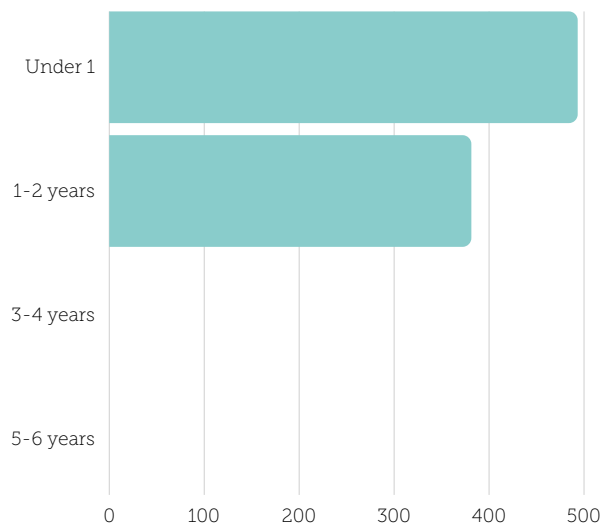


Caregiver type

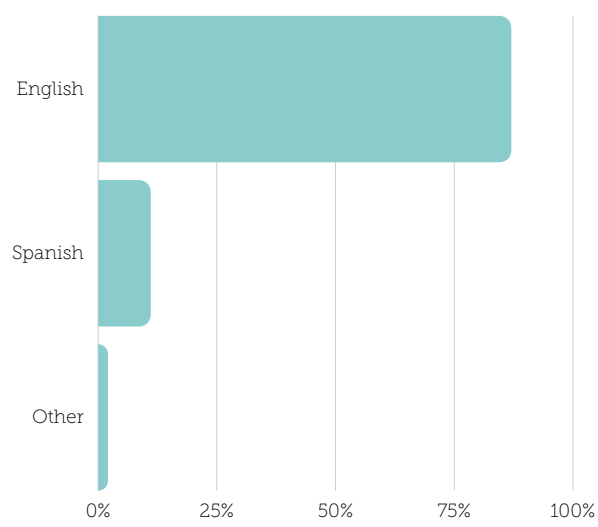


Children First: Child Information

Age

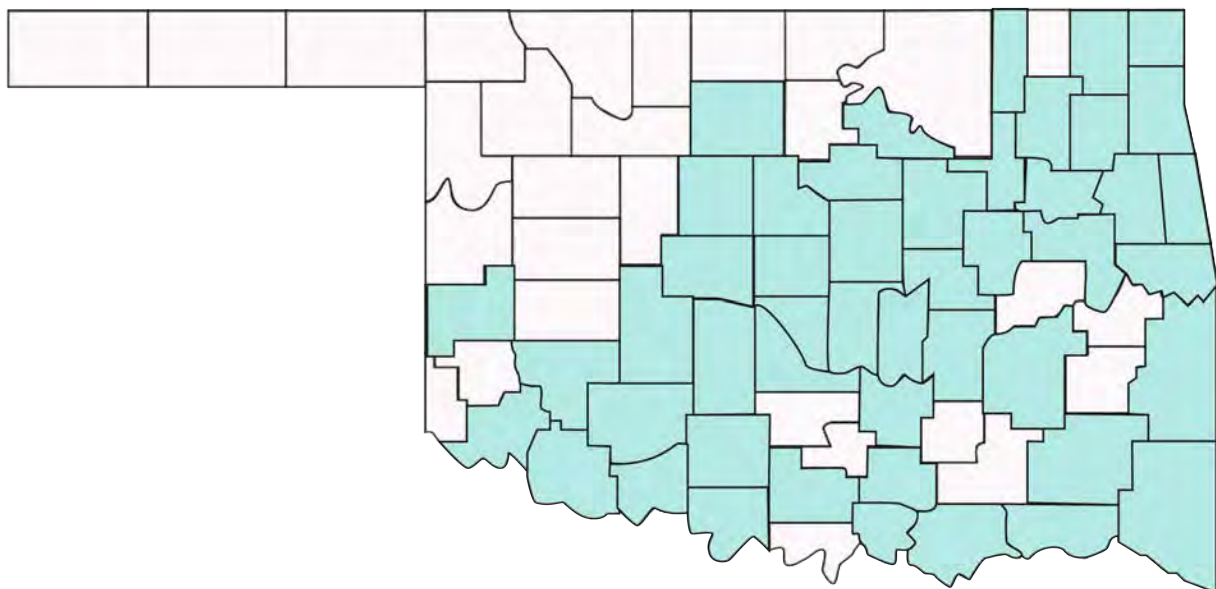


Primary Language Exposure



Counties Served by Children First

Adair, Beckham, Bryan, Caddo, Canadian, Carter, Cherokee, Choctaw, Comanche, Cotton, Craig, Creek, Delaware, Garfield, Grady, Hughes, Jackson, Jefferson, Johnston, Kingfisher, Kiowa, LeFlore, Lincoln, Logan, Marshall, Mayes, McClain, McCurtain, Muskogee, Okfuskee, Oklahoma, Okmulgee, Ottawa, Pawnee, Payne, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Rogers, Seminole, Sequoyah, Stephens, Tillman, Tulsa, Wagoner, and Washington.



HOME VISITING PROGRAMS

PARENTS AS TEACHERS

Parents As Teachers (PAT) has been serving Oklahoma families since 1991 and is based on the philosophy that parents are their children's first and most important teachers. The program is designed to maximize a child's overall development during the first three years of life by laying a foundation for school success and minimizing developmental problems that interfere with the child's learning.

- » PAT targets universal enrollment to any woman who is pregnant, and any primary caregiver until the child completes kindergarten.
- » Families in PAT can expect two visits per month with each visit lasting about an hour and emphasizing parent-child interaction, development-centered parenting, and family wellbeing.

FUNDING



AT A GLANCE

14,187

Home Visits Completed



1,328

Families Served

1,390

Children Served



CAREGIVER SNAPSHOT

26 median age

22% received prenatal care

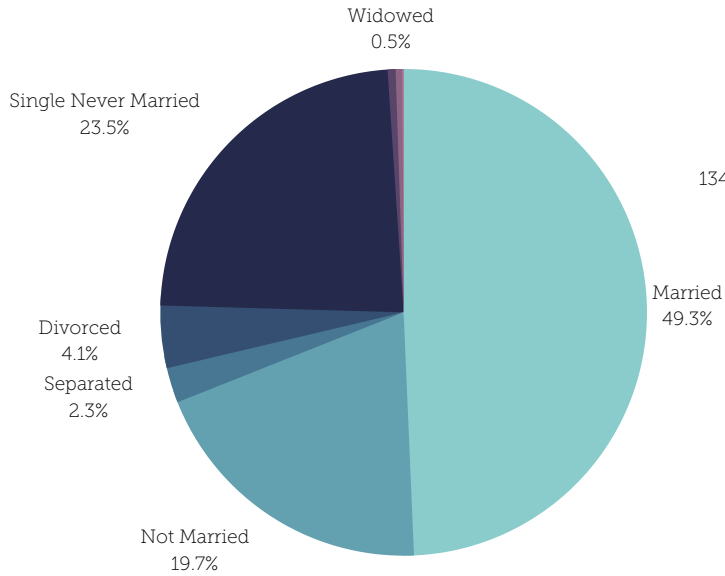
\$22,695 median annual household income level

