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The mission of the Oklahoma Commission on Children and Youth is to improve services to children and their families by: Planning, coordinating and communicating with communities and between public and private agencies; independent monitoring of the children and youth service system; testing models and demonstration programs for effective services; and certifying children’s shelters that are managed and operated by the state.
“In 1982, the eyes of the nation were on the Oklahoma juvenile justice system. A highly publicized series of investigative newspaper articles, national TV coverage, and congressional hearings all uncovered the abuse and neglect of the children in institutions under the auspices of the Oklahoma Department of Human Services (OKDHS). It was revealed that the Department, a giant agency with a $1.2 billion annual budget, essentially answered to no one – not the governor, the legislature, nor any oversight authority, even though it received more than half of the state budget. Because funding for OKDHS came from earmarked sales tax revenues, the Department did not have to rely on the legislature or governor for program or fiscal approval. As a result, there were only minimal fiscal or operational controls in place., nor were there checks and balances by outside agencies, or internal or external monitoring for compliance with forms and standards.

Spurred by this public scrutiny, the Oklahoma Legislature passed legislation that brought far-reaching changes to its juvenile justice and child welfare systems, and assured that abuses would no longer be hidden from legislative and public attention. One of the cornerstones was the creation of the Oklahoma Commission on Children and Youth (OCCY), specifically to bring accountability and oversight into the child care system...Its small but committed staff has created a climate of responsibility and openness in government that is worthy of emulation.” (Emphasis Added.)

In 1982, House Bill 1468 was signed into law and the Oklahoma Commission on Children and Youth was created. The law also prohibited the placement of deprived children in detention facilities or jails and other adult lock-ups or in training schools. All OKDHS facilities were required to obtain national accreditation. OKDHS was directed to develop a diversity of placement alternatives with the emphasis on community-based services.

For twenty-five years the OCCY has played a critical role in the protection of children and the improvement of services. OCCY has successfully worked for the establishment of effective services and has been instrumental in the remediation or elimination of substandard services and has helped create a transparent system for children, youth and families.

Most recently in FY 2009, House Bill 1734 mandated the Oklahoma Commission on Children and Youth certify the two state operated children’s shelters.

Commission membership is established by statute (§10-601.1) to include the Director of the Oklahoma Department of Human Services, the Oklahoma State Commissioner of Health, the Commissioner of the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma State Superintendent of Public Instruction, the Administrator of the Oklahoma Health Care Authority, the Director of the Oklahoma State Department of Rehabilitation Services, the Chair of the SJR 13 Oversight Committee and the Executive Director of the Oklahoma Office of Juvenile Affairs. Additional members are representatives of the Oklahoma Children's Agencies and Residential Enterprises, a statewide association of youth services, the Oklahoma Bar Association, the Oklahoma District Attorney's Association, and a statewide court-appointed Special Advocate Association.

Appointees of the Governor include a representative from one of the metropolitan juvenile bureaus; one representing business or industry, and one representative of the Oklahoma State Post Adjudication Review Board. The Speaker of the Oklahoma House of Representatives appoints one member who is the parent of a child with special needs. The Oklahoma President Pro Tempore of the Senate appoints one member who has a demonstrated interest in improving children’s services and is not employed by an Oklahoma state agency or a private organization that receives state funding, and one member represents a community partnership board to be elected pursuant to the guidelines established by the Oklahoma Commission on Children and Youth. Appointed members may serve up to three terms of two years each.

Commissioners serve without compensation, except for reimbursement of travel expenses incurred while performing their duties. The Commission is statutorily mandated to meet at least quarterly, and special meetings are held as needed.
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<td>Terri White, Commissioner</td>
<td>Oklahoma Department of Mental Health and Substance Abuse Services</td>
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<td>Bart Bouse, Chair</td>
<td>Representing a Youth Services Association</td>
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<td>Darlene Callahan</td>
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<td>The Honorable Richard Kirby</td>
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<td>Robert E. “Gene” Christian, Director</td>
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<td>Mike Fogarty, Director</td>
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<td>Howard Hendrick, Director</td>
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<td>The Honorable Thomas Alford</td>
<td>Associate District Judge</td>
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<td>Dr. Sid Brown</td>
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<td>Ben Loring</td>
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<td>Representing Metropolitan Juvenile Bureaus</td>
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<td>Wanda Felty</td>
<td>Appointee of the Speaker of the House of Representatives</td>
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<td>Brent Thackerson</td>
<td>Representing the Oklahoma Children’s Agencies and Residential Enterprises</td>
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FY 2009 - 2012 Oklahoma State Plan for Services to Children and Youth Final Outcome Report
INRODUCTION

In 2009, the Oklahoma Commission on Children and Youth (OCCY), Office of Planning and Coordination, began the process of developing a new Oklahoma State Plan for Services for Children and Youth (§10-601.9). The OCCY Board approved one major change in the development of the new plan; to create a four- year plan rather than a one- year plan. The new Oklahoma State Plan for Services to Children and Youth is in effect for the 2009-2012 fiscal years time period.

To develop the plan, the Office of Planning and Coordination facilitated an annual systemic issue feedback process, which solicited identification of the highest priority issues, needs, or barriers within child and family serving systems. Participants in the process included the statewide Community Partnership Boards (CPBs), Oklahoma Commission on Children and Youth Board (OCCY), Office of Juvenile System Oversight, State Post Adjudication Review Advisory Board, Child Death Review Board, and Family Perspectives Committee.

The highest priority systemic issues identified through this process were:

1. Barriers to health care services that impede access and utilization of primary and preventative care services, which include behavioral and mental health care;
2. Deficiencies in custody services provided to youth, which support successful re-integration, transitioning, and reduction of recidivism; and,
3. A lack of community-based service opportunities that create protective factors and encourage a reduction of risky behaviors among youth, especially teen pregnancy and school drop-out.

Based on the identified, highest priority, statewide systemic issues in child and family serving systems, OCCY adopted goals and objectives for the Oklahoma State Plan for Services to Children and Youth to address the systemic issues at both the state and local level. The FY 2009 – FY 2012 State Plan for Services to Children and Youth is a four-year plan and the goals and objectives in the plan includes:
1. Increase Access to Health Care Services
   A. Establish a Health Access Network (HAN) in Canadian County
   B. Explore and identify other possible community sites for HAN readiness and establish at least two additional community projects
   C. Develop and expand behavioral health services
   D. Establish school-based behavioral health service programs
   E. Establish and coordinate a state level Access to Health Care Task Force (added during the 2010 OCCY Board Retreat Meeting)

2. Improve Services to Youth in Custody and Transitioning Out of Custody
   A. Establish two pilot projects to strengthen custody services in facilities
   B. Establish a Pilot Community-Based Transition Project in Jackson County
   C. Provide input into the Oklahoma State Plan for Shelter Services and provide staff support for community shelter planning (added during the 2010 OCCY Board Retreat Meeting)

3. Develop and Expand Positive Youth Development Services
   A. Expand local capacity and resources for youth services programs and Positive Youth Development activities
   B. Develop local infrastructure to improve the quality and availability of early childhood programs and services
   C. Increase services for prevention of school dropout and teen pregnancy, as well as increasing support to expecting teen parents

GOAL 1: IMPROVE ACCESS TO HEALTHCARE SERVICES
A. Establish a Health Access Network (HAN) in Canadian County through collaborative work with the Canadian County Partnership Board, the Oklahoma Health Care Authority, OU Health Sciences Center, and other partners. The Commission can assist in initiatives including:
   1. Gaining broad involvement of physicians and community leaders in planning and implementing the Health Access Network.
   2. Establishing an effective administrative structure to carry out the program.
   3. Strengthening areas of interagency collaboration in implementing improved access and quality initiatives.

IMPLEMENTATION
A Health Access Network (HAN) has been established and is operating in Canadian County. The HAN is one of three sites funded by the Oklahoma Health Care Authority (OHCA). Currently, funds are available for this project in the amount of approximately $300,000.00. Project goals are to increase access and quality of health care and to increase efficiency and reduce cost. Strategies utilized to obtain these goals include locally-based nursing case management services for high-risk patients; physician/community leadership involvement in planning; strengthening information technology capacity in physicians’ offices; and interdisciplinary and inter-organizational collaboration in service delivery. Some specific means the HAN is
using to achieve the three major goals are discussed briefly below.

**Improve Quality**

**Case management**
The HAN provides locally-based case management which is linked to medical practices. Case management links patients to vital social and economic resources which complement medical services; encourages patient compliance with treatment requirements; provides emotional support/empowerment to patients in addressing their healthcare needs; and educates patients and physicians to community resources available.

**Service Integration**
The HAN Planning Committee is exploring possibilities for service integration including co-location and/or linkage of behavioral health counseling and child development services to medical practices.

**Information Technology**
A variety of means to improve quality are being explored, including systems which strengthen prevention initiatives by reminding physicians of dates for important screening services (such as well-child screenings), and systems which provide feedback on the impact of specific educational and treatment initiatives.

**Improve Access**
The HAN is using a wide range of approaches to improve access, including educating, encouraging and assisting patients to use available preventive services such as Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and other preventive screenings; linking patients to vital complimentary economic and social service resources, and encouraging and assisting patients to secure necessary specialized medical services.

**Cost Reduction**
HAN case management services are aimed at helping patients secure appropriate primary care and supportive resources which can reduce unnecessary emergency room visits. Case management also focuses on preventing avoidable medical issues and complications. Service linkages and collaboration strategies help save time and money for patients and physicians. The Office of Planning and Coordination (P&C) supports for the project has included:

1. P&C staff assisted the Partners for a Health Canadian County Board (PHCC) conduct a self-study of the organization for the purpose of laying the groundwork for successful operation of the HAN program. The self-study included interviews of 25 Board members, physicians and community leaders with an interest in improving healthcare in Canadian County. Strengths, weaknesses, and improvements needed in the organization were explored. Recommendations were made for strengthening Board leadership and improving involvement of physicians and community leaders, Board structure and process, and funding. Recommendations were adopted by the Board.

2. The HAN Advisory Committee of the PHCC Board was assisted in taking steps to put the HAN program in place. This included implementing the recommendations growing out of the self-study, and securing legal services to review the proposed HAN contract.

3. On-going assistance to the HAN Advisory Committee in reviewing progress and in developing and implementing short and long-range objectives for the program. This is accomplished through participation in meetings and strategic planning sessions.
B. Explore and identify other possible community sites for CHN readiness and establish at least two additional community projects in those communities which:

1. Organize Health Access Networks.
2. Increase Medicaid providers.
3. Increase enrollment in Sooner Care.
4. Increase participation EPSDT.
5. Increase community physical fitness programs.
6. Increase funding for health coordination services.

**IMPLEMENTATION**

Initiatives to increase Medicaid providers were made in Payne, Rogers, Texas and Beckham counties. Increased funding for health coordination services were achieved in Payne and Beckham counties. As funding for additional HANs is not available at this time, organization of additional HANs was not pursued.

