



NOTICE OF REGULAR MEETING

PASTEUR MEDICAL BUILDING
1111 N. LEE AVENUE, SUITE 500
OKLAHOMA CITY, OKLAHOMA

January 10, 2020
9:00 a.m.

AGENDA

- | | | |
|-------|---|--|
| I. | Call to Order and Determination of Quorum | <i>Chairman Jason Charles</i> |
| II. | Welcome and Introductions | <i>Chairman Jason Charles</i> |
| III. | Review and Approval of the Minutes from the November 15, 2019
<i>Discussion and possible action</i> | <i>Chairman Jason Charles</i> |
| IV. | Public Comment | <i>Public Guests</i> |
| V. | Finance Report <ul style="list-style-type: none">An update regarding the OCCY Budget, Expenses, and Balances <i>Discussion and possible action</i> | <i>Ms. LaTisha Edwards, CF
Office of Management and
Enterprise Services</i> |
| VI. | OCCY Commission May Meeting Date
<i>Discussion and possible action</i> | <i>Chairman Jason Charles</i> |
| VII. | Secretary of Human Services and Early Childhood Initiatives Report
<i>Discussion and possible action</i> | <i>Secretary Steven L. Buck
Human Services and Early
Childhood Initiatives</i> |
| VIII. | Presentation: Detaining Youth Task Force Recommendations
<i>Discussion and possible action</i> | <i>Dr. Ellen Harwell
Chair, Detaining Youth Ta
Force</i> |
| IX. | Review the Nomination from the Juvenile Competency Evaluation Professional
Committee Regarding the Appointment of Dr. Isle Carrizales as a Juvenile
Competency Evaluator
<i>Discussion and Possible Action</i> | <i>Assistant Director
Mark James</i> |
| X. | Presentation: Youth Crisis Mobile Response – A Program of Heartline
<i>Discussion and possible action</i> | <i>Ms. Nicole Johnson, M.A.,
Crisis Counseling Manage
Heartline Inc.</i> |
| XI. | Report: Legislative Report
<i>Discussion and possible action</i> | <i>Ms. Jennifer Hardin, OCC
Legislative Liaison</i> |
| XII. | Director's Report: Personnel and Agency Activities
<i>Discussion and possible action</i> | <i>Director Annette Wisk Jac</i> |
| XIII. | Chairman Remarks <ul style="list-style-type: none">Committees: Personnel, Finance, Legislative, Planning and Coordination <i>Discussion and possible action</i> | <i>Chairman Jason Charles</i> |

- XIV. Commissioner Announcements (Report only – no discussion)
- XV. Adjournment

All Commissioners

NEXT MEETING: FRIDAY, MARCH 27 at 9:00 am

OKLAHOMA COMMISSION ON CHILDREN AND YOUTH

1111 N. Lee Ave., Suite 500
Oklahoma City, Oklahoma 73103

Regular Meeting November 15, 2019 MINUTES

Commissioners present: Justin Brown, Steven Buck, Gary Cox (Arrived 9:06), Angela Donley, Joy Hofmeister (arrived 9:35am) Kalie Kerth, Angela Marsee, Sheryl Marseilles, Javier Ramirez (arrived 9:13am), Lee Roland, John Schneider, and Judge Mike Warren.

Guests present: Sid Brown, Debra Andersen, Representative Mark Lawson, Leslie Gamble, Betty Hawkins-Emery, Ellen Harwell, Representative Cynthia Roe, Kathryn Brewer, Laura Gamble, Brenda Loggins, Tom Bates, and LaTisha Edwards.

Staff present: Annette Wisk Jacobi, Amanda Jett, Jennifer Hardin, Mark James

Call to Order and Roll Call

Chairman Jason Charles called the meeting to order at 9:00 a.m.

Welcome and Introductions – Chairman Jason Charles

Jason Charles welcomed everyone to the meeting

Review and Approval of the Minutes from the September 20, 2019 Commission Meeting - All

Commissioner Charles noted two corrections to be made.

Judge Warren moved to approve the minutes with corrections. Commissioner Marseilles seconded the motion. All other members present voted in the affirmative.

Public Comment

Chairman Jason Charles introduced Representative Mark Lawson.

Representative Lawson gave a brief explanation on his presence and stated that he and Director Jacobi have a great working relationship. Director Jacobi stated that the four members of the subcommittee were Representative Bush, Representative Talley, Representative Lawson and Representative Randleman and that Board Members should expect to see those individuals more often.

Chairman Jason Charles invited Brenda Loggins to address the room. Ms. Loggins stated that she is a grandparent and is requesting the Commission's help in bringing change to the way the current system operates. She's asking the Commission to step up and make the changes necessary to protect the children of Oklahoma.

Finance Report – Ms. Latisha Edwards

Ms. Edwards provided an overview of the financials through October 2019.

Commissioner Marsee moved to approve the financial report. Judge Mike Warren seconded. All members voted in the affirmative.

Budget Revision Related to State Fiscal Year 2019 Carryforward Funding – Discussion and Possible Action – Director Annette Wisk Jacobi

Director Jacobi discussed the \$470,000 one-time carryover funds that OCCY currently has. She gave an overview of some of the projects that the Agency is wanting to fund including improving the OCCY's electronic equipment, bringing a consultant in to help determine the data collection needs of the agency and to increase trainings outside the metro areas.

Director Brown offered his agency's resources to begin the process of gathering data and asked about the line item for \$65,000. Director Jacobi stated that those funds are for the Office of Planning and Coordination and potential Community Partnership Boards. She stated that as soon as a Planning and Coordination Program Manager has been hired, this individual will be responsible for working with the communities to determine where there are issues and areas of concern and redevelop Community Partnership Boards.

Commissioner Sheryl Marseilles moved to approve the budget revision to State Fiscal Year 2019 Carryforward Funding. Dr. Kalie Kerth seconded. All other members present voted in the affirmative.

Oklahoma Commission on Children and Youth Commission Meeting Dates Discussion and Possible Action – Commission Chair Jason Charles

Meeting dates for the 2020 calendar year were submitted and after discussion and modification, the following dates were approved:

January 10, 2020

March 27, 2020

May 15, 2020

June 26, 2020

September 18, 2020

November 20, 2020

Judge Warren moved to approve the 2020 Commission Meeting Dates. Superintendent Hofmeister seconded the motion. All other members present voted in the affirmative.

Secretary of Human Services and Early Childhood Initiatives Report – Secretary Steven Buck

Secretary Buck introduced Commissioner Gary Cox as the newest Commissioner. Secretary Buck stated that Governor Stitt has begun taking his cabinet on the road to tour facilities across the state and holding public meetings at different locations.

Secretary Buck also stated that the Senate will begin their budget hearings earlier this year and asked Representative Lawson if the House of Representatives will be holding their hearings concurrently. Representative Lawson stated that they were just informed of the time frame and that he will have to get back with him.

Secretary Buck commended Director Brown and the Oklahoma Department of Human Services (OKDHS) on their work of screening the “Resiliency” documentary. He also thanked OKDHS for their efforts to reengage in education and bring back social services in schools. He explained even with budget shortfalls some schools were able to create multidisciplinary teams that work with counselors and teachers to make sure their kids are successful.

Discussion and possible action to enter into executive session pursuant to 25 O.S. §307(B)(1) for the purpose of conducting a performance review and discussing any other matter related to the employment of the Executive Director Jacobi.

Judge Warren moved to enter Executive Session. Commissioner Schneider seconded the motion. Oklahoma Commission on Children and Youth began Executive Session at 9:35am.

Secretary Buck motioned to exit Executive Session. Commissioner Ramirez seconded the motion. Oklahoma Commission on Children and Youth Commission meeting resumed at 9:56am.

Commissioner Marsee moved to increase Director Jacobi's annual salary to \$98,700.00. Judge Warren seconded the motion. All other members present voted in the affirmative.

Presentation: Update regarding the federal OKFutures Grant and other Oklahoma Partnership for School Readiness activities – Debra Andersen, Executive Director, Oklahoma Partnership for School Readiness

Ms. Andersen gave a brief background on the Oklahoma Partnership for School Readiness (OPSR). She stated that OPSR has a 32-member board that was put into

law in 2003. They are tasked with bringing together multiple organization that provide services from birth until school entry. She stated that in 2018 they were approved for a \$3.1 million grant to perform a thorough needs assessment and develop a plan on how to improve outcomes for young children. She stated that they met their goals and she stated that 46 states were included and Oklahoma made it into the top 10. She explained that they have applied for a new grant to be paid out over three years and should hear whether or not they will be awarded shortly. Ms. Andersen gave a brief overview on their proposals and where they think the most help is needed.

Presentation: Update Regarding the Governor's Front Porch Initiative – Mr. Tom Bates

Mr. Bates presented an update on the Governor's "Front Porch Initiative." He stated that it is an effort to bring better coordination across all state agencies and to improve the experience citizens have as they access services in our state. He has met with multiple groups across the state to explain the initiative and solicit community input.

Presentation: Possible Legislation to Reduce Child Injuries and Fatalities Due to Car Wrecks. Discussion and Possible Action – Ms. Leslie Gamble, Public Affairs Manager, AAA Oklahoma

Ms. Gamble spoke briefly regarding legislation that AAA Oklahoma is requesting that will require seatbelts for children ages 8-17 in rear seats. She explained that Oklahoma is the only state that does not require such restraints and is asking for the Commissioners' support on this legislation.

Superintendent Hofmeister moved to approve the Commission supporting legislation requiring children to wear seatbelts in the back seat. Judge Warren seconded the motion. All other members present voted in the affirmative.

Report: Possible Legislation Requested by Oklahoma Commission on Children and Youth – Ms. Jennifer Hardin.

Ms. Hardin introduced Dr. Ellen Harwell. She spoke about legislative recommendations the Detaining Youth Task Force are recommending. She stated that they have 5 new recommendations that they are working on, those are:

1. Feminine hygiene products being offered free of charge to juveniles in adult holding lockup or detention centers.
2. Distribute mesh undergarments to menstruating youth that have been placed on suicide precaution and are utilizing the suicide smock while in holding lockup or in detention centers.
3. Require adult detention centers to process parents or guardians request to visit with a child or juvenile within five working days.
4. Revise the statute definition of child to include "in the custody of the Office of Juvenile Affairs, awaiting disposition on an offense as either a juvenile delinquent or youthful offender, or in the custody of the Oklahoma Department

- of Human Services and placed in a facility where their primary function is to detain, provide treatment, rehabilitation, or otherwise provide care for a youth.”
5. A copy of a youth’s most current Office of Juvenile Affairs approved mental health and or suicide screening instrument will accompany a youth being transferred to any adult holding lockup or detention center.

Judge Warren asked that the final revision be brought back to the Commission in January and each item be broken down into individual items to be voted on. Director Brown and Secretary Brown both stated that they would like to have their respective legal departments review the recommendations as well. Dr. Harwell agreed to return to the next meeting.

Presentation: District Attorneys Council’s Legislative Proposals Impacting Children. Discussion and Possible Action

Kathryn Brewer, Assistant Executive Director of the Oklahoma District Attorneys Council (DAC), stated that they are proposing two bills that would directly impact children. They would like to amend Oklahoma’s “heinous and shocking” law. Currently, the law allows termination of parental rights in instances of heinous and or shocking abuse or neglect and is only applied to the victimized “child or sibling of the child.” They would like to amend the language so that it encompasses any child in the care of the perpetrator.

Judge Warren moved to approve Commission supporting legislation to change the language. Commissioner Ramirez seconded the motion. Commissioner Marsee abstained and all other members present voted in the affirmative.

Ms. Brewer then stated that the second change they are proposing is to help prevent taking children into custody unnecessarily by ordering forensic interviews at established appropriate locations and transportation to those locations. The language states that OKDHS may conduct an investigation in a home. The DAC would like to add the language “and may include an interview conducted by appropriate personnel.” In addition, they would also like to add language that gives the court the ability to order that the child be transported to a location determined by the court for an forensic interview and designate an appropriate person to transport said child.”

After discussion the Commissioner requested additional time to study the requested changes and asked if a vote on the “spirit of the legislation” would suffice for the time being. Ms. Brewer stated that it would.

Commissioner Marseilles moved to approve the “spirit of the legislation.” Commissioner Ramirez seconded the motion. Commissioner Marsee abstained and all other members present voted in the affirmative.

Director's Report on Agency Activities – Director Annette Wisk Jacobi

She introduced Amanda Jett, OCCY Executive Secretary and Ms. Betty Hawkins-Emery who represented Oklahoma parents at the recent meeting of the National Alliance of Children's Trust and Prevention Funds held in Washington, D.C. Director Jacobi and Assistant Director Mark James also attended that meeting. During their time in DC, Director Jacobi and Assistant Director James met with Congressman Cole while in Washington D.C. and discussed the hopeful reauthorization of the Child Abuse Prevention and Treatment Act.

Director Jacobi informed the Commission about an upcoming event to be hosted by OCCY. She stated that Director Mary Marx of Florida's PACE Center for Girls will be in Oklahoma giving a presentation on December 3rd, at the Oklahoma City Metro Technology Center – Springlake Drive Campus.

Chairman's Remarks – Chairman Jason Charles

Chairman Jason Charles praised Director Jacobi for all her work in bringing information and research to the meetings so that the Commission could share ideas and make sound decisions.

Commissioner Announcements – All

Director Brown stated that OKDHS is interested in new innovation topics related to their childcare STAR rating system. Suggestions can be submitted on their new website at www.ouokdhs.org.

Adjournment – Chairman Jason Charles

The Commission adjourned at 11:24 a.m.

Comm on Children and Youth
 Business Unit - 12700 - Sub-Major
 FY-2020 Operating Budget Comparison Summary by Business Unit/Account
 as of December 31, 2019

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12700 - Comm on Children and Youth
 Department: 0100002 - 8800001

Account Description	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	1,272,247	636,123	515,371.14	0.00	0.00	515,371.14	756,875.86	120,751.98	40.51	81.02
512 Insur.Prem-Hlth-Life,etc	319,127	159,563	105,363.57	9,491.00	0.00	114,854.57	204,272.43	44,708.59	35.99	71.98
513 FICA-Retirement Contributions	361,285	180,642	123,737.35	0.00	0.00	123,737.35	237,547.65	56,904.59	34.25	68.50
515 Professional Services	904,237	452,118	92,248.22	238,339.86	10,000.00	340,588.08	563,648.92	111,529.74	37.67	75.33
519 Inter/Intra Agy Pmt-Pers Svcs	10,150	5,075	1,167.65	1,352.35	0.00	2,520.00	7,630.00	2,554.86	24.83	49.66
521 Travel - Reimbursements	68,223	34,111	4,682.33	0.00	0.00	4,682.33	63,540.67	29,428.39	6.86	13.73
522 Travel - Agency Direct Pmts	109,278	54,639	6,799.06	2,318.00	0.00	9,117.06	100,160.94	45,521.70	8.34	16.69
531 Misc. Administrative Expenses	47,295	23,647	15,454.87	6,834.52	13.53	22,302.92	24,992.08	1,344.34	47.16	94.32
532 Rent Expense	177,358	88,679	68,167.60	43,597.38	0.00	111,764.98	65,593.02	-23,086.12	63.02	126.03
533 Maintenance & Repair Expense	5,700	2,850	1,732.51	3,911.81	0.00	5,644.32	55.68	-2,794.32	99.02	198.05
534 Specialized Sup & Mat.Expense	2,050	1,025	849.58	940.98	0.00	1,790.56	259.44	-765.64	87.34	174.70
536 General Operating Expenses	8,100	4,050	4,583.47	1,336.43	0.00	5,919.90	2,180.10	-1,870.02	73.09	146.17
541 Office Furniture & Equipment	48,211	24,105	3,045.94	2,676.70	0.00	5,722.64	42,488.36	18,382.72	11.87	23.74
543 Lease Purchases	0	0	464.00	0.00	0.00	464.00	-464.00	-464.00	-	-
552 Scholar.,Tuition,Incentive Pmt	0	0	10.00	0.00	0.00	10.00	-10.00	-	-	-
554 Program Reimb.Litigation Costs	1,659,600	829,800	604,845.46	470,374.67	72,804.12	1,148,024.25	511,575.75	-318,224.31	69.17	138.35
601 AFP Encumbrances	0	0	0.00	36,532.92	0.00	36,532.92	-36,532.92	-36,532.92	-	-
Totals	4,992,861	2,496,427	1,548,522.75	817,706.62	82,817.65	2,449,047.02	2,543,813.98	47,379.58	49.05	98.10

Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19001 GRF-Duties	2,391,056	1,195,525	412,232.31	165,118.71	13.53	577,364.55	1,813,691.45	618,160.47	24.15	48.29
19911 FY19 Carryover	470,377	235,188	467,700.30	2,676.70	0.00	470,377.00	0.00	-235,188.94	100.00	200.00
20000 Okla. Comm On Children & Youth	631,428	315,714	106,163.68	216,117.54	10,000.00	332,281.22	299,146.78	-16,567.70	52.62	105.25
21000 CAMTA Revolving Fund	1,500,000	750,000	562,426.46	433,793.67	72,804.12	1,069,024.25	430,975.75	-319,024.25	71.27	142.54
Totals	4,992,861	2,496,427	1,548,522.75	817,706.62	82,817.65	2,449,047.02	2,543,813.98	47,379.58	49.05	98.10



State of Oklahoma
 Office of State Finance
 Allotment Budget and Available Cash
 As Of December 31,2019

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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										
	190									783,297.69
	19001	01	20	2,300,377.00	.00	114,357.11	384,620.04	.00	1,801,399.85	
	19001	88	20	90,679.00	13.53	50,761.60	27,612.27	.00	12,291.60	
				2,391,056.00	13.53	165,118.71	412,232.31		1,813,691.45	
	198									0.00
	19810	01	18	1,438,401.82	.00	.00	.00	1,438,401.82	.00	
	19811	01	19	208,729.18	.00	.00	.00	208,729.18	.00	
				1,647,131.00				1,647,131.00		
	199									2,676.97
	19901	01	19	1,207,867.00	.00	.00	31,899.58	1,175,967.15	.27	
	19911	01	20	470,377.00	.00	2,676.70	467,700.30	.00	.00	
				1,678,244.00		2,676.70	499,599.88	1,175,967.15	.27	
	200									677,258.68
	20000	01	18	499,375.91	.00	.00	(15,951.13)	474,828.66	40,498.38	
	20000	01	19	450,245.00	.00	44,761.46	50,620.64	354,054.43	808.47	
	20000	01	20	396,428.00	10,000.00	216,117.54	104,685.01	.00	65,625.45	
	20000	88	18	78,415.92	.00	.00	.00	61,534.43	16,881.49	
	20000	88	19	68,840.00	.00	.24	13,277.97	55,561.79	.00	
	20000	88	20	235,000.00	.00	.00	1,478.67	.00	233,521.33	
				1,728,304.83	10,000.00	260,879.24	154,111.16	945,979.31	357,335.12	
	210									639,532.35
	21000	01	18	1,496,090.75	.00	19,721.99	37,736.53	532,885.43	905,746.80	



State of Oklahoma
 Office of State Finance
 Allotment Budget and Available Cash
 As Of December 31,2019

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<u>Business Unit</u>	<u>Class</u>	<u>Dept</u>	<u>Bud Ref</u>	<u>Allocations</u>	<u>Pre Encumbered</u>	<u>Encumbered</u>	<u>Current Yr Exp</u>	<u>Prior Yr Exp</u>	<u>Allotment Budget</u>	<u>Available Cash</u>
12700										
	210									639,532.35
	21000	01	19	1,501,500.00	.00	157,878.49	812,292.71	454,007.25	77,321.55	
	21000	01	20	1,500,000.00	72,804.12	433,793.67	562,426.46	.00	430,975.75	
				4,497,590.75	72,804.12	611,394.15	1,412,455.70	986,892.68	1,414,044.10	
	994									200.00
Business Unit Totals				11,942,326.58	82,817.65	1,040,068.80	2,478,399.05	4,755,970.14	3,585,070.94	2,102,965.69



State of Oklahoma
Office of State Finance
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of December, 2019

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BUSINESS UNIT 12700
CLASS 190

Accounting 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	Transfers Out Debit 621000, 631200 and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Begin Bal			0.00	0.00				0.00	-0.00
1-Jul	0.00	102,455.15	0.00	0.00	0.00	(199,255.00)	0.00	0.00	96,799.85
2-Aug	0.00	126,834.26	0.00	0.00	0.00	(199,255.00)	0.00	0.00	169,220.59
3-Sep	0.00	144,352.44	(686.77)	0.00	0.00	(199,255.00)	0.00	0.00	224,809.92
4-Oct	0.00	140,000.64	148.17	0.00	0.00	(199,255.00)	0.00	0.00	283,916.11
5-Nov	0.00	134,616.19	241.19	0.00	0.00	(199,255.00)	0.00	0.00	348,313.73
6-Dec	0.00	(236,026.37)	(8,524.86)	0.00	0.00	(199,255.00)	0.00	0.00	792,119.96
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	792,119.96
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	792,119.96
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	792,119.96
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	792,119.96
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	792,119.96
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	792,119.96
Column Totals:	0.00	412,232.31	(8,822.27)	0.00	0.00	(1,195,530.00)	0.00		
Current Ledger Balance:			(8,822.27)	0.00					

Class/Fund Balances:

	<u>0.00</u>	<u>792,119.96</u>
Current Ledger Balance-Liabilities:		(8,822.27)
Current Ledger Balance-Receivables:		0.00
*Budgeted Cash Balance:		783,297.69

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

Report Name: OCGL0059

Query Title: OCP_GL0059



State of Oklahoma
Office of State Finance
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of December, 2019

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BUSINESS UNIT 12700
CLASS 199

Accounting 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	Transfers Out Debit 621000, 631200 and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Begin Bal			0.00	0.00				0.00	502,276.85
1-Jul	0.00	16,523.47	0.00	0.00	0.00	0.00	0.00	0.00	485,753.38
2-Aug	0.00	1,332.04	0.00	0.00	0.00	0.00	0.00	0.00	484,421.34
3-Sep	0.00	14,044.07	0.00	0.00	0.00	0.00	0.00	0.00	470,377.27
4-Oct	0.00	68,513.07	0.00	0.00	0.00	0.00	0.00	0.00	401,864.20
5-Nov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	401,864.20
6-Dec	0.00	399,187.23	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
Column Totals:	0.00	499,599.88	0.00	0.00	0.00	0.00	0.00	0.00	2,676.97
Current Ledger Balance:			0.00	0.00					
Class/Fund Balances:								0.00	2,676.97
								Current Ledger Balance-Liabilities:	0.00
								Current Ledger Balance-Receivables:	0.00
								*Budgeted Cash Balance:	2,676.97

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

Report Name: OCGL0059

Query Title: OCP_GL0059



State of Oklahoma
Office of State Finance
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of December, 2019

1/2/2020
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BUSINESS UNIT 12700
CLASS 200

Accounting 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	Transfers Out Debit 621000, 631200 and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Begin Bal			(2,632.61)	0.00				0.00	766,947.39
1-Jul	(1,383.59)	26,944.89	2,158.17	0.00	0.00	0.00	0.00	0.00	739,227.92
2-Aug	(1,383.59)	9,075.44	474.44	0.00	0.00	0.00	0.00	0.00	731,061.63
3-Sep	(3,235.52)	44,186.14	(9,566.39)	0.00	0.00	0.00	0.00	0.00	699,677.40
4-Oct	(8,443.15)	(8,686.40)	9,343.95	0.00	0.00	0.00	0.00	0.00	707,463.00
5-Nov	(1,383.59)	44,605.55	(4,172.96)	0.00	0.00	0.00	0.00	0.00	668,414.00
6-Dec	(51,225.62)	37,985.54	4,302.96	0.00	0.00	0.00	0.00	0.00	677,351.12
Column Totals:	(67,055.06)	154,111.16	2,540.17	0.00	0.00	0.00	0.00		
Current Ledger Balance:			(92.44)	0.00					
Class/Fund Balances:								0.00	677,351.12
								Current Ledger Balance-Liabilities:	(92.44)
								Current Ledger Balance-Receivables:	0.00
								*Budgeted Cash Balance:	677,258.68

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



State of Oklahoma
Office of State Finance
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of December, 2019

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BUSINESS UNIT 12700
CLASS 210

Accounting 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	Transfers Out Debit 621000, 631200 and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Begin Bal			0.00	0.00				0.00	1,301,251.40
1-Jul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,301,251.40
2-Aug	0.00	990,571.96	(147,197.00)	0.00	0.00	0.00	0.00	0.00	457,876.44
3-Sep	0.00	188,993.20	147,197.00	0.00	0.00	0.00	0.00	0.00	121,686.24
4-Oct	(167,207.91)	20,026.93	0.00	0.00	0.00	0.00	0.00	0.00	268,867.22
5-Nov	(20,026.93)	20,159.48	0.00	0.00	0.00	0.00	0.00	0.00	268,734.67
6-Dec	(730,709.72)	359,912.04	(359,912.04)	0.00	0.00	0.00	0.00	0.00	999,444.39
Column Totals:	(917,944.56)	1,579,663.61	(359,912.04)	0.00	0.00	0.00	0.00		
Current Ledger Balance:			<u>(359,912.04)</u>	<u>0.00</u>					
Class/Fund Balances:							<u>0.00</u>	<u>999,444.39</u>	
							Current Ledger Balance-Liabilities:	(359,912.04)	
							Current Ledger Balance-Receivables:	0.00	
							*Budgeted Cash Balance:	639,532.35	

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

Report Name: OCGL0059

Query Title: OCP_GL0059



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Office of State Finance
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of December, 2019

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BUSINESS UNIT 12700
CLASS 994

Accounting 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	Transfers Out Debit 621000, 631200 and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Begin Bal			0.00	0.00				0.00	0.01
1-Jul	0.00	0.00	0.00	0.00	(200.00)	0.00	0.00	0.00	200.01
2-Aug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.01
3-Sep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.01
4-Oct	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	200.00
5-Nov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
6-Dec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
Column Totals:	0.00	0.00	0.00	0.00	(199.99)	0.00	0.00		
Current Ledger Balance:			0.00	0.00					

Class/Fund Balances:

<u>0.00</u>	<u>200.00</u>
Current Ledger Balance-Liabilities:	0.00
Current Ledger Balance-Receivables:	0.00
*Budgeted Cash Balance:	200.00

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

Report Name: OCGL0059

Query Title: OCP_GL0059



State of Oklahoma
Office of State Finance
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of December, 2019

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BUSINESS UNIT 12700
CLASS 79901

Accounting 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	Transfers Out Debit 621000, 631200 and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
0-Begin Bal			0.00	0.00				0.00	1,383.59
1-Jul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,383.59
2-Aug	(1,851.93)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,235.52
3-Sep	(5,207.66)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,443.18
4-Oct	(12,967.37)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,410.55
5-Nov	(760,524.79)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	781,935.34
6-Dec	764,077.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
7-Jan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
8-Feb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
9-Mar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
10-Apr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
11-May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
12-Jun	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
Column Totals:	(16,474.34)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,857.93
Current Ledger Balance:			0.00	0.00					
Class/Fund Balances:								0.00	17,857.93

Current Ledger Balance-Liabilities: 0.00
Current Ledger Balance-Receivables: 0.00
***Budgeted Cash Balance: 17,857.93**

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

Report Name: OCGL0059

Query Title: OCP_GL0059



State of Oklahoma
Office of State Finance
Summary of Receipts and Disbursements
From Business Unit 12700 To Business Unit 12700
For the Month of December, 2019

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BUSINESS UNIT 12700

CLASS

Accounting 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	Transfers Out Debit 621000, 631200 and 499600	Balance Or Changes In Investment (Credit) Debit 632100	Ending Cash Balance
Column Totals:	(1,001,473.96)	2,645,606.96	(366,194.14)	0.00	(199.99)	(1,195,530.00)	0.00		
Prior Year AP BU Balance:			(2,632.61)	0.00					
Current AP Business Unit Balance:			(368,826.75)	0.00					
Business Unit Balances:							<u>0.00</u>	<u>2,489,650.37</u>	



State of Oklahoma
Office of State Finance
Allotment Budget and Available Cash
As Of December 31,2019

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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					<u>11,942,326.58</u>	<u>82,817.65</u>	<u>1,040,068.80</u>	<u>2,478,399.05</u>	<u>4,755,970.14</u>	<u>3,585,070.94</u>	<u>2,102,965.69</u>



Detaining Youth Task Force

Recommendations: Rule change for the Oklahoma Department of Health; Recommendations for the Office of Juvenile Affairs & the Oklahoma Department of Human Services.