47% are unmarried

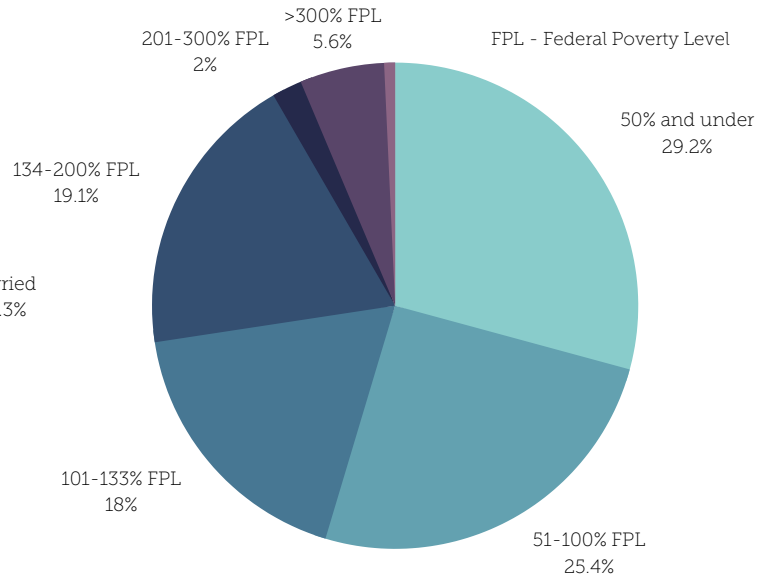
94% are unemployed

Parents As Teachers: Caregiver Information

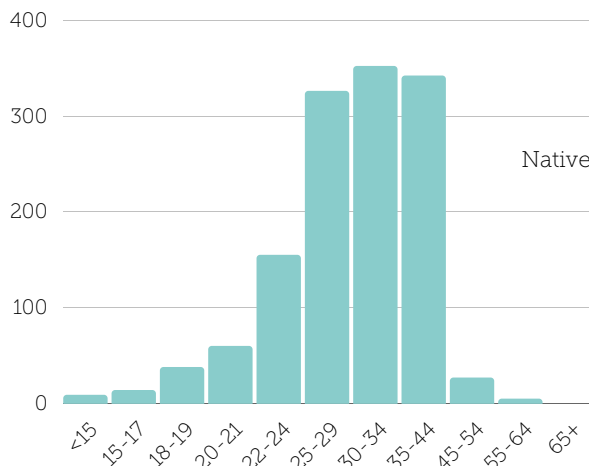
Marital Status



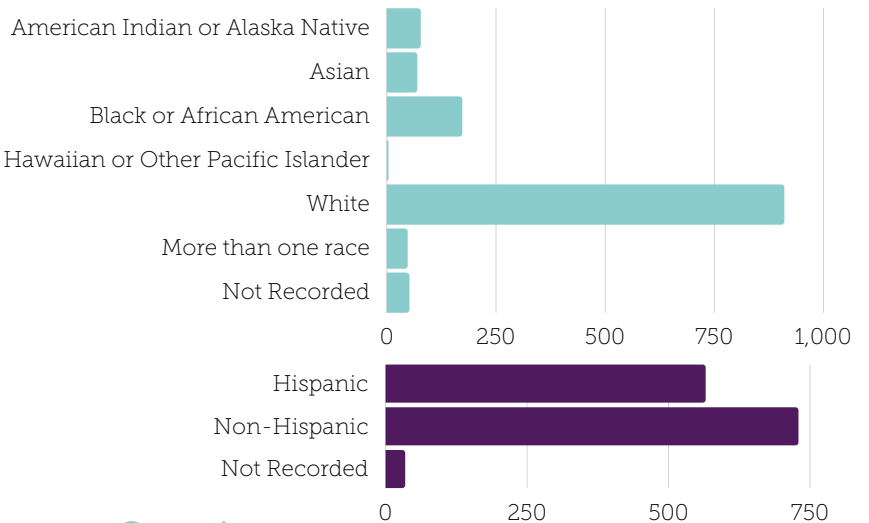
Poverty Level



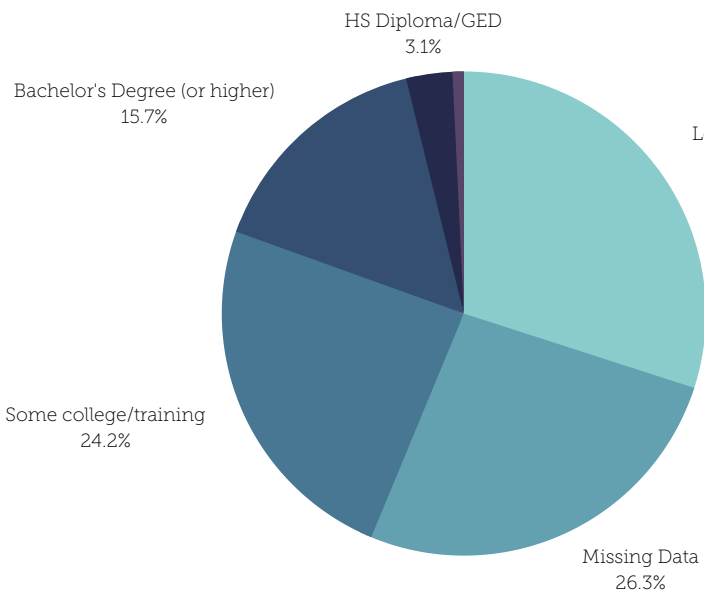
Age



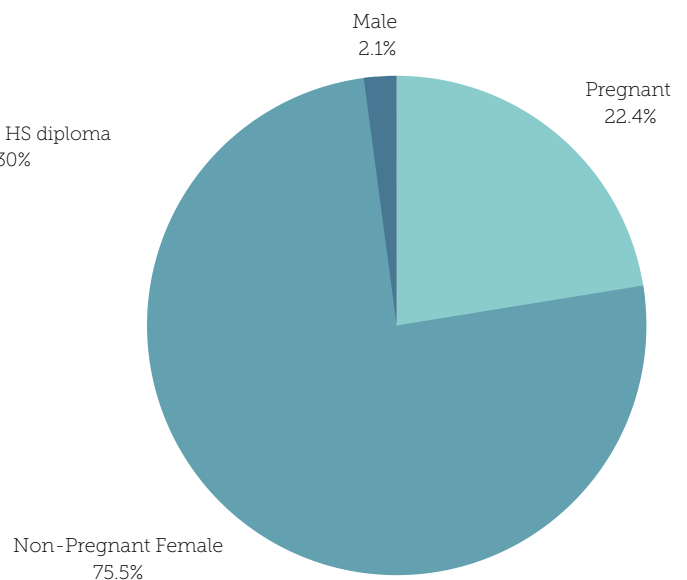
Race and Ethnicity



Caregiver Educational Attainment

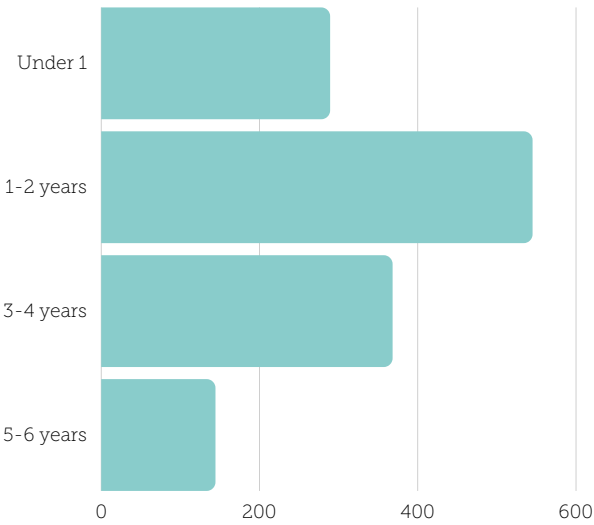


Caregiver type

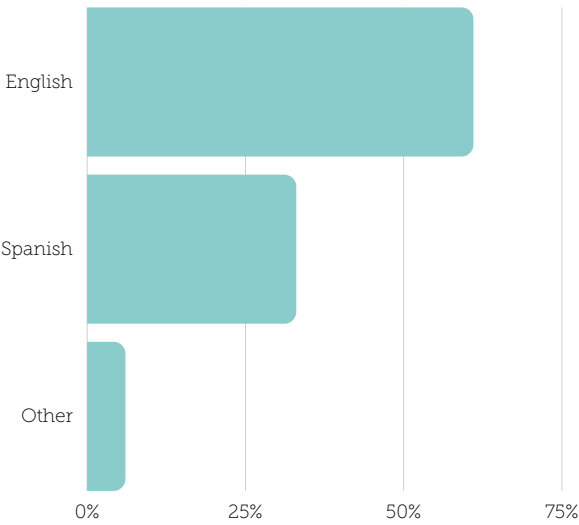


Parents As Teachers: Child Information

Age

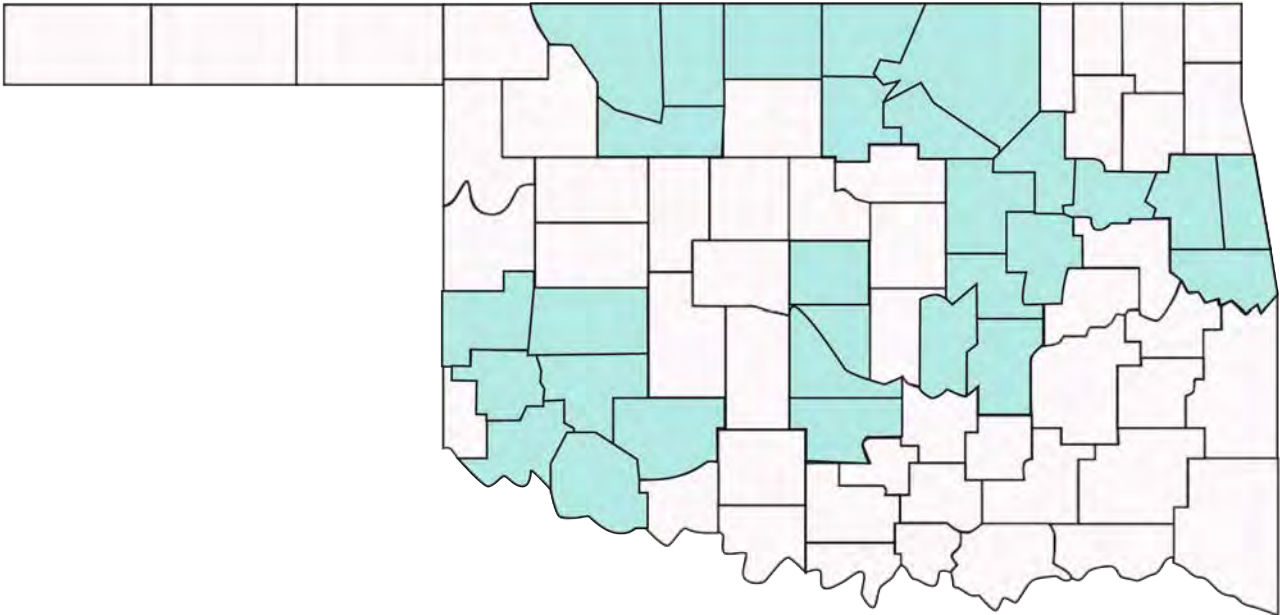


Primary Language Exposure



Counties Served by Parents As Teachers

Adair, Alfalfa, Beckham, Cherokee, So. Cleveland, Comanche, Creek, Garvin, Grant, Greer, Hughes, Jackson, Kay, Kiowa, Major, McClain, Noble, Okfuskee, Oklahoma, Okmulgee, W. Osage, Pawnee, Seminole, Sequoyah, Tillman, Tulsa, Wagoner, Washita, and Woods.



HOME VISITING PROGRAMS

SAFECARE AUGMENTED

SafeCare

SafeCare was established in 1979 as an evidence-based, behavioral parent-training program for families at-risk or reported for physical abuse or child neglect. SafeCare providers work with families in their homes to improve parents' skills in three areas: parent-infant/child interaction skills, health care skills, and home safety. Families who received SafeCare were 21-26% less likely to experience CPS reports than families receiving the same home visiting services without SafeCare.

- SafeCare is delivered across 18 weekly home visits, which typically last 50-90 minutes each.
- SafeCare can be delivered to any family with a child between birth and age 5, with no other inclusion or exclusion family characteristics necessary for enrollment.

FUNDING



AT A GLANCE

2,285

Home Visits Completed



156

Families Served

193

Children Served



CAREGIVER SNAPSHOT

26 median age

18% received prenatal care

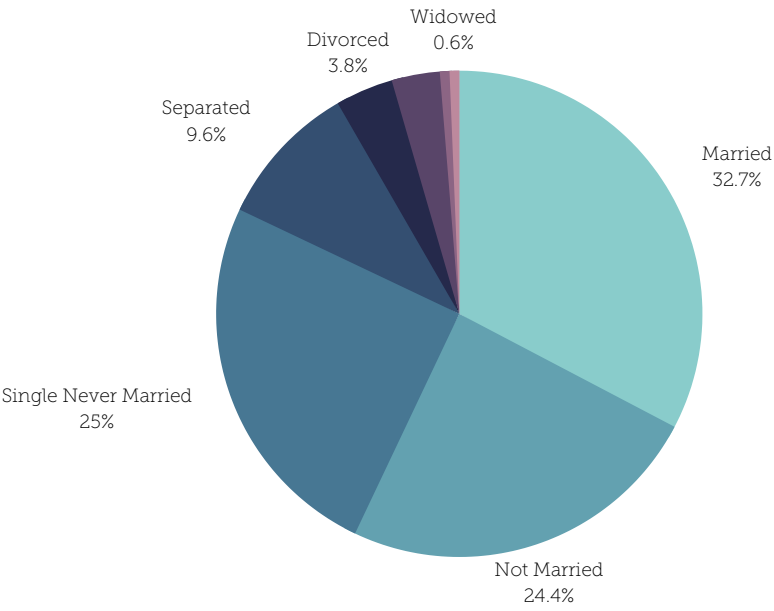
\$15,764 median annual household income level