**Increasing Medicaid Providers**

In Rogers County, Rogers County Youth Services requested the Office of Planning and Coordination (P&C) to conduct a self-study leading to development of a strategic plan for services. Study findings showed a high level of community satisfaction with the quality of professional counseling services provided by the agency. Currently, the agency is not a Medicaid provider. The Study recommended that the agency increase services to school-age children and their families by expanding its school-based counseling program. The Study also recommended that Rogers County Youth Services work with the schools to achieve a team approach in delivering health and support services to youth, and that the agency should secure a portion of the funding required for this expansion by becoming a Medicaid provider. The Rogers County Youth Services Board adopted these recommendations and is taking steps to achieve this objective.

In Payne County, the Payne County Health Department initiated the Healthy Steps program, which integrated behavioral health and child development services with medical services to children ages birth to four. These services were delivered through the Warren Clinic (which serves large numbers of Sooner Care patients), and was greatly valued by patients and physicians. The program was discontinued due to funding cuts. In response to Key Informant Survey findings, the Office of Planning and Coordination assisted its local Community Partnership Board (a Smart Start agency) to establish the Early Childhood Coalition, whose purpose is to re-establish the program. The Early Childhood Coalition collaborated with Payne County Youth Services to re-establish the program using a combination of private funds and Medicaid funding.

In Texas County, Panhandle Services for Children established a school-based counseling program in response to needs for quality behavioral health counseling identified through a Key Informant Survey conducted by the Texas County Coalition (Community Partnership Board). The licensed professional counselor offering the behavioral counseling services is paid through a combination of Medicaid reimbursement and private contributions.
In Beckham County, the Office of Planning and Coordination was asked to do a self-assessment study of the Western Oklahoma Family Care Center (the referral for this request came from suggestions by a Turning Point community staff person.) The Center is establishing dental and medical clinics for uninsured low-income persons in response to a shortage of these resources in the area. The self-assessment findings indicated that there are few dental providers in the area who accept Medicaid, and recommended that the Center’s Clinic Committee explore means for increasing the number of Medicaid providers in the area. The lead dentist for the Clinic indicated that there is potential for doing so, and the P&C staff will follow up with the Clinic Committee on implementation of this recommendation.

Increasing funding for Health Coordination Services

In Payne County, the Early Childhood Coalition has established a Services Development Committee to identify gaps in healthcare and support services to children ages birth to four, which are identified through the Healthy Steps Program, and to take action to address these gaps. Staff support to this committee is part of the responsibility of the Coalition staff person who is funded on a part-time basis by OCCY. This staff person is also helping the Coalition achieve sustainability of the Healthy Steps program. Both of these staff roles have a health coordination/integration function in the County.

In Beckham County, P&C assisted the Western Oklahoma Family Care Center to address a shortage of medical and dental services for low-income persons in the area by establishing a Clinic Committee. The Committee’s responsibility is not only to secure physician and dental volunteers, but also to plan educational services for chronically ill patients who visit the clinic to link patients with other community services, and to pursue expansion of medical and dental services in other ways, such as increasing Medicaid providers, recruiting additional providers for the area, and developing partnerships with the local hospital. P&C staff has encouraged the Western Oklahoma Family Care Center Board to make staff support of the Clinic Committee an on-going responsibility of its paid Clinic Coordinator.

C. Develop and expand behavioral health services.

Establish local mental/behavioral health advisory boards in rural or underserved communities:

1. Provide feedback to mental health agencies on service quality, accessibility and gaps in service.

2. Expand mental/behavioral health services and facilities.

3. Develop and implement strategies for recruitment and retention of local behavioral health workforce, such as “grow your own” models in Texas, Washington and Ottawa counties, which include:

   a. Creation of Masters programs

   b. Localized, coordinated training opportunities

   c. Identifying persons interested in completing Masters’ program, and securing licensure, and assisting these persons in securing financing;
assist agencies in securing
management, training and
financing to retain professional
workers

4. Integrate public and private
behavioral health services into
seamless delivery networks.

5. Gain involvement and commitment of
local leaders in addressing behavioral
health needs.

6. Gain local financial participation in
system financing through redirection
of existing resources or new resources.

IMPLEMENTATION

The Office of Planning and Coordination (P&C) staff has assisted four counties (Texas, Washington, Jackson and Payne) in establishing local behavioral health advisory boards. In addition, in Rogers County, P&C staff assisted Rogers County Youth Services in establishing a Program Committee, which has a function of planning collaborative approaches for meeting behavioral health needs of youth and families. The following is a summary of these initiatives.

In Texas County, P&C staff worked with the Commission’s local Partnership Board (Texas County Coalition) in conducting a Key Informant Survey and in developing strategies for meeting needs identified in the survey. The Survey identified a shortage of quality mental health services, as well as shortages of qualified behavioral health counselors as priority needs. The Coalition established a youth services advisory board, Panhandle Services for Children Board, to plan and develop services for youth and families in the county. This board raised private funds for use in supplementing funds available through Sooner Care to offer school-based counseling services in Guymon. A licensed professional counselor offers these services and currently has a caseload of approximately 30 children and their families.

The Panhandle Services for Children Board is currently pursuing designation as the official Youth Services agency for three Panhandle counties, and if approved, will offer a full range of services, including Systems of Care to youth and families in the area. The Texas County Coalition developed an initiative to increase the supply of qualified counselors in the area. Through a partnership established by Panhandle State University and Northwestern Oklahoma State University, residents in the area can take graduate coursework at Panhandle State University, leading to the Masters’ in Counseling Psychology degree. Approximately 40 hours can be taken through distance learning, and 20 hours are offered by faculty on campus at Panhandle State. The Texas County Coalition (through the Panhandle Services for Children Board) also plans to make sure that local supervision is available to enable graduates to achieve licensure. Currently, five students are enrolled in the program; and one student has graduated and is currently employed as a school counselor.

In Washington County, P&C staff worked with the local partnership board to conduct a Key Informant Survey, and to develop recommendations for responding to needs. Lack of behavioral health services was identified as a priority need. Respondents also noted an overlap of organizations doing planning around mental health needs. The Washington County Community Partnership Board, in cooperation with Systems of Care, Washington County Mental Health Association, and Turning Point took steps to
consolidate mental health planning activities under a single entity (Washington County Mental Health Association). This collaboration brings greater resources to bear on behavioral health planning and cuts down on excessive meetings and overlapping initiatives. The first major project of this collaboration was the development of an extensive school-based counseling program.

In Jackson County, the Jackson County Community Health Action Team (JCCHAT) requested assistance in carrying out a Key Informant Survey of community needs. The P&C staff in cooperation with Turning Point staff provided support to the coalition in carrying out the survey. Lack of quality behavioral health services was among priorities identified by this survey. The JCCHAT established a Transition Services Task Force to address these issues. The Task Force is currently working with Altus Public Schools, and Southwestern Youth Services to address this need. These agencies are being asked to name members to a school-based services team to plan and implement these services.

In Payne County, a Key Informant Survey carried out in collaboration with the local partnership board (Smart Start of Central Oklahoma), identified quality behavioral health services to young children and families as a priority need. The partnership board created the Payne County Early Childhood Coalition to expand (later to restore, due to funding cuts) Healthy Steps; a program which integrates behavioral health/child development services with pediatric services. The Coalition also identifies and develops other supportive services to families with young children. The Coalition, in collaboration with Payne County Youth Services, was able to re-establish the program through a combination of private funds ($25,000-$30,000 has been raised to date) and Sooner Care funding. Further, the Coalition will address other gaps in behavioral health services as they are identified.

In Rogers County, P&C staff assisted Rogers County Youth Services in carrying out a self-study. The community participants involved in the self-study identified an increase in the availability of quality behavioral health counseling services as a priority. To address this need, Rogers County Youth Services created a Program Committee to foster inter-organizational collaboration to guide its response to this and other needs of youth within the county. The Program Committee includes a wide range of community leaders, agency professionals, and public school representatives. The first initiative of the Program Committee is to develop and implement a collaborative strategy to increase school-based counseling services within the county. In order to fund new and existing program initiatives, the group is working on financial development. A combination of Rogers County Youth Services funding, Medicaid, and private contributions will be utilized to finance the program. In addition, the schools will provide space and other supportive services. The Program Committee will be working to establish interdisciplinary teams within the schools to assist children and families in a comprehensive manner.

D. Establish school-based behavioral health counseling programs in at least six rural or underserved communities:

Establish interdisciplinary school-based teams in these same areas to integrate delivery of services to children and families.
IMPLEMENTATION

School-based behavioral health counseling programs, have been established in three counties. Plans are in place in two additional counties for services to begin in the fall of 2012. Through these programs behavioral health counselors function as a team with other educational professionals including guidance counselors, school nurses, administrators, teachers, and county level OKDHS school-based service workers.

In Washington County, Office of Planning and Coordination (P&C) staff worked with the Washington County Mental Health Association to develop collaboration between Bartlesville Public Schools and three behavioral health agencies. Initially, counseling services were established in an elementary school by Washington County Health Department, in a mid-high school by Grand Lake Mental Health Services, and a middle school by Washington County Youth Services. Demand for these services was high and school leadership found the services to be greatly helpful. Currently, school-based counselors are out-stationed in nine schools in Washington County on a part-time or full-time basis. Currently, all of these services are delivered by Grand Lake Mental Health Center. Washington County Mental Health Department and Washington County Youth and Family Services are participating at this time.

In Texas County, the Panhandle Services for Children established a school-based behavioral health counseling program in collaboration with Guymon Public Schools. A licensed professional counselor provides services to elementary school students with a case load of approximately 30 students. The Panhandle Services for Children is currently applying for designation as the Youth Services Organization for the panhandle area. The Panhandle Services for Children Board plans to expand counseling services in all three of the panhandle counties.

In Johnston County, school-based counseling services were established through a collaboration between a community mental health center and Tishomingo Public Schools. The counselor provides services in an elementary school on a part-time basis.

In Rogers County, Rogers County Youth Services is establishing an expanded school-based services program in two school districts in the county. The Program Committee of the Rogers County Youth Services Board is currently assisting the Catoosa Public Schools with developing a school-based services team slated to begin in the fall of 2012.

In Jackson County, P&C staff is working with Southwestern Youth Services and Altus Public Schools to develop a partnership which will lead to the establishment of a school-based behavioral health counseling program beginning in the fall semester of 2012.

E. Establish and coordinate a state level Access to Healthcare Task Force
(added at the 2010 OCCY Board Retreat.)

IMPLEMENTATION

The Office of Planning and Coordination Steering Committee explored the possibility of establishing a State Health Access Task Force with officials from the Oklahoma State Department of Health, Oklahoma Health Care Authority and Oklahoma Department of Mental Health and Substance Abuse Services. The consensus was that responsibilities envisioned for the Task Force could be
carried out through the existing Oklahoma Health Improvement Plan (OHIP) workgroup. Upon any future request by OHIP work group membership or the Oklahoma State Department of Health, the Office of Planning and Coordination is willing to explore the possibility of providing staff support to a portion of the OHIP as a means of enhancing and achieving health access goals.