About the Task Force

Oklahoma youth may be detained from a couple of days to months while awaiting their court date or transfer to another facility as a result of delinquent activity. OCCY Director Annette Wisk Jacobi utilized the director's authority under Title 10 O.S. §601.5 to convene the "Detaining Youth Task Force" (Task Force) to review and make recommendations on the following:

- 1) laws, policies, and procedures relating to detaining youth in both juvenile and adult facilities;
- 2) best practices relating to detaining youth in both juvenile and adult facilities; and
- 3) best practices relating to well-being and suicide prevention of youth being detained in juvenile and adult facilities.

Contact Information

Jennifer Hardin, Legislative Liaison
405-606-4912
jennifer.hardin@occy.ok.gov

Annette Jacobi, Director
405-606-4900
annette.jacobi@occy.ok.gov

1) RULE CHANGE FOR THE OKLAHOMA DEPARTMENT OF HEALTH:

Move to or include information pertaining to juvenile offenders in 310:670-5-5 Classification and Segregation to subchapter 7, Standards for Detention Facilities Holding Juveniles. This would put all standards pertaining to juveniles in one section for clarity and ease of use.

Two items of importance were tabled and not included as formal recommendations by the Task Force were to allow the impacted agencies to explore these items.

2) SUPPORTIVE RECOMMENDATION FOR THE OFFICE OF JUVENILE AFFAIRS

The Task Force supports the efforts the OJA to certify adult detention centers in which youth may be placed, better included within the certification criteria developed by the OJA. The Task Force recommends the inclusion the following items in certification standards: 1) criteria for notification of incidents similar to the Health Department language in 310:670-5-2 Security and Control; 2) a requirement to notify OCA of allegations of abuse, neglect, and caretaker misconduct utilizing the hotline as required in other types of facilities with juveniles, 3) requirement to notify juveniles of their right to file a grievance to be handled or have one filed on their behalf.

3) SUPPORTIVE RECOMMENDATION FOR THE OKLAHOMA DEPARTMENT OF HUMAN SERVICES

The Task Force would support the Oklahoma Department of Human Services in the re-examination of the definition of Person Responsible for the Child (PRFC) and the investigative authority the Office of Client Advocacy in adult detention centers where youth are placed.



Detaining Youth Task Force

STATUTORY CHANGES: The Task Force identified two recommendations for the detainment of youth and the development of a grievance system.

About the Task Force

Oklahoma youth may be detained from a couple of days to months while awaiting their court date or transfer to another facility as a result of delinquent activity. OCCY Director Annette Wisk Jacobi utilized the director's authority under Title 10 O.S. §601.5 to convene the "Detaining Youth Task Force" (Task Force) to review and make recommendations on the following:

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Annette Jacobi, Director
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annette.jacobi@occy.ok.gov

1) DETAINED YOUTH UNDER THE AGE OF 18 SHALL PLACED IN JUVENILE DETENTION:

Youth 14 years of age or younger shall not be placed in an adult jail, adult detention center, or lock up. Youth age 15-17 alleged to have committed murder in the first degree may be moved to an adult detention center. In order to comply with the Juvenile Justice Reform Act of 2018, the process shall include a hearing, with representation, and court order. The court shall consider: 1) the age of the juvenile, 2) the physical and mental maturity of the juvenile, 3) the present mental state of the juvenile, including whether the juvenile presents an imminent risk of harm to the juvenile, 4) the nature and circumstances of the alleged offense, 5) the juvenile's history of prior delinquent acts, 6) the relative ability of the available adult and juvenile detention facilities to not only meet the specific needs of the juvenile but also to protect the safety of the public as well as other detained youth, and 7) any other relevant factor.

If a youth is placed in an adult detention center, the following protections/rights shall be met to address health and safety:

- A copy of the youth's most current Office of Juvenile Affairs approved mental health and/or suicide screening instrument will accompany a youth being transferred to any adult holding, lockup, or detention center;
- Require adult detention centers to process parents/guardians requests to visit with a juvenile within 5 working days.

2) OCCY GRIEVANCE SYSTEM FOR YOUTH:

Create statutory authority for OCCY to administer a grievance process for youth, pre and post adjudication/conviction, being held in a jail, adult detention center, or lock up. This process will be similar to the process afforded to youth being detained in juvenile detention facilities. Grievances should be directed to the OCCY Office of Juvenile System Oversight (OJSO) for investigation, resolution, and/or referral to the appropriate agency. The OJSO has statutory authority to investigate complaints of misfeasance and malfeasance. The OJSO will notify the OJA compliance officer or designee. The Oklahoma Department of Human Services will be notified if needed.



**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
JUVENILE COMPETENCY EVALUATION
PROFESSIONAL COMMITTEE**

December 19, 2019

OCCY Commissioners
Oklahoma Commission on Children and Youth
1111 N. Lee Ave. Suite 500
Oklahoma City, OK 73103

RE: Juvenile Competency Evaluation Professional Committee

On November 22, 2019, the OCCY Juvenile Competency Evaluation Professional Committee voted to recommend to the OCCY Commissioners that Dr. Ilse Carrizales be approved as a fully credentialed Juvenile Competency Forensic Evaluator.

The professional committee verified that Dr. Carrizales meets the eligibility requirements to become a credentialed juvenile competency evaluator. The requirements are as follows.

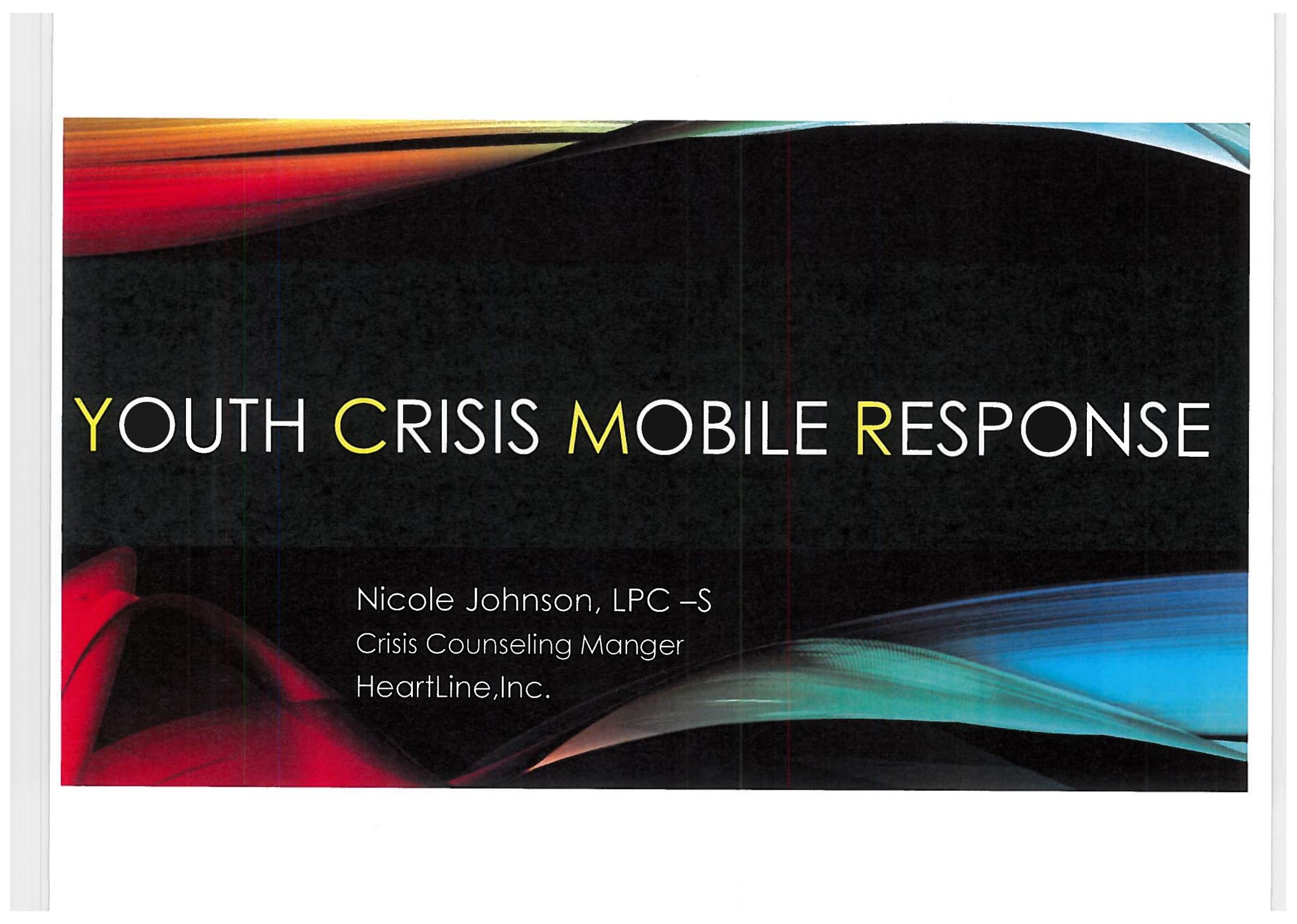
- 1) Submit an application
- 2) Hold an Oklahoma license
- 3) Meet a minimum number of hours working with children and/or adolescents
- 4) Demonstrate experience conducting psychological evaluations of children and/or adolescents
- 5) Successfully complete the Oklahoma Juvenile Forensic Evaluator Training

At the September 21, 2018, OCCY Commission meeting Dr. Carrizales was deemed a provisionally approved evaluator. Dr. Carrizales later completed a juvenile competency evaluation that was reviewed by the professional committee. Following this review and with her experience in juvenile competency work in the State of Washington, the Juvenile Competency Evaluation Professional Committee recommends Dr. Ilse Carrizales for full credential status.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Parks".

Dr. Greg Parks
Member, OCCY Juvenile Competency Evaluation Professional Committee



YOUTH CRISIS MOBILE RESPONSE

Nicole Johnson, LPC –S
Crisis Counseling Manger
HeartLine, Inc.

YOUTH CRISIS MOBILE RESPONSE (YMCR) IS A SYSTEMS OF CARE INITIATIVE TO PROVIDE RAPID, COMMUNITY-BASED MOBILE INTERVENTION SERVICES FOR CHILDREN, YOUTH AND YOUNG ADULTS UP TO THE AGE OF 25 WHO ARE EXPERIENCING BEHAVIORAL, MENTAL, SOCIAL, EMOTIONAL, SUBSTANCE ABUSE, AND/OR PSYCHIATRIC CRISIS IN THE STATE OF OKLAHOMA.

Purpose

- **To connect,**
 - children youth, and young adults with the services they need to help them stay in their home and communities.
- **Create safe space for youth**
 - or anyone in connection to the youth such as parents, teachers, case workers, mental health providers,
 - law enforcement, etc. to call for assistance while in crisis.
- **For all youth and their families**
 - regardless of insurance, economic status, or location to have access to community based mental health services .

Goals

- **Cost reduction in the utilization of inpatient treatment**
 - Fewer children accessing first time hospitalization intervention
 - Decreased recidivism
 - Overall reduction to use of inpatient hospitalization
- **Fewer children in institutional care, and more in community based services**
 - Reduction in shelter and group home care
 - Reduction in detention center usage
 - Reduction in the incarceration of juveniles
 - Reduced recidivism

YOUTH CRISIS MOBILE RESPONSE

1-833-885-CARE (2273)

Call Centers

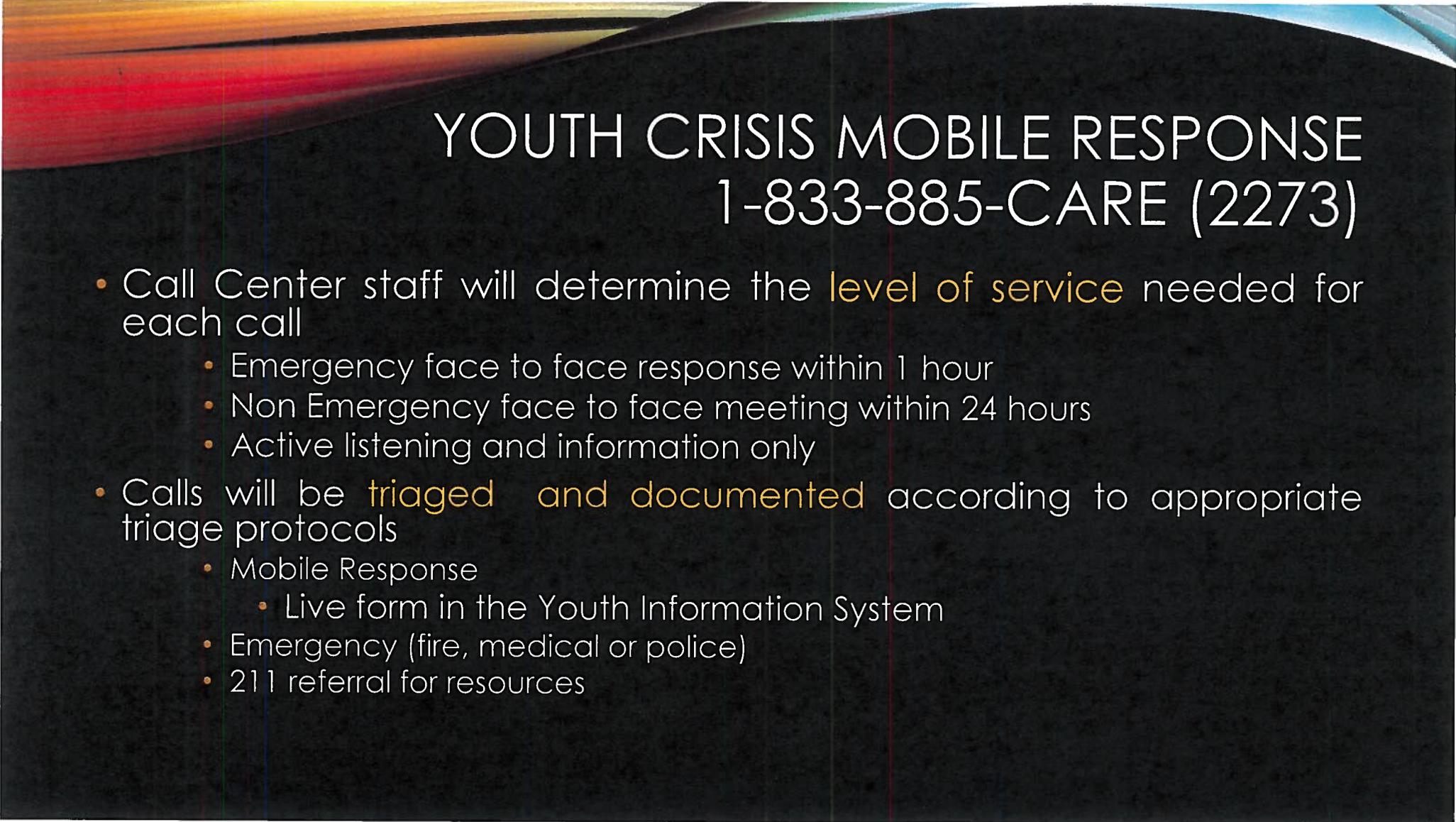
- Two Call Centers
 - **HeartLine, Inc.** located in Oklahoma City answers for 76 counties for the state of Oklahoma.
 - **Family and Children Services** located in Tulsa answers for Tulsa County.

Mobile Response Teams (MRT)

- **12 contracted agencies** that cover **72 counties** in Oklahoma.
 - Currently have 5 counties without contracted MRT.
- All contracted agencies facilitate the Systems of Care mission, polices, and team structure.

HEARTLINE, INC

- 24/7/365 Call Center located in Oklahoma City
- Alliance for Information and Referral Systems (AIRS) and American Association of Suicidology (AAS) accredited
- Staff of 37 administrative and Call Center employees; all ASIST-trained, active listening, de escalating and safety planning skills
- Licensed Professional Counselor on staff full-time
- Answers lines including National Suicide Prevention Lifeline, 2-1-1, Oklahoma Problem Gambling Helpline, Reach Out Hotline, NorthCare After Hours, Lawyers Helping Lawyers, etc.



YOUTH CRISIS MOBILE RESPONSE

1-833-885-CARE (2273)

- Call Center staff will determine the **level of service** needed for each call
 - Emergency face to face response within 1 hour
 - Non Emergency face to face meeting within 24 hours
 - Active listening and information only
- Calls will be **triaged and documented** according to appropriate triage protocols
 - Mobile Response
 - Live form in the Youth Information System
 - Emergency (fire, medical or police)
 - 211 referral for resources

Youth Crisis Mobile
Response call comes in

"Thank you for calling the
Youth Crisis Mobile
Response Line, my name
is _____. How can I help
you?"

Establish rapport
Determine age of caller
Other agencies at site of
crisis
Collect demographic info
& safety screen

Serious harm is present or
imminent (intent and
means to cause harm to
self or others)

Caller remains on call

Active rescue; connect
with emergency
response/CIT

Caller disconnects from
call

Active rescue; connect
with emergency
response/CIT

Caller/child expressing
thoughts of suicide

Follow established protocol
(ASIST model) and assess
risk

If imminent risk: Active
rescue; connect with
emergency response/CIT

If no imminent risk: Warm
conference call with local
MRT provider (immediate
response)

Child is in behavioral health
crisis

Collect info needed to
make transfer to MRT
provider

Warm conference call with
local MRT provider
(immediate response)

Ask if caller would like
deferred response (24
hours); no warm transfer;
schedule in YIS

No immediate crisis
response needed

Provide compassionate
listening, info and/or
referrals

Ask if caller would like
follow-up in next 72 hours

PHASES OF CRISIS

- **Current Crisis** – The youth is currently having a behavior, mental health, or psychiatric crisis at the time of the call.
 - **Warm Transfer for immediate** response at the time of the call for a mobile response with the hour of the call.
- **Pre Crisis** – The behaviors and symptoms are starting to surface. The youth is not in current crisis.
 - **Deferred Response.** 1-24 hours of response from Mobile Response Team.
- **Post Crisis** - Anything that took place prior to call and the youth is not currently in crisis.
 - **Deferred Response.** 1-24 hours of response from Mobile Response Team.

MOBILE RESPONSE TEAMS (MRT)

- MRTs consist of specially trained Care Coordinators, Family Support Providers, or Peer Recovery Support Specialists .
- All MRT teams have a Master's level licensed clinician as apart of the team.
- They work with the referred family to de-escalate and connect with follow-up services at the community level including the Wraparound process.
- **12 contracted agencies** that cover **72 counties** in Oklahoma.
 - Currently have 5 counties without contracted MRT.

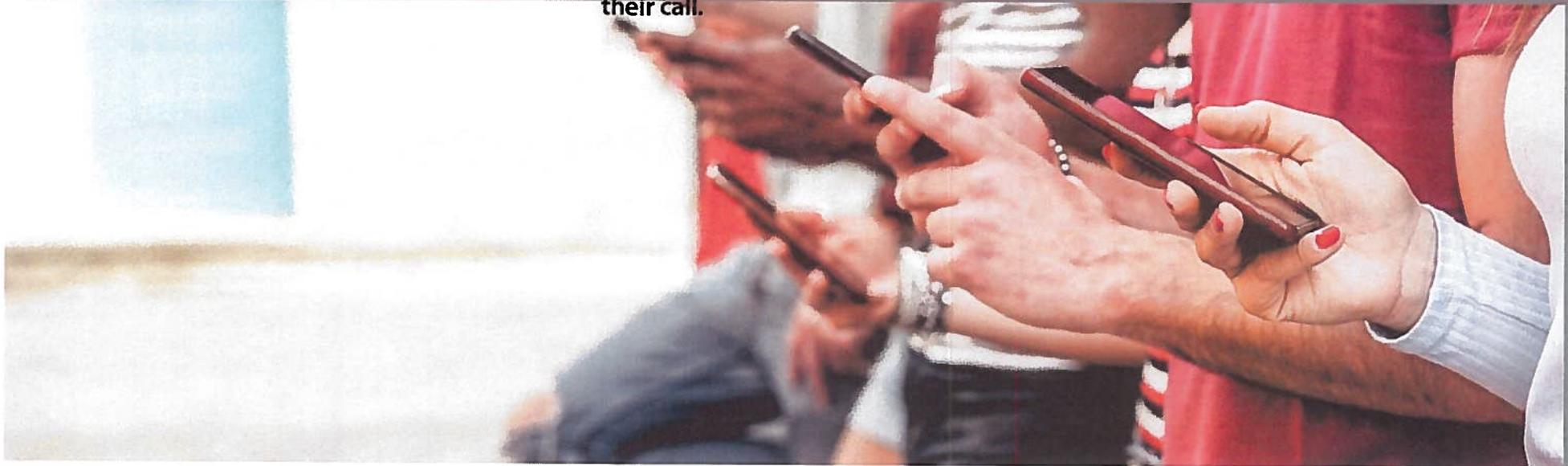
- Red Rock 16
- CREEOKs 14
- Light House 7
- Multi-County 2
- Green County 2
- Grandlake 7
- JTCMHC 4
- COCMHC 2
- Northcare 2
- Western Plains 7
- Sequal Care 4
- Tulsa 1

MOBILE RESPONSE TEAMS (MRT)

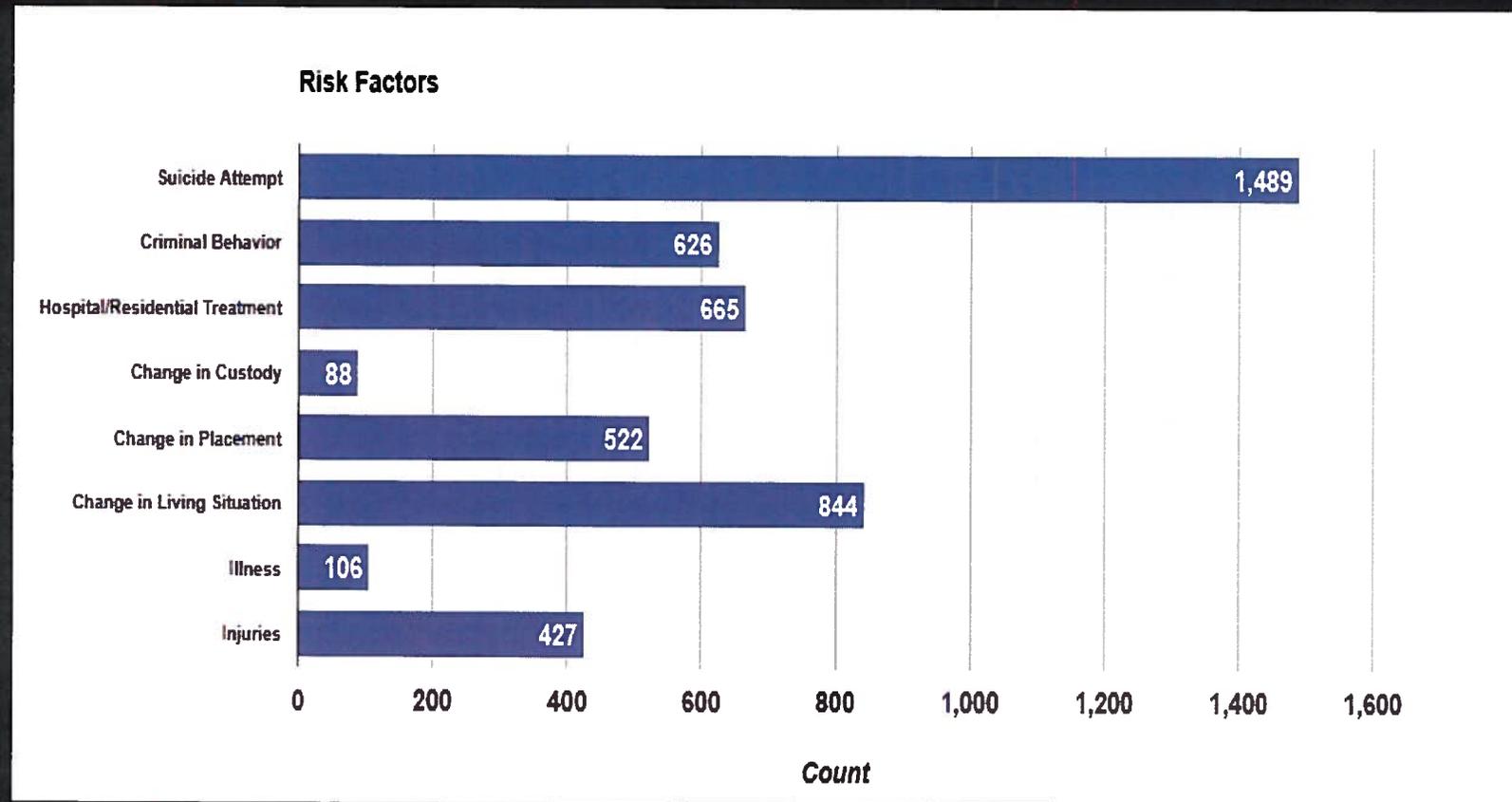
- The primary goal is to deescalate and safety plan with the youth followed by a plan of on going community based treatment.
 - The goal is to deter from hospitalization and law enforcement involvement.
- MRTs can go into homes, communities, emergencies rooms, police stations, detention centers, shelters, and schools, etc.
 - MRTs can not go into psychiatrist hospitals that provide treatment at the residential and cute levels of care
- MRTs are trained and equipped to assess for medical criteria to meet the need of acute and/or residential level of care hospitalizations .
 - to help the family not waste time If a youth will meet medical criteria or not
 - Assist with locating hospital beds
 - If none available they can assist with intensive safety planning for continued crisis control. (documenting behaviors assisting with timelines, and reserving a bed)
 - Does not transport

Crisis Call/ Mobile Response Follow Up

- 82% of callers reported that their experience with the Crisis Call Center was good/great.
- 64% of callers reported that their experience with the Mobile Response Team was good/great.
- 77% of callers reported that the crisis was resolved.
- 85% of callers reported that they would use the YCMR helpline again.
- 65% of callers reported that they were satisfied with their youth's progress since their call.