54% are unmarried

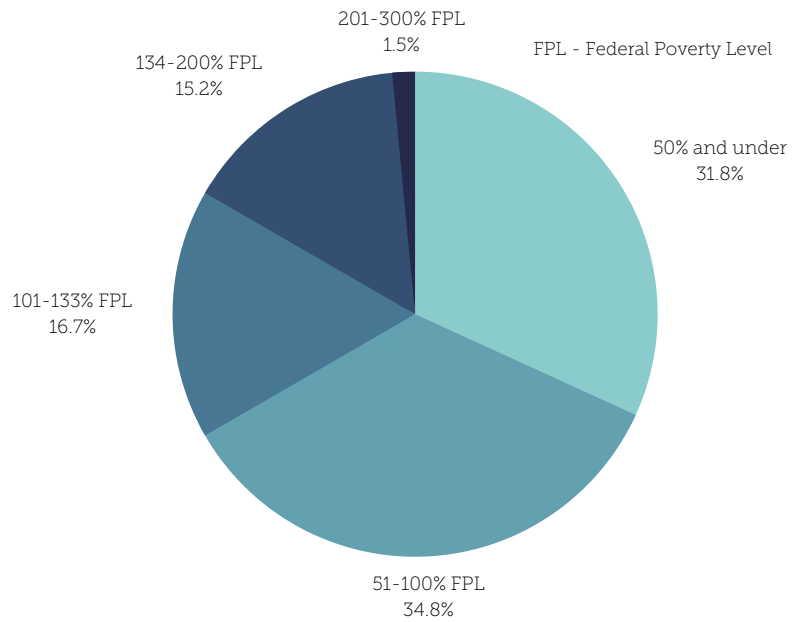
89% are unemployed

SafeCare Augmented: Caregiver Information

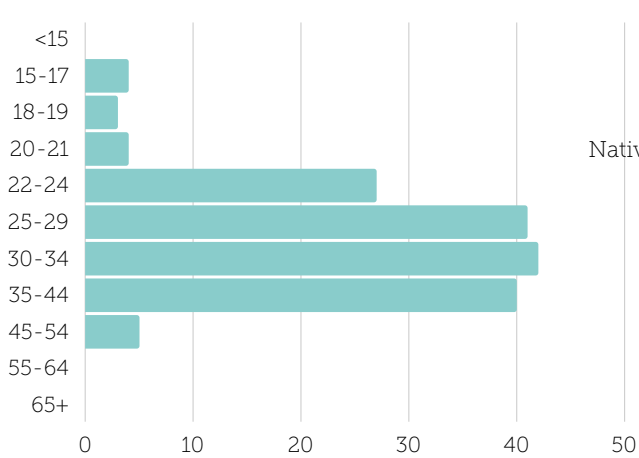
Marital Status



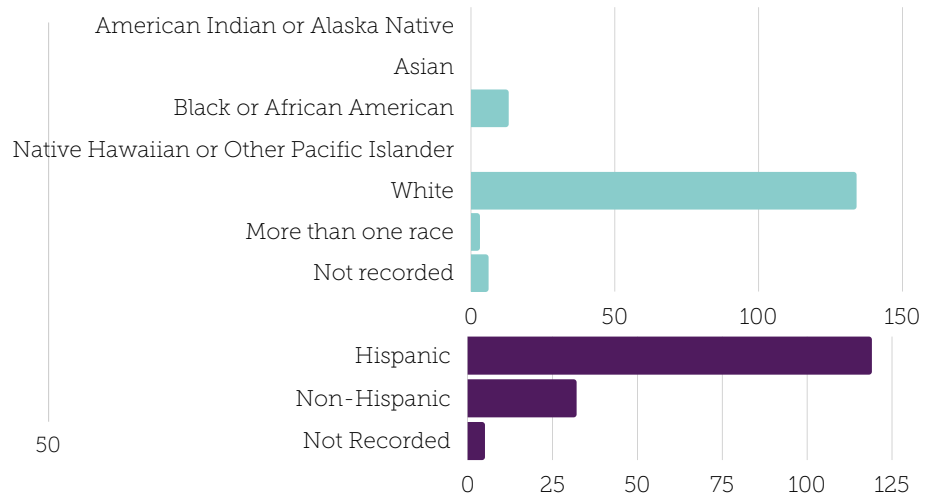
Poverty Level



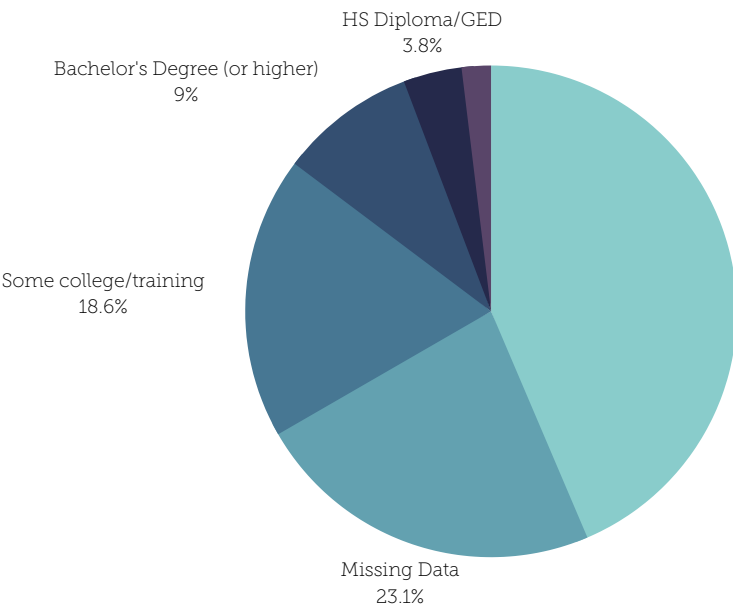
Age



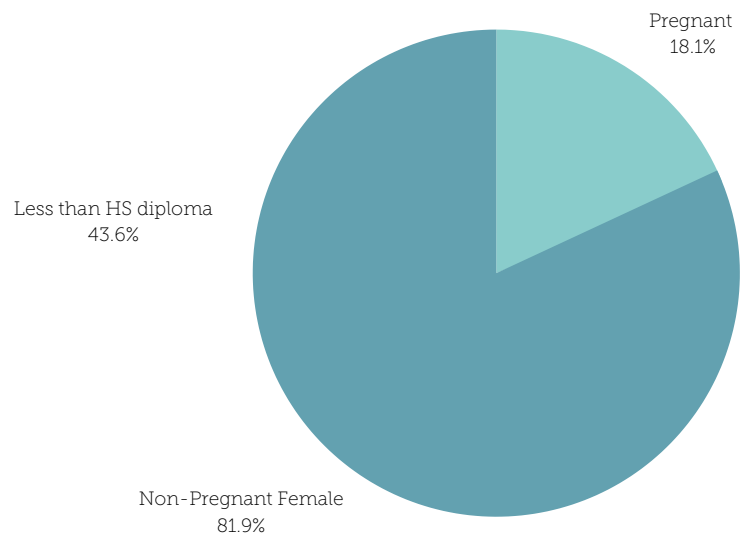
Race and Ethnicity



Caregiver Educational Attainment

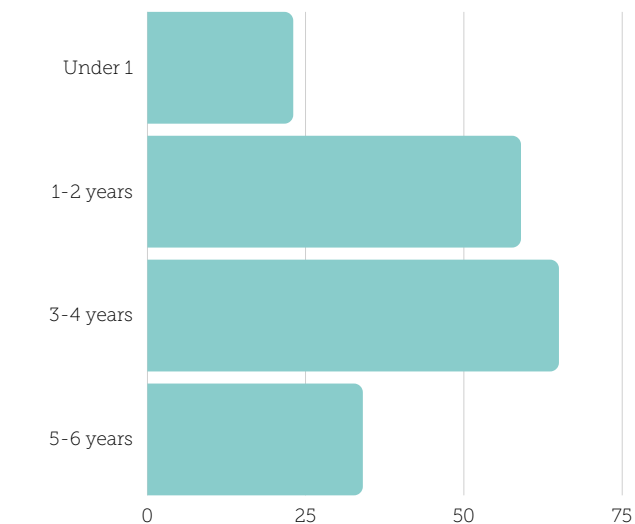


Caregiver type

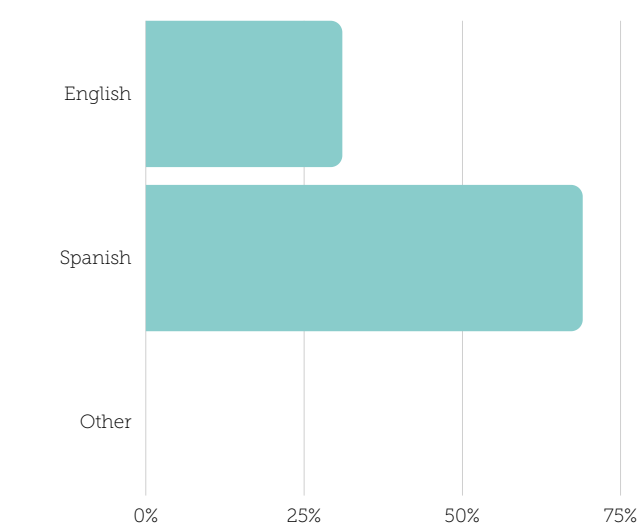


SafeCare Augmented: Child Information

Age

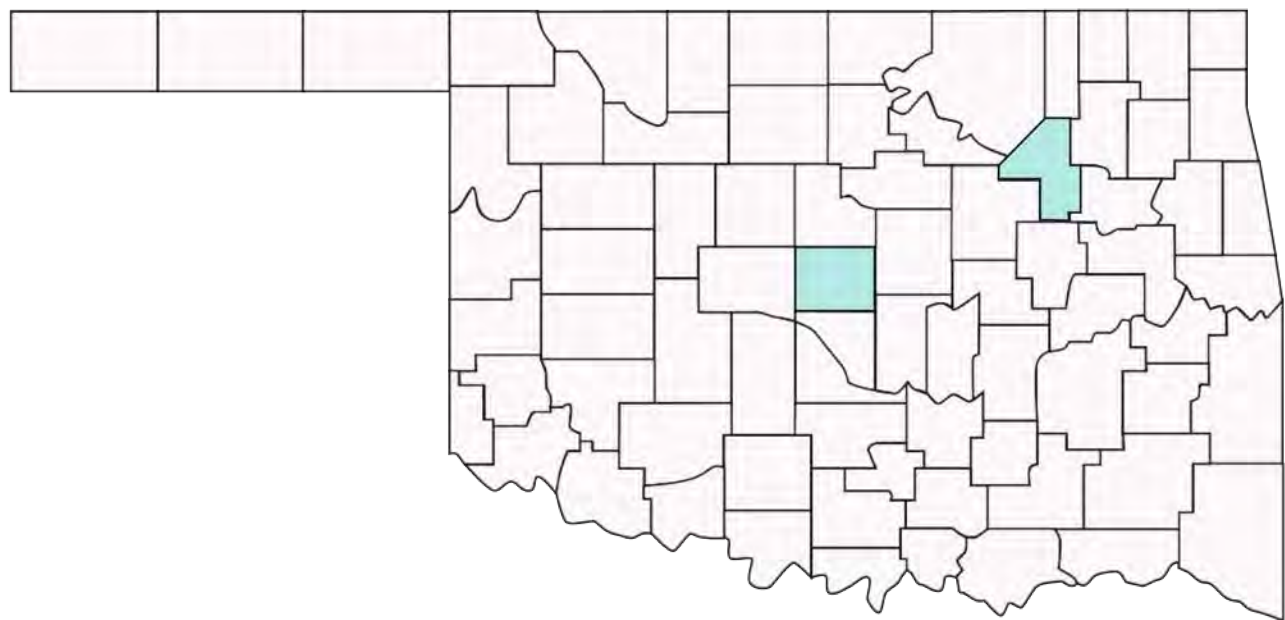


Primary Language Exposure



Counties Served by SafeCare Augmented

Oklahoma and Tulsa.



SAFECARE EXPANSION

NorthCare and Family & Children's Services

NorthCare and Family & Children's Services (FCS) receive funding through the Temporary Aid for Needy Families (TANF) block grant for expansion of SafeCare Prevention Services in Oklahoma. This expansion allows NorthCare to support the western side of the state and FCS to support the eastern side of the state.

NorthCare and FCS offer free parenting programs delivered in the home to help reduce stress by providing support, education, and resources. Education focuses on parent-child interaction, managing child behavior, health, safety, and healthy relationships. With the TANF expansion of SafeCare, nine more counties were able to receive services and support.

»» Families who wish to enroll in NorthCare must have at least one child under the age of six and reside in Oklahoma, Cleveland, Canadian, Comanche, Carter, McClain, Stephens, Grady, Kay, and Garfield counties. NorthCare has two regional offices located in Lawton and Enid.

»» Families who wish to enroll in FCS must have at least one child under the age of six and reside in Tulsa, Creek, Mayes, Muskogee, Okmulgee, Osage, Pawnee, Rogers, Wagoner, and Washington counties.