5. **Establish process and procedures for evaluating the project and providing feedback to the facility, the Commission’s Planning and Coordinating Committee and all other partners.**

**IMPLEMENTATION**

The Office of Planning and Coordination Steering Committee appointed a statewide Custody and Transition Services Advisory Team to guide the Commission’s efforts to achieve objectives in this area. The Team members include representatives from the Office of Juvenile Affairs (OJA), Oklahoma Department of Human Services (OKDHS), OKCARE, Department of Rehabilitation Services (DRS), Oklahoma Department of Career and Technology Education, National Resource Center for Youth Services (NRCYS), and Southwestern Oklahoma State University. The Task Force established criteria for selection of the two pilot sites. Based on these criteria, the Task Force selected one detention center serving OJA youth (Central Oklahoma Juvenile Center), and one group home facility serving DHS youth (Oklahoma Lions Boys Ranch).

A peer review self-study methodology was used at both sites as a foundation for strengthening custody and transition services within the facilities and in their interface with community systems, which can support successful transition. Self-Study recommendations and facility actions to implement these recommendations are summarized below.
PILOT SITE #1: CENTRAL OKLAHOMA JUVENILE CENTER (COJC)

Self-Study Recommendations

The following is a listing of subjects included in the COJC Self-Study Recommendations submitted to the COJC management team:

A. Criteria for a successful placement.
   1. Establish criteria for a successful placement at the facility.
   2. Monitoring progress of individual youth in achieving criteria.

B. Strengthening facility capacity to achieve major criteria objectives.
   1. High school graduation/GED completion prior to release.
   2. Career planning.
   3. Work experience for youth.
   4. Driver’s license program.
   5. Discharge directly to college, Career Tech or employment where possible.
   6. Strengthen psychological services within the facility.
   7. Strengthen direct care staff contributions to treatment process.
   8. Provide each youth with a comprehensive portfolio.
   9. Strengthen connection with family and community.
      a. Develop comprehensive re-integration plan for each youth.
      b. Strengthen and expand “grand staffing”.

The COJC Management Team adopted recommendations in each of the areas listed above. The Management Team has given priority to recommendations in the areas of career planning, work experience for youth, high-school/GED completion prior to release, strengthening psychological services within the facility, providing each youth with a comprehensive portfolio, and developing a comprehensive re-integration plan for each youth. The Management Team is also exploring which of the sixteen achievement criteria, as well as other criteria, should guide treatment within the facility. The following is a summary of progress in each of these areas.

Career Planning

Department of Rehabilitation Services (DRS) has out-stationed a full-time level four Rehabilitation Counselor at the COJC facility. This counselor provides a wide range of services, including taking applications for DRS services, assisting youth in developing career plans while they are in the facility, linking youth with community resources (including local DRS offices and other support services) and direct follow-up with youth at the community level. The COJC Management Team views the DRS Counselor as an integral part of its service delivery team, and values this service as a major asset to its program.

COJC Management Team has established a Career Team to develop means for enhancing career development opportunities at the facility. The Team is currently working on insuring that youth have important sources of personal identification (vital for receiving employment and educational opportunities) prior to their discharge from the facility. These sources of personal identification include birth certificate, Social Security card, and State ID. The Team is also guiding the development of the Work Experience Program, which is discussed below. Roles and responsibilities of DRS, Career Tech, public schools, and COJC staff in helping youth achieve career objectives are being explored and coordinated.

DRS and OJA officials have also met with Work Force Oklahoma officials to explore the possibility of the local Work Force Center providing services at COJC. This could involve out-stationing of an employment counselor at
COJC, offering employment workshops during the five weeks the youth are not in school, and on-line linkages with the local Work Force Center.

**Work Experience Program**

OJA and DRS officials, in collaboration with the Gordon Cooper Technology Center, are developing an initiative for offering paid work-study opportunities to youth through the DRS Work/Study Program (on and off campus). These opportunities would offer youth vital work experience, while allowing youth to build savings to pay off financial obligations. Further, these opportunities could be tied to school achievement as an incentive for academic success.

**High School/GED Completion**

The Management views this as an important priority. OJA has employed consultants to study the educational program offered at its facilities, and to develop recommendations for strengthening these programs. The Management Team will begin pursuing implementation of this objective following completion of that study.

**Strengthening Psychological Services within the Facility**

The Study indicated a need to increase and strengthen psychological services to assist youth in dealing with mental health issues associated with delinquent behavior as an important priority. At the time of the Self-Study, only two Psych clinicians were available to COJC youth (there was one vacant position). Clinicians were not linked to units (five), but provided services on an ad-hoc basis. Study recommendations call for assignment of a Psych clinician to each unit (total of five). This recommendation has been implemented.

**Development of a Comprehensive Portfolio for each Youth**

The COJC Management Team is currently exploring what content should be included in a comprehensive portfolio for each youth. Such a portfolio would include important identification records, skills certification certificates, work experience records, high school diploma or GED certificate, school records, etc., which may be important in helping youth secure educational and employment opportunities. The Team is also exploring a management structure to ensure that each youth has staff support necessary for accomplishing this objective.

**PILOT SITE #2: OKLAHOMA LIONS’ BOYS RANCH**

**Self-Study Recommendations**

The following is a list of categories of self-study recommendations (detailed recommendations were submitted to the Oklahoma Lions’ Boys Ranch management team):

1. Expand data collection
2. Establish criteria for youth achievement at Ranch
3. Employment opportunities
4. Behavioral health counseling and case management
5. Education and health programs
6. Stillwater-based transition services, including a community-based transition team and community-based transition services.

The Oklahoma Lions’ Boys Ranch management team adopted the self-study recommendations, and chose to give priority to a Stillwater-based Transition Program. The
following is a summary of progress in implementing this initiative.

**STILLWATER-BASED TRANSITION PROGRAM**

Oklahoma Lions’ Boys Ranch, in collaboration with Payne County Youth Services, is taking steps to establish a comprehensive community-based transition services program in Stillwater. The program will serve youth ages 18-24 who are transitioning out of OJA, DHS, behavioral health facilities, as well as youth not in custody who are experiencing transition difficulties. Program components will include:

1. **Housing**
2. **Case management**
3. **Employment and education**
4. **Mentoring**
5. **Consultation from Lighthouse Transition Programs**

A Payne County Transition Services Task Force has been established to develop and implement the program. Staff support services to the Task Force will be provided by Oklahoma Lions’ Boys Ranch through a contract with Oklahoma Commission on Children and Youth through the Office of Planning and Coordination. Payne County Youth Services hosts Task Force meetings. Task Force membership includes civic leaders with an interest in transition services, and agency representatives, including Systems of Care, Community Action, Department of Rehabilitation Services, Oklahoma State University, Habitat for Humanity, Payne County Youth Services, and Oklahoma Lions’ Boys Ranch. The Task Force is chaired by a volunteer leader who is a member of the Payne County Youth Services Board. The following is a summary of progress in program development to date.

**Housing**

Habitat for Humanity has offered to construct a new house, which would provide individual housing units for four youth, on a parcel of land which Habitat owns. The only cost to the Transition Program would be for materials and Habitat would allow these costs to be paid over a period of years. The Task Force has identified a promising local source of funds to help pay for a major part of the housing costs, as well as initial operating costs for the units.

**Case Management**

Oklahoma Lions’ Boys Ranch has agreed to provide case management services to the initial six youth. In addition, Oklahoma Lions’ Boys Ranch has applied to Sarkeys Foundation for funds for additional case management services. Systems of Care may also be able to participate in providing case management for some youth.

**Career and Employment Services**

The Department of Rehabilitation Services is a key partner in this collaborative effort, and could provide career and employment services to eligible participants. In addition, linkages are being developed with the local Work Force Center in Payne County. Further, Payne County Youth Services is the local Youth Workforce Investment Act (WIA) provider in Payne County.

**Mentoring**

Leadership for the mentoring program will come from a Systems of Care staff member who has extensive experience in managing and delivering mentoring services.
Lighthouse Transition Programs Consultation

Representatives from Payne County Youth Services and Oklahoma Lions’ Boys Ranch, as well as other community leaders with an interest in transition programs, will be traveling to Cincinnati, Ohio in May for a two-day consultation from the Lighthouse Transition Program. This program has extensive experience in delivering comprehensive transition services. Travel costs will be paid by local representatives and the consultation costs will be paid by the Oklahoma Commission on Children and Youth as approved by the Strengthening Custody and Transition Services Advisory Team.

B. Establish a pilot Community-based Transition Project in Jackson County. Jackson County Partnership Board has identified transition services as a priority project in the coming year.

The Project will include:

1. Assessment of needs and local public and private resources.
2. Development of collaborative strategies to respond to needs.
3. Development and implementation of a community program which addresses priority transition service needs.
4. Establishment of a process for program evaluation and reporting to key partners in the initiative.

IMPLEMENTATION

The need for transition services, for custody and other at-risk youth, was identified as a priority need in Jackson County through a Key Informant Survey requested by the Jackson County Community Health Action Team (JCCHAT) in 2009. JCCHAT is a Community Partnership Board which also serves as a Turning Point Board. The Key Informant Survey was conducted through collaboration of OCCY’s Office of Planning and Coordination (P&C) and Turning Point staff. JCCHAT voted and approved the recommendations from the Key Informant Survey during the December 2009 coalition meeting. Key Informant Survey recommendations included:

1. Establishing a Transition Task Force to plan and implement a comprehensive transition program and;
2. Expanding school-based services to school age children and their families.

The Commission provided funds to Southwestern Youth Services to provide local staff support to the Task Force and P&C staff provided extensive technical assistance.

Task Force membership included local volunteer leaders (including a local radio station owner and a former legislator) and representatives from agencies, including Southwestern Oklahoma Development Agency (SWODA), Southwestern Youth Services, Altus Public Schools (APS), Office of Juvenile Affairs (OJA), National Resources Center for Youth Services (NRCYS), Department of Rehabilitation Services (DRS), Continuum of Care (COC), and Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS) Systems of Care.

The Task Force had been successful in establishing an extensive transition services program which currently has the capacity for providing a full range of housing, case management, employment, and mentoring services to seven youth. Southwestern Youth Services is the lead agency in coordinating and delivering the aforementioned services.
Currently, there are five participants in the program. The following is a summary of Task Force achievement in major program areas.

**Housing**

Southwestern Youth Services owns four houses which had been donated for a transition program established many years ago, which subsequently lost funding. Due to the loss of funding, these houses were in poor repair, and not usable. Further, operational funding was no longer available due to the loss of a Federal grant. The Task Force worked with Altus Air Force Base to secure volunteer manpower to renovate the housing. OJA assisted Southwestern Youth Services with limited funds to help pay for materiel costs. To date, three houses have been renovated. These houses make seven units of housing available to transitioning youth. Currently, the Task Force is pursuing renovation of a fourth house, through collaboration with Oklahoma Department of Corrections. This house will provide an additional four units of housing, making a total of eleven units of housing available.