Risk Factors





Youth Demographics

- 58% of youth identified as suicidal by callers
- 34% of youth were experiencing family conflict
- 32% of youth displaying violent behaviors
- 31% of youth had a history of medical issues.
- 31% of youth identified as depressed by callers
- 16% of youth were in danger of school disruption



FEBRUARY 1, 2018 – FEBRUARY 1, 2020: THE FIRST 2 YEARS

- Over 8000 calls
 - 23 months :
 - 347.8 calls a month
 - 86 calls a week
 - 12.5 calls a day
 - 1 youth helped in their crisis every 2 hours
- 76% diversion rate (youth diverted from change in placement)
- 88% of youth at risk of school disruption returned to class.

Oklahoma Commission on Children and Youth



Legislative Requests
Second Session of the 57th Legislature (2020)

OCCY Commission Meeting
January 10, 2020

Placement of Children in Adult Facilities

Request #9466 by Representative Mark Lawson

- Jails, adult lock-up and other adult detention facilities are to be certified by the Office of Juvenile Affairs
- Persons 17 years old or under shall not be held in jails, adult lock-ups or other adult detention facilities
- Under certain conditions the court may confine a person between the ages of 15 to 17 to a jail, adult lock-up or other adult detention facility who has been charged with murder in the first degree

Detaining Youth Task Force



Oklahoma Commission on Children and Youth

Establish a Grievance Process for Children Detained in Adult Facilities

Request #9467 by Representative Mark Lawson

- Directs OCCY's Office of Juvenile System Oversight (OJSO) to administer a grievance process utilized by children in jails, adult lock-ups and other adult detention facilities
- The OJSO shall involve OJA or OKDHS for youth in their custody

Detaining Youth Task Force



Juvenile Competency

Request #9468 by Representative Mark Lawson

- Provides the Office of Juvenile Affairs to raise the issue of competency during delinquency or youthful offender proceedings
- Adds Youthful Offenders to the juvenile competency statutes

Juvenile Competency Professional Committee



Oklahoma Commission on Children and Youth

Office of Juvenile System Oversight

Request #9478 by Representative Mark Lawson

- Restores language to grant OJSO authority to conduct site visits to public and private children's facilities



Oklahoma Commission on Children and Youth

Request #2614 by Senator Paul Rosino

- Removes Commissioners from personnel decisions
- Adds a Commissioner appointed by the Governor who is experienced and knowledgeable with Indian child Welfare Act
- Makes Commissioner terms coincide with the fiscal year
- Allows OCCY to establish monitoring procedures for grants awarded from the Children's Endowment Fund and to refer to the State Auditor and Inspector when necessary
- Revises the terms for members of Post Adjudication Review Boards



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Oklahoma Commission on Children and Youth

Short Title: Children, Office of Juvenile System Oversight;
investigations; effective date.

Subject(s): Children

DRAFT

Req. No.

STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

HOUSE BILL NO. _____

By: Lawson

AS INTRODUCED

An Act relating to children; amending 10 O.S. 2011, Section 601.6, as amended by Section 2, Chapter 257, O.S.L. 2014 (10 O.S. Supp. 2019, Section 601.6), which relates to the Office of Juvenile System Oversight; directing monitoring of children and youth service system; requiring annual inspections; granting authority to conduct site visits; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 10 O.S. 2011, Section 601.6, as amended by Section 2, Chapter 257, O.S.L. 2014 (10 O.S. Supp. 2019, Section 601.6), is amended to read as follows:

Section 601.6.

§10-601.6. Office of Juvenile System Oversight - Powers, duties and authority.

A. The Office of Juvenile System Oversight shall have the responsibility of investigating and reporting misfeasance and malfeasance within the children and youth service system, inquiring into areas of concern, investigating complaints filed with the Office of Juvenile System Oversight, and ~~performing issue-specific systemic monitoring as directed by the Commission on Children and~~

~~Youth~~ of the children and youth service system to ascertain compliance with established responsibilities.

It shall be the duty of the Office of Juvenile System Oversight to conduct ~~not less than one but not more than two~~ regular, periodic, but not less than annual, unannounced inspections of state-operated children's institutions and facilities and to review the reports of the inspections of the State Fire Marshal and the Department of Health and any agencies which accredit such institutions and facilities.

B. The Office of Juvenile System Oversight shall:

1. Have the authority to examine and copy all records and budgets pertaining to the children and youth service system ~~and to interview the residents of such facilities~~ and shall have access to all facilities within the children and youth service system for the purpose of conducting ~~systemic oversight and complaint investigations~~ site visits and speaking with the residents of such facilities;

2. Have the authority to subpoena witnesses and hold public hearings;

3. Establish, in accordance with the Dispute Resolution Act, Sections 1801 through 1813 of Title 12 of the Oklahoma Statutes, a voluntary program for foster parents to mediate complaints concerning the rights of foster parents, as provided for in Section 1-9-119 of Title 10A of the Oklahoma Statutes, that relate to

certain actions, inactions or decisions of the Department of Human Services, the Department of Juvenile Justice, or child-placing agencies that may adversely affect the safety and well-being of children in the custody of the state;

4. Receive any complaint alleging that an employee of the Department of Human Services or a child-placing agency has threatened a foster parent with removal of a child from the foster parent, harassed a foster parent, or refused to place a child in a licensed or certified foster home, or disrupted a child placement as retaliation or discrimination towards a foster parent who has:

- a. filed a grievance pursuant to Section 1-9-120 of Title 10A of the Oklahoma Statutes,
- b. provided information to any state official or Department employee, or
- c. testified, assisted, or otherwise participated in an investigation, proceeding, or hearing against the Department or child-placing agency.

The Office of Juvenile System Oversight shall forward the complaints to the Office of Client Advocacy for investigation pursuant to subsection D of Section 1-9-112 of Title 10A of the Oklahoma Statutes. The Office of Juvenile System Oversight shall work with the Office of Client Advocacy to ensure the complaints are investigated and resolved in accordance with the grievance procedures provided in Section 1-9-120 of Title 10A of the Oklahoma

Statutes. The provisions of this paragraph shall not apply to any complaint by a foster parent regarding the result of a criminal, administrative, or civil proceeding for a violation of any law, rule, or contract provision by that foster parent, or the action taken by the Department or a child-placing agency in conformity with the result of any such proceeding;

5. Issue reports to the Governor, Speaker of the House of Representatives, President Pro Tempore of the Senate, Chief Justice of the Supreme Court of the State of Oklahoma, any appropriate prosecutorial agency, the director of the agency under consideration, and other persons as necessary and appropriate; and

6. Provide recommendations to the Oklahoma Commission on Children and Youth on or before May 1 of each year.

C. The Office of Juvenile System Oversight shall not release information that would identify a person who makes a complaint to the Office, unless a court of competent jurisdiction orders release of the information for good cause shown.

Added by Laws 1982, c. 312, § 6, operative July 1, 1982. Amended by Laws 1990, c. 288, § 7, eff. Sept. 1, 1990; Laws 1998, c. 364, § 1, emerg. eff. June 8, 1998; Laws 2000, c. 302, § 5, eff. Nov. 1, 2000; Laws 2006, c. 205, § 2, eff. Nov. 1, 2006; Laws 2008, c. 293, § 1, emerg. eff. June 2, 2008; Laws 2009, c. 104, § 1, eff. Nov. 1, 2009; Laws 2014, c. 257, § 2, eff. Nov. 1, 2014.

SECTION 2. This act shall become effective November 1, 2020.

57-2-9478

JW

MM/DD/YY

1 Short Title: Children; detainment in adult facilities; grievance
process; effective date.

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3 Subject(s): Children - Delinquents and Juveniles; Juvenile Affairs
Office (OJA)

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STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

HOUSE BILL NO. _____

By: Lawson

AS INTRODUCED

An Act relating to children; establishing a grievance procedure for children detained in adult facilities; directing administration by Oklahoma Commission on Children and Youth; requiring notice to certain agencies; establishing emergency grievances; requiring facilities to make procedures available; directing Oklahoma Commission on Children and Youth to promulgate rules; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 2-3-105 of Title 10A, unless there is created a duplication in numbering, reads as follows:

A. The Oklahoma Commission on Children and Youth shall administer a grievance process to be utilized by children detained in adult facilities. The grievance process shall be available to a child at any time prior to or after adjudication or conviction or during his or her incarceration. Grievances may be filed either by the child or by someone acting on the child's behalf.

1 B. Grievances shall be directed to the Commission's Office of
2 Juvenile System Oversight for investigation, resolution and referral
3 to the appropriate agency if deemed necessary.

4 1. The Office of Juvenile System Oversight shall have the
5 authority to investigate complaints including, but not limited to,
6 the following:

- 7 a. placement,
- 8 b. treatment,
- 9 c. psychological services,
- 10 d. social services,
- 11 e. educational services,
- 12 f. recreation,
- 13 g. abuse, neglect or misconduct,
- 14 h. cleanliness and hygiene, and
- 15 i. routine problems with employees, contractors or other
16 incarcerated persons within the facility.

17 2. In any situation in which the child or person acting on the
18 child's behalf believes that the child is subject to substantial
19 risk of imminent sexual abuse, the child or person acting on the
20 child's behalf may file a grievance as an emergency grievance.

21 Immediately upon the discovery that an emergency grievance has been
22 filed, the emergency grievance shall be forwarded to the
23 superintendent of the facility or a designee, who shall take
24 corrective action within forty-eight (48) hours.

1 3. The Office of Juvenile System Oversight shall notify the
2 Office of Juvenile Affairs when a complaint is received if it is
3 determined that the child was in the custody of the Office of
4 Juvenile Affairs or the Department of Human Services.

5 C. Each facility in which children are being held shall:

6 1. Make all grievance policies and procedures available upon
7 request to any member of the public;

8 2. Make grievance policies and procedures readily accessible to
9 any children in residence; and

10 3. Explain all grievance policies and procedures to every child
11 during his or her intake at the facility.

12 D. The Oklahoma Commission on Children and Youth shall
13 promulgate rules for the purposes of administering this section that
14 are consistent with grievance procedures available to children
15 detained in juvenile detention facilities as promulgated by the
16 Office of Juvenile Affairs.

17 SECTION 2. This act shall become effective November 1, 2020.

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19 57-2-9467 JW 12/27/19
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1 Short Title: Children; youthful offenders; competency; effective
date.

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3 Subject(s): Children - Delinquents and Juveniles; Juvenile Affairs
Office (OJA)

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STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

HOUSE BILL NO. _____

By: Lawson

AS INTRODUCED

An Act relating to children; amending Sections 1, 2, 3 and 7, Chapter 398, O.S.L. 2015 (10A O.S. Supp. 2019, Sections 2-2-401.1, 2-2-401.2, 2-2-401.3 and 2-2-401.7), which relate to competency evaluations; modifying definition; allowing for competency to be raised in youthful offender proceedings; permitting Office of Juvenile Affairs to raise issue of competency; providing for access to records; requiring dismissal under certain circumstances; requiring court to order services in certain circumstances; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY Section 1, Chapter 398, O.S.L. 2015 (10A O.S. Supp. 2019, Section 2-2-401.1), is amended to read as follows:

Section 2-2-401.1 As used in ~~this act~~ Sections 2-2-401.1 through 2-2-401.7 of this title:

1. "Competent" and "competency" refer to a child's ability to understand the nature and objectives of a proceeding against the child or to assist in the child's defense. A child is incompetent if, due to developmental disability, developmental immaturity,

1 intellectual disability, or mental illness, the child is presently
2 incapable of understanding the nature and objective of proceedings
3 against the child or of assisting in the child's defense;

4 2. "Credentialed forensic evaluator" means a licensed
5 psychologist, psychiatrist or other physician with necessary
6 education, training, and experience to perform juvenile competency
7 evaluations, and who has been approved to render such opinions for
8 the court;

9 3. "Developmental disability" means a severe and chronic
10 disability that is attributable to a mental or physical impairment.
11 Such disabilities include, but are not limited to, cerebral palsy,
12 epilepsy, autism, or other neurological conditions that lead to
13 impairment of general intellectual functioning or adaptive behavior;

14 4. "Developmental immaturity" means a condition based on a
15 juvenile's chronological age and significant lack of developmental
16 skills when the juvenile has no significant mental illness or
17 intellectual disability;

18 5. "Intellectual disability" means a disability characterized
19 by significant limitations both in intellectual functioning and in
20 adaptive behavior as expressed in conceptual, social and practical
21 adaptive skills;

22 6. "Mental illness" has the same meaning as in paragraph 11 of
23 Section 5-502 of Title 43A of the Oklahoma Statutes;

1 7. "Proceeding" means any delinquency or youthful offender
2 proceeding under the Oklahoma Juvenile Code.

3 SECTION 2. AMENDATORY Section 2, Chapter 398, O.S.L.
4 2015 (10A O.S. Supp. 2019, Section 2-2-401.2), is amended to read as
5 follows:

6 Section 2-2-401.2 A. 1. At any time prior to or during
7 delinquency or youthful offender proceedings pursuant to the
8 Oklahoma Juvenile Code, the child's attorney, the district attorney,
9 or the court may raise the issue of a child's competency to
10 participate in the proceeding. If at the time the issue of
11 competency is raised the child is not represented by counsel, the
12 court shall immediately appoint counsel. The court shall stay all
13 proceedings except to allow the filing of a delinquency petition or
14 youthful offender information.

15 2. At any time prior to or during delinquency or youthful
16 offender proceedings pursuant to the Oklahoma Juvenile Code, the
17 Office of Juvenile Affairs may raise the issue of a child's
18 competency for any child in its custody.

19 3. In any delinquency or youthful offender proceeding pursuant
20 to the Juvenile Code, if the child who is the subject of the
21 proceeding is thirteen (13) years or older and if the child is not
22 otherwise found to be developmentally disabled, developmentally
23 immature, intellectually disabled, or mentally ill, there exists a
24 rebuttable presumption that the child is competent. Such

1 presumption applies only for making a determination as to whether
2 the child is competent and shall not be used or applicable for any
3 other purpose.

4 B. The court may find a child incompetent without ordering a
5 competency evaluation or hearing if the district attorney and the
6 child's attorney, and at least one of the child's parents, legal
7 guardians, or guardian ad litem agree to the determination.

8 SECTION 3. AMENDATORY Section 3, Chapter 398, O.S.L.
9 2015 (10A O.S. Supp. 2019, Section 2-2-401.3), is amended to read as
10 follows:

11 Section 2-2-401.3 A. When the district attorney ~~or~~, the
12 child's attorney, or the Office of Juvenile Affairs on behalf of a
13 child in its custody has reasonable basis to believe that a child is
14 incompetent to proceed in the delinquency ~~action~~ or youthful
15 offender proceeding, the party shall file a motion for determination
16 of competency. The motion shall state that the child is incompetent
17 to proceed and shall state facts sufficient to set forth the
18 reasonable basis to conduct a competency evaluation. If the court
19 raises the issue sua sponte, the court by written order shall set
20 forth the reasonable basis that the child is incompetent to proceed.

21 B. Within five (5) judicial days after the motion is made, the
22 court shall make one of the following determinations:

23 1. That the child is incompetent pursuant to subsection B of
24 Section ~~2~~ 2-2-401.2 of this ~~act~~ title; or

1 2. Without conducting a hearing, that there exists a reasonable
2 basis to conduct a competency evaluation; or

3 3. To schedule a hearing to determine whether there exists a
4 reasonable basis to conduct a competency evaluation. Such hearing
5 shall be held within ten (10) judicial days. The court's
6 determination shall be announced no later than one (1) judicial day
7 after the conclusion of the hearing.

8 C. If the court determines there is a reasonable basis for a
9 competency evaluation or if the district attorney and the child's
10 attorney agree to the evaluation, the court shall order a competency
11 evaluation. If the court orders a competency evaluation, the court
12 shall order that the competency evaluation be conducted in the
13 least-restrictive environment, taking into account the public safety
14 and the best interests of the child.

15 1. The court shall provide in its order that the evaluator
16 shall have access to all relevant confidential and public records
17 related to the child, including competency evaluations and reports
18 conducted in prior delinquent or youthful offender proceedings. The
19 court shall provide to the evaluator a copy of the delinquency
20 petition or youthful offender information and the names and contact
21 information for the judge, district attorney, child's attorney, and
22 parents or legal guardians.

23 2. Within five (5) judicial days after the court orders an
24 evaluation, the district attorney shall deliver to the evaluator

1 copies of relevant police reports and other background information
2 relevant to the child that are in the district attorney's
3 possession.

4 3. Within five (5) judicial days after the court orders an
5 evaluation, the child's attorney shall deliver to the evaluator
6 copies of relevant police reports and other relevant records
7 including, but not limited to, educational, medical, psychological,
8 and neurological records that are relevant to the evaluation and
9 that are in the attorney's possession.

10 SECTION 4. AMENDATORY Section 7, Chapter 398, O.S.L.
11 2015 (10A O.S. Supp. 2019, Section 2-2-401.7), is amended to read as
12 follows:

13 Section 2-2-401.7 A. After a hearing pursuant to Section ~~6~~ 2-
14 2-401.6 of this ~~act~~ title, if the court determines by a
15 preponderance of the evidence that the child is competent to
16 proceed, the delinquency or youthful offender proceedings shall be
17 resumed as provided by law.

18 B. After a hearing pursuant to Section ~~6~~ 2-2-401.6 of this ~~act~~
19 title, if the court determines by the preponderance of the evidence
20 that the child is incompetent to proceed and cannot attain
21 competency within the period of time application under subparagraph
22 a of paragraph 3 of subsection C of this section, the court shall
23 dismiss the petition or information without prejudice, and take
24 either of the following actions:

1 1. Refer the matter to the Oklahoma Department of Human
2 Services and request a determination whether a deprived action
3 should be filed in accordance with the Oklahoma Children's Code
4 alleging that the child is a neglected, abused or dependent child;
5 or

6 2. Refer the matter to the district attorney for consideration
7 of initiating a Child in Need of Supervision or Minor in Need of
8 Mental Health and Substance Abuse Treatment proceeding in accordance
9 with the Oklahoma Juvenile Code or Inpatient Mental Health and
10 Substance Abuse Treatment of Minors Act.

11 C. If the court determines by a preponderance of the evidence
12 that a child is incompetent to proceed but may likely attain
13 competency, the court shall stay the proceedings and order the child
14 to receive services designated to assist the child in attaining
15 competency, based upon the recommendations in the competency
16 evaluation report unless the court makes specific findings that the
17 recommended services are not justified. The court shall order the
18 child's parent or legal guardian to contact a court-designated
19 provider by a specified date to arrange for services.

20 1. The competency attainment services provided to a child shall
21 be based on a court-approved competency attainment plan described in
22 paragraph 2 of subsection D of this section, and are subject to the
23 conditions and time periods required pursuant to this section
24 measured from the date the court approves the plan.

1 2. The court shall order that the competency attainment
2 services ordered are provided in the least-restrictive environment,
3 taking into account the public safety and the best interests of the
4 child. If the child has been released on temporary orders and
5 refuses or fails to cooperate with the service provider, the court
6 may modify the orders to require a more appropriate setting.

7 3. No child shall be required to participate in competency
8 attainment services for longer than is required to attain
9 competency. The following maximum periods of participation shall
10 apply:

11 a. if the services are provided, the child shall not
12 participate in those services for a period exceeding
13 six (6) months or upon the child's 18th birthday, or
14 up to the child's 19th birthday if ordered by the
15 court in order to complete the six (6) months of
16 treatment, if the child is charged with an act that
17 would be a misdemeanor if committed by an adult,

18 b. if the services are provided, the child shall not
19 participate for a period exceeding twelve (12) months
20 or upon the child's 18th birthday, or up to the
21 child's 19th birthday if ordered by the court in order
22 to complete the twelve (12) months of treatment, if
23 the child is charged as a delinquent or youthful

1 offender for an act that would be a felony if
2 committed by an adult.

3 D. 1. Within ten (10) judicial days after the court orders the
4 provider responsible for the child's competency attainment services,
5 the court shall deliver to that provider:

- 6 a. the name and address of the child's counsel,
- 7 b. a copy of the child's Petition or Information,
- 8 c. a copy of the competency evaluation report,
- 9 d. the name, address, and phone number of the child's
10 parents or legal guardian,
- 11 e. the name of the Office of Juvenile Affairs employee or
12 Juvenile Bureau employee responsible for the intake,
13 supervision, or custody of the child, if adjudicated,
- 14 f. the name of the Department of Human Services
15 caseworker, if any, and
- 16 g. any other relevant documents or reports concerning the
17 child's health that have come to the attention of the
18 court.

19 2. Not later than ten (10) judicial days after the child
20 contacts the competency attainment provider, a plan for the child to
21 attain competency shall be submitted to the court by the provider.
22 The court shall provide copies of the plan to the district attorney,
23 the child's attorney, the guardian ad litem, if any, the Office of
24

1 Juvenile Affairs or Juvenile Bureau, and the child's parent or legal
2 guardian.

3 E. The provider shall submit reports to the court pursuant to
4 the following schedule:

5 1. Every ninety (90) calendar days and upon completion or the
6 termination of services. Each report shall include the following:

7 a. the services provided to the child, including
8 medication, education and counseling,

9 b. the likelihood that the competency of the child to
10 proceed will be restored within the applicable period
11 of time set forth in subparagraph a of paragraph 3 of
12 subsection C of this section, and

13 c. the progress made towards the goals and objectives for
14 the restoration of competency identified in the
15 recommendations from the competency evaluation as
16 adopted by the court;

17 2. Three (3) judicial days after the provider's determination
18 that the child is not cooperating to a degree that would allow the
19 services to be effective to help the child attain competency;

20 3. Three (3) judicial days after the provider's determination
21 that the current setting is no longer the least_restrictive setting
22 that is consistent with the child's ability to attain competency and
23 taking into account the public safety and the best interests of the
24 child. The provider shall include in the report an assessment of

1 the danger the child poses to himself, herself or others and an
2 assessment of the appropriateness of the placement;

3 4. Three (3) judicial days after the provider's determination
4 that the child has achieved the goals of the plan and would be able
5 to understand the nature and objectives of the proceedings against
6 the child, to assist in the child's defense, and to understand and
7 appreciate the consequences that may be imposed or result from the
8 proceedings with or without reasonable accommodations. The report
9 shall include recommendations for the accommodations that would be
10 necessary or advantageous; and

11 5. Three (3) judicial days after the provider's determination
12 that the child will not achieve the goals of the plan within the
13 applicable period of time pursuant to subparagraph a of paragraph 3
14 of subsection C of this section. The report shall include
15 recommendations for services for the child and taking into account
16 the public safety and the best interests of the child.

17 F. The court shall provide copies of any report made by the
18 provider to the district attorney, the child's attorney, the child's
19 intake worker, and the child's guardian ad litem, if any. The Court
20 shall provide copies of any reports made by the provider to the
21 child's parents or legal guardians, unless the court finds that
22 doing so is not in the best interest of the child.

1 G. Within fifteen (15) judicial days after receiving a
2 provider's report, the court may hold a hearing to determine if a
3 new order is necessary.

4 1. If the court determines that the child is not making
5 progress toward competency or is so uncooperative that attainment
6 services cannot be effective, the court may order a change in
7 setting or services that would help the child attain competency
8 within the relevant period of time as set forth in subparagraph a of
9 paragraph 3 of subsection C of this section.

10 2. If the court determines that the child has not or will not
11 attain competency within the relevant period of time as set forth in
12 subparagraph a of paragraph 3 of subsection C of this section, the
13 court shall dismiss the delinquency or youthful offender charge
14 without prejudice.

15 3. A dismissal under paragraph 2 of this subsection shall not
16 preclude a future delinquent child or youthful offender proceeding
17 as provided for under ~~Title 10A of the Oklahoma Statutes~~ this title.

18 H. After a hearing held pursuant to subsection G of this
19 section, if the court determines that the child has attained
20 competency, the court shall proceed with the ~~delinquent child's~~
21 delinquency or youthful offender proceeding in accordance with the
22 provisions of the Juvenile Code.

1 I. A dismissal under this section does not bar a civil action
2 based on the acts or omissions that formed the basis of the petition
3 or information.

4 SECTION 5. This act shall become effective November 1, 2020.
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6 57-2-9468 JW 12/30/19
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1 Short Title: Children; children detained in adult facilities;
2 hearing; effective date.

3 Subject(s): Children - Delinquents and Juveniles; Juvenile Affairs
4 Office (OJA)
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STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

HOUSE BILL NO. _____

By: Lawson

AS INTRODUCED

An Act relating to children, amending 10A O.S. 2011, Section 2-3-101, as last amended by Section 2, Chapter 234, O.S.L. 2016 (10A O.S. Supp. 2019, Section 2-3-101), which relates to detention of children in adult facilities; requiring hearing and certain findings before confinement of child in adult facility; establishing factors for court to consider; prohibiting detainment of children in adult facilities under certain circumstances; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 10A O.S. 2011, Section 2-3-101, as last amended by Section 2, Chapter 234, O.S.L. 2016 (10A O.S. Supp. 2019, Section 2-3-101), is amended to read as follows:

Section 2-3-101. A. When a child is taken into custody pursuant to the provisions of the Oklahoma Juvenile Code, the child shall be detained only if it is necessary to assure the appearance of the child in court or for the protection of the child or the public.

1. a. No preadjudicatory or predisposition detention or custody order shall remain in force and effect for

1 more than thirty (30) days. The court, for good and
2 sufficient cause shown, may extend the effective
3 period of such an order for an additional period not
4 to exceed sixty (60) days. If the child is being
5 detained for the commission of a murder, the court
6 may, if it is in the best interests of justice, extend
7 the effective period of such an order an additional
8 sixty (60) days.