AT A GLANCE

646

Home Visits
Completed



67

Families
Served

67

Children
Served



CAREGIVER
SNAPSHOT

32 median
age

4% received
prenatal care

\$20,521 median annual
household income level

52% are
unmarried

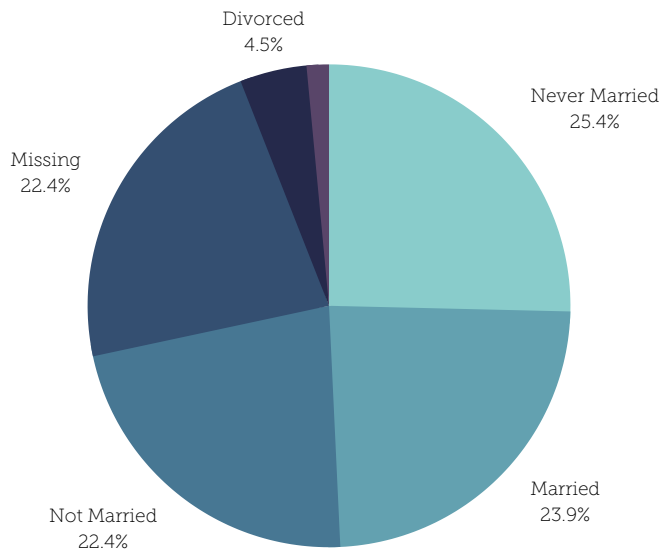
86% are
unemployed

SAFECARE

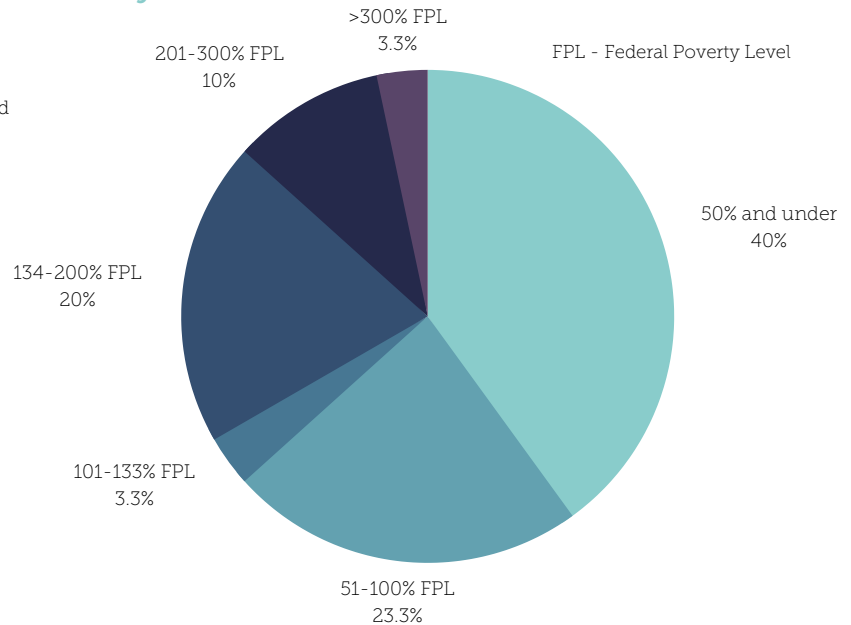
EXPANSION DATA

SafeCare: Caregiver Information

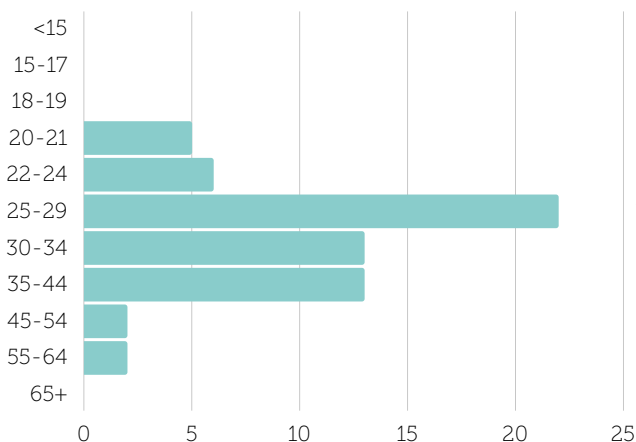
Marital Status



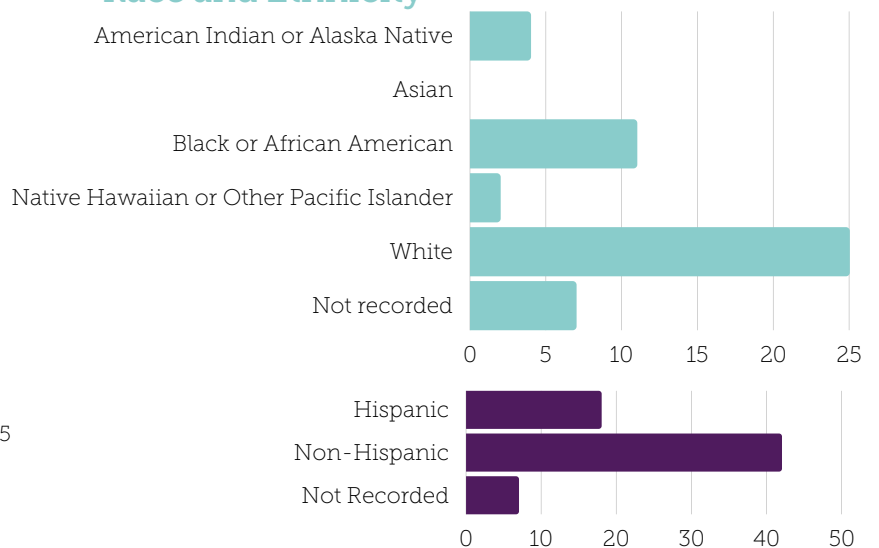
Poverty Level



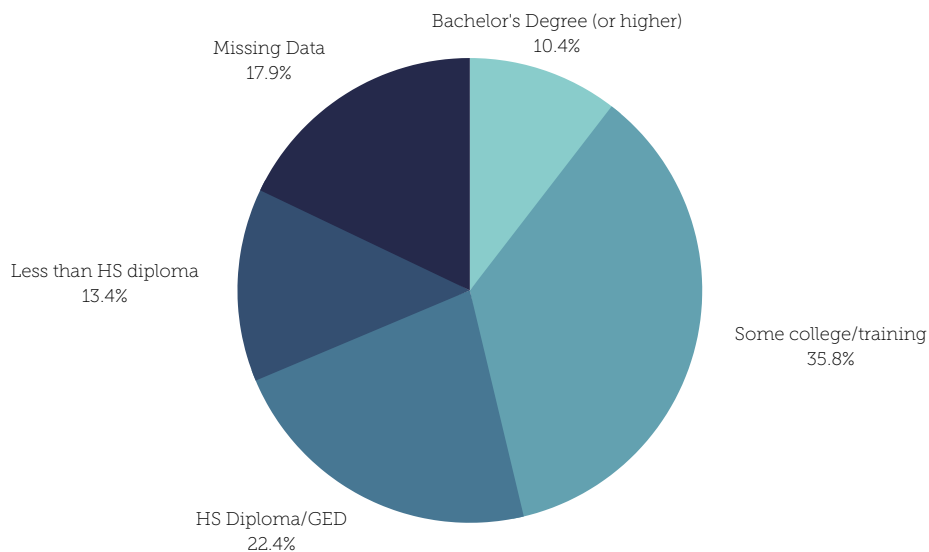
Age



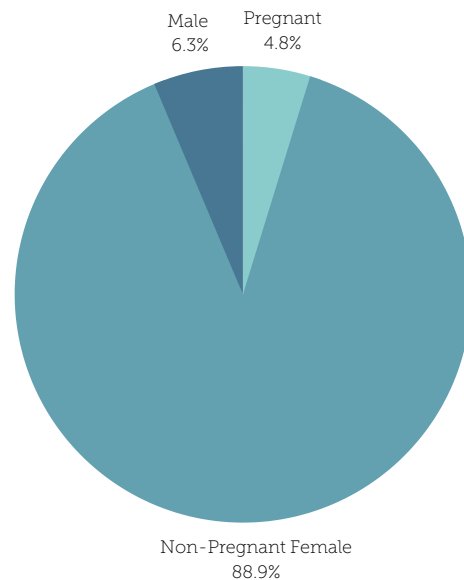
Race and Ethnicity



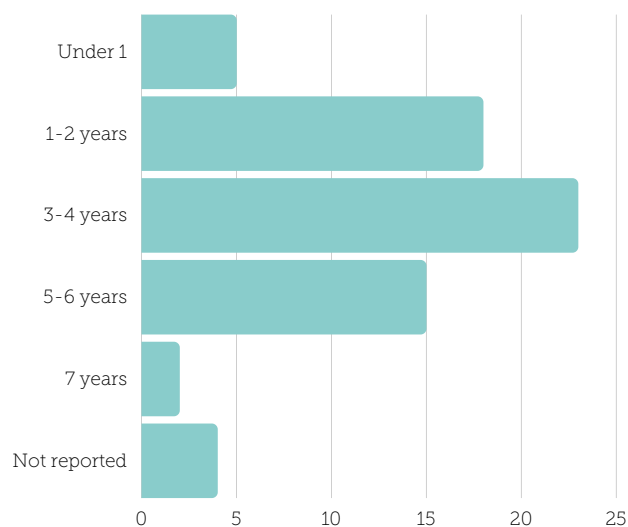
Caregiver Educational Attainment



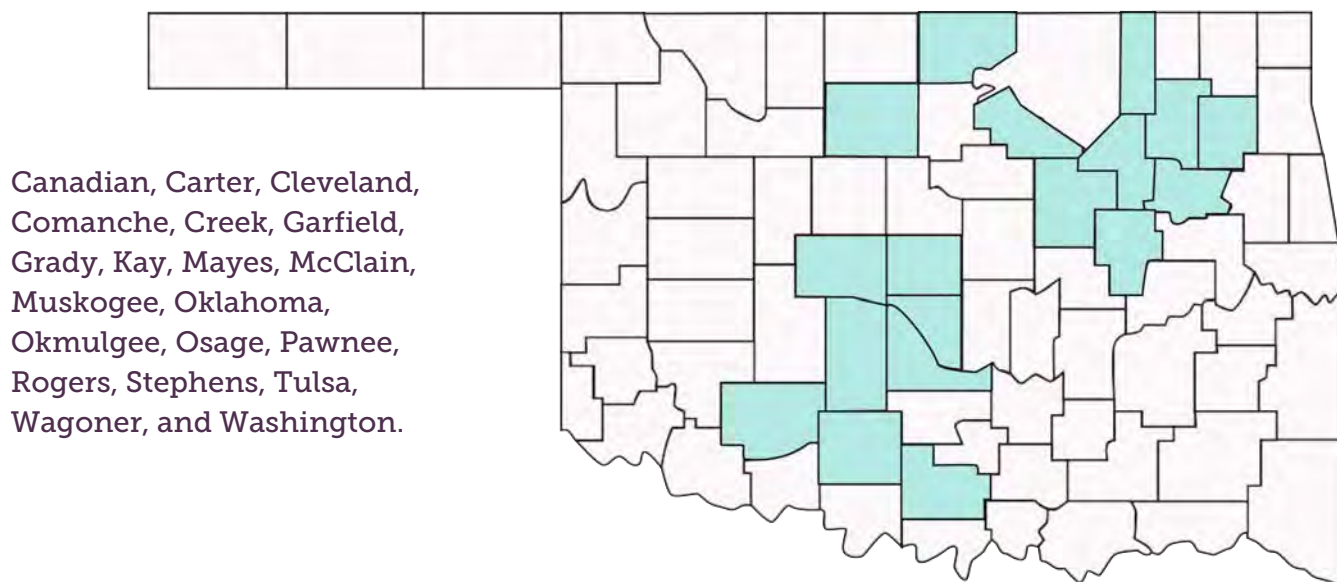
Caregiver type



SafeCare: Child Information Age



Counties Served by SafeCare Expansion



ANNUAL PROGRAM UPDATES

Due to the positive reception and increased engagement from families, home visiting programs continued to offer both in-person and virtual visits during the COVID-19 pandemic. Presently, Oklahoma families are still navigating the effects of the pandemic and home visiting programs have adapted to families' changing needs and the impacts of COVID-19. It remains critical for home visiting services to adjust to the growing needs of families and integrate the lessons learned since the beginning of the pandemic in 2020. The following updates are from the three home visiting programs and were provided by program administrators.

CHILDREN FIRST

Visits are expected to be in person at the client's home (or location of the client's choice) unless there are health concerns and in that case, the nurses follow the post-COVID-19 Decision Tree to determine if a virtual or telephone visit should be performed. While it is preferred that visits are in person, the opportunity to provide virtual or telephone visits is still critical to maintain the nurse-client relationship when in-person visits cannot be performed. The use of audio and virtual encounters offers quality patient-centered, care coordination, and education to clients in the State of Oklahoma. Children First follows the Nurse Family Partnership (NFP) guidelines for virtual/telephone visits. Virtual/Telephone visits may be completed when clients meet certain criteria. NFP National Service Office has completed an evaluation regarding virtual visits.

November, 2021, Children First hosted an Afghan Cultural Awareness webinar with Veronica Laizure, Civil Rights Director for Council on American-Islamic Relations (CAIR). Fifty Home visiting providers and Oklahoma State Department of Health employees attended the webinar to prepare for the expected 1,000 Afghan refugees arriving in Oklahoma. Additionally, Children First Nurse Consultant arranged for CAIR Refugee Services Coordinator Jennifer Hund to present during the Home Visitation Leadership Advisory Council meeting in May, 2022. Ms. Hund provided an update on Afghan resettlement activities and provided resources during her presentation.

Children First Nurse Consultant has assisted Nurse Supervisors and Nurse Home Visitors in connecting with resources for their Afghan clients in Oklahoma City and Stillwater. For example, a Nurse Home Visitor in Stillwater connected her clients to a local church which provided baby items to the family. A Children First Nurse Consultant presented the team's efforts to recruit and provide support for Afghan families at the Nurse-Family Partnership State Nurse Consultants Quarterly meeting in April, 2022.

PARENTS AS TEACHERS

Parents As Teachers has added virtual service delivery to its implementation guidelines. During the COVID pandemic, virtual services allowed caregivers to continue participation in the program. Post-COVID, PAT has permanently implemented a hybrid approach due to the success of virtual visits and guidance from the PAT National Center. PAT utilizes both a Rapid Response Virtual Home Visiting collaborative process and outcome evaluation to establish replicability and fidelity. Virtual services improve participation for families with access barriers such as transportation, location, time of visit, and comfort level. Since offering virtual visits as a delivery option, PAT has seen increased father involvement in the program. PAT does encourage providers to resume in-person visits but offers virtual visits if a family prefers.

PAT providers attended training through Council on American-Islamic Relations (CAIR). During the training, a community representative discussed cultural norms, ideas, and resources when engaging with our new neighbors. PAT sites were encouraged to attend and refine implementations practices to include this new knowledge. Some PAT sites have partnered with individuals in the community that speak Dari and/or Pashto for translation services. Due to the high cost of translation services, not all sites have the ability to have a translator.

SAFECARE AUGMENTED

SafeCare services have returned to pre-COVID implementation practices, as in-person home-based services is best practice for implementation of the SafeCare model. SafeCare relies on the provider modeling skills for the caregiver, and the caregiver demonstrating those skills. It is difficult to capture the caregiver's acquisition of those skills without being present in the home.

However, telehealth services are offered when participants are experiencing COVID symptoms or have COVID or another transmittable illness. Telehealth services allows the family to continue services even when sick or quarantined. Additionally, telehealth services gives program staff more scheduling flexibility (ex. evening appointments) and solves safety concerns of in-person visits in less safe neighborhoods or locations. Program administrators found that families returned to the program once services returned to in-person.

The National SafeCare Training and Research Center has updated the SafeCare curriculum that improves cultural competencies. Providers are now trained in the updated curriculum and best practices for supporting diverse families.

PARTICIPANT CHARACTERISTICS

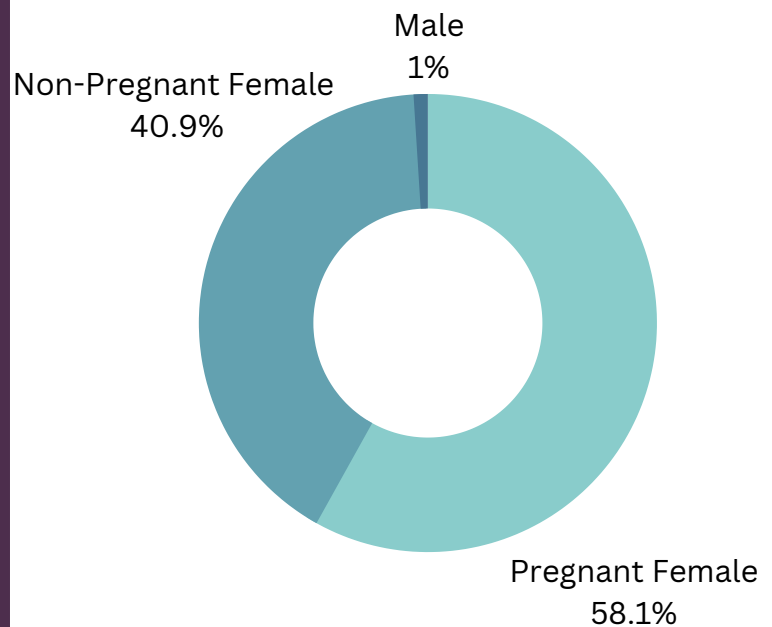


In state fiscal year 2022, home visitors completed 38,522 visits with 2,796 families enrolled in various home-based family support services, which included 2,331 children. Home visiting programs are targeted at families who require additional coaching and resources to protect their children against the impact of ACEs. Among the family characteristics that increase the risk of poor outcomes are financial stress, teen pregnancy and parenting, and low educational attainment.

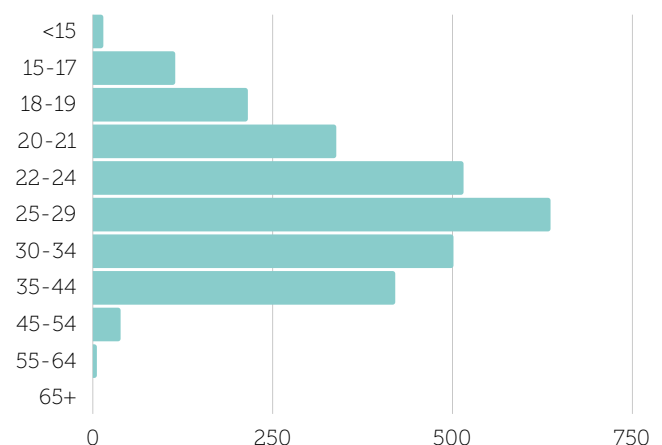
DURING STATE FISCAL YEAR 2022

- »» 12% of caregivers enrolled are teens.
- »» 22% of caregivers have received a high school diploma or GED in state fiscal year 2022.
- »» 25% of all participants who reported their income, live at or below 50% of the federal poverty level - a yearly income of \$18,310 for a family of two in 2022.⁴
- »» The majority of children served by home-based family support services in state fiscal year 2022 were age 2 or younger.

CAREGIVERS BY STATUS

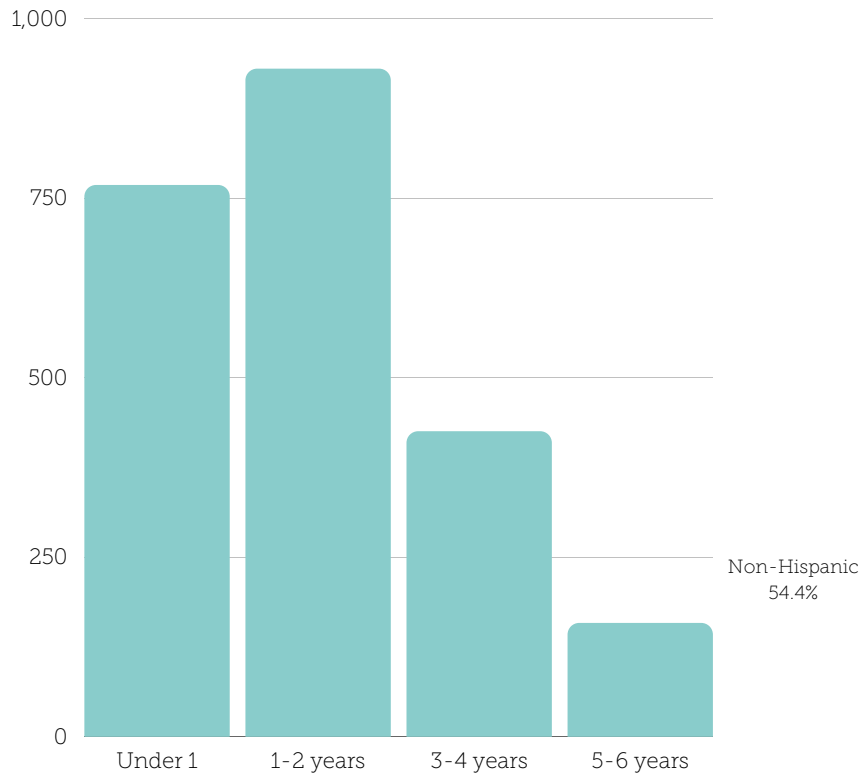


CAREGIVERS BY AGE

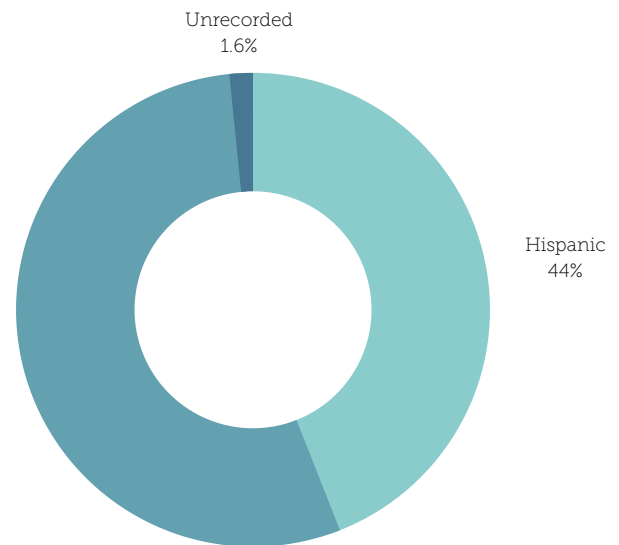


⁴ Poverty Guidelines. (2022). ASPE Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