The Task Force conducted a local fundraising initiative to secure operational costs for insurance, maintenance and utilities. Local civic organizations have adopted units and/or provided cash support. In addition, Southwestern Youth Services applied for and received a $25,000.00 Emergency Solutions Grant from Continuum of Care to help with these costs.

**Case Management**

Southwestern Youth Services applied for $20,000.00 in Special Project Funds through its ODMHSAS Systems of Care grant to pay the costs of the case management services. This request was approved and is currently supporting this critical aspect of the program.

**Employment**

Volunteer Task Force members contacted local businesses to secure employment opportunities for transitioning youth. Each of the four initial participants in the program was able to secure employment through these efforts. Employment continues to be a priority for the transitioning program.

**Mentoring**

South Western Oklahoma Development Authority (SWODA), in collaboration with Southwestern Youth Services has established a mentoring program for transitioning youth. Mentors have been recruited and trained and are currently being linked to youth in accordance with specific needs. The Office of Planning and Coordination has provided initial funding through special project funds to SWODA.

C. **Provide input into the Oklahoma State Plan for Shelter Services and provide staff support for community shelter planning** *(added at the 2010 OCCY Board Retreat.)*

**IMPLEMENTATION**

The Office of Planning and Coordination (P&C) has worked closely with OJA and OAYS to assist with the development of local emergency shelter services planning.

In Texas County, P&C assisted the Texas County Coalition to establish a 501(c)(3) (Panhandle Services for Children) to a response to an absence of local emergency shelter services in the Panhandle area. Panhandle Youth Services has been designated as the youth services provider for
the Panhandle and is currently delivering outstanding custody services and established a host home program to handle emergency shelter services in the area.

In Ottawa County, at the request of local leaders, P&C staff has assisted Partners of Ottawa County (POCY) to respond to the closing of an emergency shelter in the area due to funding cuts. A plan to replace the shelter with host homes has been developed and financing secured. A partnership between POCY and ROCMND (Rogers, Ottawa, Craig, Mayes, Nowata and Delaware Counties) Area Youth Services has been established to operate the program.

In Rogers County, the Rogers County Youth Services requested assistance from P&C in responding to budget cuts and to possible closing of its emergency youth shelter program. P&C assisted the agency in conducting a self study and recommended means for increasing revenue through local fundraising, Medicaid reimbursement, and other sources to meet budget requirements. Rogers County Youth Services has been able to meet its budget requirements and to continue operating its Emergency Shelter Program.

GOAL 3: DEVELOP AND EXPAND POSITIVE YOUTH DEVELOPMENT SERVICES
A. Expand local capacity and resources for youth service programs and positive youth development activities.
B. Develop local infrastructure to improve the quality and availability of early childhood programs and services.
C. Increase services for prevention of school dropout and teen pregnancy, as well as increasing supports to expecting teen parents.

IMPLEMENTATION

The Office of Planning and Coordination (P&C) assisted Community Partnership Boards, through funding opportunities, in developing and expanding positive youth development services. Utilizing an application process, P&C awarded special project funds up to $5,000.00 to Community Partnership Boards (CPBs) whose initiatives were focused on one of the following areas:

1. Expanding local capacity and resources for youth service programs
2. Developing local infrastructure to improve early childhood programs, and
3. Increasing services for prevention of school dropout and teen pregnancy.

FY 2009 - 2012, $65,426.20 was awarded to support Positive Youth Development Services. Effective FY 2011, awarded CPBs were required to submit a Post Implementation Report. The FY 2011 Post-Implementation Reports can be found in Appendix C. The FY 2012 Post Implementation Reports are still incoming and are due August 15th, 2012.

FY 2009

In 2009, eleven CPBs were awarded $12,615.00 in special project funds. The following is a summary of these initiatives.

Comanche County: Lawton/Ft. Sill Community Coalition
Project objectives: Build a team of youth volunteers and teen interns to launch a community awareness campaign and to create and conduct interactive workshops associated with the abuse of alcohol, tobacco, and other drugs among youth.
Project description: Teen Intern Program
**Craig County: Craig County Community Partnership**

*Project objectives:* To provide special needs children with information on nutrition, wellness and safety in order to improve their life skills and to teach them that they are an important asset to the community.

*Project:* 3-Day Camp for special needs

*Amount Awarded:* $2,000.00

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**Garvin and McClain Counties: Community Alliance of Resources for Everyone (C. A. R. E.)**

*Project objectives:* Participants will learn to recognize bullying in its multiple forms and its impact on victims, perpetrators, and bystanders. They learn basic bullying prevention and intervention strategies as well as resources that are available statewide to assist them in bullying prevention. There will also be a Youth Speak Out where area youth will have the opportunity and means to identify focus areas of their concerns and needs.

*Project:* Bullying Prevention Workshop and Youth Speak

*Amount Awarded:* $1,450.00

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**Jackson County: Jackson County Community Health Action Team (JCCHAT)**

*Project objective:* Provide youth with prevention information to allow them to make informed decisions regarding risky behaviors such as teen drinking, teen pregnancy, and youth tobacco use.

*Project:* Youth Health and Wellness Conference

*Amount Awarded:* $500.00

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**Muskogee County: Muskogee Youth Coalition**

*Project objectives:* To create community awareness about alternative activities for youth during summer months, decrease the number of youth home alone during the summer months, and create a resource guide of summer activities available to Muskogee parents; To help youth take a stand against underage drinking and bring the problem of underage drinking to the attention of community leaders; To create an often used child assistance line for the after-school hours that will provide a support system for youth home alone.

*Project:* Summer Activity Expo; “Take It Back!” Youth Speak Out; and create a “Granny Line”.

*Amount Awarded:* $1,125.00

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**Okfuskee County: Okfuskee County Community Partnership**

*Project Objectives:* Educate and empower 60 youth to make positive life decisions and enable them to reach other youth. Provide support to youth and adults in teen related issues, and education and training for teens to become empowered as leaders.

*Project:* Youth Speak Out, “Communities Caring for Kids” Day; and “Days for Youth”.

*Amount Awarded:* $975.00

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**Payne County: Smart Start Payne County**

*Project objective:* Provide child development training and follow-up mentoring visits to participating child care sites to improve quality of care of children in the service area.

*Project:* A training program, “Strengthening Families through Early Care and Education”.

*Amount Awarded:* $1,000.00

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**Pottawatomie County: Shawnee Asset Building Alliance (SABA)**

*Project objective:* To encourage youth to get involved in the planning and implementation of pro-social projects and empower adults in Shawnee to change the norms around underage drinking.

*Project:* Youth Speak Out, "Relational Aggression Is Not OK" Program, and a Leadership Retreat.

*Amount Awarded:* $1,940.00

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**Greer, Beckham, Kiowa Counties: Southwest Oklahoma Workforce Investment Area Youth Council (SWODA)**

*Project objective:* To expose youth to leadership development skills, the importance of these skills through school, home, work, and peer relations, and how these soft skills can be valuable to future employers.
Project: Student Council Fall Convention  
Amount Awarded: $1,000.00

Wagoner County: Wagoner Family Service Council  
Project objective: To provide youth with development and leadership opportunities and to also learn about risk factors and how to enhance protective factors.  
Project: Youth Development/Leadership Conferences, “Way-Up Youth Leadership Conference”.  
Amount Awarded: $1,000.00

Woodward County: Partners Acting As Change Agents (PACA)  
Project objective: To promote a healthy lifestyle for youth. Youth will be educated on alcohol and related problems and how they affect the community; youth will be empowered to take a leadership role and make changes in their communities; To promote positive learning activities for youth and teach leadership skills to youth who may be at-risk.  
Project: Girl Power Presentation and leadership trainings.  
Amount Awarded: $1,500.00

FY 2010  
In 2010, five CPBs were awarded $4,611.20 in special project funds. The following is a summary of these initiatives.

Garvin and McClain Counties: Community Alliance of Resources for Everyone (C. A. R. E.)  
Project objectives: To teach youth how to identify healthy and unhealthy relationships and also provide youth a forum to present possible solutions and programs from areas identified from last year’s Youth Speak Out.  
Project: Healthy Relationship Workshop and Youth Speak Out  
Amount Awarded: $1,560.00

Major County: Sooner Success Major County  
Project objectives: To raise public awareness about specific types of disabilities through the distribution of a collection of special needs children’s books to various waiting rooms in Major County and to allow parents with newly diagnosed children of autism to learn from seasoned parents of children with autism spectrum disorder as well as offer simple tools and strategies those parents can use to promote autism awareness and peer acceptance.  
Project: Disability Awareness Project and Autism Spectrum Workshop  
Amount Awarded: $251.20

McIntosh County: McIntosh County Coalition for a Healthy Community  
Project objectives: Provide staffing to support Community Partnership Board’s Youth Coalition to coordinate and facilitate youth coalition meetings, and provide adult mentorship role to leaders of the youth coalition.  
Project: Support of a Youth Coalition Staff Member  
Amount Awarded: $1,600.00

Muskogee County: Muskogee Youth Coalition  
Project objectives: To recruit membership from each school district in Muskogee and each coalition organization. They will meet three times a year when school is not in session and will collect youth opinions on local issues thus allowing them to represent themselves in several media venues.  
Project: Youth Advisory Board & Summer Activity Expo  
Amount Awarded: $600.00

Payne County: Smart Start Payne County  
Project objective: Conduct a training session on the importance of physical health through public awareness materials and pledge cards.  
Project: Stillwater Speaks Project  
Amount Awarded: $600.00

FY 2011  
In 2011, five CPBs were awarded $22,500.00 in special project funds. The following is a summary of these initiatives.
Kay County: Success by Six Early Childhood Planning Council
Project objectives: Utilize strategies that build on the protective factors of the Strengthening Families Initiative that will facilitate friendships and mutual support, strengthen parenting skills.
Project: Parent/caregiver meetings.
Amount Awarded: $4,500.00

Major County: Sooner Success Major County Coalition
Project objectives: To provide positive role models for children and help establish relationships that would enable them to discuss educational concerns with a mentor. Also help them build self-esteem, self-motivation and self-determination.
Project: Mission Mentors Program.
Amount Awarded: $4,500.00

Osage County: Osage County Community Partnership Board
Project objectives: To help children develop socially and emotionally; learn to understand and communicate their feelings, to relate to their peers, and to develop positive relationships with adults, thus helping them transition successfully from youth to adults.
Project: Youth Mentoring Program.
Amount Awarded: $4,000.00

Pottawatomie County: Shawnee Asset Building Alliance (SABA)
Project objective: Reduce the number of non-compliant stores to 10% or less, train at least 50 retailers in RBSS (Responsible Beverage Sellers and Servers) training, and continue alcohol compliance checks in stores that sell alcohol to minors.
Project: Underage Drinking
Amount Awarded: $5,000.00

Greer, Harmon, Roger Mills, Jackson Counties: Southwest Oklahoma Workforce Investment Area Youth Council (SWODA)
Project objective: To identify and train community and mentoring coordinator and utilize Altus Air Force Base personnel who have been trained as mentors as the mentoring pool. Pay staff at South Western Youth Services and WIB Travel coordination expenses.
Project: Mentoring program
Amount Awarded: $4,500.00

FY 2012
In 2012, six CPBs were awarded $25,700.00 in special project funds. The following is a summary of these initiatives.