9 b. Whenever the court orders a child to be held in a
10 juvenile detention facility, an order for secure
11 detention shall remain in force and effect for not
12 more than fifteen (15) days after such order. Upon an
13 application of the district attorney and after a
14 hearing on such application, the court, for good and
15 sufficient cause shown, may extend the effective
16 period of such an order for an additional period not
17 to exceed fifteen (15) days after such hearing. The
18 total period of preadjudicatory or predisposition
19 shall not exceed the ninety-day limitation as
20 specified in subparagraph a of this paragraph. The
21 child shall be present at the hearing on the
22 application for extension unless, as authorized and
23 approved by the court, the attorney for the child is
24 present at the hearing and the child is available to

1 participate in the hearing via telephone conference
2 communication. For the purpose of this paragraph,
3 "telephone conference communication" means use of a
4 telephone device that allows all parties, including
5 the child, to hear and be heard by the other parties
6 at the hearing. After the hearing, the court may
7 order continued detention in a juvenile detention
8 center, may order the child detained in an alternative
9 to secure detention or may order the release of the
10 child from detention.

11 2. No child alleged or adjudicated to be deprived or in need of
12 supervision or who is or appears to be a minor in need of treatment
13 as defined by the Inpatient Mental Health and Substance Abuse
14 Treatment of Minors Act, shall be confined in any jail, adult
15 lockup, or adult detention facility. No child shall be transported
16 or detained in association with criminal, vicious, or dissolute
17 persons.

18 3. Except as otherwise authorized by this section a child who
19 has been taken into custody as a deprived child, a child in need of
20 supervision, or who appears to be a minor in need of treatment, may
21 not be placed in any detention facility pending court proceedings,
22 but must be placed in shelter care or foster care or, with regard to
23 a child who appears to be a minor in need of treatment, a behavioral
24 health treatment facility in accordance with the provisions of the

1 Inpatient Mental Health and Substance Abuse Treatment of Minors Act,
2 or released to the custody of the parents of the child or some other
3 responsible party. Provided, this shall not preclude runaway
4 juveniles from other states, with or without delinquent status, to
5 be held in a detention facility in accordance with the Interstate
6 Compact for Juveniles in Sections 2-9-101 through 2-9-116 of this
7 title and rules promulgated by the Interstate Commission.

8 B. No child shall be placed in secure detention unless:

9 1. The child is an escapee from any delinquent placement;

10 2. The child is a fugitive from another jurisdiction with a
11 warrant on a delinquency charge or confirmation of delinquency
12 charges by the home jurisdiction;

13 3. The child is seriously assaultive or destructive towards
14 others or self;

15 4. The child is currently charged with any criminal offense
16 that would constitute a felony if committed by an adult or a
17 misdemeanor and:

18 a. is on probation or parole on a prior delinquent
19 offense,

20 b. is on preadjudicatory community supervision, or

21 c. is currently on release status on a prior delinquent
22 offense;

1 5. The child has willfully failed or there is reason to believe
2 that the child will willfully fail to appear for juvenile court
3 proceedings;

4 6. A warrant for the child has been issued on the basis that:

5 a. the child is absent from court-ordered placement
6 without approval by the court,

7 b. the child is absent from designated placement by the
8 Office of Juvenile Affairs without approval by the
9 Office of Juvenile Affairs,

10 c. there is reason to believe the child will not remain
11 at said placement, or

12 d. the child is subject to an administrative transfer or
13 parole revocation proceeding.

14 C. A child who has violated a court order and has had the order
15 revoked or modified pursuant to Section 2-2-503 of this title may be
16 placed into an Office-of-Juvenile-Affairs-designated sanction
17 detention bed or an Office-of-Juvenile-Affairs-approved sanction
18 program.

19 D. Priority shall be given to the use of juvenile detention
20 facilities for the detention of juvenile offenders through
21 provisions requiring the removal from detention of a juvenile with a
22 lower priority status if an empty detention bed is not available at
23 the time of referral of a juvenile with a higher priority status and
24 if the juvenile with a higher priority status would be more of a

1 danger to the public than the juvenile with the lower priority
2 status.

3 E. Juvenile detention facilities shall be the default placement
4 for all children. No child, including any child fifteen (15)
5 through seventeen (17) years old alleged to have committed the
6 offense of murder in the first degree, shall be placed in secure
7 detention in a jail, adult lockup or other adult detention facility,
8 or have sight or sound contact with adult inmates, without a hearing
9 in which the child is provided representation and a written court
10 order stating that it is in the interest of justice that the child
11 be placed in a jail, adult lockup or other adult detention facility
12 or be allowed sight or sound contact with adult inmates, except as
13 provided in subsection H of this section.

14 1. In determining whether it is in the interest of justice that
15 the child be placed in a jail, adult lockup or other adult detention
16 facility, or be allowed sight or sound contact with adult inmates,
17 the court shall consider:

- 18 a. the age of the child,
19 b. the physical and mental state of the child, including
20 whether the child presents an imminent risk of harm to
21 himself or herself,
22 c. the nature and circumstances of the alleged offense,
23 d. the child's history of prior delinquent acts,

- 1 e. the relative ability of the available adult detention
2 facilities to not only meet the specific needs of the
3 child but also to protect the safety of the public as
4 well as other detained youth, and
5 f. any other relevant factors.

6 2. If a court determines that it is in the interest of justice
7 that the child be placed in a jail, adult lockup or other adult
8 detention facility or be allowed sight or sound contact with adult
9 inmates:

- 10 a. the court shall hold a hearing not less frequently
11 than once every thirty (30) days, or in the case of a
12 rural jurisdiction, which is any jurisdiction not
13 located in a metropolitan statistical area, as defined
14 by the United States Office of Management and Budget,
15 not less frequently than once every forty-five (45)
16 days, to review whether it is still in the interest of
17 justice to permit the juvenile to be so held or have
18 such sight or sound contact, and
19 b. the child shall not be held in any jail or lockup for
20 adults, or be permitted to have sight or sound contact
21 with adult inmates, for more than one hundred eighty
22 (180) days, unless the court, in writing, determines
23 there is good cause for an extension or the child
24 expressly waives this limitation.

1 F. Children who are fourteen (14) years old and younger alleged
2 to have committed murder in the first degree shall be held in
3 juvenile detention. Children fourteen (14) years old or younger who
4 are subject to the provisions under subsection H of Section 2-5-204
5 of this title shall not be placed in any jail, adult lockup or other
6 adult detention facility unless convicted as an adult.

7 G. When a child is placed in a jail, adult lockup, or other
8 adult detention facility, he or she shall be afforded the following
9 rights and protections in order to address the child's health and
10 safety:

11 1. A copy of the child's most current mental health or suicide
12 screening instrument approved by the Office of Juvenile Affairs
13 shall be provided to the jail, adult lockup or detention facility at
14 the time of the child's transfer.

15 2. Adult detention facilities shall process requests by parents
16 or guardians to visit with a child within five (5) business days.

17 H. 1. Except as otherwise provided in this section, no child
18 shall be placed in secure detention in a jail, adult lockup, or
19 other adult detention facility unless:

20 a. the child is detained for the commission of a crime
21 that would constitute a felony if committed by an
22 adult, and

23 b. the child is awaiting an initial court appearance, and

- 1 c. the initial court appearance of the child is scheduled
2 within twenty-four (24) hours after being taken into
3 custody, excluding weekends and holidays, and
- 4 d. the court of jurisdiction is outside of the Standard
5 Metropolitan Statistical Area as defined by the Bureau
6 of Census, and
- 7 e. there is no existing acceptable alternative placement
8 for the child, and
- 9 f. the jail, adult lockup or adult detention facility
10 provides sight and sound separation for juveniles,
11 pursuant to standards required by subsection E of
12 Section 2-3-103 of this title, or
- 13 g. the jail, adult lockup or adult detention facility
14 meets the requirements for licensure of juvenile
15 detention facilities, as adopted by the Office of
16 Juvenile Affairs, is appropriately licensed, and
17 provides sight and sound separation for juveniles,
18 which includes:
- 19 (1) total separation between juveniles and adult
20 facility spatial areas such that there could be
21 no haphazard or accidental contact between
22 juvenile and adult residents in the respective
23 facilities,
- 24

1 (2) total separation in all juvenile and adult
2 program activities within the facilities,
3 including recreation, education, counseling,
4 health care, dining, sleeping and general living
5 activities, and

6 (3) separate juvenile and adult staff, specifically
7 direct care staff such as recreation, education
8 and counseling.

9 Specialized services staff, such as cooks,
10 bookkeepers, and medical professionals who are not
11 normally in contact with detainees or whose infrequent
12 contacts occur under conditions of separation of
13 juveniles and adults can serve both.

14 2. Nothing in this section shall preclude a child who is
15 detained for the commission of a crime that would constitute a
16 felony if committed by an adult, or a child who is an escapee from a
17 juvenile secure facility or from an Office of Juvenile Affairs group
18 home from being held in any jail certified by the State Department
19 of Health, police station or similar law enforcement offices for up
20 to six (6) hours for purposes of identification, processing or
21 arranging for transfer to a secure detention or alternative to
22 secure detention. Such holding shall be limited to the absolute
23 minimum time necessary to complete these actions.

1 a. The time limitations for holding a child in a jail for
2 the purposes of identification, processing or
3 arranging transfer established by this section shall
4 not include the actual travel time required for
5 transporting a child from a jail to a juvenile
6 detention facility or alternative to secure detention.

7 b. Whenever the time limitations established by this
8 subsection are exceeded, this circumstance shall not
9 constitute a defense in a subsequent delinquency or
10 criminal proceeding.

11 3. Nothing in this section shall preclude detaining in a county
12 jail or other adult detention facility an eighteen-year-old charged
13 in a juvenile petition for whom certification to stand trial as an
14 adult is prayed. However, if no certification motion is filed, the
15 eighteen-year-old may remain in a juvenile detention facility as
16 long as secure detention is required.

17 4. Nothing in this section shall preclude detaining in a county
18 jail or other adult detention facility a person provided for in
19 Section 2-3-102 of this title if written or electronically
20 transmitted confirmation is received from the state seeking return
21 of the individual that the person is a person provided for in
22 Section 2-3-102 of this title and if, during the time of detention,
23 the person is detained in a facility meeting the requirements of
24 Section 2-3-103 of this title.

1 5. Nothing in this section shall preclude detaining a person,
2 whose age is not immediately ascertainable and who is being detained
3 for the commission of a felony, in a jail certified by the State
4 Department of Health, a police station or similar law enforcement
5 office for up to twenty-four (24) hours for the purpose of
6 determining whether or not the person is a child, if:

- 7 a. there is a reasonable belief that the person is
8 eighteen (18) years of age or older,
- 9 b. there is a reasonable belief that a felony has been
10 committed by the person,
- 11 c. a court order for such detention is obtained from a
12 judge of the district court within six (6) hours of
13 initially detaining the person,
- 14 d. there is no juvenile detention facility that has space
15 available for the person and that is within thirty
16 (30) miles of the jail, police station, or law
17 enforcement office in which the person is to be
18 detained, and
- 19 e. during the time of detention the person is detained in
20 a facility meeting the requirements of subparagraph g
21 of paragraph 1 of this subsection.

22 The time limitation provided for in this paragraph shall include the
23 time the person is detained prior to the issuance of the court
24 order.

1 The time limitation provided for in this paragraph shall not include
2 the actual travel time required for transporting the person to the
3 jail, police station, or similar law enforcement office. If the
4 time limitation established by this paragraph is exceeded, this
5 circumstance shall not constitute a defense in any subsequent
6 delinquency or criminal proceeding.

7 ~~F.~~ I. Nothing contained in this section shall in any way reduce
8 or eliminate the liability of a county as otherwise provided by law
9 for injury or damages resulting from the placement of a child in a
10 jail, adult lockup, or other adult detention facility.

11 ~~G.~~ J. Any juvenile detention facility shall be available for
12 use by any eligible Indian child as that term is defined by the
13 Oklahoma Indian Child Welfare Act, providing that the use of the
14 juvenile detention facility meets the requirements of the Oklahoma
15 Juvenile Code. The Indian tribe may contract with any juvenile
16 detention facility for the providing of detention services.

17 ~~H.~~ K. Each member of the staff of a juvenile detention facility
18 shall satisfactorily complete a training program provided or
19 approved by the Office of Juvenile Affairs.

20 ~~I.~~ L. Whenever a juvenile is placed in any jail, adult lockup,
21 or other detention facility, the Office of Juvenile Affairs shall
22 have access to all facilities which detain such juveniles and shall
23 have access to any data regarding such juveniles. The Office of
24 Juvenile Affairs shall have access to all jails, adult lockups, or

1 other adult facilities in this state, including all data maintained
2 by such facilities, to assure compliance with this section. The
3 Board of Juvenile Affairs shall promulgate rules as necessary to
4 implement the provisions of this section.

5 SECTION 2. This act shall become effective November 1, 2020.

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7 57-2-9466 JW 01/02/20
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1 STATE OF OKLAHOMA

2 2nd Session of the 57th Legislature (2020)

3 SENATE BILL NO. _____

By: Rosino

4
5
6 AS INTRODUCED

7 An Act relating to the Oklahoma Commission on
8 Children and Youth; amending 10 O.S. 2011, Section
9 601.1, which relates to membership; increasing
10 membership of Commission; directing Governor to
11 appoint member; clarifying term limitation for
12 certain members; requiring membership terms to
13 coincide with fiscal year; amending 10 O.S. 2011,
14 Section 601.5, which relates to powers and duties of
15 Director; removing duty of Director to receive
16 Commission advice and approval in hiring staff;
17 amending Section 1, Chapter 231, O.S.L. 2018 (10 O.S.
18 Supp. 2019, Section 601.14), which relates to
19 Children's Endowment Fund of Oklahoma; modifying
20 purpose of Children's Endowment Fund of Oklahoma;
21 requiring Commission to promulgate rules for
22 specified purpose; authorizing program referrals to
23 State Auditor; allowing certain percentage of funds
24 to be used; limiting expenditures of Children's
Endowment Fund of Oklahoma; amending 10 O.S. 2011,
Section 1116.2, which relates to postadjudication
review boards; increasing term length for
postadjudication review board members; and providing
an effective date.

21 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

22 SECTION 1. AMENDATORY 10 O.S. 2011, Section 601.1, is
23 amended to read as follows:
24

1 Section 601.1. A. There is hereby created the Oklahoma
2 Commission on Children and Youth which shall be composed of ~~nineteen~~
3 ~~(19)~~ twenty (20) members. The membership shall include:

4 1. The Director of the Department of Human Services, the State
5 Commissioner of Health, the Commissioner of the Department of Mental
6 Health and Substance Abuse Services, the State Superintendent of
7 Public Instruction, the Administrator of the Oklahoma Health Care
8 Authority, the Director of the State Department of Rehabilitation
9 Services, and the Chair of the SJR 13 Oversight Committee;

10 2. The Executive Director of the Office of Juvenile Affairs;

11 3. Five members who shall be appointed by the Governor from a
12 list submitted by the governing board of each of the following
13 organizations:

- 14 a. the Oklahoma Children's Agencies and Residential
15 Enterprises,
- 16 b. one statewide association of youth services,
- 17 c. the Oklahoma Bar Association,
- 18 d. the Oklahoma District Attorneys Association, and
- 19 e. a statewide court-appointed Special Advocate
20 Association;

21 4. One member appointed by the Governor who shall represent one
22 of the metropolitan juvenile bureaus;

23 5. One member representing business or industry, appointed by
24 the Governor;

1 6. One member who is the parent of a child with special needs,
2 appointed by the Speaker of the House of Representatives;

3 7. One member with a demonstrated interest in improving
4 children's services who is not employed by a state agency or a
5 private organization that receives state funds, appointed by the
6 President Pro Tempore of the Senate;

7 8. One member who represents a community partnership board to
8 be elected pursuant to the guidelines established by the Oklahoma
9 Commission on Children and Youth; ~~and~~

10 9. One member who shall be appointed by the Governor from a
11 list of three names submitted by the Post Adjudication Review Board;
12 and

13 10. One member who shall be appointed by the Governor who is
14 knowledgeable of, and has experience with, the federal Indian Child
15 Welfare Act and the Oklahoma Indian Child Welfare Act.

16 B. The appointed members shall have had active experience in
17 services to children and youth and may serve four terms of two (2)
18 years each. ~~Any appointed member serving on the Commission on the~~
19 ~~effective date of this act shall be entitled to complete his or her~~
20 ~~term and shall be eligible to serve one additional term of two (2)~~
21 ~~years. Any person who served on the Commission prior to the~~
22 ~~effective date of this act shall be eligible to serve one additional~~
23 ~~term of two (2) years~~ A person appointed to fill the remainder of a
24 vacant term shall, upon completion of that term, be eligible to

1 serve four additional two-year terms. Terms shall coincide with the
2 fiscal year.

3 C. The Oklahoma Commission on Children and Youth shall provide
4 a monthly report on commission member attendance to the appointing
5 authorities.

6 SECTION 2. AMENDATORY 10 O.S. 2011, Section 601.5, is
7 amended to read as follows:

8 Section 601.5. A. The Oklahoma Commission on Children and
9 Youth shall appoint a Director who shall be a person having
10 experience in the operation and administration of services to
11 children and youth. Such Director shall be appointed for a term of
12 two (2) years, and may be reappointed. Such Director may be
13 dismissed only for cause. The Director shall:

14 1. Employ such staff as may be necessary to perform the duties
15 of the Commission, ~~with the advice and approval of the Commission;~~

16 2. Prepare the State Plan for Services to Children and Youth,
17 the Annual Report required by Section 601.9 of this title, other
18 reports as necessary and appropriate and an annual budget for the
19 approval of the Commission;

20 3. Formulate and recommend rules and regulations for approval
21 or rejection by the Commission;

22 4. Serve as chief executive officer of the Oklahoma Commission
23 on Children and Youth; and

24

1 5. Act as agent as authorized for the Commission in the
2 performance of its duties.

3 B. The Director may periodically convene issue-specific task
4 groups for the purpose of improving services for children and youth.
5 A copy of any report or recommendations which result from meetings
6 of a task group shall be provided to the Commission, Governor,
7 Speaker of the House of Representatives, President Pro Tempore of
8 the Senate and the director of each state agency affected by the
9 report or recommendations.

10 SECTION 3. AMENDATORY Section 1, Chapter 231, O.S.L.
11 2018 (10 O.S. Supp. 2019, Section 601.14), is amended to read as
12 follows:

13 Section 601.14. A. There is hereby created in the State
14 Treasury a fund for the Oklahoma Commission on Children and Youth to
15 be designated the "Children's Endowment Fund of Oklahoma". The fund
16 shall be a continuing fund, not subject to fiscal year limitations,
17 and shall consist of all monies received through donations or
18 interest earned by investment of monies in the fund. The fund shall
19 be invested by the State Treasurer in accordance with Section 89.2
20 of Title 62 of the Oklahoma Statutes.

21 B. Funds deposited into the Children's Endowment Fund of
22 Oklahoma and any earnings therefrom, including any interest,
23 dividends or realized capital gains from investment of monies in the
24 fund, shall be administered by the Oklahoma Commission on Children

1 and Youth ~~for the purpose of awarding~~ which is authorized to award
2 grants ~~in order to stimulate~~ further the public purpose of
3 stimulating a broad range of innovative programs, activities, ~~or~~
4 research or evaluation that will improve the well-being and reduce
5 the adverse childhood experiences of Oklahoma's children. The funds
6 shall not be used to expand existing services or to support ongoing
7 core services. The Commission may also direct the State Treasurer
8 to reinvest any earnings into the corpus of the fund.

9 C. 1. The Oklahoma Commission on Children and Youth shall
10 promulgate rules to:

11 ~~1. Establish~~

12 a. establish a Parent Partnership Board for the purpose
13 of informing the work of Oklahoma's child-serving
14 systems including the development and evaluation of
15 the grants; ~~and~~

16 ~~2. Establish,~~

17 b. establish criteria and procedures for awarding grants,
18 and

19 c. establish procedures for monitoring the grants
20 awarded.

21 2. The Commission may refer programs and initiatives funded by
22 grants awarded pursuant to this section to the State Auditor and
23 Inspector for audits.
24

1 D. The Oklahoma Commission on Children and Youth ~~shall~~ may use
2 up to ten percent (10%) of the funds deposited in the Children's
3 Endowment Fund of Oklahoma ~~to be available to the Commission~~ in any
4 given fiscal year to provide administration, oversight, training or
5 evaluation of the grantees.

6 E. Monies from the fund may be expended by the Oklahoma
7 Commission on Children and Youth in accordance with the provisions
8 of this section upon warrants issued by the State Treasurer against
9 claims filed as prescribed by law with the Director of the Office of
10 Management and Enterprise Services for approval and payment.

11 F. Notwithstanding any other provision of law, funds deposited
12 in the Children's Endowment Fund of Oklahoma shall only be expended
13 as provided in this section.

14 SECTION 4. AMENDATORY 10 O.S. 2011, Section 1116.2, is
15 amended to read as follows:

16 Section 1116.2. A. There is hereby established a
17 postadjudication review board in each judicial district in the
18 state. Members and alternate members of the postadjudication review
19 boards shall be residents of or employed within the judicial
20 district in which the board serves and shall be appointed by the
21 Director of the Oklahoma Commission on Children and Youth after
22 consultation with judges in the judicial district having juvenile
23 docket responsibility, provided that in the event of a conflict of
24 interest or for any reason when circumstances or the appearances of

1 justice dictate, the Director of the Oklahoma Commission on Children
2 and Youth may transfer the appointment decision to the entire
3 Oklahoma Commission on Children and Youth whose decision shall be
4 final and further provided, that any aggrieved aspirant may appeal
5 the decision denying appointment by the Director of the Oklahoma
6 Commission on Children and Youth within five (5) days to the
7 Oklahoma Commission on Children and Youth whose decision shall be
8 final. The Oklahoma Commission on Children and Youth may establish
9 additional postadjudication review boards as needed for each county
10 within a judicial district.

11 B. A postadjudication review board for each judicial district
12 shall consist of at least five (5) members. Alternate review board
13 members may be appointed to serve in the absence of a regularly
14 appointed board member. Alternate board members shall be appointed
15 in the same manner as regularly appointed board members. On and
16 after September 1, 1991, currently serving board members shall serve
17 until appointments are made by the Commission on Children and Youth.
18 The Commission on Children and Youth shall complete initial
19 appointments to the review boards no later than June 30, 1992.

20 C. Board members shall be appointed for a term of ~~three (3)~~
21 five (5) years. Members shall serve after the expiration of their
22 terms until their respective successors shall have been appointed.
23 Vacancies shall be filled for the duration of unexpired terms. The
24

1 review board members shall be appointed according to the following
2 guidelines:

3 1. One member shall be a person who has training or experience
4 in issues concerning child welfare, or a person who has demonstrated
5 an interest in children through voluntary community service or
6 professional activities;

7 2. Whenever possible, at least one member of the board shall be
8 an individual who has served as a foster parent, provided that no
9 person on the review board shall participate as a board member in
10 any review hearing in which the person is a party; and

11 3. No more than one person employed by any child welfare agency
12 or juvenile court may be appointed to a board at the same time,
13 provided such person shall not participate in any review hearing in
14 which the person is professionally involved.

15 D. Each postadjudication review board shall annually elect a
16 chair and shall notify the Commission on Children and Youth as to
17 the name and address of the chair. A list of the members of each
18 local board and its officers shall be filed with the Presiding Judge
19 of the judicial district and each judge within the district having
20 juvenile docket responsibility.

21 E. There shall be a rebuttable presumption that a person
22 participating in a judicial proceeding as a postadjudication review
23 board member or a postadjudication review advisory board or
24 postadjudication review board coordinator is acting in good faith.

1 | When acting in good faith, a participant shall be immune from any
2 | civil liability that might otherwise be incurred or imposed. Each
3 | postadjudication review board shall meet as often as is necessary at
4 | a place it designates to carry out the duties of the board
5 | established by Section 1116.3 of this title. The review board shall
6 | meet at least twice annually. Each review board shall be subject to
7 | the provisions of the Oklahoma Open Meeting Act, except that the
8 | actual case reviews shall be held in executive session; provided,
9 | however, that upon the request of the board, members or prospective
10 | members of other existing review boards, students or researchers may
11 | attend and observe but not participate in board hearings subject to
12 | restrictions and conditions imposed by the board. Members and
13 | employees of the State Postadjudication Review Advisory Board who
14 | are exercising their oversight responsibilities pursuant to Section
15 | 1116.6 of this title may attend and observe but not participate in
16 | board hearings. All parties shall maintain confidentiality, and the
17 | names of the children in placement shall not be published.
18 | Temporary ad hoc review boards may be created in counties in which
19 | there is no active review board. The Director of the Oklahoma
20 | Commission on Children and Youth may appoint active or alternate
21 | members of existing review boards to serve as members of local
22 | boards that are unable to meet quorum requirements and to
23 | temporarily constitute members of a new board where no current board
24 | exists. A member appointed to temporary service shall be fully

1 qualified as provided by law, and such service shall terminate when
2 the basis for the appointment is remedied or upon the order of the
3 Director.

4 F. As a condition of membership thereto, members and alternates
5 of the postadjudication review boards shall attend the next
6 available orientation program after appointment to the board.

7 Failure to attend an orientation program, at the discretion of the
8 Commission on Children and Youth, may result in the removal of the
9 board member. Members of postadjudication review boards shall
10 attend the annual meeting or training programs or both such meeting
11 and training programs as are authorized and directed by the
12 Commission on Children and Youth.

13 G. Members of postadjudication review boards shall serve
14 without compensation, but shall be reimbursed for travel and
15 training expenses from monies appropriated by the Legislature for
16 such purposes, as provided by the State Travel Reimbursement Act.
17 The Commission on Children and Youth shall provide members of
18 postadjudication review boards with necessary operating supplies and
19 postage fees or members shall be reimbursed for these expenses.

20 H. The Commission on Children and Youth shall be responsible
21 for developing procedures for the removal of a member from a
22 postadjudication review board. The grounds for the removal of a
23 postadjudication review board member shall include but not be
24 limited to:

- 1 1. Failure to attend board meetings as required by the
2 Commission on Children and Youth;
- 3 2. Engaging in illegal conduct involving moral turpitude;
- 4 3. Engaging in conduct involving dishonesty, fraud, deceit, or
5 misrepresentation; or
- 6 4. Wrongful disclosure of information as provided by Section
7 1116.4 of this title.

8 I. Necessary staff assistance required by the postadjudication
9 review boards may be provided by the bailiff or bailiffs, or other
10 person designated by the court, of the judges with juvenile docket
11 responsibility in the judicial district. Upon the request of the
12 presiding judge, the Chief Justice of the Supreme Court may
13 authorize additional staff to be paid from local court funds to
14 assist the review board.

15 The Administrative Director of the Courts may include such
16 additional funding requests in the annual budget for the courts as
17 are necessary to provide staff and administrative support for the
18 review boards.

19 SECTION 5. This act shall become effective November 1, 2020.
20

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**Director's Report
OCCY Commission Meeting
January 10, 2020**

PERSONNEL

Fulltime Employee Changes:

- The following new positions have been posted and will close the week of January 13th: 1) Office of Planning and Coordination Program Manager; 2) Public Information Officer/ Communications Specialist; and 3) Administrative Assistant. By statute, Commissioners are to be involved in the hiring process of OCCY employees. We will be reaching out to Commissioners in the next couple of weeks to ask for your assistance.