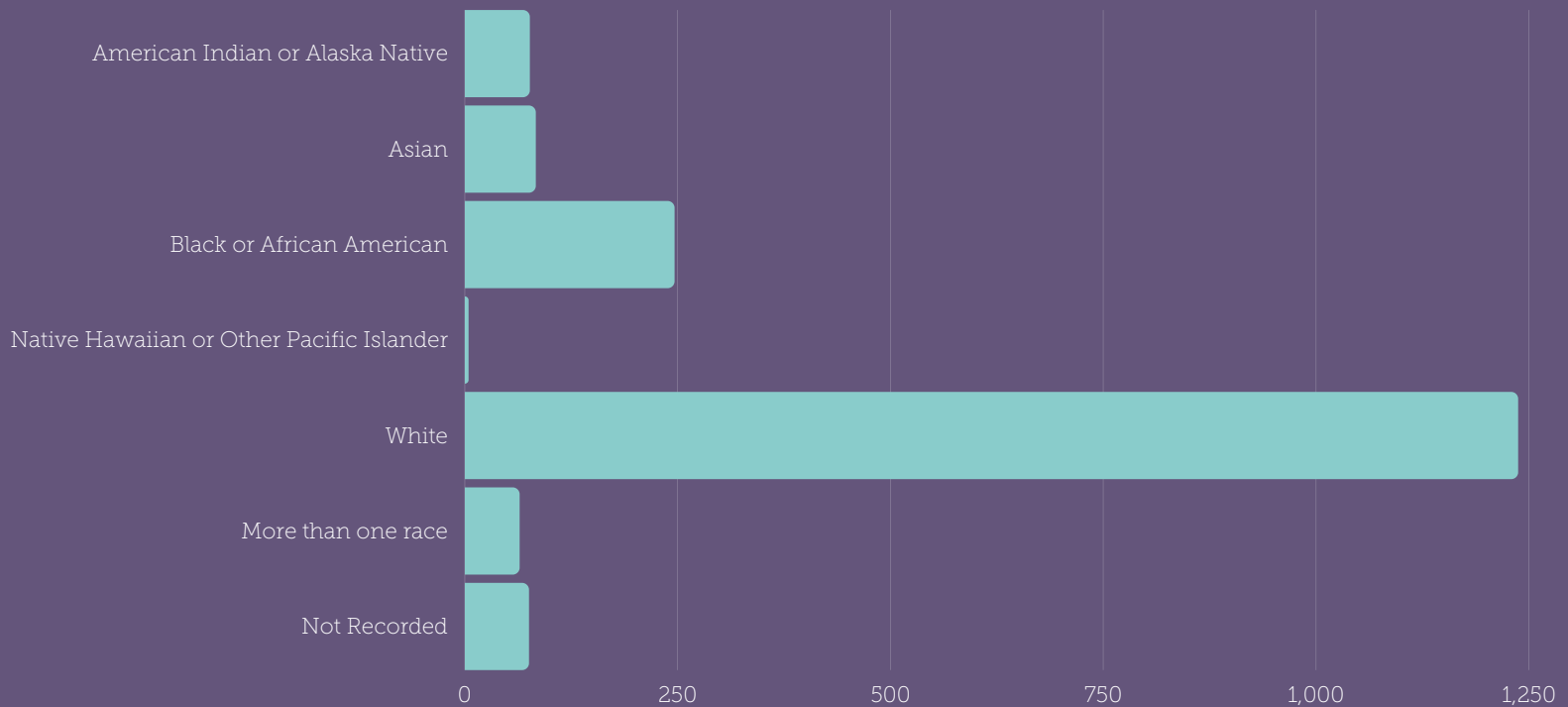
CHILDREN BY AGE



CAREGIVERS BY ETHNICITY



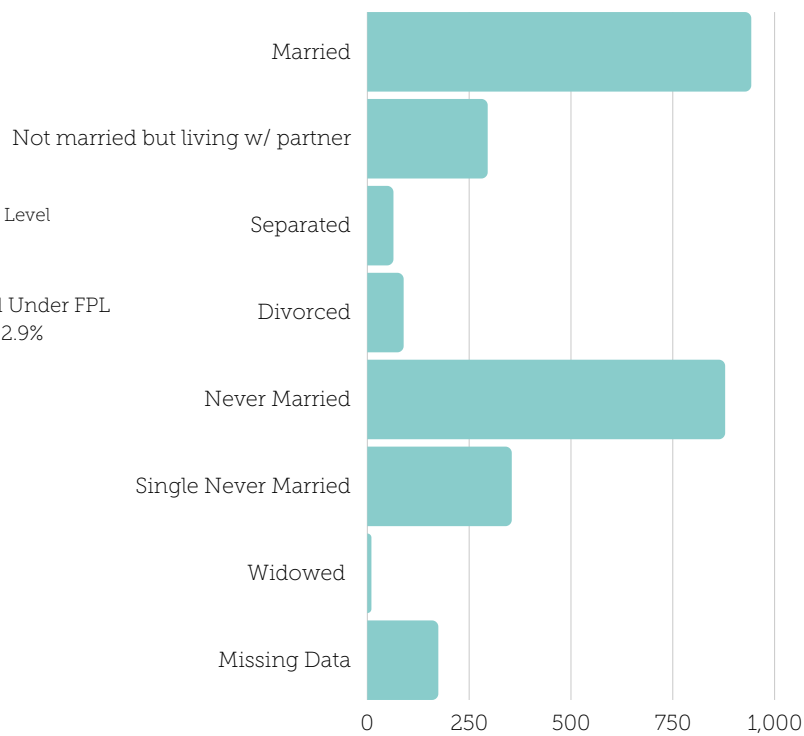
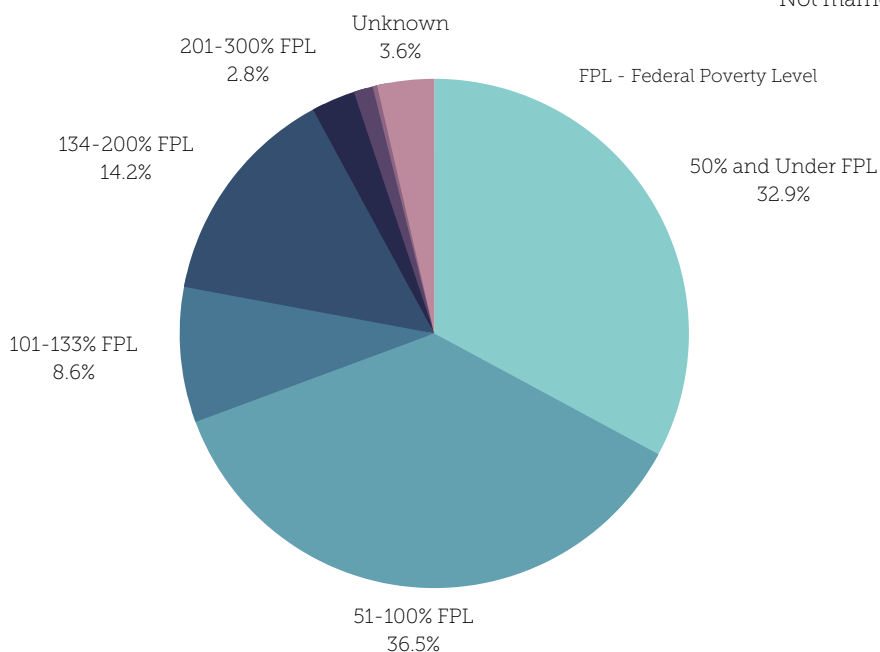
CAREGIVERS BY RACE



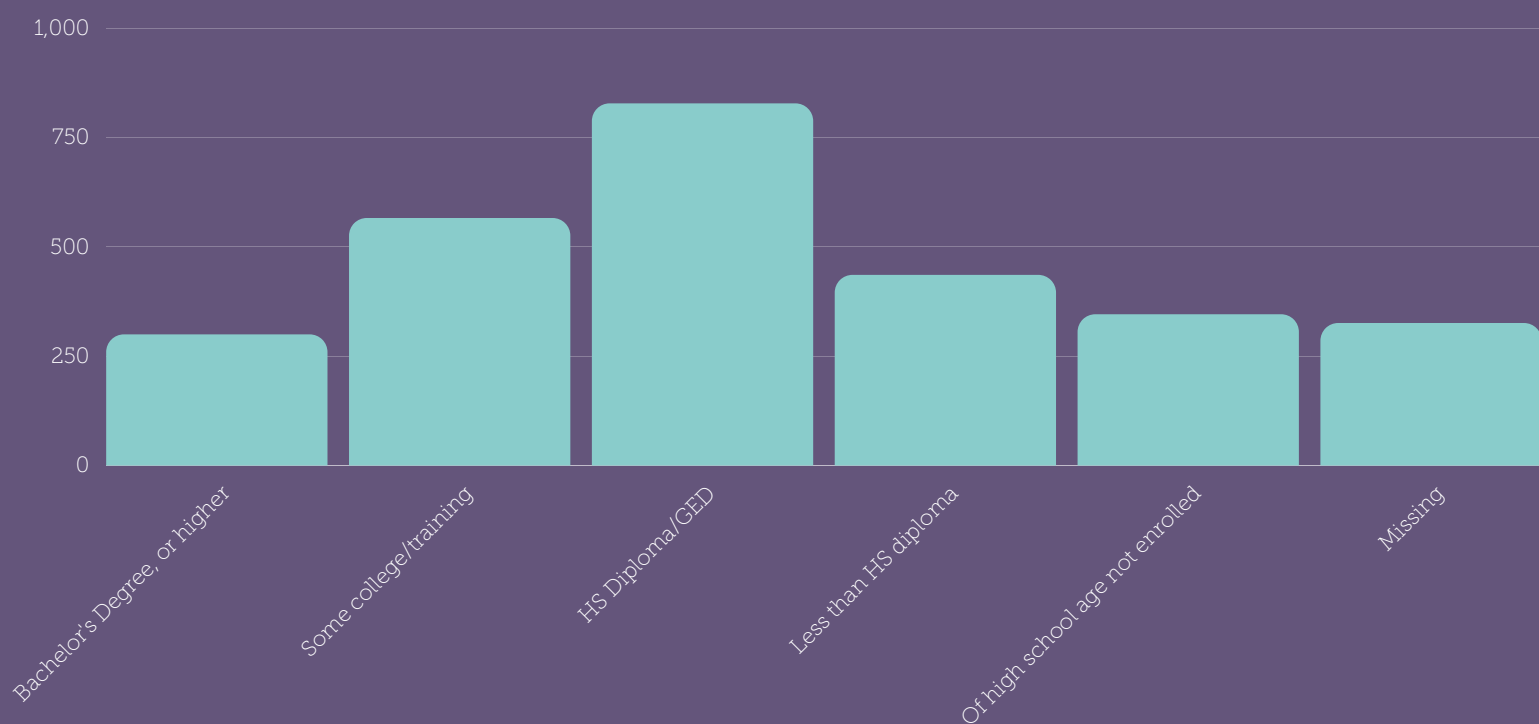


CAREGIVERS BY MARITAL STATUS

CAREGIVERS BY POVERTY LEVEL



CAREGIVERS BY EDUCATIONAL ATTAINMENT



OUTCOME METRICS

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

Preterm birth rates Percent of women who had a preterm birth

Interbirth interval Percent of mothers participating in home visiting before the target child is 3 months old who have an interbirth interval of at least 18 months

Parental substance abuse Percent of parents who report substance abuse

Parental tobacco use Percent of parents who report use of smoking tobacco

GOAL: Reduce entry into the child welfare system

Reported child abuse and neglect Percent of children reported to child welfare for child abuse and neglect

Substantiated child abuse and neglect Percent of children who are substantiated by child welfare as victims of child abuse and neglect

GOAL: Improve positive parenting and relationship skills

Maternal depression Percent of mothers referred for follow-up evaluation and intervention as indicated by depression screening with a validated tool

Domestic violence Percent of parents who reported domestic violence that completed a safety plan

GOAL: Improve parental self-sufficiency

Parental employment Percent of parents who were seeking employment and become employed after program enrollment or the birth of a child

Parental educational attainment Percent of parents who are enrolled in or complete an education or job training program

GOAL: Improve children's readiness to succeed in school

Developmental milestones Percent of children referred for follow-up evaluation and intervention as indicated by developmental screening

GOAL: Improve children's social-emotional skills which includes efforts at early identification of delays

Developmental milestones Percent of children referred for follow-up evaluation and intervention as indicated by social-emotional development screenings

HOME VISITING OUTCOME DATA



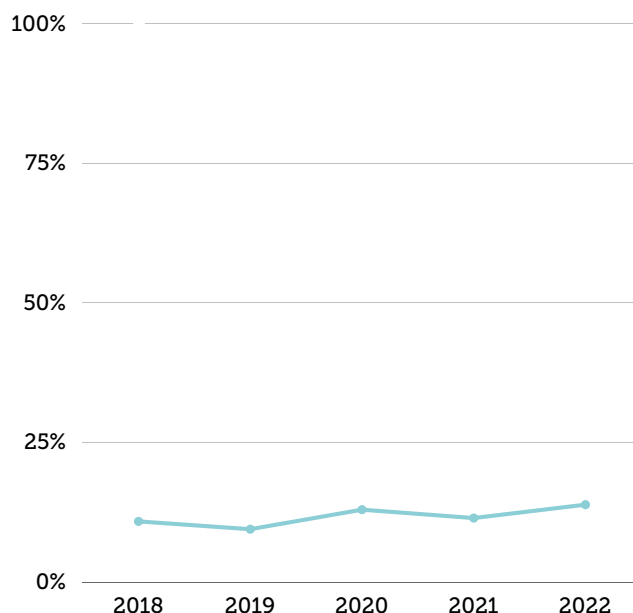
PRETERM BIRTHRATE

Preterm birth, or births occurring before the 37th week of pregnancy, is the leading cause of infant death and long-term neurological disabilities in children. Oklahoma ranks higher than the national average for preterm births at 11.5%.⁵ In previous years, home visiting participants have had lower rates of preterm births than the general Oklahoma population. This is considered a success because program participants are at higher risk than the general population for experiencing premature births. However, in SFY 2022, the preterm birth rate for home visiting participants was higher than the state average at 13.8%.