Adair/Cherokee Counties: Community Partners of Adair/Cherokee Counties
Project objectives: Develop and structure a parent mentoring/support program
Project: Strengthen parenting and parenting supports in the community
Amount Awarded: $4,500.00

Major County: Sooner Success Major County Coalition
Project objectives: To provide positive role models for children and help establish relationships that would enable them to discuss educational concerns with a mentor. Also help them build self-esteem, self-motivation and self-determination.
Amount Awarded: $4,500.00

Mayes County: Mayes County HOPE Coalition
Project objectives: To continue last year’s program with all entities working together to supervise and assist youth participants into becoming free from the use of drugs and alcohol.
Project: Continuing Mayes County Juvenile Drug Court from 2011.
Amount Awarded: $4,500.00

Okfuskee County: Okfuskee County Community Partnership Board
Project objective: Development of a one on one relationship with a child after school or on the weekend, providing a relationship with a caring adult mentor who works to help youth achieve their potential.
Project: Mentoring program
Amount Awarded: $4,500.00
**Pottawatomie County: Shawnee Asset Building Alliance (SABA)**

Project objectives: To continue to work with law enforcement doing compliance checks and holding adults in our retail outlets accountable for selling alcohol to minors.

Project: Continuing Pink Elephant Media Campaign from 2011

Amount Awarded: $3,200.00

**Greer, Harmon, Roger Mills, Jackson Counties: Southwest Oklahoma Workforce Investment Area Youth Council (SWODA)**

Project objective: To continue the Mentoring Program with the recruitment and training of a paid coordinator and trained mentors focusing on youth who are utilizing transitional housing available through efforts of the Jackson County Community Based Services committees.

Project: Continuing the Mentoring program from 2011

Amount Awarded: $4,500.00
## Performance Measure Highlights

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fiscal Year 2011</th>
<th>Fiscal Year 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Juvenile System Oversight (OJSO) Complaints &amp; Requests for Assistance</td>
<td>448</td>
<td>326</td>
</tr>
<tr>
<td>Office of Juvenile System Oversight (OJSO) Public Facility Visits</td>
<td>37</td>
<td>48</td>
</tr>
<tr>
<td>Office of Planning and Coordination (P&amp;C) Local Community Collaboration Meetings</td>
<td>460</td>
<td>438</td>
</tr>
<tr>
<td>Post Adjudication Review Board (PARB) Judicial Districts Served</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Joint Oklahoma Information Network (JOIN) Community Resource Directory Visits</td>
<td>1,646,160</td>
<td>1,511,187</td>
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<tr>
<td>Sooner Start Interagency Coordinating Council (ICC) for Early Childhood Intervention</td>
<td>12,899</td>
<td>13,532</td>
</tr>
<tr>
<td>Juvenile Personnel Training Program (JPTP) Participants Trained</td>
<td>3,065</td>
<td>4,040</td>
</tr>
<tr>
<td>Child Death Review Board (CDRB) Cases Reviewed</td>
<td>282</td>
<td>250</td>
</tr>
<tr>
<td>Public Releases Deaths/Near Death</td>
<td>8</td>
<td>14</td>
</tr>
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</table>
PROGRAMS
Office of Juvenile System Oversight (OJSO)

The Office of Juvenile System Oversight (OJSO) has the responsibility to investigate and report misfeasance and malfeasance within the children and youth service system, to inquire into areas of concern, and to provide independent monitoring of residential and non-residential services to children. The OJSO is to ensure that agencies are complying with their established responsibilities, which include state and federal laws, applicable accrediting and licensing standards, policies and procedures, and applicable court orders.

The OJSO annually inspects every state-operated residential facility and conducts systemic reviews at all other privately operated residential facilities that have children/adolescents as residents. The oversight agency also investigates misfeasance and malfeasance and areas of concern within the children and youth service system, including concerns of health and safety of state custody children in out-of-home care. The OJSO assesses facility/agency/program compliance with established responsibilities, contractual agreements, best practices, and the policies and procedures of each agency and facility.

The OJSO staff respond to complaints, inquires, and requests for assistance and referrals from Oklahoma families, victims of abuse, legislators, child advocates, and judges. The office logs thousands of hours each year to investigate, mediate, resolve, and/or refer to appropriate parties. The oversight staff acts as the independent set of eyes for the State of Oklahoma to monitor and assure the safety and welfare of children.

The OJSO is the only state oversight organization that provides comprehensive and independent monitoring of the children’s service system. Because OCCY provides no direct services, the oversight reports are independent and without conflict of interest. In a collaborative effort with the state agencies that are represented on the Commission, the work of oversight serves a critical role identifying areas of concern and means for system improvement.
GOALS, MEASURES, OUTCOMES

<table>
<thead>
<tr>
<th>GOAL #1</th>
<th>MEASURE</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Ensure all state-operated children's facilities comply with established responsibilities of all state-operated children's facilities to increase the likelihood children will be safe and receive proper care.</td>
<td>The actual number of site visits made to state-operated facilities yearly.</td>
<td>Each public facility was visited a minimum of one time during the fiscal year, thus improving the likelihood that more children will be safe and receive proper care. The OJSO continued to document violations and areas of concerns regarding resident quality of life, quality of treatment, and resident room confinement.</td>
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<tr>
<th>GOAL #2</th>
<th>MEASURE</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Ensure the safety of youth who reside in all other public and privately operated children's facilities, in accordance with state statutes, licensing standards, and contractual requirements. Designing and conducting systemic oversight at private/public children's facilities.</td>
<td>The number of visits to these facilities.</td>
<td>For FY 2011, the OJSO conducted 37 site visits in private/public residential facilities. This number was reduced due to the legislation passed in 2009 that authorized systemic oversight at private facilities.</td>
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<tr>
<th>GOAL #3</th>
<th>MEASURE</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Conducts referral requests, requests for assistance, and investigations of all inquiries alleging misfeasance and malfeasance and lack of compliance with established responsibility within the children and youth service system.</td>
<td>The number of inquiries received.</td>
<td>For FY 2011 the OJSO received 448 inquiries.</td>
</tr>
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<table>
<thead>
<tr>
<th>OFFICE OF JUVENILE SYSTEM OVERSIGHT</th>
<th>FY 2011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGETED</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>12.7</td>
<td>$754,532</td>
<td>$897,320</td>
<td>$897,320</td>
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</tbody>
</table>
The Oklahoma Child Death Review Board (CDRB) and Local Review Teams have the mission to reduce preventable child fatalities through systematic multidisciplinary review of child fatalities and through data driven recommendations to improve the policies, procedures, and practices within and among agencies that protect and serve children. This includes recommendations about training needs for those agencies needing to improve their practices and investigative techniques.

These teams are uniquely qualified to understand what no single agency or group working alone can: how and why children are dying in their community.

The Child Death Review Board provides a multidisciplinary approach to case review of all child deaths as well as near deaths resulting from abuse or neglect for the purpose of reducing the number of preventable deaths. No other entity exists that provides this type of comprehensive review on a statewide basis. Based on the reviews, statistical information is then collected that can identify system failures and help change policies, procedures and practices among the agencies that protect and serve the children of Oklahoma.

Because of the CDRB's efforts, child fatalities are more thoroughly analyzed. Most mortality data analysis is based on death certificate information which is sometimes incomplete, and therefore does not present a viable approach to assessing preventability. Studies that use death certificate information alone only report how an individual died, not on the contributing factors. The CDRB reviews all contributing factors which improves the accuracy of the mortality data and identifies prevention strategies. The comprehensive review includes: all records and reports pertaining to a child whose case is under review such as the medical examiner’s report, records from the hospital, school, court, prosecution, law enforcement, fire department, State Department of Health, doctors, dentists, emergency medical services, and Department of Human Services.
GOALS, MEASURES, OUTCOMES

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<th>GOAL #1</th>
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<tbody>
<tr>
<td>To identify any systemic failures that occur in relation to a child death, or near death, so that these failures will be addressed and not occur in the future.</td>
<td>Review child death and near death cases.</td>
<td>CY 2011, 237 cases were reviewed and closed. 53 near death cases were reviewed and closed.</td>
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<thead>
<tr>
<th>GOAL #2</th>
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<tbody>
<tr>
<td>Identify system failures in relation to child deaths and make annual recommendations to improve policies, procedures, and practices within agencies that serve and protect children.</td>
<td>Number of recommendations made to OCCY.</td>
<td>8 recommendations were submitted. The numbers above only reflect policy and procedure recommendations and do not include all the training recommendations proposed.</td>
</tr>
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<table>
<thead>
<tr>
<th>GOAL #3</th>
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<tbody>
<tr>
<td>Number of regional Boards that provide strategic coverage.</td>
<td>Create 4 regional boards to cover the state.</td>
<td>Four regional boards are operational.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CHILD DEATH REVIEW BOARD</th>
<th>FY 2011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGET</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>0.00</td>
<td>$120,970</td>
<td>$122,160</td>
<td>$122,160</td>
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</tbody>
</table>

* OCCY contracted with the Oklahoma University Health Sciences Center to operate the CDRB Program in FY2011. The CDRB moved to OCCY beginning in FY 2012.
The Board of Child Abuse Examination is responsible for:

(1) Establishing a statewide system to provide expert medical evaluation of child abuse and neglect; and

(2) Implementing a continuing training program for medical professionals in the area of child abuse and neglect, as well as developing standards for medical evaluation of children suspected of being abused.

The Chief Child Abuse Examiner provides consultation services to physicians in matters relating to diagnosing and treating child abuse, makes public presentations and assists other groups with training on child abuse. He also consults with other medical personnel and the OJSO on cases of suspected child abuse.