Contract Employee Changes:

- Galt Foundation Contract Employee: At this time, we no longer are utilizing any Galt employees at OCCY.

Student Volunteer:

- Oklahoma City University School of Law: In December, our third year law student, Norma Cossio, ended her legal externship with OCCY. We appreciated her assistance and wish her all the best as she moves toward graduation.

FINANCES

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

DIRECTOR'S HIGHLIGHTED ACTIVITIES

- The Detaining Youth Task Force: Dr. Ellen Harwell and the members of the Detaining Youth Task Force have continued to refine their recommendations. In addition, some legislation has been drafted based on the recommendations. The draft legislation has been sent for comments to members of the Task Force as well as other stakeholders. The legislation has also been reviewed by OCCY's Assistant Attorney General Grant Moak. The legislation will be covered in the OCCY Legislative Liaison's Report during the January Commission meeting. OCCY as well as the Task Force remain open to suggestions for edits.
- Trauma-Informed Care Task Force: The Trauma-Informed Care Task Force's first report has been submitted. A tremendous amount of thanks goes to Bill Bryant and Hannah Walker of the Oklahoma Department of Human Services as well as Dr. Jennifer Hayes-Grudo's graduate student Erin Ratliff for drafting the report. The Task Force will continue to meet for its second year and will draft its final report by December 2020. ***Please see the attached report.***

- Presentation to the Potts Family Foundation Board of Directors: On November 20, 2019, I presented information about Oklahoma's Adverse Childhood Experiences data and provided an update from the Trauma-Informed Care Task Force.
- PACE Center for Girls: In early December OCCY brought Florida's PACE Center for Girls' CEO, Mary Marx, and COO, Yessica Cancel, to Oklahoma City to present an overview of their work. In the past ten years, PACE has excelled at reducing the number of girls and young women entering into the criminal justice system. On Monday, December 2nd, a reception was held at the home of Lisa and Bentley Edmonds for Commissioners and others to meet Ms. Marx and Ms. Cancel. We were very pleased with the turn out and engagement. We would like to thank the Edmonds for the opening their home and for providing the food and beverages for the event. The following day, we had shy of 80 participants attend a presentation by Ms. Marx and Ms. Cancel. The presentation included implementation and outcome information and was well received. We would like to thank Janelle Bretten of the Office of Juvenile Affairs, Jeaneen Pointer of the Lynn Institutes, Linda Manaugh of the Potts Family Foundation, and the Metro Technology Center for their assistance in organizing and supporting the event. To learn more about PACE Center for Girls, go to <https://www.pacecenter.org/>.
- OCCY Budget Hearing: The OCCY Budget Hearing was held on December 4th. The information appeared to be well received and the legislators were engaged. OCCY is requesting a 14% simply for additional staff to perform statutorily required activities. A huge thanks goes to OCCY Assistant Director Mark James for working with OMES on our budget submission and creating our handout. ***Please see the attached handout.***
- Handle with Care Evaluation: On December 10th, I met with Adrienne Elders and Dr. Connie Chapple of the University of Oklahoma, Department of Sociology to discuss the one-time funding by OCCY to evaluate the *Handle with Care* Program implemented in Oklahoma City. Generally speaking, *Handle with Care* is a practice of law enforcement to notify a school when a child has been involved in any type of incident in which they are a victim or bystander that involves law enforcement. Such notification allows school personnel to respond to the child in a trauma-informed, sensitive manner – thereby reducing further trauma. Oklahoma City Police and Oklahoma Public Schools have been utilizing the technique for more than a year now. However, they have not had the ability to evaluate the results. If a budget can be agreed upon between OCCY and OU, a process evaluation and a separate outcome evaluation will be conducted.
- Representative Randy Randleman: On December 12th, Mark James and I met with Representative Randleman to provide him with an overview of OCCY. He will join Representatives Bush, Talley, and Lawson as part of our legislative oversight group. We

look forward to working with Rep. Randleman and welcome him to future Commission meetings.

- Office Space Lease: OCCY has leased office space at the Pasteur Medical Building for nine years. Our current lease was to expire on December 31, 2019. OMES handles our leasing and began negotiations with the building owner/management early to assure that a new lease would be in place January 1, 2020. We requested that with the new lease improvements would be made such as painting the entire space and replacing all flooring. OCCY staff had met with building management to discuss the painting and flooring process, but no work was to begin until the new lease amount was in place. OCCY currently pays \$12.50 a square foot. The building owner wanted to raise the rent to \$15/sq. ft. This increase seemed excessive and therefore negotiations are ongoing. In addition, OCCY is open to exploring other office space. OMES and the building have extended the lease for the time being until decisions can be reached.
- Audio/Visual Equipment for Conferencing: OCCY has been greatly assisted by OMES in acquiring bids from two entities that could provide audio and visual equipment for our large and small conference room. Such equipment would allow individuals to visually participate in meetings remotely or simply view meetings live. At the moment, OCCY only has the capability to hold conference call meetings in our conference rooms. We believe that such enhanced capability would increase citizen and professional participation and save travel costs. However, with the lease situation being unsettled, the purchasing of any equipment is on hold.

OCCY PROGRAM HIGHLIGHTS:

Child Death Review Board - CDRB (Lisa Rhoades)

The Child Death Review Board is pleased to see two bills were filed that would increase the safety of children while riding in motor vehicles. Senator Carrie Hicks and Representative Ross Ford have separately filed legislation. Representative Ford's recent press conference garnered attention and OCCY's CDRB Program Manager Lisa Rhoades and OCCY's Legislative Liaison Jennifer Hardin were present to show OCCY's support. Currently, Oklahoma ranks 50th in protecting children in car crashes and is the only state in the nation that does not require children 8-17 years old to wear a seat belt while riding in the back seat of a moving vehicle.

Post Adjudication Review Board – PARB (Keith Pirtle)

- PARB Program Manager Keith Pirtle attended a three-day Child Welfare Academy training on Permanency Planning December 17, 18 and 19. He is grateful for the opportunity and believes it will allow him to better understand the forms that are used and the processes for permanency planning within DHS Child Welfare.

- The PARB Annual Report questionnaire was sent out in December to all PARBs across the state. This questionnaire included a request for data such as the number of cases reviewed in 2019, volunteer hours, etc. The questionnaire's open ended questions were modified from recent versions in order to gain more insight into the training and technical assistance needs of local PARB members.

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

- Program Manager Jimmy Widdifield has worked tirelessly along with OCCY's Finance Liaison to assure that the FSMDTs receive their CY 2020 funding early in the year. All but two of the FSMDTs have provided the required paperwork and payments from OMES are being made. OCCY Staff continue to work with the Lincoln and Comanche FSMDTs to assure that their funding can be sent as soon as possible.

Children's Justice Act Grant: Training – (Jimmy Widdifield, Jr. and Cherra Taylor)

Child Abuse and Neglect, and Mandated Reporting in Oklahoma

Presenter: Patricia Gardner, JD, OU Center on Child Abuse and Neglect

Date: January 15, 2020

Location: Ray of Hope Child Advocacy Center in Bartlesville, OK

<https://child-maltreatment-and-reporting-ne-ok-jan-15-2020.eventbrite.com>

Date: February 5, 2020

Location: Kiamichi Technology Center in McAlester, OK

<https://child-maltreatment-and-reporting-se-ok-feb-05-2020.eventbrite.com>

Date: March 11, 2020

Location: Great Plains Technology Center in Lawton, OK

<https://child-maltreatment-and-reporting-sw-ok-mar-11-2020.eventbrite.com>

Date: April 8, 2020

Location: High Plains Technology Center in Woodward, OK

<https://child-maltreatment-and-reporting-nw-ok-apr-08-2020.eventbrite.com>

Practical Child Abuse Investigations

Presenter: Douglas Parker, Inspector with the Oklahoma City Police Department, Crimes Against Children Unit

Date: January 16, 2020

Location: Oklahoma Sheriffs' Association in Edmond, OK

https://practical_investigations-jan_16_2020.eventbrite.com

Child Human Trafficking

Presenter: Michael Snowden, Oklahoma Bureau of Narcotics

Date: February 19, 2020, AM and PM classes

Location: Canadian Valley Technology Center in Chickasha, OK

AM Class: https://trafficking_am-feb_19_2020.eventbrite.com

PM Class: https://trafficking_pm-feb_19_2020.eventbrite.com

Child Sexual Abuse and Exploitation

Presenter: Roger Canaff, JD, Justice 3D

Date: March 3, 2020

Location: Oklahoma State University – Oklahoma City Campus in Oklahoma City, OK

https://child_sexual_abuse-march_3_2020.eventbrite.com

Witness or Victim? Children and Intimate Partner Violence

Presenters: Raymond Goins and Ronnie Johnson, Purple Badge Consulting

Date: March 24, 2020

Location: Canadian Valley Technology Center in Chickasha, OK

https://witness_or_victim-3_24_2020.eventbrite.com

Date: April 16, 2020

Location: Kiamichi Technology Center in McAlester, OK

https://witness_or_victim-4_16_2020.eventbrite.com

Sex Offenders: Understanding and Responding to Sexual Crimes

Presenter: Cory Jewel Jensen, CBI Consulting

Date: March 27, 2020

Location: Northeastern State University in Broken Arrow, OK

https://responding-to-sexual-crimes_3-27-2020.eventbrite.com

Assessing Child Maltreatment in Multicultural Populations

Presenter: Dr. Walter Lambert, MD, University of Miami, Child Protection Unit

Date: April 22, 2020

Location: High Plains Technology Center in Woodward, OK

<https://assess-child-maltx-multicultural-nw-ok-apr-22-2020.eventbrite.com>

Date: April 23, 2020

Location: Pittsburg County Health Department in McAlester, OK

<https://assess-child-maltx-multicultural-se-ok-apr-23-2020.eventbrite.com>

Date: April 24, 2020

Location: Metro Technology Center in Oklahoma City, OK

<https://assess-child-maltx-multicultural-okc-apr.eventbrite.com>

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

	New Complaints	Closed Cases	Death/Near Death Reports Published	Facility Complaint Visits	Facility Oversight Visits
July	27	25	--	2	0
August	22	11	--	5	0
September	27	41	--	0	0
October	23	26	--	4	0
November	27	18	2	0*	0*
December	36	16	3	0*	4*
TOTAL	162	137	5	11	4

**Beginning in November, this number represents the number of facilities visited. Previously, this number represented the number of days spent investigating a facility(ies). All of these numbers will be corrected so that the meaning is consistent in the next Director's Report.*

Foster Care Complaints

	# of Youth Complaints		# of Foster Parent Complaints
July	15		14
August	14		37
September	15		32
October	17		63
November	9		23
December	16		32
TOTAL	86		201

Juvenile Competency Program

	# of Referrals	Competent	Not Competent	Pending Completion
July	2	1	1	0
August	1	0	1	0
September	5	3	2	0
October	2	0	2	0
November	1	1	0	0
December	1	0	0	1
TOTAL	12	5	6	1

Juvenile Competency Program (Mark James)

Interim Report
of the

Task Force on Trauma-Informed Care

Pursuant to Senate Bill 1517



Revised
December 17, 2019

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1. Executive Summary

Oklahomans suffer from Adverse Childhood Experiences (ACEs) to a greater degree, on the average, than most Americans. The scars of childhood trauma have resulted in poor outcomes for many of our neighbors, as reflected in high rates of chronic disease, mental illness, incarceration, and other physical and social problems.

The economic consequences of ACEs are real. The Oklahoma State Department of Health has examined the costs associated with the children who were identified as victims of child abuse and neglect during SFY 2017. Over the lifetime of these children, the cost of maltreatment is projected to exceed \$3.2 billion. That is only a part of the cost of ACEs in our state.

To respond to this challenge, our state must do a better job of providing treatment and care to reduce and mitigate the effects of Adverse Childhood Experiences. We must adopt practices that avoid the re-traumatization of people who carry trauma with them. This means implementing programs, strategies, approaches, methods, procedures, and protocols that are trauma-informed. Additionally, we need to implement programs and practices to reduce the prevalence of ACEs and provide the relationships and resources to mitigate their negative effects.

The members of the Task Force on Trauma-Informed Care are keenly focused on improving Oklahoma's response to these challenges. We are serious about pursuing our mission -- to study and make recommendations on best practices with respect to children and youth who have experienced trauma, especially adverse childhood experiences (ACEs).

To develop our recommendations, we have launched an initiative to learn about trauma-informed practices in our state. This is an on-going effort. So far, we have identified nearly five dozen practices that are being used by a wide variety of organizations -- schools, healthcare providers, state agencies, and non-governmental organizations. The preliminary results of our research are presented in an attachment to his report: "A Sampling of Trauma Informed Practices in the State of Oklahoma." (Attachment C)

Our sampling of practices includes several entries that are identified as "Resilience Communities." It is notable that many communities in Oklahoma have formed themselves into local trauma-informed networks of care providers and community leaders. A Resilience Community is a community-based effort to help community leaders learn about and promote trauma-informed practices. Resilience communities are examples of leadership from the ground up.

In the months ahead, the Task Force on Trauma Informed Care will continue and expand our efforts to report our findings and make recommendations. A short description of our Agenda for Future Work is given on page 28 of this report.

Ultimately, we believe the important coordination efforts of this task force must continue after our mandate has expired. Resources should be deployed to support a dedicated team of public administrators with the skills necessary to gather and share information about trauma-informed

care, encourage interagency coordination, and promote greater efficiency in the establishment of trauma-informed practices.

In November, 2020, our task force will present an integrated task force strategy report describing how the task force and member agencies will develop a coordinated approach to preventing trauma, especially ACEs, and identifying and ensuring the appropriate interventions and supports for children, youth and their families.

As we pursue this goal, we are most grateful for the task force members who participate in our work with passion, interest, and knowledge. We are also grateful for the concerned citizens who have stepped forward to offer information, share knowledge, and support our work. Some of these key individuals are identified in Section 3.A of this report.

We are proud to submit this report on behalf of the members of the Task Force on Trauma Informed Care.

Annette Wisk Jacobi, J.D.
Co-Chair

Jennifer Hays-Grudo, Ph.D.
Co-Chair

2. Introduction

A. Task Force Mandate - Senate Bill 1517

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

The bill became effective on November 1, 2018.

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

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

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

A complete description of the duties of the task force is given in Section C of this chapter.

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

This report includes the preliminary findings and recommendations of the task force during its first 12 months of operation.

A roster of task force members is provided in Attachment A of this report.

B. Background on Trauma Informed Care

In Oklahoma, the passage of SB 1517 reflects the increasing attention that is being given to children and youth who have experienced trauma. Across the globe, community leaders and policy makers are recognizing that Adverse Childhood Experiences can have life-long consequences for a person's health and well-being.¹

“Oklahoma leads the nation in childhood trauma.”

**—The Tulsa World
Special Report, July 8, 2019**

Adverse Childhood Experiences, commonly referred to as ACEs, are traumatic experiences occurring before the age of 18.

ACEs are commonly divided into three categories of adverse experience:²

- ✓ Childhood Abuse, which includes emotional, physical, and sexual abuse;
- ✓ Childhood Neglect, including both physical and emotional neglect; and
- ✓ Household Challenges, which include growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce, or had a member of the household go to prison.

The first comprehensive, systematic research study of ACEs was conducted in 1998. In a ground-breaking project co-sponsored by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, Drs. Robert Anda and Vincent Felitti examined ACEs in nearly 18,000 adult patients.

The study found there was a direct link between childhood trauma and a variety of behavioral and health-related problems in adults -- including chronic disease, mental illness, doing time in prison, and work issues, such as absenteeism.

Dr. Robert Anda described his reaction the first time he reviewed the data from the survey of patients. “I wept,” he said. “I saw how much people had suffered and I wept.”³

Results of the study revealed three main findings. First, ACEs are common. Two-thirds of the population reported having experienced at least one ACE, and over 1 in 5 individuals reported having experienced 3 or more ACEs.

Second, ACEs are co-occurring. Individuals who experienced one ACE were significantly more likely to have experienced at least one other ACE.

Lastly, ACEs are cumulative with the risk of physical and mental health issues increasing as the number of adverse experiences increased.⁴

For individuals having experienced 4 or more ACEs, the study found 2- to 12-fold increases in the risk for ischemic heart disease, stroke, COPD, alcoholism, illicit drug use, early intercourse, and suicide.⁵ Individuals having experienced 6 or more ACEs, on average, died 20 years earlier compared to individuals with no ACEs.⁶

Oklahoma Data: The Highest Percentage of Children Experiencing 2 or more ACEs

In Oklahoma, sadly, we lead the nation in several categories related to Adverse Childhood Experiences.

In July, 2019, the Tulsa World identified several indicators with a link to childhood abuse and neglect:⁷

Oklahoma --

No. 1 in female incarceration rates

No. 1 in the nation in incarceration rates when other factors such as the juvenile and jail populations are included, according to a 2018 study by the nonprofit organization Prison Policy Initiative.

No. 1 in heart-disease mortality.

No. 2 in male incarceration rates.

No. 3 in divorce with 13.1% of the state population reporting at least one marriage as ending in that manner, according to U.S. Census Bureau American Community Survey statistics for 2013-17.

No. 5 in cancer deaths per capita, according to the U.S. Centers for Disease Control and Prevention.

No. 5 in teen smoking with an estimated 12.5% of teens, according to CDC data.

No. 9 per capita in substantiated child abuse cases, according to the U.S. Department of Health and Human Services.

Using data compiled from the 2019 NSCH and Child and Adolescent Health Measurement Initiative (CAHMI), America's Health Rankings Health of Women and Children Report indicates 28.5% of children in Oklahoma have experienced two or more ACEs. Although down from 32.9% in 2016, Oklahoma remains the state with the highest percentage of children experiencing 2 or more ACEs.⁸ Furthermore, the percentage of children living in poverty as well as the percentage of parents indicating difficulty covering necessities, such as food and housing, in Oklahoma is significantly higher than the national averages at 21% and 32%, respectively.⁹ Poverty is a significant risk factor contributing to exposure to ACEs.

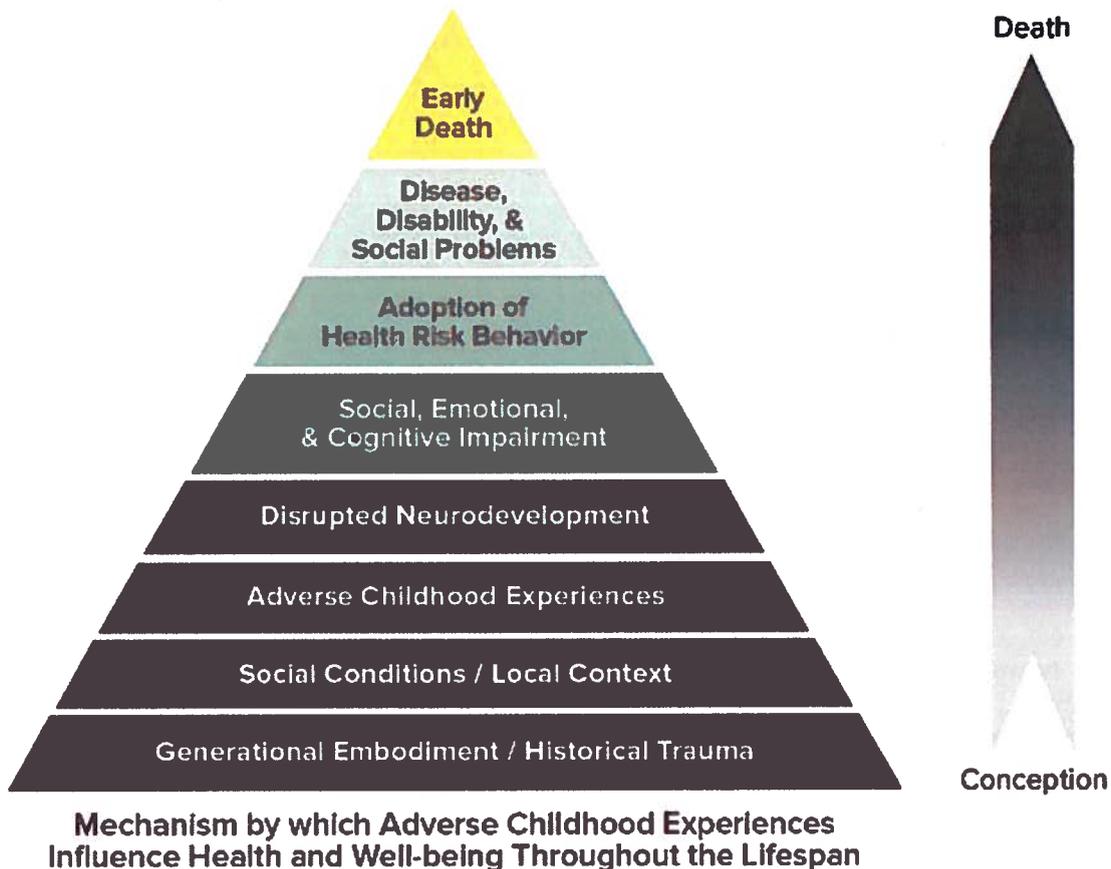
These statistics reveal the need for a trauma-informed care approach, implemented in a wide-variety of settings, to best serve families and children in Oklahoma.

In the 20+ years since the ACES study by Anda and Filetti, we have learned more about the prevalence of childhood trauma in various cultures and communities. In every instance, the basic findings of Anda and Filetti have been confirmed. The results of subsequent studies have remained remarkably similar to the original study.

For example, a 2018 study looked at the frequency of ACEs in more than 200,000 participants across 23 states. The study, published in JAMA Pediatrics, found that childhood adversity is common across sociodemographic characteristics. The rates of ACEs have remained stable over the last 20 years. In addition, this study identified several groups at an increased risk for experiencing ACEs including

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course.

Image: Centers for Disease Control and Prevention



women, young adults, individuals identifying as gay, lesbian, or bisexual, and multiracial individuals. Individuals with less than a high school education, those making less than \$15,000 annual income, and unemployed individuals were also more likely to report higher exposure to ACEs.¹⁰

Research indicates 20 - 48% of children and teens have had more than one adverse experience before the age of 18.¹¹ Similar to findings in adult populations, results indicate ACEs are common, co-occurring, and cumulative in child and teen populations. Children with 2 or more ACEs are 3 times more likely to have to repeat a grade, 3 times more likely to experience externalizing and internalizing difficulties, and at a 10-fold increase in risk for having a diagnosed learning disorder.¹²

Several child and teen groups are at an increased risk for exposure to adverse events. Data from the 2016 National Survey of Children's Health (NSCH) indicates 63.7% of African-American children and 51.4% of Hispanic children reported one or more ACEs compared to 40.9% of white children.¹³ Data from the 2011-2012 NSCH indicates American Indian children are significantly more likely than their white peers to have experienced 2 or more ACEs, 40% versus 21%.¹⁴

Children and teens in the juvenile justice system and child welfare system are more likely to report experiencing a higher number of ACEs. A study of 65,000 youth in the juvenile justice system found 98% of females and 97% of males reported at least one adverse experience, and 92% of females and 90% of males reported having multiple ACEs.¹⁵ The National Study of Child and Adolescent Well-being (NSCW I) examined ACEs in children whose families were investigated by Child Protective Services. Results indicated 42% of children had experienced 4 or more ACEs before the age of 6.¹⁶

Lastly, children living in poverty and/or violent neighborhoods are at an increased risk of experiencing ACEs. Findings from the Fragile Families and Child Wellbeing Study (FFCW) revealed that nearly 80% of children living in poverty had experienced at least one ACE by the age of 5. Furthermore, ACEs contributed to significantly more academic and behavioral difficulties in these same children.¹⁷

Children with 2 or more ACEs are 3 times more likely to have to repeat a grade, 3 times more likely to experience externalizing and internalizing difficulties, and at a 10-fold increase in risk for having a diagnosed learning disorder.

Trauma-Informed Care to Increase Resilience

Decades of research on adverse childhood experiences has repeatedly shown that traumatic events are related to disrupted development resulting in increased health problems, risky behaviors, and cognitive and socioemotional issues. With this knowledge in hand, focus should turn to effective trauma-informed prevention and intervention efforts aimed at buffering the effects of adversity in both children and adults.

Trauma-informed care (TIC) is a model intended to increase resilience for those exposed to or vulnerable to trauma as well as prevent retraumatization.¹⁸ Initially used in the therapeutic setting, TIC shows promising evidence as an effective method for mitigating the harmful effects of trauma and building resilience in children and adults.¹⁹ Moreover, a trauma-informed approach can be effectively integrated into established agencies, programs, and organizations working directly with families and children.

One of the first frameworks establishing criteria for Trauma-Informed practices was set forth by the Substance Abuse and Mental Health Services Administration.⁴⁴ SAMHSA defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” They identified six principles of a trauma-informed approach: 1) Safety; 2) Trustworthiness and Transparency; 3) Peer Support; 4) Collaboration and Mutuality; 5) Empowerment, Voice and Choice; 6) Cultural, Historical, and Gender Issues. The National Child Traumatic Stress Network has identified several ways to integrate TIC programs into organizational models, including training staff in awareness of and response to individuals exposed to trauma, addressing the effect of trauma exposure on both the family unit as well as the individuals within the family, and providing easy access to resources, services, and treatment.

Oklahoma's Legacy of Adversity and Resilience

“Out of adversity comes opportunity.” Those are the words of Benjamin Franklin, the early American political philosopher and humorist.

Will Rogers, another philosopher and humorist from a later century, once observed, “Even if you're on the right track, you'll get run over if you just sit there.”

Inspired by this venerable combination of optimism and determination, Oklahomans from across our state have begun organizing themselves into resilience communities. Their aim is two-fold. First, to understand the consequences of the trauma that our children have suffered. Second, to develop appropriate trauma-informed responses that can help to mitigate and prevent Adverse Childhood Experiences. Oklahomans have never been the kind of people who shrink from a challenge. A nascent movement of resilience communities is rising up in our state.

Oklahoma is uniquely poised to lead the nation in promoting resilience in the face of adversity.

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

Other community resilience coalitions have been formed as a result of an initiative led by the Potts Family Foundation (PFF) to raise awareness of the effects of ACEs in Oklahoma and what our communities can do in response. The PFF has generated statewide engagement in this initiative by showing the documentary film *Resilience: The Biology of Stress & the Science of Hope* (KPJR Films, 2015) to more than 10,500 Oklahomans at 160 events. Recently, they co-sponsored showings with the Tulsa World in Tulsa and with *The Oklahoman* in Oklahoma City at which 200 and 600, respectively, attended to view the film and hear expert panels discuss the impact of ACEs. First Lady Sara Stitt facilitated the panel discussion at both events and is currently working with the foundation on plans for events in smaller communities around the state.