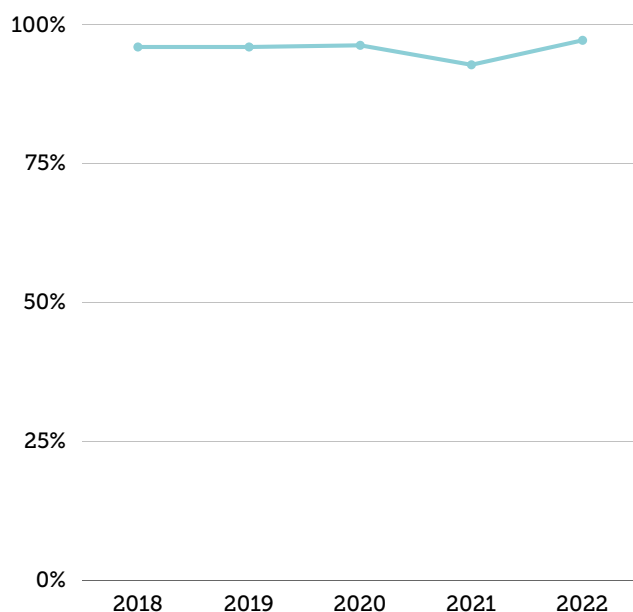
INTERBIRTH INTERVAL

Giving birth less than 18 months apart from the previous pregnancy increases the risk of babies experiencing poorer health outcomes such as being born premature, having low birth weight, or possibly dying before their first birthday. Increasing the length of time between births can have positive impacts on maternal health, educational achievement, employment, and family self-sufficiency. During state fiscal year 2022, 97.2% of mothers participating in home-based family support services did not have another child within 18 months. This figure is a 4.4% increase from 2021 of 92.8%.

Percentage of Women Giving Birth Before 37 Weeks



Percentage of Women with Interbirth Intervals Longer Than 18 Months

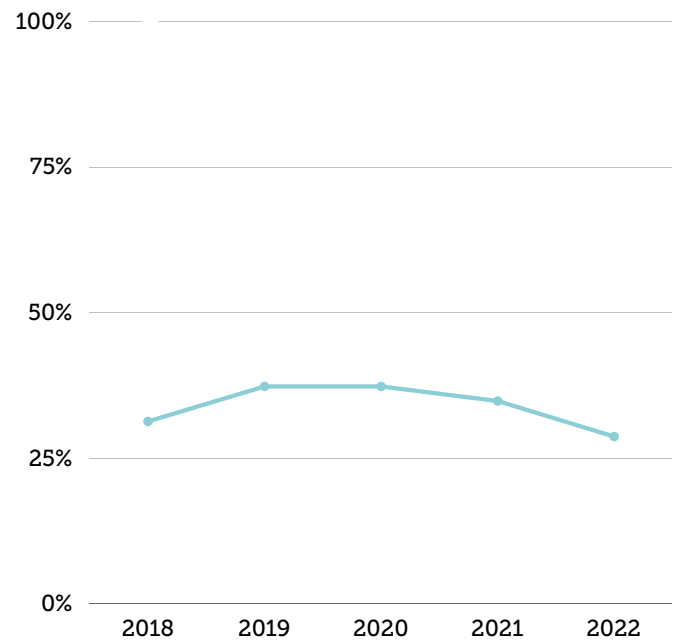


⁵ Zero to Three. (2022). The state of Oklahoma's babies. Retrieved from <https://stateofbabies.org/state/oklahoma/>

PARENTAL SUBSTANCE ABUSE

Children with parents who abuse alcohol or other illicit drugs are at increased risk for abuse and neglect, as well as academic, behavioral, and personal health problems. Oklahoma Department of Mental Health and Substance Abuse Services has identified substance abuse as a top public health problem. Neonatal opioid withdrawal syndrome (NOWS) and Neonatal Abstinence Syndrome (NAS) have steadily increased over the past two decades both nationally and in Oklahoma. In state fiscal year 2022, for every 1,000 births in Oklahoma, 6.3 tested positive for substance exposure and demonstrated signs of withdrawal.⁶ Home-based family support and prevention services help parents stop using and abusing alcohol and drugs. In state fiscal year 2022, 354 parent participants reported substance abuse, and of those 28.8% quit after 90 days in the home visiting program.

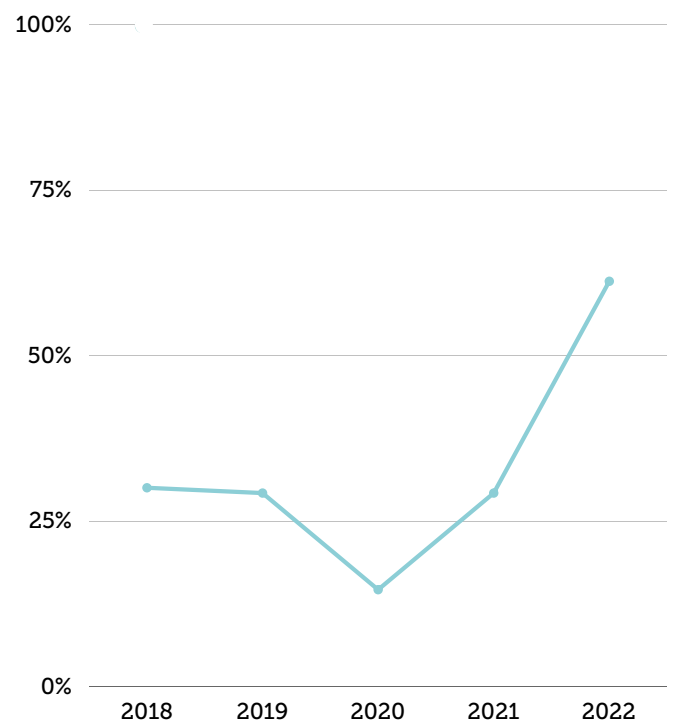
Substance Abusing Parents Who Quit Using After Enrollment



PARENTAL TOBACCO USE

Smoking while pregnant increases the risk of miscarriage, preterm birth, low birth weight, serious health problems, and Sudden Infant Death Syndrome (SIDS). Once the baby is born, health risks due to continued exposure to tobacco products persist. Secondhand smoke increases the risk of children developing pneumonia, bronchitis, asthma, and ear infections. Oklahoma has higher rates of tobacco use during pregnancy with 9.3% of mothers reporting smoking during pregnancy in state fiscal year 2022, compared to 5.5% nationally.⁶ Home-based family support services work with parents to quit smoking. During state fiscal year 2022, 85 caregivers reported tobacco use, and of those, 61.2% quit after enrollment in the home visiting program. This is a significant increase from previous years by 32%.

Percentage of Participants Who Quit Tobacco Use



⁶ United Health Foundation. (2022). America's health rankings annual report. Retrieved from <https://www.americashealthrankings.org/learn/reports/2022-health-of-women-and-children-report/state-summaries-oklahoma>

REPORTED AND SUBSTANTIATED CHILD ABUSE AND NEGLECT

The resources and services provided by home visiting organizations are nationally recognized for their ability to help prevent child abuse and neglect. Unfortunately, the rate of child maltreatment ranks higher in Oklahoma at 32.3 per 1,000 children than the national average at 15.9 per 1,000 children.⁷ Families who participate in home visiting programs often demonstrate several risk factors that increase the likelihood of child maltreatment. Of the 2,331 children involved in Oklahoma-based home visiting services, 39 met the criteria for confirmed abuse or neglect in state fiscal year 2022. This is the lowest confirmed maltreatment rate there has been in several years. However, the added strain and stress the ongoing COVID-19 pandemic has placed on families compels researchers and early child care advocates to believe these numbers are a cause for concern.

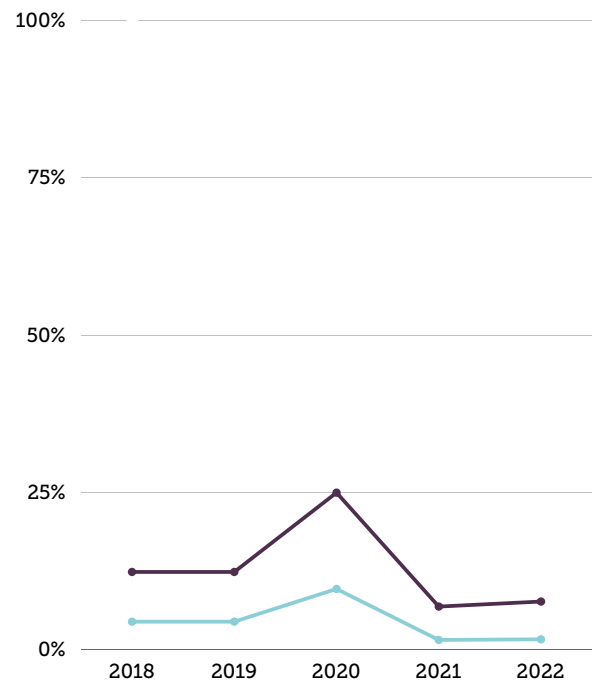
8

Oklahoma ranks higher than the nationwide average for infants and toddlers experiencing ACEs. 29% of Oklahoma's infants and toddlers have experienced one ACE compared to 19.6% nationally and 15.8% have experienced two or more ACEs compared to 7.3% nationally. Higher numbers of ACEs experienced by children indicate a need for parents to receive critical resources and support to effectively manage the rigors of parenthood and child development.

7 Zero to Three. (2022). The state of Oklahoma's babies. Retrieved from <https://stateofbabies.org/state/oklahoma/>

8 Killman, C. (2021, March 31). Child abuse, neglect reports decline statewide during pandemic. Tulsa World. Retrieved from https://tulsaworld.com/news/local/child-abuse-neglect-reports-decline-statewide-during-pandemic/article_fd8da7dc-916c-11eb-96b1-9bc77caa80a8.html

9 Zero to Three. (2022). The state of Oklahoma's babies. Retrieved from <https://stateofbabies.org/state/oklahoma/>



Suspected Victims of Maltreatment
Confirmed Victims of Maltreatment



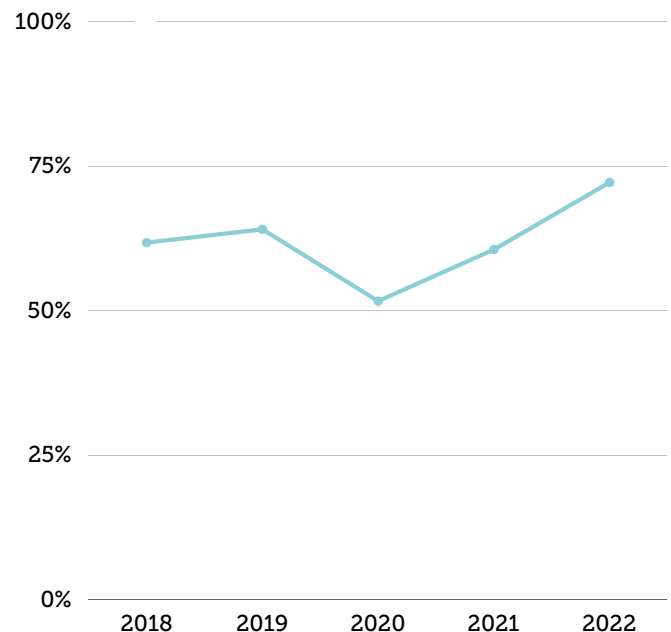
MATERNAL DEPRESSION

The impacts of maternal depression are far-reaching both in the short and long term for mother and child. Higher rates of depression can affect the mother's physical health, increase the risk of comorbid diagnoses and child maltreatment, and decrease employment, educational attainment, and income. The effects of maternal depression on the child are poorer health outcomes and academic performance, developmental delays, higher prevalence of early intervention and special education services, and increased risk of abuse and neglect. While Oklahoma women have not reported postpartum symptoms since state fiscal year 2019, depression is reported at 31.9% compared to 26.1% nationally.¹⁰ Mothers who participate in home visiting programs receive regular check-ins to monitor for symptoms and are referred for intervention. In state fiscal year 2022, 72.2% of women who scored higher on the depression screener received referrals. Of those who received those referrals, 33.4% received maternal mental health support services.

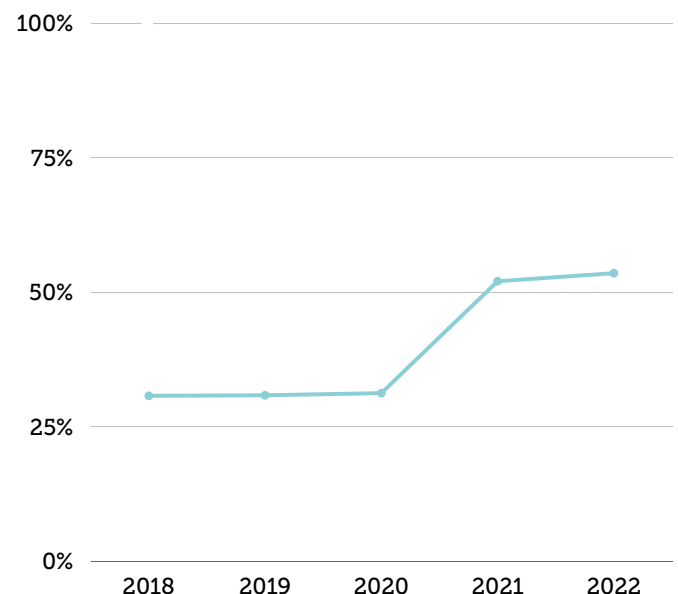
DOMESTIC VIOLENCE

Children who are exposed to domestic violence experience behavioral problems, emotional disturbances, and developmental health issues. Routine screenings for signs of domestic violence are provided throughout the process of receiving home visiting services. Families who are in unsafe home environments are referred for support to assist with the process of leaving safely. Participants who are not ready to leave coordinate with their home visiting program to develop a safety plan to ensure the physical safety of themselves and their children. 35.8% of participants in state fiscal year 2022 who reported experiencing domestic violence had a safety plan put in place within six months of reporting.