This is a multi-agency interdisciplinary Board that provides training to health care personnel on diagnosing and treating child abuse. Doctors, nurses, and physician assistants also learn about the child protection and judicial systems.
### GOALS, MEASURES, OUTCOMES

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<thead>
<tr>
<th>GOAL #1</th>
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</thead>
<tbody>
<tr>
<td>Maintain a Chief Child Abuse Examiner to coordinate educational programs and represent BCAE on other boards and committees, and provide consultation to the Board and others. Ensure compliance with statute.</td>
<td>Chief Child Abuse Examiner provides documentation of activities. Board meets a minimum of four times per year.</td>
<td>In FY 2011, the Board met six times.</td>
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<table>
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</thead>
<tbody>
<tr>
<td>Provide basic and advanced child abuse training to healthcare providers.</td>
<td>Number of events, participants, evaluation results.</td>
<td>In FY 2011, The Center on Child Abuse and Neglect provided one online basic training.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>BOARD OF CHILD ABUSE EXAMINATION</th>
<th>FY 2011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGET</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>0.00</td>
<td>$46,446</td>
<td>$60,917</td>
<td>$60,917</td>
</tr>
</tbody>
</table>

The OCCY contracts with the University of Oklahoma Health Sciences Center to fund the services of the Chief Child Abuse Examiner and provide the training.
Post Adjudication Review Boards review the appropriateness of treatment goals, permanency plans and services for children and families in Deprived and Delinquent court cases. The boards develop recommendations following each review and serve in an advisory capacity to the district court. At least one review board is mandated in every judicial district and each board is comprised of volunteers from the community. These boards advocate for and encourage public entities to secure safe and permanent homes for each child.

The PARB program involves community volunteers in the review of confidential court cases of children and youth in the Deprived and Delinquent court systems. The review boards provide an unbiased oversight of each case and serve in an advisory capacity to the judges handling each case. Following each case, the review boards develop recommendations for the court. The boards seek the best interests for each child and assist in ensuring children do not languish in the foster care system.

In calendar year 2011, local review boards reported that 5,965 Oklahoma children benefited from the review of a PARB. The boards reported that 229 Delinquent reviews were completed and 4,490 Deprived cases were completed, for a total of 4,719 reviews. Three hundred and seventy-five volunteers gave over 9,000 hours of service in the program. During the year, fifty-three boards served forty-nine counties.
GOALS, MEASURES, OUTCOMES

<table>
<thead>
<tr>
<th>GOAL # 1</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>All judicial districts and every county will be served by PARB.</td>
<td>Increase the number of counties with an operating review board.</td>
<td>In CY 2011, 49 counties were served.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL # 2</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every county served by PARB will review every Deprived court case once every six months, in accordance with Oklahoma Statute.</td>
<td>Increase the number of volunteers by 25.</td>
<td>In CY 2011, the number of volunteers was 352.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL # 3</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each PARB will thoroughly review every Deprived court case and develop useful recommendations for the court.</td>
<td>Increase the number of volunteers who attend training each year.</td>
<td>In CY 2011, 37 volunteers were involved in PARB training.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POST ADJUDICATION REVIEW BOARD</th>
<th>FY 2011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGET</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>1.85</td>
<td>$205,980</td>
<td>$275,000</td>
<td>$258,000</td>
</tr>
</tbody>
</table>
2012 OKLAHOMA STATE POST ADJUDICATION REVIEW ADVISORY BOARD

Melanie Johnson, Chair

*Member At-Large*

Jay Scott Brown

*Member At Large*

Clara Cunningham

*Member At Large*

The Honorable April Sellers White

*Judicial Member*

Sandra Brown

*Active PARB*

Destry Hawthorne

*Active PARB*

The Honorable Mark A. Moore

*Judicial Member*

Millie Carpenter

*Ex-Officio, Department of Human Services*

Carol Collins

*Member At Large*

James Cooper

*Active PARB*

The Honorable A. J. Henshaw Jr.

*Judicial Member*

Holly Morris

*Foster Parent*

Mary Jo Wimbish

*Active PARB*

Cindy Nocton

*Member At-Large*

The Honorable Pat Versteeg

*Judicial Member*

Davis Ross

*Foster Parent*

Julie Kennedy

*Foster Parent*

The Honorable Dynda Post

*Judicial Member*

Holly Morris

*Foster Parent*

Greg Delaney

*Ex-Officio, OJA*
OFFICE OF PLANNING AND COORDINATION (P&C)

The Office of Planning and Coordination (P&C) provides support services to local statewide Community Partnership Boards in addressing both local issues facing children and youth by improving the capacity of local entities to deliver services, solve problems, and generate resources. The services available to Community Partnership Boards include:

- Key Informant Surveys to identify salient issues
- Organizational structure development
- Lead agency development
- Self studies to assist with strengthening key service providing agencies or coalitions
- Agreement development and negotiation services
- Meeting effectiveness training and development
- Staff support training and development
- Volunteer leadership training and development
- Direct funding for projects and board operations
- Assistance with resource development

The Office of Planning and Coordination provided both limited and intensive supports to nine Community Partnership Boards (CPBs) statewide. CPBs received staff support, direct funding, or a combination of supports in areas of board operations and special projects. For FY 2011, Special Project Fund and Board Operation Fund expenditures totaled $26,785.36. The funded communities were asked to submit a Post-Implementation Report on project outcomes that were funded through Special Project Funds; those reports can be found in Appendix C. The following is a detailed description and accompanying amounts of the community initiatives that were awarded Special Project Funds in FY 2011:

**Kay County: Success by Six Early Childhood Planning Council**

*Project objectives:* Utilize strategies that build on the protective factors of the Strengthening Families Initiative that will facilitate friendships and mutual support, strengthen parenting skills.

*Project:* Parent/caregiver meetings.

*Amount Awarded:* $4,500.00

**Major County: Sooner Success Major County**

*Project objectives:* To provide positive role models for children and help establish relationships that would enable them to discuss educational concerns with a mentor. Also help them build self-esteem, self-motivation and self-determination.

*Project:* Mission Mentors Program.
Amount Awarded: $4,500.00

Osage County: Osage County Community Partnership Board
Project objectives: To help children develop socially and emotionally, learn to understand and communicate their feelings, to relate to their peers, and to develop positive relationships with adults, thus helping them transition successfully from youth to adults.
Project: Youth Mentoring Program
Amount Awarded: $4,000.00

Pottawatomie County: Shawnee Asset Building Alliance (SABA)
Project objective: Reduce the number of non-compliant stores to 10% or less, train at least 50 retailers in RBSS (Responsible Beverage Sellers and Servers) Training, and continue alcohol compliance checks in stores that sell alcohol to minors.
Project: Underage Drinking
Amount Awarded: $5,000.00

Greer, Harmon, Roger Mills, Jackson Counties: Southwest Oklahoma Workforce Investment Area Youth Council (SWODA)
Project objective: To identify and train community and mentoring coordinator and utilize Altus Air Force Base personnel who have been trained as mentors as the mentoring pool. Pay staff at SWYS and WIB Travel coordination expenses.
Project: Mentoring program
Amount Awarded: $4,500.00

In addition to providing services to statewide Community Partnership Boards, the Office of Planning and Coordination also assists with the development, implementation, and coordination of the Oklahoma State Plan for Services to Children and Youth (§10-601.9). The Oklahoma State Plan for Services to Children and Youth is a mechanism in which demonstration projects are conducted and funded. In FY 2011, a total of $45,250.00 in demonstration project funding was awarded through a contracting processes. Detailed information on demonstration project outcomes can be found in the FY 2009 – FY 2012 Oklahoma State Plan for Services to Children and Youth Final Outcome Report in Appendix B.
### GOALS, MEASURES, OUTCOMES

<table>
<thead>
<tr>
<th>GOAL #1</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitation of interagency efforts to increase local communications while improving services to children and youth.</td>
<td>Increase interagency efforts through coordinated local meetings that increase communication and enhance service delivery at the local interagency level.</td>
<td>460 CPB meetings were held throughout the state in FY 2011.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #2</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop community partnership boards (CPBs) with focus on planning and implementation of services to children and youth.</td>
<td>Number of new community partnership boards.</td>
<td>In FY 2011 there were a total of 44 boards representing 44 counties.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #3</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist in developing and implementing the State Plan for Services to Children and Youth according to recommendations and budget limitations.</td>
<td>Percent of recommendations adopted into state plan.</td>
<td>A State Plan for Services to Children and Youth was developed utilizing recommendations from community partnerships, state level groups and citizens. 100% of the CPB’s recommendations were adopted by OCCY.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #4</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test model programs and demonstration projects for children and their families.</td>
<td>Number of model programs funded.</td>
<td>In FY 2011, 9 communities worked on Intensive Technical Assistance projects.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE OF PLANNING AND COORDINATION</th>
<th>FY 2011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGET</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>3.7</td>
<td>458,000</td>
<td>$429,882</td>
<td>$429,882</td>
</tr>
</tbody>
</table>
The OCCY is the coordinating agency in the development and implementation of the internet-accessible data sharing system. Thirteen agencies signed an interagency agreement that allows for the sharing of data across agency boundaries for information and referral, single-point of entry, and policy analysis and research.

Two key components of JOIN are the online internet accessible Community Resource Directory and the Eligibility Questionnaire. These tools reside on the JOIN website at www.join.ok.gov. The website received an average of 137,180 hits per month in FY’11.

The Eligibility Questionnaire is a free confidential tool that links people to state programs and agencies that provide the resources they are seeking. By answering a few simple questions, citizens can view a list of services and information about how to apply for assistance. Currently, the Eligibility Questionnaire provides access to over 30 programs spread across seven state agencies.

The Community Resource Directory is a free web-based directory that helps individuals locate public and private services and programs statewide and in their local communities. The Community Resource Directory received over 1,646,160 inquiries in FY’11. The programs searched most frequently were food pantries, utilities, and rent assistance.
Goals, Measures, Outcomes

<table>
<thead>
<tr>
<th>GOAL #1</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through the collaboration with the Oklahoma 2-1-1’s, JOIN will expand its statewide database for information and referral process.</td>
<td>Expansion of database and number of records obtained annually.</td>
<td>In FY 2011, the JOIN database was increased to 21,152 records of Agencies and programs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #2</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide access to all state agencies and the public via the internet to the JOIN website.</td>
<td>Number of hits to Resource Directory (Any connection to this site).</td>
<td>In FY 2010, 1,646,160 hits were made.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JOINT OKLAHOMA INFORMATION NETWORK</th>
<th>FY 20011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGET</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>2.9</td>
<td>234,687</td>
<td>291,000</td>
<td>$0.00*</td>
</tr>
</tbody>
</table>

*House Bill 1991 repealed 10 §630.1,630.2,630.3 which will eliminated the JOIN program July 1, 2012
The purpose of the **Oklahoma Interagency Coordinating Council for Early Childhood Intervention** is to advise and assist agencies to create, implement and support a statewide system of early intervention services for children birth to age three with disabilities and their families. Its purpose is to provide a vehicle for assuring a comprehensive coordinated system that is family-centered, home, and community-based, interagency, individualized, and culturally sensitive.

Under Part C of the Federal Individuals with Disabilities Education Act (IDEA), each state must have an advisory board made up of parents, public and private providers, legislators, and representatives from state agencies that provide for early intervention services. The ICC is the vital component to ensure services are not only available but are cost effective and based on best practices in early intervention.