The Potts Family Foundation has also provided small grants to communities to implement community resilience coalitions. These efforts culminated most recently in a state-wide training event led by Laura Porter, one of the leaders of the state of Washington's ACEs initiative. This 10-year initiative has been credited with saving the state more than \$1.4 billion through improvements in youth arrests for violent crimes and drug use, domestic violence, births to teen mothers, school drop-outs, and other problems. At the October 2019 event, co-sponsored by CIRCA and ten other local funders, more than 180 individuals from 21 community resilience communities attended a day-long session in developing “self-healing communities” using the model developed in Washington state. Twenty communities sent 5-8 members from multiple disciplines; communities included Ada/Chickasaw Nation, Ardmore, Bartlesville, Claremore, Canadian County, Duncan/Stephens County, Enid, Guthrie/Logan County, Lawton/Ft. Sill,

McAlester/Pittsburg County, Mid-Del Public Schools, NE OKC, Noble, Norman, Oklahoma City Public Schools, Putnam City Public Schools, Shawnee/Pott County, Stillwater/Resilient Payne County, Tulsa and Woodward. The statewide Trauma Task Force also made up a team. Teams were led through the NEAR (Neuroscience, Epigenetics, ACEs, Resilience) science, Executive Function Skills and the 6 Principles of Self-Healing Communities – Inclusive Leadership, Iterative Cycles of Learning, Emergent Capabilities, NEAR-Informed Engagement, Right-Fit Solutions and Hope and Efficacy. An additional half-day training was conducted for 60 key leaders on the leadership and civic skills needed to implement systems and policy changes. These two events in Oklahoma City were followed by a full day in Tulsa presenting the latest research findings from experts in adversity and resilience from around the world. Each community group was invited to send a member and representatives from state government were also among the 125 attendees.

Oklahoma is uniquely poised to lead the nation in promoting resilience in the face of adversity. First, there is a high degree of historical trauma and adversity in Oklahoma, a state in which a large proportion of the population are descendants of Native American peoples forcibly moved from their original homelands and others who came in desperate circumstances to claim homesteads. In 1920 Tulsa's thriving African American community was virtually destroyed by one of the worst race massacres in U.S. history. Nearly one-quarter of the state's population left Oklahoma during the draught and depression during the 1930s. Many families today are still struggling with the legacy of the tragedies experienced by their ancestors.

Oklahoma is also well positioned to create programs and policies that build resilience. It can be argued that Oklahomans have already proved their resilience, in that many who survived the previous calamities have created pockets of prosperity and achievement throughout the state. Foundation-funded programs are being implemented, primarily in the larger cities, that address intergenerational trauma (such as the Educare Centers in Tulsa and OKC, Tulsa's BEST strategy and Women in Recovery, OKC's Re-Merge).

Oklahoma State University's Center for Health Sciences was awarded the National Institutes of Health's only research center on adversity and resilience, the Center for Integrative Research on Childhood Adversity (CIRCA), which supports scientists and practitioners developing and testing more effective strategies to promote resilience. State agencies and organizations are nationally recognized for their efforts to deal with childhood trauma.

What has been lacking is a statewide systematic and intentional approach to create opportunities for recovery from trauma and foster resilience in all corners of the state, particularly in rural and difficult to reach communities. The purpose of this task force is to identify sustainable strategies to support and expand both local and statewide initiatives that reduce children's exposure to adversity and increase opportunities for resilience throughout the State.

States to Consider

In a number of states, trauma-informed care and Adverse Childhood Experiences are topics of recent legislative measures.²⁰

A 2017 review by the National Conference of State Legislatures (NCSL) found nearly 40 bills that had been introduced in 18 states, all of them dealing with the topic of Adverse Childhood Experiences in one way or another. The NCSL scan found seven statutes enacted in six different states.²¹

A more recent report from State ACES Action, an online advocacy community, identified 56 statutes and resolutions that have been adopted by the states since 2011.²²

As the prospect of becoming a top ten state remains on the horizon of Oklahoma's agenda, addressing the impact of ACEs upon the state's most vulnerable becomes of utmost importance. States such as California, Colorado, Wisconsin, and Washington have found themselves on the forefront of innovation in statewide trauma-informed care. Several efforts from these states are detailed below.

California

Leading the nation with the lowest prevalence of four or more ACEs, addressing the impact of ACEs is at the forefront of California's public health policy.¹⁵ A plethora of programs have been implemented in the state to combat the effects of ACEs. The state's campaign "Let's Get Healthy California" integrates ACEs research into their 10 year plan to make California the healthiest state in the country.²³

Colorado

A significant portion of Adverse Childhood Experiences are in the category of child maltreatment. Recognizing this fact, in 2017, Colorado launched the Child Maltreatment Prevention Framework for Action in order to help local communities create a better plan for preventing child maltreatment and promoting child well-being.²⁴ The framework is designed as a tool to guide strategic thinking. It includes six foundational principles and a set of "Overarching Outcomes" that can be used to measure long-term success.

Washington

Spurred into action in 2016 by an executive order from the governor, the state of Washington began a multidisciplinary effort to introduce trauma-informed care to both state and public agencies.²⁵ Beginning in July, 2019, Washington State Healthcare Authority launched trauma-informed trainings around the state. This initiative was implemented in order for community agencies to become more trauma-informed for the citizens they serve. Likewise, community grants were issued by the Healthcare Authority to help bolster already present trauma-informed practices, and all state agencies have introduced individual plans to become more trauma-informed.

Wisconsin

In 2012, Wisconsin launched the Wisconsin Trauma Project (WTP) with the idea of introducing a trauma-informed child welfare system.²⁶ Although Wisconsin falls in the mid-range when it comes to ACEs, progress from the Project should help to increase public knowledge and political action.

The WTP remains the stalwart contributor to the spread of trauma-informed practices across the state. The project began with two participating sites and has since expanded to 21 state and county agencies in an effort to spark organizational change.

The WTP contains three components: (1) Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative; (2) Trauma-Informed Parenting Training; and (3) Trauma-Informed Systems Change. These components tackle training for clinicians, parents, case workers, and system-wide training utilized to create a more trauma-informed care system. Together, the three components model an

interdisciplinary and collaborative approach to TIC, and, within a year, allowed for 689 children to be screened and assessed for trauma.²⁷

Economic Impact

Across the United States, the economic costs of ACEs are staggering.

For an adult who suffered from an Adverse Childhood Experience, the immediate cost is felt in increased out-of-pocket expenses for medical care. According to research published in the *American Journal of Preventive Medicine*, adults who lived through adversity and trauma as children pay “a disproportionate economic price related to these worse health outcomes throughout adulthood.”²⁸ Researchers found that adults who reported three or more ACEs had a 30% higher cost of out-of-pocket medical expenses compared to adults who reported an ACE score of zero.

“The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion.”

Of course, out-of-pocket costs are only a fraction of the total cost of medical care. The major portion of costs are payments from public and private health insurance. Additionally, one must consider the non-medical costs that are related to the behavioral problems that are associated with high ACE scores. These costs include increased expenditures for remedial education, law enforcement, criminal justice expenses, and lost worker productivity. Many of these expenses are ultimately borne by the taxpayer.

To get a sense of the total cost of ACEs over a lifetime, a 2012 study published in *Child Abuse and Neglect: The International Journal* focused on one component of Adverse Childhood Experiences. Researchers from the Centers for Disease Control and Prevention (CDC) examined the lifetime costs of child maltreatment.²⁹ The scope of their research did not include individuals who suffered from Household Challenges (separate from child abuse and neglect).

The estimated average lifetime cost per victim of nonfatal child maltreatment was found to be \$210,012, according to the study. This estimate includes long-term expenses such as childhood and adult medical expenses, child welfare costs, special education costs, criminal justice expenses, and lost productivity.

According to the report, “The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion.” That figure was given as a conservative estimate.

Extrapolating from this report, it is possible to get a sense of the cost of ACEs in Oklahoma. For example, we can consider the number of confirmed victims of child abuse and neglect in our state. In SFY 2017, the number of confirmed cases was 15,289. That means, Oklahoma can expect more than \$3.2 billion of lifetime costs associated with only those children identified as maltreatment victims during SFY 2017 alone.³⁰

Another way to look at the cost of childhood trauma is to consider the annual (rather than lifetime) economic impact of ACEs-related health outcomes and behaviors. Earlier this year, the Sycamore Institute published a study of this type. Titled, “The Economic Cost of ACEs in Tennessee: Medical Costs and Worker Absenteeism from Health Issues Attributed to Adverse Childhood Experiences,” the report focused narrowly on the costs in the state of Tennessee.³¹

The Sycamore Institute report found that, “ACEs among Tennessee adults led to an estimated \$5.2 billion in direct medical costs and lost productivity from employees missing work.” This analysis considered the medical and worker absenteeism costs attributable to eight ACE-related health outcomes and behaviors: Smoking, Depression, Cardiovascular Disease, Obesity, Diabetes, COPD, Asthma, and Hypertension. The cost estimates were derived from an analysis of several data sources, including the CDC’s Behavioral Risk Factor Surveillance System (BRFSS).

Each of the reports listed above looks at the cost of ACEs from a slightly different perspective. Each analysis has its own drawbacks and limitations. In our search for information about the cumulative cost of childhood trauma, we have not been able to find a unique cost estimate that reliably encompasses all of the costs, public and private, that can be attributed to Adverse Childhood Experiences.

The best we can say is that the costs are expansive. They include medical expenses, special education costs, criminal justice expenses, and more. Reduced productivity is an additional major cost.

To reduce this drag on our state's economy, effective counter-measures are indicated. Efforts to prevent ACEs and mitigate their effects could potentially reduce these costs. Central to this effort will be the implementation of new and expanded practices in trauma-informed care.

C. Duties of the Task Force

Senate Bill 1517 directs the Task Force on Trauma-Informed Care to complete a number of objectives during its three-year lifespan.

The most urgent duties of the task force are described in Paragraphs 1.D.1 and 1.D.3 of the Act.

Paragraph 1.D.1 requires the task force to complete a series of tasks by November 1, 2019 “...and not less often than annually thereafter.” These tasks include:

- a. identify and evaluate a set of evidence-based, evidence-informed and promising best practices, which may include practices already supported by the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education or another state agency,*
- b. recommend such set of best practices, including disseminating the set to:*
 - (1) the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education and other state agencies as appropriate,*
 - (2) state, tribal and local government agencies, including State, local and tribal educational agencies,*

(3) other entities, including but not limited to recipients of relevant state grants, professional associations, health professional organizations, state accreditation bodies and schools, and

(4) to the general public, and

c. maintain and update, as appropriate, the set of best practices pursuant to this paragraph.

Paragraph 1.D.3 compels the task force to complete additional assignments within the same timeframe:

a. coordinate, to the extent feasible, among the offices and other units of government represented on the Task Force, research, data collection and evaluation regarding models described in subsection E of this section,

b. identify gaps in or populations or settings not served by models described in subsection E of this section, solicit feedback on the models from the stakeholders described in subsection E of this section,

c. coordinate, among the offices and other units of government represented on the Task Force, the preventing and mitigating trauma, and

d. establish procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating of trauma.

The membership composition of the task force is intentionally designed to include people with a significant degree of knowledge and interest in ACEs and trauma-informed care. Even so, the members of the task force are not expected to rely entirely on their own expertise and resources in order to complete their duties. Rather, SB 1517 directs the task force to expand their resources by tapping the knowledge of community partners and stakeholders.

In particular, Paragraph 1.E.1 of the Act requires the task force members to "consider findings" from institutions of higher education, community practice, recognized professional associations, and others as the task force is identifying the set of best practices mentioned in 1.D.1.

Additionally, Paragraph 1.E.2 requires the task force to "engage with and solicit feedback from" a diverse group of stakeholders, including:

- ✓ Faculty at institutions of higher education including, but not limited to, the Center for Integrative Research on Childhood Adversity (CIRCA);
- ✓ Community practitioners using care models that reflect the science of healthy child, youth and family development; and
- ✓ Recognized professional associations that may be able to provide observations and practical recommendations on best practices.

Not least of all, the task force is mandated to hold at least one public meeting "...to solicit recommendations and information relating to best practices" from Oklahoma residents.

Best Practices. In terms of the “best practices” that the task force is charged with identifying and recommending, SB 1517 directs the task force to compile its recommendations in a couple of different ways.

First, as described in Paragraph 1.E.3 of the Act, the task force is required to:

“3. Recommend models for settings in which individuals may come into contact with children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma....”

The list of settings is extensive. It includes schools, preschool and early childhood education and care settings, home visiting settings, after-school program facilities, child welfare agency facilities, public health agency facilities, mental health treatment facilities, substance abuse treatment facilities, faith-based institutions, domestic violence centers, homeless services system facilities, juvenile justice system facilities, law enforcement agency facilities, hospitals, and settings where health care providers, including primary care and pediatric providers, provide services.

Second, as described in Paragraph 1.E.4 of the Act, the task force has a mandate to:

“4. Recommend best practices that are evidence-based, are evidence-informed or are promising and practice-based....”

The task force is instructed to identify best practices that include guidelines for a variety of activities and services. The scope of these best practices is broad. It includes programs and activities designed for:

- ✓ Training of front-line service providers (teachers, health care providers, providers from child-serving organizations, etc.);
- ✓ Implementing appropriate responses;
- ✓ Implementing systems and procedures to refer children and youth to services;
- ✓ Educating children and youth to understand trauma and to identify the symptoms of trauma;
- ✓ Multi-generational interventions to support parents and adult caregivers, etc.;
- ✓ Community interventions for areas that have suffered from substantial discrimination, historical or cultural oppression, etc.;
- ✓ Assisting parents and guardians in obtaining health benefits coverage, including coverage under a State Medicaid plan under Title XIX of the Social Security Act;
- ✓ Utilizing trained nonclinical providers (such as peers, mentors, clergy) to provide services;

What is a trauma-informed "practice?"

Senate Bill 1517 suggests that a trauma-informed practice may be a variety of activities and services.

In our interpretation of the word “practice,” we include activities and services that are sometimes referred to as:

- ✓ programs
- ✓ strategies
- ✓ approaches
- ✓ methods
- ✓ procedures
- ✓ protocols
- ✓ responses
- ✓ etc.

A distinguishing characteristic of a trauma-informed practice is that it is implemented with the goal of reducing, preventing or mitigated Adverse Childhood Experiences.

- ✓ Collecting data from screenings, referrals, services, etc., to improve processes for trauma-informed support and outcomes;
- ✓ improving disciplinary practices in early childhood education and care settings and schools (to reduce the incidence of suspensions, expulsions);
- ✓ Providing training to child care providers and to school personnel (school resource officers, teacher assistants, administrators, heads of charter schools) -- helping them to understand and identify early signs and risk factors of trauma in children and youth; and
- ✓ Incorporating trauma-informed considerations into educational, pre-service and continuing education opportunities, for health professional and education organizations and others.

As can be seen from the description provided above, the duties of the task force are expansive. Within the context of SB 1517, the members of the task force are encouraged to think broadly about the scope of their work.

Ultimately, the recommendations of the task force will have the potential to strengthen and expand trauma-informed care practices throughout the state.

In the next chapter of this report, we will describe the accomplishments of the task force during its first 12 months of existence.

3. Task Force Progress

A. Task Force Meetings and Key Informants

During its first 12 months of operation, the Task Force on Trauma-Informed Care held a number of meetings that were well-attended by task force members. Members of the public attended the meetings, as well, including many individuals representing state agencies, higher education, and non-governmental organizations.

The meetings were designed to bring forth information about: (i) the impact of childhood trauma; and (ii) steps that may be taken to develop best practices in trauma-informed care.

The members used these meetings to learn about trauma-informed care and to share information about Adverse Childhood Experiences, strategies to promote resilience, and related topics.

Family Resource Centers. Early in the development stage of the task force, members heard a presentation from Andrew Russo, the director and co-founder of the National Family Support Network (NFSN). Founded in 2011, NFSN is a coordinating body for more than 3,000 family supporting and strengthening organizations, such as Family Resource Centers. It is a membership-based organization. Mr. Russo described how local member organizations work with families to enhance parenting skills, connect families to resources, increase school readiness, develop parent and community leadership, and promote family economic success, and prevent child abuse.

The most common type of family supporting and strengthening program is a Family Resource Center. These centers are known by many different names across the country, including Family Centers, Family

Success Centers, Family Support Centers, and Parent Child Centers. They may be community-based or school-based.

As described on the NFSN website, Family Resource Centers “...serve as welcoming hubs of community services and opportunities designed to strengthen families. Their activities and programs, typically provided at no or low cost to participants, are developed to reflect and be responsive to the specific needs, cultures, and interests of the communities and populations served.”³²

Mr. Russo outlined five protective factors which research has shown to increase family stability, enhance child development, and reduce child abuse and neglect. The five protective factors, developed by the Center for the Study of Social Policy in 2005, include:³³

- Parental Resilience
- Social Connections
- Concrete Support in Times of Need
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children

The Colorado Child Maltreatment Prevention Framework for Action. In June, 2019, the task force heard a short report from Kendra Goldsberry Dunn of the Colorado Department of Human Services. Ms. Dunn presented information about the Colorado Child Maltreatment Prevention Framework for Action. It is a visionary framework with guidelines and strategies for communities to work collectively and locally to prevent child maltreatment. It was launched in 2017 with support from Chapin Hall at the University of Chicago and the Children’s Trust of South Carolina. Ms. Dunn discussed how the framework includes a general trauma-informed approach.

In August, 2019, several more presenters were invited to share information with the task force.

Handle with Care. Adrienne Elder, MPH, offered a brief description of a trauma-informed practice called, *Handle with Care*. This is an initiative that started in West Virginia. It is a program that is implemented when law enforcement is called to a residence where a child is present. If any children have been exposed to trauma in their home, the *Handle With Care* program is designed to assure that they receive appropriate interventions to help them achieve academically -- despite whatever traumatic circumstances they may have endured.

As explained on the website of the West Virginia Center for Children's Justice, the Handle With Care model works like this:

"If a law enforcement officer encounters a child during a call, that child's name and three words, HANDLE WITH CARE, are forwarded to the school/child care agency before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are 'Handled With Care.' If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school."

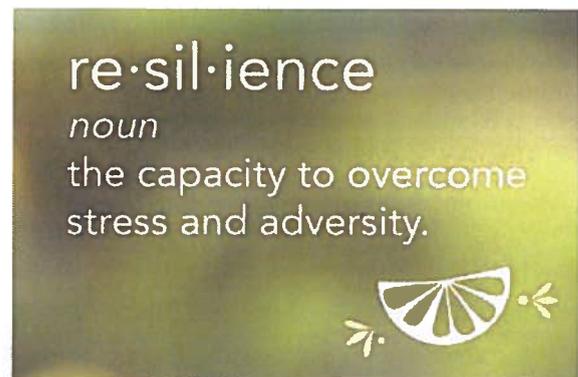
Ms. Elder said an effort is currently underway to implement Handle With Care across the state of Oklahoma. It is being rolled out in participating school districts. For example, it has been started in the Oklahoma City Public Schools in cooperation with the Oklahoma City Police Department. In Cleveland County, the program has been adopted by Lexington, Little Axe, and Noble public schools.

Initiatives of the OUHSC Biomedical and Behavioral Methodology Core. A second presenter at the August meeting of the task force was David Bard, Ph.D., of the University of Oklahoma Health Sciences Center. Dr. Bard is an associate professor in the OUHSC Biomedical and Behavioral Methodology Core. He is the principal investigator for a number of pediatric research studies at OUHSC.

Dr. Bard gave a presentation on two initiatives of interest to the task force: (i) Positive parenting practices, and (ii) The “Lemonade for Life” program.

“Lemonade for Life” is a trauma-informed intervention designed to screen and address parents’ Adverse Childhood Experiences (ACEs). Developed and researched by the University of Kansas, Lemonade for Life has been specifically adapted for Hispanic populations and members of the Cherokee Nation.

Lemonade for Life is described as a training program designed to promote resiliency and hope. The goal of the program is to help prevent future exposure to ACEs.



The goal of the Lemonade for Life program is to help prevent future exposure to ACEs while promoting resiliency and hope.

Image: LemonadeForLife.org

The task force was especially interested in the Lemonade for Life initiative because the members of the task force have a duty to look for multi-generational interventions that support parents, foster parents, and adult caregivers. By supporting parents, the Lemonade for Life program aims to prevent and mitigate the effects of trauma for children and youth who have experienced or are at risk of experiencing trauma.

On a related note, Dr. Bard described several positive parenting practices that serve to prevent and mitigate the effect of childhood trauma. These include:

- ✓ Reading;
- ✓ Stories/singing;
- ✓ Playing;
- ✓ Going outside;
- ✓ Family meal time; and
- ✓ Less than 2 hours a day of TV.

These practices relate directly to another duty of the task force: To identify practices that foster safe, stable and nurturing environments and relationships that prevent and mitigate the effects of trauma.

Protective and Compensatory Experiences (PACes). A third presenter at the August meeting was Dr. Jennifer Hays-Grudo. As the director of the Center for Integrative Research in Childhood Adversity (CIRCA), Dr. Hays-Grudo stays current on the latest research on childhood trauma. She described some

of the physiological effects that can result from traumatic experiences in childhood. Dr. Hays-Grudo introduced the concept of Protective and Compensatory Experiences (PACEs).

As described by Dr. Hays-Grudo, PACEs serve to buffer the immediate and long-term effects of ACEs. She describes PACEs as experiences that children require in order to prevent risk and promote resilience. It is possible to measure an individual's PACE score using a survey that has been developed by Drs. Hays-Grudo and Amanda Morris. The survey is designed to identify protective and compensatory experiences that have been shown to offset the impact of Adverse Childhood Experiences. The questions identified in the survey include:

Protective and Compensatory Experiences (PACEs)

When you were growing up, prior to your 18th birthday:

1. Did you have someone who loved you unconditionally (you did not doubt that they cared about you)?
2. Did you have at least one best friend (someone you could trust, had fun with)?
3. Did you do anything regularly to help others (e.g., volunteer at a hospital, nursing home, church) or do special projects in the community to help others (food drives, Habitat for Humanity)?
4. Were you regularly involved in organized sports groups (e.g., soccer, basketball, track) or other physical activity (e.g., competitive cheer, gymnastics, dance, marching band)?
5. Were you an active member of at least one civic group or a non-sport social group such as scouts, religious group, or youth group?
6. Did you have an engaging hobby—an artistic/creative or intellectual pastime either alone or in a group (e.g., chess club, debate team, musical instrument or vocal group, theater, spelling bee, or did you read a lot)?
7. Was there an adult (not your parent) you trusted and could count on when you needed help or advice (e.g., coach, teacher, minister, neighbor, relative)?
8. Was your home typically clean AND safe with enough food to eat?
9. Overall, did your schools provide the resources and academic experiences you needed to learn?
10. In your home, were there rules that were clear and fairly administered?

Additionally, Dr. Hays-Grudo has developed a list of some characteristics of a trauma-informed approach to care and treatment. Elements of the list include:

<u>Non-Trauma Informed Approaches</u>	<u>Trauma-Informed Approach</u>
<i>Power over</i>	<i>Power with</i>
<i>You can't change</i>	<i>Your brain is "plastic"</i>
<i>People need fixing first</i>	<i>People need safety first</i>
<i>People are out to get you</i>	<i>People can live up to the trust you give them</i>
<i>Fear-based</i>	<i>Empathy-based</i>
<i>People make bad choices</i>	<i>People who feel unsafe do unsafe things</i>
<i>Behavior viewed as problem</i>	<i>Behavior viewed as solution</i>
<i>People are bad</i>	<i>People are doing the best they can</i>

Two other presenters also spoke to the task force at the August meeting.

Trauma Drama. Deana Wilkinson from the Center for Children and Families, Inc., (CCFI) in Norman, OK, gave a brief presentation on "Trauma Drama." This is a new program to help young people process any trauma they have experienced. It is being implemented by CCFI in partnership with Sooner Theatre, the OU School of Social Work, and Norman Public Schools.

The program is described in an article in the Norman Transcript newspaper³⁴:

"Trauma Drama works like this: The troupe goes on stage and performs a scene, which is mostly improv. The scenes cover topics that participating students may be struggling with, Wilkinson said, such as abuse, neglect, relationship issues, or bullying.

"The troupe will pause and let kids jump in and see how they will respond," Wilkinson said. "Then we process all of that at the end of the hour and do some down-regulating activities. As we go through the year, they develop skills of communicating, conflict resolution, and just kind of working through life issues kids face."

"What happens in the scene is mostly up to the participants. Students can choose the roles they want to play and express themselves in the manner they choose."

"Mimi Sullivan, a Trauma Drama trainer who researches the program, said children who participate see the problems presented are not unique to them. By seeing that they are not alone, it helps them process their feelings."

Ms. Wilkinson said about 25 students, mostly freshmen students at Norman High School, will participate in the program. They will be chosen through outlets such as school counselors and the Boys and Girls Club.

Resilience: The Biology of Stress and the Science of Hope. A final presenter at the August meeting of the task force was Linda Manauh of the Potts Family Foundation (PFF) of Oklahoma City. PFF supports early childhood (0-5) initiatives to address the root causes of early childhood neglect. The foundation's interest in this topic has led them to sponsor a showing of the film, "Resilience," more than 140 times across the state.

"Resilience" is a 60-minute documentary produced by filmmaker James Redford. The subtitle of the film is, "The Biology of Stress and The Science of Hope." Thanks to the Potts Family Foundation, "Resilience" has been seen by over 8,000 Oklahomans in the last two years.

As stated in the film, resilience is a natural counter-weight to Adverse Childhood Experiences (ACEs). It is the ability to thrive, adapt, and cope despite tough and stressful times.

A key concept of the film is that resilience is not an innate characteristic. Rather, it is a skill that can be taught, learned, and practiced. So, the more resilient a child is, the more likely they are to deal with negative situations in a healthy way. Everybody has the ability to become resilient when surrounded by the right environments and people.

The wide-ranging duties of the task force include identifying educational practices that help young people to “understand trauma” and to “identify signs, effects or symptoms of trauma.” In this regard, the showing of the “Resilience” film is a practice that the task force is naturally interested in.

At the September meeting of the task force, the members continued their pursuit of knowledge about trauma-informed practices in Oklahoma. They heard several reports from guest presenters.

Governor Stitt's “Front Porch” Initiative. The first presenter was Tom Bates, Interim Commissioner of Oklahoma State Department of Health and a special advisor to Governor Stitt. Mr. Bates gave a short presentation about the governor's new Front Porch Initiative. It is envisioned as a better way to integrate the services offered by Oklahoma's state health and human services agencies.

The initiative, which is presently in a planning stage, is intended to simplify how Oklahomans interact with several state departments, including the Oklahoma Health Care Authority, the Department of Health, the Department of Mental Health and Substance Abuse Services, the Department of Human Services, and the Office of Juvenile Affairs.

The Front Porch initiative is not a trauma-informed practice, per se. However, the members of the task force are interested in the initiative because it intersects with the duties of the task force.