Percentage of Participants with High Scores on Depression Screener Receiving Referral

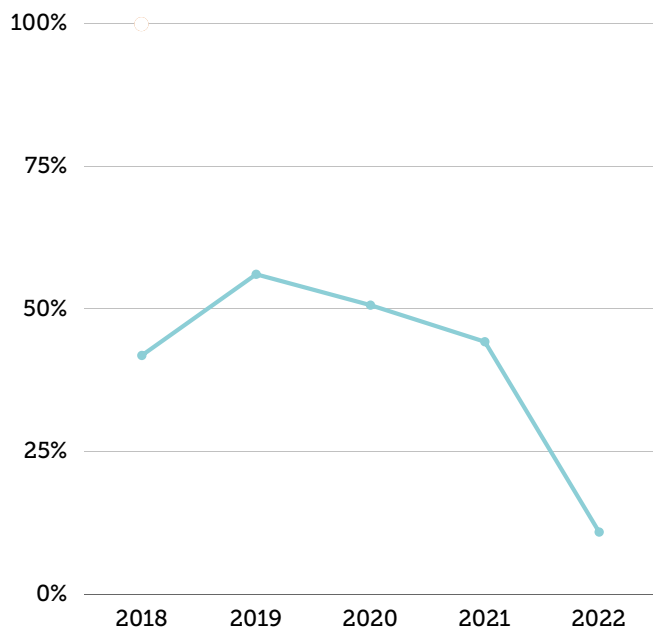


Percentage of Participants Reporting Domestic Violence with a Safety Plan



¹⁰ United Health Foundation. (2022). America's health rankings annual report. Retrieved from <https://www.america'shealthrankings.org/learn/reports/2022-health-of-women-and-children-report/state-summaries-oklahoma>

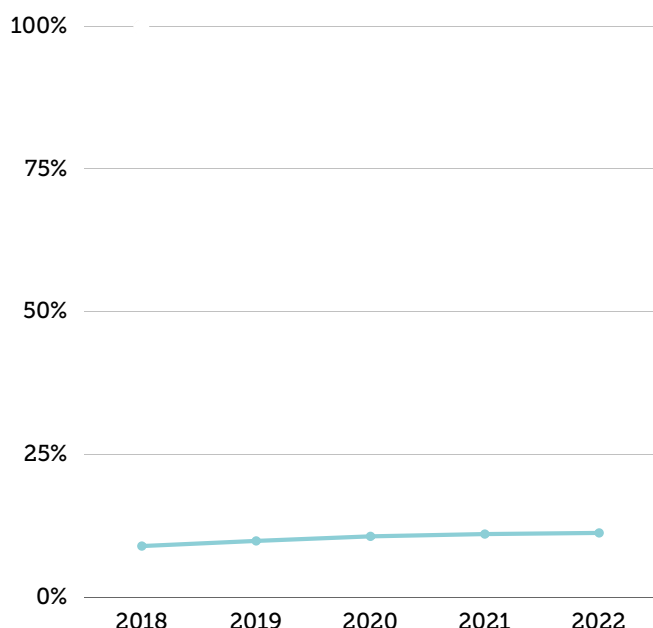
Percentage of Participants Seeking Work who Were Employed Six Months After Enrollment



PARENTAL EMPLOYMENT

Consistent and stable parental employment is a critical factor in financial stability and well-being for families. This stability can place parents closer to self-sufficiency while increasing their confidence as a provider and caregiver. Enhanced parental self-sufficiency has short-term effects on children such as improved physical and mental health, academic achievement, and engagement with others in and outside of the classroom. Financial stability and self-sufficiency also serve as strong models for children to implement as they become adults. In state fiscal year 2022, 11% of parents who were previously unemployed were working after six months enrolled in a home visiting program. This is the lowest reporting for parental employment in five years. This steep decline could be the result of the effects of the pandemic on child care accessibility and cost. Each program is gathering more information to better understand the change in parental employment.

Percentage of Participants Enrolled in Educational or Vocational Programs



PARENTAL EDUCATIONAL ATTAINMENT

Increased access to parental educational attainment leads to higher-quality employment opportunities with the possibility of a higher household income. Projections demonstrate by 2025, 70% of Oklahoman jobs will require post-secondary education¹¹. This would require the current and emerging workforce to obtain post-secondary education, credentials, certificates, or degrees. The resources home visiting programs provide to parents support their interests in returning to school or vocational training. In state fiscal year 2022, 11.3% of parents who had not completed an educational or vocational program became enrolled while participating in home visiting.

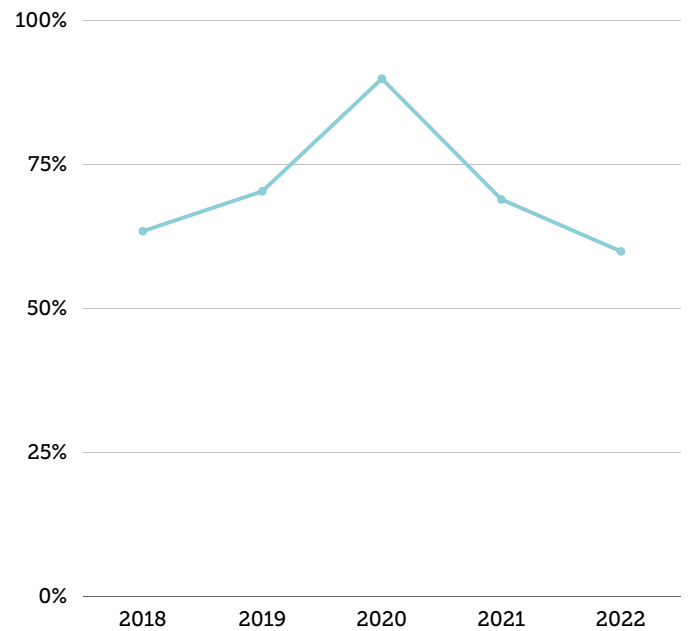
¹¹ Launch Oklahoma Strategic Plan. (2017). Oklahoma Works. Retrieved from <https://oklahomaworks.gov/wp-content/uploads/2017/04/Launch-OKStrategic-Recommendations-2017.pdf>

DEVELOPMENTAL MILESTONES

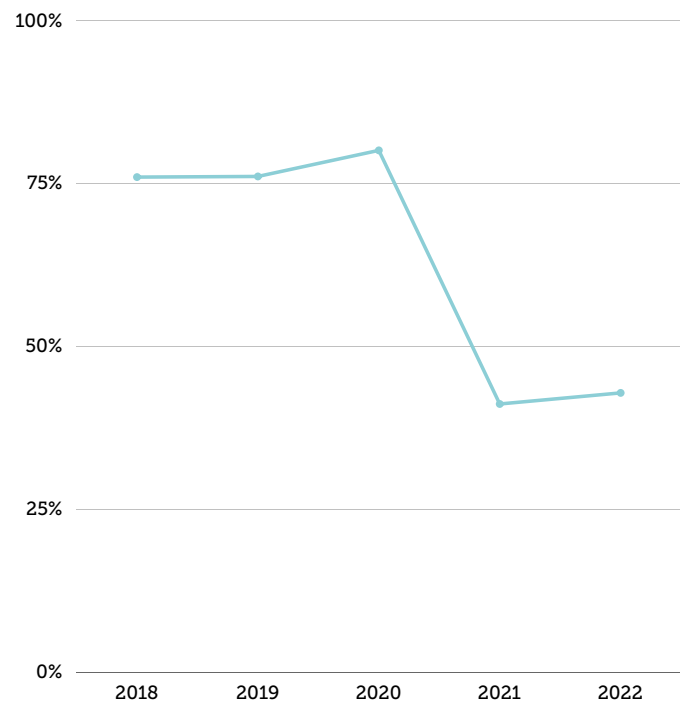
Early identification of developmental delays and disabilities, such as language and hearing, are vital to ensure children receive the early interventions necessary for school readiness. Home visiting programs routinely assess the development of children to ensure any delays are timely referred for evaluation and support. In state fiscal year 2022, 60% of children were identified as in need of referral for evaluation and intervention based on the child's Ages and Stages Questionnaire (ASQ-3). Only 51% of children receive these necessary services based upon this referral.

Social-emotional development is also a critical component of healthy development and school readiness. Healthy social-emotional development is associated with improved academic performance, engagement with others, and lower risk for aggression and anxiety disorders. Developing strong social-emotional skills early on lays a solid foundation for core skills necessary later in life. Home visiting professionals routinely assess the development of children's social-emotional skills. In state fiscal year 2022, 42.9% of children were identified in need of referral for evaluation and intervention based on the ASQ-SE-2. Of the children referred, only 30% receive these necessary services. (Confirmed responses to SoonerStart).

Percentage of Children Referred for Follow-up Development Services



Percentage of Children Referred for Follow-up Social-Emotional Services



QUALITY IMPROVEMENTS

CONTINUOUS QUALITY IMPROVEMENTS FOR HOME VISITING PROGRAMS:

- »» Increase the number of safety plans within six months of reporting abuse for caregivers experiencing domestic violence.
- »» Increase the number of referrals for program participants whose maternal depression screening indicates the need for additional services or treatment.
- »» Increase the number of children who receive follow-up evaluation and intervention services related to developmental milestones.
- »» Increase the number of caregivers enrolling in or completing education or vocational training.
- »» Increase the number of caregivers seeking employment who are working after six months of participation in a home visiting program.
- »» Decrease the number of caregivers smoking tobacco.
- »» Decrease the number of caregivers abusing substances.
- »» Increase translated messaging and materials to expand reach to underserved populations.
- »» Increase father engagement through inclusive messaging and implementation that encourages their participation.



POLICY RECOMMENDATIONS

REVIEW ELIGIBILITY POLICIES IMPACTING HOME VISITING PARTICIPATION

An increase in income eligibility criteria for expectant parents and families with infant and toddlers will expand access for parents to participate in evidence-based home visiting programs. Further, public policy, including agency policies, must avoid negatively impacting program participation. The social service safety net supports families experiencing poverty with basic needs, child care, and job training. However, parents in home-based family support programs sometimes experience a "cliff effect." The cliff effect occurs when a slight increase in income causes a loss of eligibility for parent support programs. Oklahoma must thoughtfully review existing policies that block parent participation in home visiting programs and hinder families financial and self-sufficiency success.

INCREASE STATE INVESTMENT FOR EVIDENCE-BASED HOME VISITING PROGRAMS THAT MEET COMMUNITY NEEDS

Oklahoma legislature should increase state funding to address the need in Oklahoma for more home visiting services. The state has failed to realize the full benefit of home visiting programs due to funding reductions that have compromised program infrastructure, including staffing. Additionally, flexible funding mechanisms are necessary so that Oklahoma communities implement programs that respond best to their unique local population needs.

INCREASE STATE INVESTMENTS TO MAXIMIZE USEFULNESS OF EARLY CHILDHOOD DATA

Investment in an early childhood integrated data system (ECIDS) is necessary in order to examine the long-term benefits of all early childhood programs and services, including home visiting programs. ECIDS investment will help Oklahoma enhance and accelerate decision-making, improve program performance, optimize public policies, assess outcomes, and enable multiple agencies and departments to work together more efficiently to improve child and family outcomes. Oklahoma should join the long list of other states who have successfully built an ECIDS that guides strategic direction to strengthen Oklahoma's early childhood system.

LOOKING AHEAD

PARENT CHILD ASSISTANCE PROGRAM LAUNCHES IN OKLAHOMA

The Oklahoma Parent-Child Assistance Program (PCAP) is an intensive home-visiting and case management program providing assistance to pregnant and parenting mothers who struggle with addiction. The University of Oklahoma and the University of Washington are jointly conducting a randomized control trial to evaluate the program's effectiveness in Tulsa and Oklahoma City over the next four years.

PCAP Goals:

- Mothers obtain substance use disorder treatment and remain in recovery.
- Mothers connected to community resources.
- Prevent future prenatal exposure to drugs and alcohol.

PCAP Study Goals:

- Establish PCAP as an evidenced-based home visiting model in order to receive federal MIECHV funding.
- Scale program to serve more mothers through a National Training and Implementation Center.

The PCAP study will enroll women in Oklahoma City and Tulsa who struggle with substance use during pregnancy. Referrals to this voluntary program can be made through our website at www.ou.edu/pcap/refer or by calling 405-876-2095. The study is supported by a consortium of public and private funders including the Arnall Family Foundation, Oklahoma Department of Human Services, Oklahoma Department of Mental Health and Substance Abuse Services, Casey Family Programs, and in-kind support from other community partners.

INNOVATIVE CARE COORDINATION FOR POST-PANDEMIC HOME VISITING SERVICES (HRSA AWARD 1 U4GMC45638-01-00)

Families participating in home visiting programs have been adversely impacted by the pandemic. This project aims to address critical social supports related to social determinants of health, including housing and food insecurity, developmental delays, and parental alcohol and substance abuse.

The state of Oklahoma proposes to introduce a technology-driven innovation aimed to streamline and amplify methods of care coordination among home visiting programs managed by the Oklahoma State Department of Health. The innovation is a readily available, end-to-end systems of care solution, the Unite Us application.

The University of Oklahoma Center on Child Abuse and Neglect will independently evaluate six objectives:

- »»» Increase number of referrals for HV services
- »»» Increase number of outgoing referrals to quality services
- »»» Close the referral loop for outgoing referrals to three local organizations
- »»» Increase retention of clients, particularly among groups facing care inequity,
- »»» Enhance assessment and care coordination skills of our HV workforce
- »»» Explore feasibility of the care coordination application.

Use of this technology solution will enable point-of-care data capture of social and structural determinants of health affecting eligible and participating home visiting clients. Unite Us will also expedite integration of these data across systems of care that confront disparities in neighborhood adversity, economic stability, education, healthcare, and basic necessities. The bidirectional data exchange facilitated by this innovative portal will also amplify efforts to recruit and retain HV clients. A stronger referral network will promote greater home visiting access for those who are historically unserved.

ABOUT OPSR

In 2003, the Oklahoma legislature signed House Bill 1094, which created our organization, the Oklahoma Partnership for School Readiness (OPSR). OPSR leads public and private partnerships so that children arrive at school with knowledge, skills, and physical and emotional health to achieve success. The OPSR Partnership Board is a public-private governing body created under the Oklahoma Partnership for School Readiness Act (Title 10 O.S. § 640). The OPSR Foundation Board is a 501(c)(3) private nonprofit created under Oklahoma law (Title 10 O.S. § 640.3) to serve as a fiduciary partner with the OPSR Board and accepts both public and private funds to support early childhood initiatives.

OPSR is designated as Oklahoma's Early Childhood State Advisory Council, authorized under the federal Head Start Act of 2007 (PL 110-134, Section 642B). Early Childhood State Advisory Councils (SACs) work to improve the quality, availability, and coordination of programs and services for children birth to age five.

Vision

Our vision is that all Oklahoma children are safe, healthy, eager to learn and ready to succeed by the time they enter school.

Mission

Our mission is to lead Oklahoma in coordinating an early childhood system that strengthens families and ensures all children are ready for school.



OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

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Oklahoma City, OK 73106
okschoollreadiness.org
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DIRECTOR'S REPORT
OCCY COMMISSION MEETING
April 14, 2023

PERSONNEL

New Employee: Mr. James Boykin has recently joined OCCY as a community planner and will serve within the Office of Planning and Coordination. He brings with him over 10 years of experience working within OKC's nonprofit world and has a reputation for providing stellar service to vulnerable populations. Mr. Boykin has an associate's degree in Counseling/Social Work, bachelor's degree in organizational leadership, and a Master of Public Administration from the University of Central Oklahoma. Welcome James!

Community Planner: Applications have been submitted for the new Preschool Development Grant position and interviews will begin the week of April 10th. This position is new to the Oklahoma Commission on Children and Youth (OCCY) and we anticipate having funding for the position for a minimum of three years. Federal funding for this grant is going to Oklahoma Human Services and they, in turn, are providing funds to the Oklahoma Partnership for School Readiness (OPSR) for implementation. OCCY is a subrecipient of OPSR.

FINANCES

General Budget Monitoring: We are so very pleased with the work of our new team member Mahboob UI Haaq. He has worked with the program areas to assure that they have released encumbered funds that are now not anticipated to be used prior to the end of this fiscal year. At this time, OCCY has spent 76.24% of its funds by the end of the third quarter. In addition, our monthly meetings with the Office of Management and Enterprise (OMES) have resumed. A joint presentation will be given by Mr. UI Haaq and Megan Patton of OMES at the Commission meeting.

(Please see handout from OMES).

DIRECTOR'S HIGHLIGHTED ACTIVITIES

Juvenile Competency Evaluations - Commissioner Work Group:

I want to thank Director Holt and her Administrative Assistant Audrey Rockwell for pulling together the first meeting for the above work group. It is so very needed and we are looking forward to the additional support when it comes to strategizing ways to meet the demand for evaluations. We appreciate our partners from the Office of Juvenile Affairs, the District Attorneys Council, the Oklahoma Department of Mental Health and Substance Abuse Services, and the Oklahoma Human Services.

In addition, I want to thank Dr. Kathy LaFortune for drafting a document that articulates the need for a more effective and robust juvenile competency system. This document will help us express our need for a program coordinator, more evaluators, and a remediation program. We plan to add some information to this document and will distribute it in the future.

The Impact of Medical Marijuana on Children Work Group:

This work group has now met twice. The group has decided to focus on three main areas: 1) marijuana ingestions by children; 2) marijuana use by youth; and 3) marijuana use by pregnant mothers. The work group continues to add new members and collect data as well as other

helpful information. Our goal is to produce a document or powerpoint that will outline our findings and recommendations by mid fall – in time to request legislation during the next session if necessary.

Oklahoma Partnership for School Readiness (OPSR):

I have been serving as the Chairperson for the OPSR Board of Directors for several years. It has been an honor and I have thoroughly enjoyed supporting the OPSR organization in this capacity. However, I feel that it is necessary for me to step down from this role. OCCY will be a subrecipient of theirs for the Preschool Development Grant and one of OPSR's employees coordinating these efforts is Ms. Gabrielle Jacobi, my daughter. This is Ms. Gabrielle Jacobi's second stint at OPSR and I know she is more than up to this challenge. It would be best though, to allow another OPSR Board member to serve as Chairperson and reduce the potential for and appearance of conflict.

OCCY PROGRAM HIGHLIGHTS

Post Adjudication Review Board - PARB (Keith Pirtle)

PARB Conference:

For the first time in three years, PARB held a statewide gathering and training as a pre-institute of the Annual Oklahoma Child Abuse and Neglect Conference. We'd like to thank the University of Oklahoma, Center on Child Abuse and Neglect for this opportunity to join their event. Throughout the day, PARB members heard from judges, individuals with lived experience, and each other. It was a wonderful day of strategy sharing and numerous recognitions. Those honored included:

- Jay Scott Brown, PARB Hall of Fame(posthumously): Mr. Brown was appointed to the State PARB in 1992 by Governor David Walters and served for the next 27 years.
- Pat Lowry, PARB Hall of Fame: Ms. Lowry is a long-time advocate for foster care children and served PARB both as a volunteer and as a OCCY staff member.
- Sandra Brown, PARB Hall of Fame: Ms. Brown served many years with the Oklahoma child welfare system and in addition, devoted time to PARB for 30 years.
- Susan Johnson, PARB Hall of Fame: Ms. Johnson was a premier member of the Wagoner County PARB for 30 years.
- Tricia Gardner, Hall of Fame: In addition to Ms. Gardner's academic career at the OU Center on Child Abuse and Neglect, she has chaired one of the seven Oklahoma County PARBs since 1992.
- Denise Gerhold, Child Welfare Partner of the Year: As a Child Welfare Director out in western Oklahoma, Ms. Gerhold was recognized for her effective advocacy and her support for the Beckham and Roger Mills' PARB.
- Judge Pat VerSteeg, Judicial Partner of the Year: Judge VerSteeg has made such great use of his PARBS in Roger Mills, Beckham, and Washington Counties. He has been a staunch champion of PARB since his appointment to the State PARB by Governor Brad Henry in 2008.

New PARBS Established:

Mr. Pirtle is pleased to announce that three new PARBS were launched during March: Bryan County, Haskell County, and Lincoln County. We look forward to their good work.

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

Children of Incarcerated Parents:

- A day of strategic planning is scheduled for May 12th at the Office of the Girl Scouts of Eastern Oklahoma in Tulsa. The event will be facilitated by the Restorative Justice Institute of Oklahoma.
- OCCY is sponsoring 18 community partners to attend the Arizona State University Fifth Annual Children of Incarcerated Parents National Conference. It will be held virtually on April 17th, 24th, and May 1st.

Homeless Children and Youth:

- OCCY provided funding for four OK Youth Action Board members to attend the National Network for Youth Summit held March 2nd and 3rd in Washington, D.C.
- OCCY provided funding to support the 2023 Youth Action Retreat held on March 24th and 25th in Oklahoma City. Other retreat sponsors included the OKC Youth Action Board, the Oklahoma Department of Mental Health and Substance Abuse Services, and Evolution Foundation.

Parent Partnership Board (PPB):

- OCCY hosted the National Family Support Network's "Developing and Sustaining Effective Parent Advisory Committees Virtual Training" on March 1st and 2nd. Twenty-seven attendees representing 15 partner agencies completed the training.
- We want to thank Commissioners Lindsey Laird and Kalie Kerth for meeting with PPB members on March 8th. The members appreciated hearing about your personal journeys that led you to be such strong advocates for children and their families.
- OCCY will be hosting the Children's Trust Fund Alliance's "Brining the Protective Factors to Life in Your Work: Train-the-Trainers Training." It will be held April 18 – 20 at the Edmond Conference Center. Registration is full and there is a waiting list.
- The PPB members are planning their first retreat. It will be held at the University of Central Oklahoma Boathouse at Lake Arcadia on April 29th.
- Congratulations to Dr. Lana Turner-Addison for being named the first PPB Chairperson and Ms. Senaqua Hildreth for being named Apprentice Co-Chair.

Collaborations:

- OCCY was asked to serve as a co-sponsor of the Bi-Annual Collaborative Convening along with the Oklahoma Human Services and the Oklahoma State Department of Health. This meeting took place at the Annual Child Abuse and Neglect Conference on April 3rd.

Preschool Development Grant:

OCCY hopes to have a contract in place shortly with the Oklahoma Partnership for School Readiness regarding this work. OCCY will be serving as subrecipient and working in the space of parent voice and parent leadership. Funds will be provided to support a new OCCY staff position related to these efforts.

P&C Database:

The P&C portion of the OCCY database is complete and is in the testing phase. Most of the data at this time will be associated with the impacts of trainings and convenings organized by P&C.

Legislative/Policy Issues (Marcia Johnson)

Ms. Johnson will discuss legislation pertinent to OCCY at the commission meeting. I want to thank Ms. Johnson for her doggedness during this legislative session. Her experience and knowledge is so useful to our agency.

** During our last Commission meeting it was questioned if the Commissioners should be voting to have a bill added to the OCCY legislative agenda (meaning that our legislative liaison would actively promote and support a bill during legislative session). After research, our Assistant Attorney General, Ms. Sandra Balzer, has concluded that such actions are not prohibited. It has been a practice of OCCY for many years. However, Ms. Balzer does not believe it is appropriate for our agency logo to be included on handouts or other printed material created by other entities.

(Please see attachment.)

Freestanding Multidisciplinary Teams (FSMDT) (Brittany Gassner)

Board of Child Abuse Examiners:

A Child Abuse Examiner Training, co-sponsored by HARUV USA and Child Advocacy Centers of Oklahoma, will be held September 29th in Tulsa. Subject matters will include commercial sexual exploitation of children. The Oklahoma State Bureau of Investigations will provide an updated on the backlog of sexual assault kits.

FSMDT Database:

On March 6th, Maggi Hutchason (Noble County), Lara Welch (Love County), and Amanda Wheeler (Murray County) completed the new database training conducted by Lisa White from the OU E-Team. Since that time, they have been utilizing the database during FSMDT staffings. They, along with their partner agencies, have been providing feedback. Overall, their response has been positive.

FSMDT Visits:

During the month of March, Ms. Gassner attended FSMDT meetings in Logan, Adair (virtual), Love, and Murray Counties.

Children's Justice Act Grant: Upcoming Trainings (Brittany Gassner, Makala Pittman)

For more information about the below trainings and/or how to register, please contact Makala Pittman at (405) 606-4903 or makala.pittman@occy.ok.gov.

1. Child First Forensic Interview Training

Presenters: Maria Rosales-Lambert, Oklahoma Interviewing Services, Inc.; Vicki Boan, Oklahoma Interviewing Services; Holly Chandler, The Saville Center for Child Advocacy; Andi Hamilton, Oklahoma State Bureau of Investigations; Jaclyn Rivera and Lori McConnell, District Attorney's Office #7
Date: April 17th – 21st
Format/Location: Hybrid in OKC

2. Coercive Control Training

Presenter: Jackie Steyn
Date: April 21st
Format/Location: Virtual

Public Information/Communications (Rob Agnew)

Mr. Agnew has been extremely busy designing PARB lapel pins, certificates, fact sheets and annual reports – all while responding to media requests and open records requests. We cannot thank him enough for his quick, professional work in so many areas.

In addition, Mr. Agnew has been working on quality control for both the OCCY website and our social media. Results are below:

Adobe Analytics (March 1 to March 31, 2023)

- Total Website Visits – 1,425
- Total Unique Visitors – 1,089
- Total Pages Viewed – 2,592

Facebook Content Overview (March 1, 2023 to March 31, 2023)

- Page Reach – 5,244 defined accounts – Up 27.1.7% (Top Media Type – Images)
- Page Engagement (Last 90 days) – 1,700 defined accounts – Up 8.8% (Most Reactions – Images)
- Facebook Page Followers – 1,805

LinkedIn Visitor Analytics (last 30 days)

- Search Appearances – 309
- Unique Visitors – 49
- New Followers – 33
- Post Impressions – 1,200

Oklahoma Child Death Review Board – CDRB (Lisa Rhoades)

Due to transitioning to the new database, it was not possible to update the number of cases opened, ready for review, and closed. We will have these issues resolved by the next Commission meeting.

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

	New Complaints	Closed Cases	Facility Complaints	Facility Oversight Visits
July 2021	25	37	0	0
Aug 2021	39	21	0	0
Sept 2021	46	43	0	0
Oct 2021	60	20	0	0
Nov 2021	37	39	0	1
Dec 2021	37	18	1	2
Jan 2022	34	49	0	0
Feb 2022	24	30	6	0
Mar 2022	41	25	1	0
April 2022	34	36	0	0
May 2022	39	23	3	0
June 2022	46	49	2	0
July 2022	42	40	1	0
Aug 2022	43	30	2	0
Sept 2022	44	55	0	1
Oct 2022	37	55	0	1
Nov 2022	29	40	0	0
Dec 2022	17	34	1	3
Jan 2023	40	43	0	0
Feb 2023	29	28	1	0
March 2023	37	28	0	0

TOTALS	New Complaints	Closed Cases	Facility Complaints	Facility Oversight Visits
SFY19	404	368	7	1
SFY20	334	545	15	5
SFY21	364	337	3	3
SFY22	462	390	13	3
SFY 23 YTD	318	353	5	5

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

	# of Youth Complaints		# of Foster Parents Complaints
July 2021	41		6
August 2021	42		22
September 2021	35		14
October 2021	37		9
November 2021	30		18
December 2021	24		16
January 2022	28		9
February 2022	24**		14**
March 2022	26		17
April 2022	21		16
May 2022	46		10
June 2022	12		41
July 2022	18		41
August 2022	14		29
September 2022	19		32
October 2022	14		28
November 2022	42		11
December 2022	37		13
January 2023	47		10
February 2023	21		16
March 2023	56*		20**

*as reported by TJ Cleary of Oklahoma Human Services

** as reported by Dawn Leemon of Oklahoma Human Services

TOTALS	# of Foster Youth Complaints		# of Foster Parent Complaints
SFY19	183*		180
SFY20	395		178
SFY21	405		182
SFY22	395		163
SFY23 YTD	333		135

*Program started in November 2018 (SFY19)

** In previous reports, the foster parent and foster youth numbers for the month of February were transposed.

Juvenile Competency Evaluations (Mark James)

	# of Referrals	# Competent	# Not Competent	Pending Completion
July 2021	5	0	5	0
August 2021	5*	2	2	0
September 2021	4	1	3	0
October 2021	5	3	2	0
November 2021	3	0	3	0
December 2021	2	1	1	0
January 2022	3	0	3	0
February 2022	2	0	2	0
March 2022	5	2	3	0
April 2022	4	1	3	0
May 2022	6*	2	3	0
June 2022	3*	0	2	0
July 2022	4*	1	2	0
August 2022	4	2	2	0
September 2022	3	2	1	0
October 2022	5	2	3	0
November 2022	7	3	2	2
December 2022	3	0	3	0
January 2023	7	2	1	4
February 2023	13	1	1	11
March 2023	6	1	0	5

*One evaluation dismissed

TOTALS	# of Referrals	# Declared Competent	# Declared Not Competent	Pending Completion
SFY19	32	19	13	0
SFY20	34^	14	18	0
SFY21	37+	10	24	0
SFY22	47+	12	32	0
SFY23	52*	14	15	22

*One evaluation canceled ^Two evaluations canceled +Three evaluations canceled

Respectfully submitted,



 Annette Wisk Jacobi
 OCCY Executive Director

April 14, 2023
 Date