The interagency collaborative service design and implementation of SoonerStart have been recognized nationally by the U.S. Department of Education as one of the best early intervention models in the nation. All partners, including the State Departments of Education, Health, Human Services, Mental Health and Substance Abuse Services, the University of Oklahoma's Tolbert Center, and the Oklahoma Commission on Children and Youth work together to ensure the early intervention services are effective, easily accessible and cost effective.

The family-centered, culturally sensitive nature of services address family needs and the individual needs of each child in SoonerStart. Parents, service providers, and the ICC are partners in the decisions made regarding how services are designed and delivered.

Approximately 12,899 infants and toddlers received screening, evaluation, assessments, and services because of a possible delay or disability. SoonerStart is Oklahoma's answer to providing early intervention services to children with developmental delays. SoonerStart is the only early intervention entitlement
program available in Oklahoma. Services are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development. Some of the services are:

- Assistive Technology/assistive technology services
- Audiology
- Screening and assessment services
- Family training, counseling and home visits
- Health services
- Medical services for diagnostic and evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social worker services
- Special instruction
- Speech language pathology
- Vision services

**GOALS, MEASURES, OUTCOMES**

<table>
<thead>
<tr>
<th>GOAL #1</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A timely comprehensive multidisciplinary evaluation will be included for each child, birth through age three, who is referred to the SoonerStart program for evaluation.</td>
<td>SoonerStart Comprehensive Quality Assurance process, Annual self-assessment process. Percent of referred children who received an evaluation.</td>
<td>In FY 2011, 100% of the SoonerStart records reflect that the Battelle Developmental Inventory (BDI) was administered in all five developmental domains at the time of the initial evaluation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #2</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the December 1 child count, SoonerStart will serve at least 2.09 % of the population (ages 0 to 3). This is a point in time count of infants and toddlers being served, not a cumulative count.</td>
<td>Percentage of population served.</td>
<td>During FY 2011, a total of 12,899 children were served. A cumulative count of all children referred, screened, evaluated and received services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #3</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Interagency Coordinating Council Subcommittees will have family members.</td>
<td>Percentage of ICC committees</td>
<td>In FY 2011, all of the ICC Committees had family member participation. The ICC also created a family Leadership committee which currently has eight family members.</td>
</tr>
</tbody>
</table>
The State Department of Education eliminated the ICC coordination contract in 2010. OCCY has continued to perform some of the basic functions.

<table>
<thead>
<tr>
<th>INTERAGENCY COORDINATING COUNCIL</th>
<th>FY 2011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGET</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>2.0</td>
<td>$128,644</td>
<td>$0.00</td>
<td>**$0.00</td>
</tr>
</tbody>
</table>

** The State Department of Education eliminated the ICC coordination contract in 2010. OCCY has continued to perform some of the basic functions.
### Governor Appointed Parents

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tara Lozano-Ford</td>
<td>01/01/2014</td>
</tr>
<tr>
<td>Amy Owens</td>
<td>01/01/2014</td>
</tr>
<tr>
<td>Heather Pike</td>
<td>01/01/2013</td>
</tr>
<tr>
<td>Lathonya Shivers</td>
<td>01/01/2014</td>
</tr>
</tbody>
</table>

### Others Appointed by the Governor

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renée Kiel</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Lynn Rambo-Jones</td>
<td>01/01/2009</td>
</tr>
</tbody>
</table>

### Legislative Representatives

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senator Sean Burrage</td>
<td>01/01/2011</td>
</tr>
</tbody>
</table>

### Agency Representatives

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rene Axtell</td>
<td></td>
</tr>
<tr>
<td>Edd Rhoades</td>
<td></td>
</tr>
</tbody>
</table>

### Service Providers

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marti Ferretti</td>
<td>01/01/2012</td>
</tr>
</tbody>
</table>

### Others

<table>
<thead>
<tr>
<th>Name</th>
<th>Term Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Jones</td>
<td></td>
</tr>
<tr>
<td>Amy Chlouber</td>
<td></td>
</tr>
<tr>
<td>Sue Robertson</td>
<td></td>
</tr>
<tr>
<td>Frank Stone</td>
<td></td>
</tr>
<tr>
<td>Paula Brown</td>
<td></td>
</tr>
<tr>
<td>Shari Kinney</td>
<td>01/01/2013</td>
</tr>
<tr>
<td>Jim Lewis</td>
<td>01/01/2012</td>
</tr>
<tr>
<td>Jan Matthews</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Kermit McMurry</td>
<td>01/01/2013</td>
</tr>
</tbody>
</table>
The primary purpose of Oklahoma Areawide Services Information System is to provide free statewide information, referrals and assistance to Oklahoma children and adults with disabilities and special health care needs that will help them in locating available services and resources in their area that will help meet their needs.

OASIS specializes in resources for children and adults with disabilities and their families. OASIS houses the Oklahoma Respite Resource Network, a statewide collaborative of agencies, organizations and individuals working to increase the availability of respite in Oklahoma. The goals below reflect the OCCY line items for OASIS.

### GOALS, MEASURES, OUTCOMES

<table>
<thead>
<tr>
<th>GOAL #1</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide people in need of assistance with accurate information as well as appropriate referrals.</td>
<td>Number of referrals.</td>
<td>In FY’11, OASIS provided 12,459 referrals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #2</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide access via Internet to the OASIS service program directory.</td>
<td>Number of visits to website. A visit can be defined as an interaction with a website. Statistics were compiled from monthly web analysis run by OUHSC server.</td>
<td>In FY’10, there were 90,000 visits to the OASIS website.</td>
</tr>
</tbody>
</table>
OCCY had contracted with the Oklahoma University Health Sciences Center to operate OASIS. OASIS dissolved as an independent body in 2012 and will spread its functions among several programs.

<table>
<thead>
<tr>
<th>Oklahoma Areawide Service Information System</th>
<th>FY 2011 FTE</th>
<th>FY 2011 Actual</th>
<th>FY 2012 Budget</th>
<th>FY 2013 Budget Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>0</td>
<td>$67,982</td>
<td>$42,000</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Funded through a line item in the Oklahoma Commission on Children and Youth budget since 1983, the Juvenile Personnel Training Program (JPTP), a program of The University of Oklahoma National Resource Center for Youth Services (NRCYS), provides ongoing, high-quality competency-based training, resources, and trainers for human services personnel in Oklahoma’s public and private not-for-profit child serving organizations.

JPTP training is geared to Oklahoma’s youth-serving professionals, paraprofessionals, and volunteers in public and private child welfare, youth service, juvenile justice, and prevention services. It is designed to improve effectiveness of services to Oklahoma children, youth and their families. Agencies participating in training with JPTP are better able to meet licensing and accreditation standards in a cost efficient manner.

Nearly three decades of dedication to timely, relevant programming has made JPTP one of the nation’s most respected and comprehensive programs of its kind in the United States. Without the JPTP program, many of Oklahoma’s public and private nonprofit agencies would have difficulty meeting their licensing and accreditation standards in regard to training. JPTP provides essential training for the children and youth service system. In FY’11, 3,065 personnel received training from JPTP, making them better equipped to work effectively with Oklahoma children and their families who, due to poverty and lack of adequate resources, will potentially require the support of a non-profit, youth serving agency.

JPTP’s relationship with NRCYS assures the unique provision of training that would be difficult, if not impossible to duplicate. First, the extensive amount of work done nationally by NRCYS staff provides access to current trends, leaders in the field of youth work, and state of the art curriculum and practice. This knowledge adds to the training received by Oklahoma’s youth service providers who, due to budget constraints of their own, rarely have access to training opportunities outside of Oklahoma.
Secondly, access to the national trainers housed at NRCYS adds to the training schedule in the face of budget cuts. As mentioned earlier, the program is funded at 2.15 FTE's. It would be next to impossible to provide for the scheduled workshops, and respond to the increase in on-site training requests in a cost effective manner without access to this extensive training resource. In addition, OCCY is able to leverage federal IV-E funding, based on the training activities of JPTP, thus increasing the amount of training available to the youth serving agencies in Oklahoma.

JPTP training can be accessed two specific ways. A large number of trainings are provided on a regional basis in Tulsa or Oklahoma City. These trainings are especially effective in providing cost effective training for specific agency personnel. For example, staff that is required to maintain a license in order to provide services finds JPTP a reliable source to meet the 20 hour requirement without placing a financial burden on the agency.

However, it has been found that simply providing regional training is not as effective with all agency personnel, direct care workers for example. JPTP has been able to reach more direct care staff by bringing this much needed training directly to agencies. This has shown to be especially effective in providing training to those agencies in rural areas in Oklahoma. JPTP has increased its efforts to offer consultation and technical assistance to assure agencies receive the training that best fit their needs and specific program goals. It is felt that this type of service delivery assists agencies in building capacity rather than simply meeting training hour's requirements.

JPTP will continue to build on the collaborative efforts built with other Oklahoma agencies and programs. These collaborations have already provided new, more effective ways to deliver services to more eligible agencies and have maximized training dollars.
## GOALS, MEASURES, OUTCOMES

<table>
<thead>
<tr>
<th>GOAL #1</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide training events based on results of Oklahoma public and nonprofit agency needs assessments.</td>
<td>Number of events</td>
<td>61 trainings were conducted in FY’11.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #2</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train participants (Oklahoma service providers working with children, youth and families) to increase their knowledge and skills.</td>
<td>Number of participants; training evaluations.</td>
<td>3,065 participants received training in FY’11.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL #3</th>
<th>MEASURE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase the skills and knowledge of participants of JPTP events measured through evaluations.</td>
<td>Percent of participants reporting an increase in knowledge and skills.</td>
<td>94% of participants in FY’11 reported an increase in skills and knowledge.</td>
</tr>
</tbody>
</table>

### JUVENILE PERSONNEL TRAINING

<table>
<thead>
<tr>
<th>JUVENILE PERSONNEL TRAINING</th>
<th>FY 2011 FTE</th>
<th>FY 2011 ACTUAL</th>
<th>FY 2012 BUDGET</th>
<th>FY 2013 BUDGET REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL REVENUE</td>
<td>0*</td>
<td>$186,237</td>
<td>$189,011</td>
<td>$189,011</td>
</tr>
</tbody>
</table>

*OCCY contracts with the National Resource Center at the University of Oklahoma for JPTP.*
OTHER COLLABORATIVE EFFORTS

Children of Incarcerated Parents Task Force

In 2011, the Oklahoma Legislature created a task force to look at the needs of children with a parent in prison. Oklahoma leads the nation in the rate of women sent to prison and is ranked fourth in the rate of male incarceration. With more than 3 percent of all children being impacted by our state’s high rate of incarceration, it is key that our state understand the breadth of this issue and develop appropriate services to meet the needs of this at-risk population.