The duties of the task force include coordinating among several state agencies on topics related to trauma-informed care. In particular, the task force has a duty to coordinate “research, data collection, and evaluation” of trauma-informed practices. It also has a duty to coordinate on the prevention and mitigation of trauma. One of the duties of the task force, as stated in SB 1517, is to: “Establish procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating of trauma.”

We recognize that the governor's Front Porch initiative may be a helpful vehicle for the task force to use as it pursues its coordination duties.

Safe Babies Court Team. A second presentation at the September meeting was on the Tulsa County ZERO TO THREE Safe Babies Court Team (SBCT). This presentation was delivered by Steve Lewis, JD, and Sarah Beilke, MSW.

The Safe Babies Court Team is described as a systems change initiative that brings together the courts, DHS Child Welfare Services, and child serving organizations to serve vulnerable children ages 0-3. The program is focused on infants and toddlers who have been placed in foster care because they have experienced some type of abuse and/or neglect in their family of origin.

The SBCT model brings together a multi-disciplinary team of child welfare and health professionals, child advocates, and community leaders who advocate for and provide services to abused and neglected infants and toddlers and their families. Key components of the model include monthly court hearings and case reviews, provision of child-focused services, infant mental health interventions, and use of evidence-based parenting education/interventions.

In Tulsa County, the SBCT relies on the Judicial Leadership of the Hon. Judge Martha Rupp Carter, Chief Judge of the Juvenile Division.

The task force has a specific duty, stated in SB 1517, to identify trauma-informed practices that *"use partnerships that include local social services organizations or clinical mental health or health care service providers with expertise in furnishing support services."*

Resilience Communities. A third presenter in September was Linda Manaugh of the Potts Family Foundation.

As noted above, the Potts Family Foundation has a deep interest in early childhood development, and they have sought to educate Oklahomans about Adverse Childhood Experiences (ACEs) through the film, "Resilience."

To promote greater community involvement in the development of local systems of trauma-informed care, the Potts Family Foundation is supporting the development of resilience communities. These are community-based efforts to help community leaders learn about and promote trauma-informed practices.

Ms. Manaugh announced that the Potts Family Foundation will host an all-day training session for resilience communities. She invited members of the task force to participate as individuals.

The OCCY Parent Partnership Board. Annette Jacobi delivered some information to the task force about a new program at the Oklahoma Commission on Children and Youth (OCCY). The commission has been empowered to administer a new program: the Children's Endowment Fund of Oklahoma. OCCY has the authority and duty to administer the Fund for the purpose of awarding grants to improve the well-being of Oklahoma's children and to reduce their Adverse Childhood Experiences.

There is not yet any money in the Children's Endowment Fund. However, when it is funded, OCCY will use the fund to stimulate a broad range of innovative programs, activities, research, and evaluation.

Ms. Jacobi pointed out that the management of the Children's Endowment Fund will be advised by a new Parent Partnership Board. The board is designed to represent the voice of parents who have direct knowledge and experience in caring for children.

After it gets up and going, the Board will make recommendations to OCCY on criteria and procedures for awarding grants. The board will also recommend grant topics and develop and evaluate grant proposals. It will inform the work of Oklahoma's child-serving systems on a broad range of innovative programs, activities, research or evaluation to reduce Adverse Childhood Experiences.

The Children's Endowment Fund represents a potential platform for expanding Oklahoma's future investment in trauma-informed practices. The creation of the Parent Partnership Board will assure that the voices of parents are represented in important decisions about the allocation of valuable public resources.

B. Identifying Best Practices in Trauma-Informed Care

Oklahoma has the highest percentage of youth who have experienced four or more ACEs.¹⁵ As such, it is imperative to identify and employ best practices in trauma-informed care. Although there are efforts to

transform Oklahoma into a more trauma-informed state, a greater saturation of these efforts is needed in government and public agencies alike.

Literature concerning best practices suggests that a multidisciplinary, interagency effort provides the most compelling model of trauma-informed care.³⁵ As the leading knowledge base on trauma-informed care, the National Child Traumatic Stress Network (NTCSN) recommends a trauma informed *system*. One in which service providers and agencies—such as law enforcement, schools, physicians, and government agencies—collaborate with all involved in the care of the child.

The NTCSN lists the core components of a trauma-informed system as:

1. *Routinely screen for trauma exposure and related symptoms.*
2. *Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.*
3. *Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.*
4. *Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.*
5. *Address parent and caregiver trauma and its impact on the family system.*
6. *Emphasize continuity of care and collaboration across child-service systems.*
7. *Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.*

Likewise, the Substance Abuse and Mental Health Services Administration (SAMHSA) outlines best practices in trauma-informed care. Their concept of “The Four R’s” acts as a guideline to trauma-informed practices. The “Four R’s” assume that in a trauma-informed system, individuals will be able to:

1. *Have a basic **Realization** about trauma and understand the effects of trauma.*
2. ***Recognize** the signs of trauma.*
3. *The system will be able to **Respond** by applying principles of TIC.*
4. *The trauma-informed approach seeks to **Resist Re-traumatization**.*

The movement toward trauma-informed care has slowly migrated across our state. As outreach programs and advocates of TIC approaches continue to spread awareness, TIC practices are evolving within several communities. Examples of such practices are provided in the following sections. A comprehensive table of known practices in Oklahoma can be found in Attachment C, “A Sampling of Trauma-Informed Practices in Oklahoma.”

Trauma-Focused Cognitive Behavior Therapy (TF-CBT)

Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is an evidence based practice for treatment of childhood posttraumatic stress disorder (PTSD). TF-CBT is a relatively short-term, skills-based treatment program utilized to teach families skills to reduce distress and increase coping capacity.³⁶

Currently, Oklahoma is home to four nationally recognized trainers in TF-CBT who offer training to mental health professionals.³⁷ As such, TF-CBT is available in many mental health agencies across the state. However, a common barrier to care is distance from service. Most agencies are housed in the state's larger towns or cities and for many in southern Oklahoma, access to care could mean a drive of an hour or more²⁷. Further gaps in care are addressed in *Section D* of this report.

Handle With Care

The Handle with Care model is yet another example of a trauma-informed practice utilized in the state of Oklahoma. The Handle with Care model is a collaboration between law enforcement and local public schools in an effort to promote a safe environment for those who have recently experienced a potentially traumatic event.³⁸ After responding to a call involving a child and a potentially traumatic event, an officer forwards a message to the child's school with their name and the words "handle with care" which allows the staff to implement trauma-informed training and practices. This model is currently integrated within several Oklahoma school districts including: Stillwater, Cleveland County, Canadian County, Lincoln County, Muskogee, and the Oklahoma City metro area.

Trust-Based Relational Intervention (TBRI)

Trust-Based Relational Intervention is a methodology aimed at impacting the lives of both caregiver and child. Participants of TBRI can expect to learn healthy methods of interaction in order for them to participate in the healing process. In a 2013 article, researchers from Texas Christian University listed the three principles of TBRI as: (1) Empowerment—attention to physical needs; (2) Connection—attention to attachment needs; and (3) Correction— attention to behavioral needs.^{39 44}

In Oklahoma, TBRI has found its place within Moore and Edmond public schools and in a number of agencies and mental health clinics throughout the state.

C. Coordinating Research, Data Collection, and Evaluation of Models

Senate Bill 1517 directs the Task Force on Trauma-Informed Care to complete a number of objectives during its three-year lifespan.

Among the duties of the task force is to "...coordinate, to the extent feasible, among the offices and other units of government represented on the Task Force, research, data collection and evaluation..." of the models of care reviewed by the task force.

Senate Bill 1517 directs the task force to perform this duty "*as often as practicable, but not less often than annually...*"

As of November, 2019, the task force has begun a comprehensive review trauma-informed care models in our state. We have attempted to reach out to a broad array of state agencies, non-governmental organizations, resilience communities, and others and have compiled a preliminary analysis of trauma-informed approaches being provided throughout the state. As required by law, we have sought out information from a number of sources, including:

- ✓ Community practitioners;

- ✓ Professional associations;
- ✓ Faculty at institutions of higher education including the Center for Integrative Research on Childhood Adversity (CIRCA); and
- ✓ The general public.

The results of our review, to date, are preliminary but serve as an excellent starting point for assessing strengths in our state as well as gaps in access and availability of programs and services.

In terms of research, the task force has conducted a number of academic literature reviews to gain up-to-date knowledge about best practices practices in trauma-informed care. We have searched the internet to learn about evidence-based models that are in use around the world. Our research activities have also included a review of public policies that have been adopted in various states in the Union. To augment our literature reviews, we have given our attention to information provided by various presenters, as described in 3.A of this report.

In the area of data collection, the task force has begun compiling information about trauma-informed practices in use throughout Oklahoma. A structured database is being created that will include data about various practices – including the locations, settings, types of practices, etc., that we are able to identify. (See Attachment C).

The members of the task force recognize that one of the duties is to coordinate the evaluation of trauma-informed care models. In pursuing this task, given the absence of resources allocated to the task force, we have not attempted to launch any new scientifically rigorous evaluations. Rather, we have informally evaluated the models of care that we have found through surveying state and local agencies and departments. To a large extent, we have relied on the offices and other units of government represented on the Task Force to evaluate the models of care that we have reviewed.

As we learn more about the skills and capacity of our task force members and the organizations they represent, we will seek to coordinate our evaluation activities in a more comprehensive fashion.

D. Identifying Gaps in Trauma-Informed Care Practices

HB 1517 and the Task Force on Trauma-Informed Care are among the first attempts at an interagency collaborative effort to provide resources for the mitigation of the effects of childhood trauma in Oklahoma. The production of a trauma informed system is imperative for state agencies to better serve the vulnerable Oklahomans. Gaps in care exist among several populations and settings in Oklahoma and failure to address these gaps perpetuates the barriers to care.

Rural Communities

A large majority of Oklahoma residents can be found within the limits of Cleveland, Tulsa, and Oklahoma counties.⁴⁰ For many other citizens, access to trauma-informed resources is less reliable. Largely, this is because services are less widely available. Access is limited by barriers of transportation and distance.

Such barriers are evident, for example, when we consider the availability of TF-CBT to rural Oklahomans. Although there is a wide array of care providers available to provide TF-CBT care across the state, these providers cluster around more heavily populated areas. An individual located in Stephens or McCurtain

County is subjected to an hour drive, or longer, to access the closest TF-CBT provider.²⁷ In addition to the distance, factors such as poverty may play into an individual's ability to travel to their services.

Poverty

Estimates from the United States Census indicate 15.6% of Oklahomans are living in poverty.⁴¹ In line with current population estimates, that is approximately 615,000 citizens with probable resource restrictions. Importantly, the NCTSN notes that maladaptive parenting practices can be associated with the stress of urban poverty. Factors such as warmth, effectiveness, and understanding of needs are diminished while factors such as use of corporal punishment, harsh discipline, neglect, and reactive parenting are increased.⁴²

Foster Care

From 2010 to 2012, Oklahoma participated in efforts of NCTSN to obtain best practices in trauma-informed care to improve placement stability within child welfare. Implemented practices included training for all agency staff—including administrative staff—, training for foster parents, including a trauma consultant, and using trauma informed language in court reports⁴³. As a result of this, the agencies involved garnered some key takeaways:

1. *As child welfare staff and partners gain further knowledge about trauma-informed care, the demand for services grows. Unfortunately, the number of services did not grow resulting in waitlists and frustration.*
2. *Trauma issues in parents was cited as one of the most significant unmet needs experienced by the participant agencies. The gaps in care were uncovered as the child welfare agencies were unable to provide support for the parents as they are specifically child serving agencies. This bolstered the idea of a multidisciplinary effort in trauma-informed care.*

Leading to their placement, children in the foster care system have been subjected to trauma and oftentimes are faced with potential traumatic experiences while in placement³³. Foster Care and child welfare, as a whole, are an integral facet in the road to a trauma informed system.

E. Coordinating to Prevent and Mitigate Trauma

Another duty of the task force, as stated in Senate Bill 1517, is to *“coordinate, among the offices and other units of government represented on the Task Force, the preventing and mitigating trauma....”*

Members of the Task Force understand this includes actions that will promote voluntary cooperation and coordination among task force members and the agencies and offices they represent. We envision that prevention and mitigation of early childhood trauma may be achieved more effectively if interagency cooperation is improved.

The members of the task force recognize that we have no authority to compel individual agencies to adopt new procedures or to change their existing policies or practices. Even so, we believe that it will be possible to promote effective interagency activities on a voluntary basis.

As of October, 2019, we have not yet identified any coordination activities that we can formally recommend. However, as we learn more about the practices of governmental and non-governmental organizations around the state (and beyond), we will seek to promote coordination in a voluntary and

transparent fashion. In particular, we will seek to identify model policies and procedures for improving interagency communication, coordination of care, and the sharing of technical expertise.

F. Sharing Technical Expertise to Prevent and Mitigate Trauma

As a preliminary finding, the task force has observed that the various offices and units of government within Oklahoma have varying degrees of technical expertise related to the prevention and mitigation of trauma. Even within the same agency, the technical expertise of workers may vary widely depending on each individual's job position and training.

In SB 1517, our task force is instructed to *“establish procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating of trauma.”*

With respect to this task, we have not yet (as of October, 2019) established any formal, written procedures to enable the sharing of technical expertise. However, we have tried to use our task force meetings as a forum for the sharing of information and the identification of potential connections and additional resources. We have been pleased that several offices and units of government have used our task force meetings to share information about their practices. Additionally, we are compiling a database of trauma-informed practices which includes activities, services, responses, etc., from several government agencies. As the database expands, the task force will develop appropriate mechanisms to share the practices that have been recorded.

In future meetings of the task force, we will develop procedures and methods for the sharing of technical expertise. For example, we will explore the development of an interactive online platform to facilitate the sharing of ideas and best practices.

In the next chapter of this report, we will look at the remaining tasks that must be completed by November, 2020.

4. Agenda for Future Work

Within the next 12 months, Senate Bill 1517 requires our task force to accomplish some major goals. By November 1, 2020, we must:

- (a) Prepare an integrated task force strategy report;
- (b) Submit the report to the chair of the Senate Health and Human Services Committee and the chair of the House of Representatives Children, Youth and Family Services Committee; and
- (c) Make the report publicly available.

The report must describe how the Task Force and member agencies will work together to prevent trauma (especially ACEs). Furthermore, we must implement “appropriate interventions and supports” for children and youth (and their families, as appropriate) who have experienced or are at risk of experiencing trauma.

SB 1517 says we must do this by collaborating, prioritizing options, and implementing a coordinated approach.

As of the date of this report (November, 2019), the task force is considering and examining options for implementing a coordinated approach, but have not yet established recommendations or priorities. As we contemplate the challenge before us, and as we reflect on the knowledge we have gained in the past 12 months, several ideas suggest themselves. The following concepts will be explored:

A Statement of Common Principles. We believe it may be useful for the task force and member agencies to adopt a statement of common principles, including agreement on the features of a trauma-informed interagency system. The features of such a system might include, but not limited to:

- Respecting the voice of youth and families;
- Agreement on the need for services that cultivate resilience;
- A recognition that ongoing, quality staff training is fundamental;
- Recognizing the need to address secondary trauma;
- Sharing data in order to identify gaps in services;
- A commitment to implementing services that are informed by data and focused on continuous quality improvement;
- Etc.

Trauma-Informed Staff Training. We will examine the availability of inter-agency staff training and continuing education in order to develop a competent and capable workforce, especially when serving youth who have experienced trauma.

The Voice of the Customer. We will seek agreement on the need to involve parents and youth in the planning and design of new services and program activities.

Effective cross-agency referral mechanisms. We will seek to assure that appropriate mechanisms are in place to provide a seamless, consistent response for service delivery across systems.

Encouraging the development of local trauma-informed Resilience Communities. We will seek agreement on the need to encourage multi-disciplinary collaborative groups to promote trauma-informed care in communities throughout Oklahoma.

Promote cultural competency. We will promote trauma-informed treatments and practices that recognize and encompass differences in disability, race, ethnicity, immigrant status, sexuality, and urban / rural status.

Seek the restoration and expansion of funding for trauma-informed care. To the extent that we can, we will support the expansion of funding for trauma-informed care delivered through state agencies.

Continuing and Sustainable Coordination Efforts. Not least of all, we will seek to identify and provide resources that will allow the important coordination efforts of this task force to continue after our mandate has expired. We will work toward the establishment of a dedicated team of public administrators with the skills necessary to gather and share information about trauma-informed care, encourage interagency coordination, and promote greater efficiency in the establishment of trauma-informed practices.

Attachments

A. Task Force Membership List ... by name and representation

B. Authorizing Legislation: SB 1517

C. A Table of Trauma-Informed Practices in Oklahoma

E. End Notes / References

Attachment A. Task Force Membership List

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Attachment B. Authorizing Legislation

An Act

ENROLLED SENATE BILL NO. 1517

By: Griffin and Floyd of the Senate
and

Bush, Lawson, Baker, West (Tammy), Osborn (Leslie), Watson, Munson, Condit and Sears of the House

An Act relating to trauma-informed care; creating the Task Force on Trauma-Informed Care to study and make recommendations to the Legislature on best practices with respect to children and youth who have experienced trauma; setting forth Task Force duties; providing for membership; specifying areas to be examined and time lines; specifying nature of recommendations; providing that Task Force meetings are subject to Oklahoma Open Meeting Act; providing that Task Force members shall not receive reimbursement; providing for noncodification; and providing an effective date.

SUBJECT: Trauma-informed care

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law not to be codified in the Oklahoma Statutes reads as follows:

A. There is hereby created until three (3) years after the effective date of this act, a task force to be known as the Task Force on Trauma-Informed Care. The Task Force shall:

1. Identify, evaluate, recommend, maintain and update as described in subsection D of this section and in accordance with subsection E of this section, a set of best practices with respect to children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, especially adverse childhood experiences (ACEs); and
2. Carry out other duties as described in subsection C of this section.

B. The Task Force shall be comprised of seventeen (17) members, each appointed by his or her respective agency:

1. One member who is an employee or designee of the State Department of Health;
2. One member who is an employee or designee of the Department of Mental Health and Substance Abuse Services;
3. One member who is an employee or designee of the Department of Human Services;
4. One member who is an employee or designee of the SoonerStart division of the State Department of Education;
5. One member who is an employee or designee of the State Department of Education, other than an employee or designee of the SoonerStart division;
6. One member who is an employee or designee of the Office of Juvenile Affairs;
7. One member who is an employee or designee of the Council on Law Enforcement Education and Training;
8. One member who is an employee or designee of the Oklahoma Commission on Children and Youth;
9. One member who is an employee or designee of Indian Health Services;
10. One member who is an employee or designee of the Oklahoma Health Care Authority;

11. One member who is an employee or designee of the Office of the Attorney General;
12. One member who is an employee or designee of the Center for Integrative Research on Childhood Adversity at Oklahoma State University;
13. One member who is an employee or designee of the Oklahoma chapter of a professional association of pediatricians;
14. One member who is an employee or designee of an association of Oklahoma physicians;
15. One member who is an employee or designee of the University of Oklahoma Health Sciences Center's Department of Pediatrics;
16. One member who is an employee or designee of an Oklahoma organization that advocates on behalf of children; and
17. One member who is an employee or designee of the Institute for Building Early Relationships at Oklahoma State University.

The members of the Task Force shall elect a chair from among the Task Force's membership.

C. Appointments to the Task Force shall be made within thirty (30) days after the effective date of this act.

D. The Task Force shall:

1. Not later than one year after the effective date of this act, and not less often than annually thereafter:
 - a. identify and evaluate a set of evidence-based, evidence-informed and promising best practices, which may include practices already supported by the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education or another state agency,
 - b. recommend such set of best practices, including disseminating the set to:
 - (1) the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education and other state agencies as appropriate,
 - (2) state, tribal and local government agencies, including State, local and tribal educational agencies,
 - (3) other entities, including but not limited to recipients of relevant state grants, professional associations, health professional organizations, state accreditation bodies and schools, and
 - (4) to the general public, and
 - c. maintain and update, as appropriate, the set of best practices pursuant to this paragraph;
2. Not later than two (2) years after the effective date of this act:
 - a. prepare an integrated task force strategy report concerning how the Task Force and member agencies will collaborate, prioritize options for and implement a coordinated approach to preventing trauma, especially ACEs, and identifying and ensuring the appropriate interventions and supports for children, youth and their families as appropriate, who have experienced or are at risk of experiencing trauma,
 - b. submit the report to the chair of the Senate Health and Human Services Committee and the chair of the House of Representatives Children, Youth and Family Services Committee, and
 - c. make the report publicly available; and
3. Not later than one year after the effective date of this act, and as often as practicable, but not less often than annually thereafter:

- a. coordinate, to the extent feasible, among the offices and other units of government represented on the Task Force, research, data collection and evaluation regarding models described in subsection E of this section,
- b. identify gaps in or populations or settings not served by models described in subsection E of this section, solicit feedback on the models from the stakeholders described in subsection E of this section,
- c. coordinate, among the offices and other units of government represented on the Task Force, the preventing and mitigating trauma, and
- d. establish procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating of trauma.

E. In identifying, evaluating, recommending, maintaining and updating the set of best practices under subsection D of this section, the Task Force shall:

1. Consider findings from evidence-based, evidence-informed and promising practice-based models, including from institutions of higher education, community practice, recognized professional associations and programs of the State Department of Health, the Department of Human Services, the Office of Attorney General, the State Department of Education and other agencies that reflect the science of healthy child, youth and family development, and have been developed, implemented and evaluated to demonstrate effectiveness or positive measurable outcomes;
2. Engage with and solicit feedback from:
 - a. faculty at institutions of higher education including, but not limited to, the Center for Integrative Research on Childhood Adversity (CIRCA),
 - b. community practitioners associated with the community practice described in paragraph 1 of this subsection,
 - c. recognized professional associations that represent the experience and perspectives of individuals who provide services in covered settings in order to obtain observations and practical recommendations on best practices, and
 - d. the public, by holding at least one public meeting to solicit recommendations and information relating to best practices;
3. Recommend models for settings in which individuals may come into contact with children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, including schools, hospitals and settings where health care providers, including primary care and pediatric providers, provide services, preschool and early childhood education and care settings, home visiting settings, after-school program facilities, child welfare agency facilities, public health agency facilities, mental health treatment facilities, substance abuse treatment facilities, faith-based institutions, domestic violence centers, homeless services system facilities, juvenile justice system facilities and law enforcement agency facilities; and
4. Recommend best practices that are evidence-based, are evidence-informed or are promising and practice-based, and that include guidelines for:
 - a. training of front-line service providers including teachers, providers from child-serving or youth-serving organizations, health care providers, individuals who are mandatory reporters of child abuse or neglect and first responders, in understanding and identifying early signs and risk factors of trauma in children and youth, and their families as appropriate, including through screening processes,
 - b. implementing appropriate responses,
 - c. implementing procedures or systems that:
 - (1) are designed to quickly refer children and youth and their families, as appropriate, who have experienced or are at risk of experiencing trauma, and ensure the children, youth and

- appropriate family members receive the appropriate trauma-informed screening and support, including treatment,
- (2) use partnerships that include local social services organizations or clinical mental health or health care service providers with expertise in furnishing support services including, but not limited to, trauma-informed treatment to prevent or mitigate the effects of trauma,
 - (3) use partnerships which co-locate or integrate services, such as by providing services at school-based health centers, and
 - (4) use partnerships designed to make such quick referrals, and ensure the receipt of screening, support and treatment, described in division (1) of this subparagraph,
- d. educating children and youth to:
- (1) understand trauma,
 - (2) identify signs, effects or symptoms of trauma, and
 - (3) build the resilience and coping skills to mitigate the effects of experiencing trauma,
- e. multi-generational interventions to:
- (1) support, including through skills building, parents, foster parents, adult caregivers and front-line service providers described in subparagraph a of this paragraph in fostering safe, stable and nurturing environments and relationships that prevent and mitigate the effects of trauma for children and youth who have experienced or are at risk of experiencing trauma,
 - (2) assist parents, foster parents and adult caregivers in learning to access resources related to such prevention and mitigation, and
 - (3) provide tools to prevent and address caregiver or secondary trauma, as appropriate,
- f. community interventions for underserved areas that have faced trauma through acute or long-term exposure to substantial discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, a high rate of violence or a high rate of drug overdose mortality,
- g. assisting parents and guardians in understanding eligibility for and obtaining certain health benefits coverage, including coverage under a State Medicaid plan under Title XIX of the Social Security Act of screening and treatment for children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma,
- h. utilizing trained nonclinical providers such as peers through peer support models, mentors, clergy and other community figures, to:
- (1) expeditiously link children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, to the appropriate trauma-informed screening and support including, but not limited to, clinical treatment services, and
 - (2) provide ongoing care or case management services,
- i. collecting and utilizing data from screenings, referrals or the provision of services and supports, conducted in the covered settings, to evaluate and improve processes for trauma-informed support and outcomes,
- j. improving disciplinary practices in early childhood education and care settings and schools, including but not limited to use of positive disciplinary strategies that are effective at reducing the incidence of punitive school disciplinary actions, including but not limited to school suspensions and expulsions,
- k. providing the training described in subparagraph a of this paragraph to child care providers and to school personnel, including school resource officers, teacher assistants, administrators and heads of charter schools, and
- l. incorporating trauma-informed considerations into educational, pre-service and continuing education opportunities, for the use of health professional and education organizations,

national and state accreditation bodies for health care and education providers, health and education professional schools or accredited graduate schools and other relevant training and educational entities.

F. The Task Force may meet as often as may be required in order to perform the duties imposed upon it. Meetings of the Task Force shall be subject to the Oklahoma Open Meeting Act.

G. Members of the Task Force shall receive no compensation or travel reimbursement.

SECTION 2. This act shall become effective November 1, 2018.

Attachment C.
A Sampling of Trauma Informed Practices in the State of Oklahoma

Attachment D. End Notes / References

Across the globe, community leaders and policy makers are recognizing that Adverse Childhood Experiences can have life-long consequences for a person's health and well-being.

¹ Source: ACE Global Research Network

World Health Organization

"...WHO and the United States Centers for Disease Control and Prevention are therefore building a global network focused on understanding the long-term health risk behaviour and chronic disease consequences of ACEs, and providing technical assistance to partners in this area."

https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/global_research_network/en/

ACEs are commonly divided into three categories of adverse experience.

² Source: CDC. (2019). Adverse childhood experiences: looking at how ACEs affect our lives and society.

https://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf

Dr. Robert Anda described his reaction the first time he reviewed the data from the survey of patients. "I wept," he said. "I saw how much people had suffered and I wept."

³ Jane Ellen Stevens, The Adverse Childhood Experiences Study — the Largest Public Health Study You Never Heard Of, Part Two. *The Huffington Post* (October 8, 2012; Updated Dec 06, 2017).

https://www.huffpost.com/entry/the-adverse-childhood-exp_4_b_1943772

...ACEs are cumulative with the risk of physical and mental health issues increasing as the number of adverse experiences increased.

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

For individuals having experienced 4 or more ACEs, the study found 2- to 12-fold increases in the risk for ischemic heart disease, stroke, COPD, alcoholism, illicit drug use, early intercourse, and suicide.

⁵ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ace) study. *American Journal of Preventive Medicine*, 14(4), 245-258.

Individuals having experienced 6 or more ACEs, on average, died 20 years earlier compared to individuals with no ACEs.

⁶ Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, 37(5), 389-396.

In July, 2019, the Tulsa World identified several indicators with a link to childhood abuse and neglect.

⁷ Tulsa World, July 8, 2019: "Special Report: Oklahoma leads the nation in childhood trauma. How does this affect our state and what can we do?" https://www.tulsaworld.com/news/state-and-regional/special-report-oklahoma-leads-the-nation-in-childhood-trauma-how/collection_7089b3a4-4b3f-5d9d-987d-58f32653a390.html#1 (Retrieved November 19, 2019)

Although down from 32.9% in 2016, Oklahoma remains the state with the highest percentage of children experiencing 2 or more ACEs.

⁸ America's Health Rankings analysis of U.S. HHS, HRSA, Maternal and Child Health Bureau (MCHB), Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health Indicator Data Set, Data Resource Center for Child and Adolescent Health, United Health Foundation, AmericasHealthRankings.org, Accessed 2019.

...The percentage of children living in poverty as well as the percentage of parents indicating difficulty covering necessities, such as food and housing, in Oklahoma is significantly higher than the national averages at 21% and 32%, respectively.

⁹ Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.

In addition, this study identified several groups at an increased risk for experiencing ACEs including women, young adults, individuals identifying as gay, lesbian, or bisexual, and multiracial individuals. Individuals with less than a high school education, those making less than \$15,000 annual income, and unemployed individuals were also more likely to report higher exposure to ACEs.

¹⁰ Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 states. *JAMA pediatrics*, 172(11), 1038-1044.

Research indicates 20 - 48% of children and teens have had more than one adverse experience before the age of 18.

¹¹ Saunders, B. E., & Adams, Z. W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics*, 23(2), 167-184

Children with 2 or more ACEs are 3 times more likely to have to repeat a grade, 3 times more likely to experience externalizing and internalizing difficulties, and at a 10-fold increase in risk for having a diagnosed learning disorder.

¹² Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, 35(6), 408-413.

Data from the 2016 National Survey of Children's Health (NSCH) indicates 63.7% of African-American children and 51.4% of Hispanic children reported one or more ACEs compared to 40.9% of white children.

¹³ Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity.

Data from the 2011-2012 NSCH indicates American Indian children are significantly more likely than their white peers to have experienced 2 or more ACEs, 40% versus 21%.

¹⁴ Kenney, M. K., & Singh, G. K. (2016). Adverse childhood experiences among American Indian/Alaska native children: the 2011-2012 national survey of children's health. *Scientifica*, 2016.

A study of 65,000 youth in the juvenile justice system found 98% of females and 97% of males reported at least one adverse experience, and 92% of females and 90% of males reported having multiple ACEs.

¹⁵ Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ace) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3(2).

Results indicated 42% of children had experienced 4 or more ACEs before the age of 6.

¹⁶ Clarkson Freeman, P. A. (2014). Prevalence and relationship between adverse childhood experiences and child behavior among young children. *Infant mental health journal*, 35(6), 544-554.

Furthermore, ACEs contributed to significantly more academic and behavioral difficulties in these same children.

¹⁷ Hunt, T. K., Slack, K. S., & Berger, L. M. (2017). Adverse childhood experiences and behavioral problems in middle childhood. *Child abuse & neglect*, 67, 391-402.

Trauma-informed care (TIC) is a model intended to increase resilience for those exposed to or vulnerable to trauma as well as prevent retraumatization.

¹⁸ Frydman, J. S., & Mayor, C. (2017). Trauma and early adolescent development: Case examples from a trauma-informed public health middle school program. *Children & Schools*, 39(4), 238-247.

Initially used in the therapeutic setting, TIC shows promising evidence as an effective method for mitigating the harmful effects of trauma and building resilience in children and adults.

¹⁹ Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal of child and family studies*, 24(6), 1650-1659.

In a number of states, trauma-informed care and Adverse Childhood Experiences are topics of recent legislative measures.

²⁰ **A Snapshot of Statutes related to ACEs and Trauma-Informed Policy**

A legislative scan in March by the National Conference of State Legislatures (NCSL) of bills that specifically include references to ACEs (nearly 40 bills in 18 states) also found seven statutes enacted in six different states. <https://www.acesconnection.com/g/state-aces-action-group/blog/a-snapshot-of-statutes-related-to-aces-and-trauma-informed-policy>

The NCSL scan found seven statutes enacted in six different states.

²¹ **A Snapshot of Statutes related to ACEs and Trauma-Informed Policy**

A legislative scan in March by the National Conference of State Legislatures (NCSL) of bills that specifically include references to ACEs (nearly 40 bills in 18 states) also found seven statutes enacted in six different states. <https://www.acesconnection.com/g/state-aces-action-group/blog/a-snapshot-of-statutes-related-to-aces-and-trauma-informed-policy>

A more recent report from State ACES Action, an online advocacy community, identified 56 statutes and resolutions that have been adopted by the states since 2011.

²² Elizabeth Prewitt, ACES Connection Staff · 4/22/19

The attached table summarizes all of the statutes and passed resolutions that contain the words "Adverse Childhood Experiences (ACEs)" and trauma-informed language through the end of 2018. There are nearly 60 statutes with the earliest law enacted in Washington State in 2011. The laws are categorized by subject matter such health care, education, training, and funding.

<https://www.acesconnection.com/g/state-aces-action-group/blog/snapshot-of-aces-statutes-and-resolutions>

The state's campaign "Let's Get Healthy California" integrates ACEs research into their 10 year plan to make California the healthiest state in the country.

²³ Essentials for Childhood Initiative. (2016). Adverse childhood experiences (ACEs): California update. California Department of Public Health

Recognizing this fact, in 2017, Colorado launched the Child Maltreatment Prevention Framework for Action in order to help local communities create a better plan for preventing child maltreatment and promoting child well-being.

²⁴ Colorado Department of Human Services. About the Colorado Child Maltreatment Prevention Framework for Action. <http://www.co4kids.org/about-colorado-child-maltreatment-prevention-framework-action>

Spurred into action in 2016 by an executive order from the governor, the state of Washington began a multidisciplinary effort to introduce trauma-informed care to both state and public agencies.

²⁵ Washington State Health Care Authority. (2019). Incorporating a trauma-informed approach in Washington <https://www.hca.wa.gov/assets/program/tial-fact-sheet-final-2019.pdf>

In 2012, Wisconsin launched the Wisconsin Trauma Project (WTP) with the idea of introducing a trauma-informed child welfare system.

²⁶ Wisconsin Department of Children and Families. (2015) 2015 Annual report of the WI trauma project <https://dcf.wisconsin.gov/files/cwportal/prevention/tp-annualrpt15.pdf>

Together, the three components model an interdisciplinary and collaborative approach to TIC, and, within a year, allowed for 689 children to be screened and assessed for trauma.

²⁷ Wisconsin Department of Children and Families. (2017). Wisconsin trauma project: 2017 annual update <https://dcf.wisconsin.gov/files/cwportal/prevention/tp-annualrpt.pdf>

According to research published in the *American Journal of Preventive Medicine*, adults who lived through adversity and trauma as children pay "a disproportionate economic price related to these worse health outcomes throughout adulthood."

²⁸ Adverse childhood events lead to high out-of-pocket medical costs in adulthood. (2019). Healio.com <https://www.healio.com/pediatrics/developmental-behavioral-medicine/news/online/%7B35d09d3a-ce7c-4a62-9623-1a7df9555837%7D/adverse-childhood-events-lead-to-high-out-of-pocket-medical-costs-in-adulthood>

To get a sense of the total cost of ACEs over a lifetime, a 2012 study published in *Child Abuse and Neglect: The International Journal* focused on one component of Adverse Childhood Experiences. Researchers from the Centers for Disease Control and Prevention (CDC) examined the lifetime costs of child maltreatment.

²⁹ Xiangming Fang, Derek S. Brown, Curtis S. Florence, James A. Mercy. The economic burden of child maltreatment in the United States and implications for prevention. (2012). Science Direct, <https://www.sciencedirect.com/science/article/pii/S0145213411003140>

That means, Oklahoma can expect more than \$3.2 billion of lifetime costs associated with only those children identified as maltreatment victims during SFY 2017 alone.

³⁰ Oklahoma State Department of Health. (2018) 2019-2023 Oklahoma State Plan for the Prevention of Child Abuse & Neglect. [https://www.ok.gov/health2/documents/OK%20State%20Plan%20for%20Prevention%20of%20CAN%202019-2023%20FINAL%20\(002\).pdf](https://www.ok.gov/health2/documents/OK%20State%20Plan%20for%20Prevention%20of%20CAN%202019-2023%20FINAL%20(002).pdf)

Titled, "The Economic Cost of ACEs in Tennessee: Medical Costs and Worker Absenteeism from Health Issues Attributed to Adverse Childhood Experiences," the report focused narrowly on the costs in the state of Tennessee.

³¹ Courtnee Melton, The Economic Cost of ACEs in Tennessee: Medical Costs and Worker Absenteeism from Health Issues Attributed to Adverse Childhood Experiences. (2019). The Sycamore Institute. <https://www.sycamoreinstitutetn.org/economic-cost-adverse-childhood-experiences/>

As described on the NFSN website, Family Resource Centers *"...serve as welcoming hubs of community services and opportunities designed to strengthen families. Their activities and programs, typically provided at no or low cost to participants, are developed to reflect and be responsive to the specific needs, cultures, and interests of the communities and populations served."*

³² Family Support Programs. (2019). National Family Support Network. <https://www.nationalfamilysupportnetwork.org/family-support-programs>

The five protective factors, developed by the Center for the Study of Social Policy in 2005, include:

- Parental Resilience
- Social Connections
- Concrete Support in Times of Need
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children

³³ Family Support Overview. (2019). National Family Support Network. <https://www.nationalfamilysupportnetwork.org/family-support>

The program is described in an article in the Norman Transcript newspaper.

³⁴ "Drama becomes therapy in new CCFI-led children's program," by Adam Troxtell, Transcript Staff Writer, Aug 11, 2019, Norman Transcript website, https://www.normantranscript.com/news/local_news/drama-becomes-therapy-in-new-ccfi-led-children-s-program/article_438c3215-f853-55f4-972e-ab5428fe5c3c.html (downloaded 9/23/19).

Literature concerning best practices suggests that a multidisciplinary, interagency effort provides the most compelling model of trauma-informed care.

³⁵ The National Child Traumatic Stress Network. (2016). Creating trauma-informed systems
<https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>

TF-CBT is a relatively short-term, skills-based treatment program utilized to teach families skills to reduce distress and increase coping capacity.

³⁶ Cohen. J.A., Mannarino. A.P., Deblinger, E. (2017). Treating trauma and traumatic grief in children and adolescents. 2nd The Guilford Press.

Currently, Oklahoma is home to four nationally recognized trainers in TF-CBT who offer training to mental health professionals.

³⁷ Oklahoma TF-CBT. (2019) Accessed: 2019 <http://oklahomatfcbt.org/>

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

³⁸ S.B. 2754, 115th Congress, 2018. <https://www.congress.gov/bill/115th-congress/senate-bill/2754/text>

In a 2013 article, researchers from Texas Christian University listed the three principles of TBRI as: (1) Empowerment—attention to physical needs; (2) Connection— attention to attachment needs; and (3) Correction— attention to behavioral needs.

³⁹ Purvis, K.B., Cross, D.R., Dansereau, D.F., Parris, S.R. (2013). Trust-based relational intervention (TBRI): a systematic approach to complex developmental trauma. *Child & Youth Services*. 34(4)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3877861/>

A large majority of Oklahoma residents can be found within the limits of Cleveland, Tulsa, and Oklahoma counties.

⁴⁰ United States Census. 2019. American fact finder
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Estimates from the United States Census indicate 15.6% of Oklahomans are living in poverty.

⁴¹ United States Census. (2019). Quick Facts Oklahoma
<https://www.census.gov/quickfacts/fact/table/OK,oklahomacitycityoklahoma#>

Factors such as warmth, effectiveness, and understanding of needs are diminished while factors such as use of corporal punishment, harsh discipline, neglect, and reactive parenting are increased.

⁴² Collins, K., Connors, K., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F. Thompson, E. (2010). Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions. Baltimore, MD: Family Informed Trauma Treatment Center.
http://nctsn.org/nccts/nav.do?pid=ctr_rsch_prod_ar or <http://fittcenter.umaryland.edu/WhitePaper.aspx>

From 2010 to 2012, Oklahoma participated in efforts of NCTSN to obtain best practices in trauma-informed care to improve placement stability within child welfare. Implemented practices included

training for all agency staff—including administrative staff—, training for foster parents, including a trauma consultant, and using trauma informed language in court reports.

⁴³ Agosti, J., Conradi, L., Halladay Goldman, J., and Langan, H. (2013). Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative: Promising Practices and Lessons Learned. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress

One of the first frameworks establishing criteria for Trauma-Informed practices was set forth by the Substance Abuse and Mental Health Services Administration.

⁴⁴ Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. SAMHSA: Rockville, MD, Report No.: HHA Publication No. (SMA) 14-4884.





**WHEN A YOUNG PERSON
IS IN CRISIS:**

behaviorally, emotionally,
physically, or socially, when at school,
in the home or in the community...

**YOUTH CRISIS
MOBILE RESPONSE:**

can help by connecting them with a mental
health professional via phone, in-home for
immediate care and follow up – that can
have a lasting impact in their lives.



WE ARE HERE FOR:

children, adolescents, young adults,
families, caretakers, counselors, educators,
and police – in their towns, cities
and rural areas.

**OUR CARING CALL CENTER
SPECIALISTS AND TRAINED
LOCAL MOBILE RESPONDERS**

provide an alternative for youth
(ages 0 to 24 years old) in distress, who
might otherwise be taken out of their home
or suffer further stress.

The Youth Crisis Mobile Response is a program of Heartline, Inc. (Oklahoma City)

Heartline's Mission: To connect Oklahomans to help, hope and information – 24 hours a day

Youth Crisis

MOBILE RESPONSE



(833-885-CARE)

when a young
person is in crisis

WE CAN CONNECT THEM TO THE IMMEDIATE HELP THEY NEED





OCCY
OKLAHOMA COMMISSION ON
Children & Youth

In the early 1980s, a lawsuit was brought forward by seven teenage plaintiffs in the custody of the Department of Human Services known as the "Terry D. Case." The lawsuit alleged instances of abuse and generally horrific conditions faced by Oklahoma children in state custody and cared for by institutions. Along with the law suit, local Gannett news aired a series of reports called 'Oklahoma's Shame,' which helped lead to massive changes in the child welfare system. Part of the changes included the creation of the **Oklahoma Commission on Children and Youth** – an *independent* agency charged with overseeing and supporting Oklahoma's child serving systems. Many years later, the "Terry D. Case" was dismissed, federal judicial oversight ended, and significant improvements were made. Yet, the role that OCCY plays in the protection and well-being of children is as important as ever. OCCY is charged in statute with:

1. Improving services to children by planning, coordinating and communicating with communities and between public and private agencies;
2. Providing independent monitoring and investigating of the children and youth service system;
3. Preparing and publishing reports;
4. Establishing services for children of incarcerated parents;
5. Providing professional training for those serving children; and
6. Testing models and pilot programs for effectiveness.

The Office of Juvenile System Oversight within OCCY has the responsibility of inquiring into areas of concern and investigating misfeasance and malfeasance within the children and youth service system.¹ If you or a constituent would like to file a complaint, please call:

1-866-335-9288

In addition, OCCY houses the *Oklahoma Foster Parent Voices* and the *Oklahoma Foster Youth Matters* complaint systems. Foster parents should contact the above number to submit grievances or complaints by phone. To file a complaint online, go to:

www.fosterparentvoices.org

Foster children should utilize the below online system in order to submit a grievance or complaint:

www.okfosteryouthmatters.org

1. Title 10 O.S. §601.6

OFFICE OF JUVENILE SYSTEM OVERSIGHT (OJSO)

SFY20 Appropriations \$663,2771	Federal \$0	IV-E Revolving \$0
SFY21 Add'l Request \$185,000	Current Number of Staff 7.5 FTE	Requested Add'l Number of Staff 3

OJSO conducts independent monitoring and investigations of children's services and residential facilities. In addition to investigating individual complaint cases, OJSO is charged with discovering systemic issues ripe for improvement by analyzing trends within the child serving systems. OJSO is also to publish public reports about child deaths and near deaths due to abuse or neglect when related criminal charges are filed.

SFY19 Outcomes:

- 28 children's facilities received routine monitoring and/or complaint-driven visits
- 404 investigations were opened
- 896 total investigations worked
- 2,349 children involved in investigations

FREESTANDING MULTIDISCIPLINARY TEAMS (MDT)

SFY20 Appropriations \$194,620	Federal \$0	Court Fees/Revolving \$1,500,000
SFY21 Add'l Request \$17,243	Current Number of Staff 2.5 FTE	Requested Add'l Number of Staff .33

The MDTs consist of law enforcement officers, child welfare workers, mental health professionals, medical professionals and prosecutors. They coordinate investigations of active, child abuse/neglect cases to assure that appropriate action is taken and that efforts on behalf of the children are appropriate. OCCY provides training, technical assistance and general oversight of the MDTs as well as manages the Child Abuse Multidisciplinary Team Account (CAMTA) that financially supports the MDTs and their activities (generally \$20,000 per calendar year). The CAMTA funds are generated from court filing fees and MDTs have two calendar years to spend it. OCCY is allowed to utilize 5% of the CAMTA funds each year to offset the administrative costs – just over \$38,000 last year. In addition, OCCY has received federal Children's Justice Act Grant (CJAG) monies from the Oklahoma Department of Human Services for training MDTs. Last year, OCCY was granted \$44,000 in CJAG funding.

- 37 teams
- 4,386 children involved in team reviews
- 20 trainings conducted
- 347 participants trained

POST ADJUDICATION REVIEW BOARDS (PARB)

SFY20 Appropriations \$187,438	Federal \$0	IV-E Revolving \$32,850
SFY21 Add'l Request \$39,243	Current Number of Staff 2 FTE + .5 contract	Requested Add'l Number of Staff .33

PARBs are comprised of specially-trained, citizen volunteers who review court cases involving abused and neglected children to ensure the safety, well-being and appropriate planning for the children in each case. Following each review, the PARBs provide recommendations to the judge. The reviews include examination of court records and perhaps interviews with interested parties such as case workers and foster parents.

CY18 Outcomes:

- 235 volunteers
- 10,139 volunteer hours
- 7,782 children involved in case reviews
- 23 judicial districts served
- 6,599 case reviews conducted

CHILD DEATH REVIEW BOARDS (CDRB)

SFY20 Appropriations \$90,278	Federal \$0	IV-E Revolving \$45,000
SFY21 Add'l Request \$160,243	Current Number of Staff 1 FTE + 1 contract	Requested Add'l Number of Staff 2.33

The CDRBs are to review the deaths and near deaths of all Oklahoma children under the age of 18, regardless of cause and manner, and provide statistical data and systems evaluation information to reduce such deaths. A multitude of records, such as those from hospitals, law enforcement, and medical examiners, are utilized in reviewing each death. The Boards review the records to identify potential systemic issues which led to the deaths as well as determine if the system's response to the death was appropriate and ensures surviving siblings' safety and well-being. Approximately 600 children under the age of 18 die per year, but due to limited staff to put together case files, roughly one third of the cases are reviewed and closed.

- 1 state team and 4 regionals team reviewed cases
- 161 child deaths reviewed and closed
- 31 child near-deaths reviewed and closed

OFFICE OF PLANNING AND COORDINATION (P&C)

SFY20 Appropriations \$365,973	Federal \$0	Revolving \$0
SFY21 Request \$243,000	Current Number of Budgeted Staff 4	Requested Number of Staff 2 FTE

The Office of Planning and Coordination (P&C) is to 1) facilitate joint planning and program implementation between state and private children serving systems; 2) review, monitor and evaluate the children and youth service system; 3) issue plans and reports; and 4) develop/support community partnership boards to assure that children have what they need in regards to education, health care, mental health services, economic security, safety and human services.

Community Partnership Boards

\$143,000 request

2 staff positions are requested

Oklahoma Statute ^[2] designates OCCY to establish Community Partnership Boards (CPB) in communities throughout the state for services to children and youth. P&C is to work with the local CPBs to develop plans to address the needs of children, youth and families as they relate to education, health, mental health, economic security, safety and human services issues. ^[3] CPBs have not been operational due to budget constraints in recent years. OCCY is requesting two full time positions to re-establish the review boards in communities across the state.

Juvenile Competency

OCCY assures that psychologists are trained and credentialed to become Juvenile Forensic Evaluators. These psychologists determine whether juveniles are competent to face delinquent charges. Each psychologist is paid \$1,000 per case for the evaluation and for providing expert testimony in court if necessary.

- During SFY19, 36 evaluations were completed.
 - 21 juveniles were found not competent by the evaluator
 - 15 juveniles were found competent by the evaluator

Children of Incarcerated Parents (CIP)

The CIP Program is charged in statute ^[4] with funding mentors to work with children who have at least one parent that is incarcerated. During SFY 2019, the Big Brothers Big Sisters of Oklahoma were awarded a contract of \$55,000 and 37 children were provided mentors.

Child Death/Near Death medical reviews **\$100,000 request**

In 2019, HB 2610 charged the agency to establish a medical review process by a trained physician following the death and near death of children suspected of maltreatment. Funding is needed to pay for the cost of these medical reviews.

2. Title 10 O.S. 601.11

3. Title 10 O.S. 601.12

4. Title 10A 2-10-101

ADMINISTRATION

SFY20 Appropriations \$749,202	Federal \$0	IV-E Revolving \$16,868
SFY21 Request \$90,938	Current Number of Budgeted Staff 4	Requested Number of Staff 1 FTE

Additional FY21 Requests:

- **OMES rate increase** **\$5,000 request**
In the Fall of 2019, OMES notified the agency that rates will be increased for FY21. The increases occur in the financial services agreement, computer workstation leases, data storage rates and network services.
- **Endowment Administrator** **\$85,938 request** **1 staff position is requested**
As the Oklahoma Children's Endowment Fund and the adjoining Parent Partnership Board continue to come on-line, staff support is required to manage these projects. The program can likely operate in FY21 with existing agency staff, but in time dedicated staff will be needed.

Detaining Youth Task Force: Oklahoma youth are detained anywhere from a couple of days to perhaps months while awaiting their court date or transfer to another facility as a result of delinquent activity. Youth may spend years in the custody of the State of Oklahoma if they are adjudicated as delinquent or youthful offender. OCCY Director Annette Wisk Jacobi utilized the director's authority under Title 10 O.S. §601.5¹ to convene the "Detaining Youth Task Force" (Task Force) to review and make recommendations on the following:

- 1) laws, policies, and procedures relating to detaining youth in both juvenile and adult facilities;
- 2) best practices relating to detaining youth in both juvenile and adult facilities; and
- 3) best practices relating to well-being and suicide prevention of youth being detained in juvenile and adult facilities.

Due to the specific request by County Commissioner Blumert and Sheriff Taylor following the suicide of a 16 year old at the Oklahoma County Jail, the first phase of the Task Force's work was limited to Oklahoma County and a report was issued on August 19, 2019. The second phase of the Task Force's work will focus on statewide recommendations for both juvenile and adult facilities that may hold individuals under the age of 18. That report will be released no later than January 1, 2020.

Handle with Care Evaluation: On June 7th, 2019, the founder of *Handle with Care*, Andrea Darr, presented information about this strategy for responding to childhood trauma. The program requires that law enforcement contact a child's school when a child has been involved, even indirectly, in a traumatic event. The events could be a domestic violence situation, a shooting in the neighborhood, a car wreck, etc. Law enforcement are trained to send a confidential email or fax to the child's school that simply says "Handle [student] with care". The teachers have been specially trained to recognize trauma and how to respond in a sensitive manner. In addition, teachers may refer the student to ongoing counseling. *Handle with Care* has been implemented in several Oklahoma school districts including Oklahoma City Schools. However, no evaluation of program effectiveness has been conducted. Before expanding to other sites, the OCCY has agreed to utilize one-time carry forward funds to contract with the University of Oklahoma Department of Sociology to process and outcome evaluation.

Digitization and Database Upgrades: The OCCY has plans to utilize one-time carry forward funding to digitize data keeping and create databases in an effort to capture information related to programmatic outcomes – particularly for the Post Adjudication Review Boards and the Multidisciplinary Teams. In addition, these funds will refurbish the OCCY conference room for full teleconferencing capability. Such equipment will allow individuals to participate in meetings from across the state and country without incurring travel time and expenses.

Annette Wisk Jacobi, J.D.
Executive Director
annette.jacobi@occy.ok.gov

OCCY COMMISSIONERS

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Oklahoma Department of Human Services

Kevin Corbett, Chief Executive Officer
Oklahoma Health Care Authority

Gary Cox, Commissioner
Oklahoma State Department of Health

Melinda Freundt, Director
Oklahoma Department of Rehabilitation

Terri White, Commissioner
Oklahoma Department of Mental Health and Substance Abuse Services

The Honorable W. Mike Warren, Associate District Judge
Chair of the Juvenile Justice Oversight Committee

Joy Hofmeister, State Superintendent of Public Instruction
Oklahoma Department of Education

Steven L. Buck, Executive Director
Office of Juvenile Affairs

Jason T. Charles (Chair)
Oklahoma Children's Agencies and Residential Enterprises - Governor Appointment

Sheryl Marseilles
Court Appointed Special Advocates Association – Governor Appointment

John Schneider
Statewide Association of Youth Services - Governor Appointment

Tera Snelson
Metropolitan Juvenile Bureaus – Governor Appointment

Javier Ramirez
Oklahoma Bar Association – Governor Appointment

Lee Roland
Business or Industry – Governor Appointment

Angela Marsee, District Attorney
Oklahoma District Attorneys Council – Governor Appointment

Angela Donley
Parent of a Child with Special Needs – Speaker Appointment

Lindsay Laird
Individual with a Demonstrated Interest in Improving Children's Services Who Is Not Employed by a State Agency or a Private Organization that Receives State Funds – President Pro Tempore Appointment

Dr. Kalie Kerth
Post Adjudication Review Board – Governor Appointment

Contact Amanda.jett@occy.ok.gov to receive OCCY Commission Meeting Notices and Packets.

2020 Meeting Dates:

Friday, January 10th, 9:00am at OCCY
Friday, March 27th, 9:00am at OCCY
Friday May 15th, 9:00am at OCCY
Friday, June 26th, 9:00am at OCCY
Friday, September 18th, 9:00am at OCCY
Friday, November 20th, 9:00am at OCCY



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