To inform our work, the Children of Incarcerated Parents Task Force gathered estimates of the number of children impacted by parental incarceration in Oklahoma. As there were already reliable estimates of the number of children with a mother in prison, the Task Force collected data from incarcerated men about their children during September, 2011. A survey was developed by the Task Force to assess the number of children with an incarcerated father. This survey resulted in an estimate of 21,482 children with a father in prison, 10,204 living with the father at the time of incarceration. According to the Oklahoma Study of Incarcerated Women 2009 report (OCCY) and the Oklahoma Department of Corrections (ODOC), Division of Female Offenders Fiscal Year 2010 Annual Report (ODOC), there were approximately 4,624 minor children in Oklahoma in 2009 that had a mother in prison, 2,430 of who lived with their mothers at the time of incarceration.

Foster Care System Improvement Task Force

All children are born with the potential for greatness and deserve every opportunity to make the most of themselves, regardless of the circumstances. Children in the custody of the Department of Human Services deserve no less, and that is the premise the Foster Care System Improvement Task Force is operating under as we examine the state’s foster care system and look for ways to improve outcomes for all of Oklahoma’s children.

Created by HB1359, the Foster Care System Improvement Task Force has spent the past nine months examining Oklahoma’s Foster Care System. Creating a system that not only ensures children thrive in out-of-home care, but also supports foster parents who choose to nurture children is essential to Oklahoma’s future. The key to improving child outcomes is identifying the specific barriers to their needs and working to remove them.

The Task Force was charged to compare Oklahoma’s foster care system outcomes to the federal children and family services review standards, review current practices in the state’s foster care system, study best practices that may assist in improving the system, and identify specific areas for improvement in the state’s foster care system. The committee examined existing national and state data related to Oklahoma’s foster care system.
March 2012
Community Partnership Boards (CPBs) across the state annually participate in the Statewide Systemic Issue Survey process. This survey process is used to assist the Oklahoma Commission on Children and Youth (OCCY) identify priority systemic issues within the child and youth services systems (§10-601.9). Directed by the input from the CPBs, the Office of Planning and Coordination conducts feedback interviews with agencies affected by the systemic issues identified in the surveys. Through the interview process, stakeholders, services providers, and leaders are asked to assist with developing strategies to address the identified systemic issues. Based on the survey data and the feedback interviews, a recommendation of goals and objectives is made to the Office of Planning and Coordination Steering Committee and the OCCY Board. If the recommendation is approved by the OCCY Board at the June 15, 2012 meeting, the goals and objectives included in the recommendation become the FY2013 – FY2016 Oklahoma State Plan for Services to Children and Youth, which will be released in full as an Executive Summary on July 1, 2012.

In the 2012 Statewide Systemic Issue Survey, Community Partnership Boards (CPBs) across the state were asked to identify priority systemic issues within child and youth serving systems in their respective communities. The CPBs were asked the following in the survey: if systemic issues identified in previous years were still priority issues; and to identify any other systemic issues or social problems. The results of the survey indicated communities wanted the following systemic issues addressed:

1. deficiencies in custody services to youth which support successful reintegration, transition, and reduction of recidivism;
2. barriers to healthcare services that impede access and utilization of primary and preventative care services, including behavioral and mental health services; and,
3. parenting.

Because increasing access to healthcare services was a goal in the FY2009 – FY2012 Oklahoma State Plan for Services to Children and Youth, the Office of Planning and Coordination Steering Committee explored the possibility of establishing a statewide Access to Health Care Task Force with officials from the Oklahoma State Department of Health, Oklahoma Healthcare Authority and Oklahoma Department of Mental Health and Substance Abuse Services. The consensus was that responsibilities envisioned for the Task Force could be carried out through the existing Oklahoma Health Improvement Plan (OHIP) workgroup. Upon any future
request by OHIP work group membership or the Oklahoma State Department of Health, the Office of Planning and Coordination is willing to explore the possibility of providing staff support to the OHIP as a means of enhancing and achieving health access goals. Because the OHIP is providing a structure for state planning around an access to health care goal, the OCCY Board agreed that including the goal in the Oklahoma State Plan for Services to Children and Youth would be duplicative. While the OHIP is developing a plan to carry out state level planning around access to health care, the OCCY’s mission to assist Community Partnership Boards (CPBs) in addressing systemic issues must still be carried out. If CPBs request assistance in increasing access to health care services, the Office of Planning and Coordination, through the Oklahoma Center for Community Based Initiatives, can respond by providing prioritized, intensive technical assistance.

In order to carry out plans of action aimed at strengthening custody and transition services in the state, two groups have been established under the auspices of the Oklahoma Commission on Children and Youth (OCCY). The first group is the Strengthening Custody and Transition Services Advisory Team. The Team was created in 2010 and is chaired by Commissioner Brent Thackerson and is charged with a variety of functions, including: (1) conducting peer review self study pilots in at least two children’s residential facilities; (2) providing assistance to residential care pilot facilities in improving services to youth through partnerships; (3) establishing a process for evaluating the facility pilot sites; (4) providing community and organizational development services to Jackson County in developing a community-based transition network for youth; and (5) establishing a process for program evaluation of the transition network.

While the Strengthening Custody and Transition Services Advisory Team has accomplished a wide range of objectives, the implementation of the facility and community-based pilot projects are still in an early implementation phase. In order to fully carry out the function of the group in strengthening custody and transition services in the state, continued support and assistance needs to be given to the pilot projects. In addition to continued support to the pilot sites, a framework for program evaluation of the pilot projects and a longitudinal study on effects on youth need to be developed. The Team has also recommended expanding their function to identifying and addressing statewide systemic issues* within custody and transition service systems.

* A systemic issue can be defined as an internal or external problem that frequently occurs in the service delivery process, including barriers within policies; procedures; infrastructures; capacities; and gaps that impede the intended outcome of that service.
The second group created under the auspices of the OCCY to strengthen custody and transition services is the Oklahoma Child Welfare State Stakeholder Collaborative. The Collaborative is chaired by Commissioner Judge Richard Kirby and co-chaired by Commissioner Ken Couchman. The Collaborative was created in 2011, by request of the Oklahoma Department of Human Services (OKDHS) and based on a need to improve child welfare services and services array.

The following goal and objectives are the recommendations of the State Strengthening Custody and Transition Services Advisory Team and the Oklahoma Child Welfare State Stakeholder Collaborative to strengthen custody and transition services to children and youth over the next four years:

GOAL 1: STRENGTHEN CUSTODY AND TRANSITION SERVICES

A. The Strengthening Custody and Transition Services Advisory Team will:

1. Strengthen statewide infrastructure for custody and transition services through:
   a. Integrating the Oklahoma Healthy Transitions Initiative with the Strengthening Custody and Transition Services Advisory Team and,
   b. Partnering with the CDRB in increasing drivers education and substance abuse education services for custody youth (CDRB Recommendation.)

2. Provide advisement to the self study teams in continuing the implementation completion, and evaluation of the Central Oklahoma Juvenile Center (COJC); Lion’s Boys Ranch; and the Norman and Tulsa Healthy Transition pilot projects, including:
   a. Continue to assist the facilities to complete implementation of their respective self study recommendations
   b. Evaluate success of facilities self study recommendation implementation by January 1, 2014
   c. Evaluate progress of youth in achieving criteria objectives identified in the Strengthening Custody and Transition Services: Pilot Project Study developed by Southwestern Oklahoma State University (SWOSU) for successful placement completion by January 1, 2015
   d. Review recommendation from SWOSU evaluating longitudinal youth outcomes at COJC and Lions Boys Ranch
   e. Assist facilities with gathering preliminary, longitudinal data for the evaluation of youth outcomes; and,
   f. Review program evaluations from the Norman and Tulsa Healthy Transitions Initiatives.

3. Review all facility requests for participation in pilot projects by:
   a. Assessing readiness of Southwest Oklahoma Juvenile Center (SWOJC), based on OJA request for participation in facility-based self study pilot project; and,
   b. Reviewing other facility requests for participation in Self Study pilot project.
4. Establish a Systemic Issues Task Force under the Strengthening Custody and Transition Services Team that would:
   a. Review system issue findings of five pilot sites (COJC, Lion’s Boys Ranch, Jackson County, Healthy Transition Initiatives Tulsa, and Healthy Transition Initiatives Norman)
   b. Identify statewide systemic issues that need to be addressed through the task force, including:
      i. A review of the youth discharge determination system and the impact of discharge determination on recidivism data collection; and,
      ii. Other issues identified in the pilot projects, key informant surveys, and by input from the Systemic Issue Task Force membership
   c. Develop on-going recommendations to address systemic issues in custody care and transition services.

5. Continue to approve and advise the technical assistance provided to Jackson County by Office of Planning and Coordination, including:
   a. Assist Jackson County with an evaluation process of the Jackson County Community Based Transition Pilot Project; and,
   b. Provide staff support to the Jackson County Community-Based Initiatives Committee and its subcommittees.

6. Continue to approve and advise the technical assistance provided to the Pilot Community-Based Transition Project in Payne County by the Office of Planning and Coordination, including:
   a. Assist Payne County with an evaluation process of the Payne County Transition Initiative; and,
   b. Provide staff support to the Payne County Transition Initiative and its subcommittees.

B. The Oklahoma Child Welfare State Stakeholder Collaborative will:

1. Create a Local Program Improvement Plan (PIP) Advisory Team to oversee the effort to improve child welfare services and services array in their respective local community

2. Conduct self studies of local OKDHS child welfare services and services array

3. Develop recommendations to the Local PIP Advisory Teams on plans of action in response to the self study results

4. Assist the local PIP teams and child welfare with the implementation of the approved plans of action to improve services

5. Make regular reports to the OCCY Board on local self study updates; best practices recommendations; and identification of statewide systemic issues within the child protective service system

6. Develop strategies to address identified statewide systemic issues within in the child protective service systems.

In order to implement a plan aimed at the feedback in the Statewide Community Partnership Board Survey to strengthen parenting, further assessment of existing services and promising practices must be
conducted before recommendations can be made. The newly created statewide Promising Practices Team of the Oklahoma Center for Community Based Initiatives has the function and capacity to study existing promising practices around parenting; to assist communities in implementing promising practices that strengthen parenting; and to make recommendations on a statewide strategy to expand promising practices that strengthen parenting. The following goal and objectives are the recommendations of the Office of Planning and Coordination Steering Committee to expand promising practice strategies that strengthen parenting over the next four years:

GOAL 2: EXPAND PROMISING PRACTICES STRATEGIES THAT STRENGTHEN PARENTING

A. Provide staff support, through the Office of Planning and Coordination (P&C), to the statewide Promising Practices Team (PPT) of the Oklahoma Center for Community Based initiatives in conducting a statewide assessment of promising practices aimed at strengthening parenting, including a review of literature and program evaluations

B. Assist the PPT, through P&C, with reviewing community and facility requests for assistance in implementing promising practices recommended by the PPT and providing technical assistance to no less than two communities and at least one facility in implementing a recommended promising practice (The Children of Incarcerated Parents Task Force requested the PPT assist at least one facility with implementing a strategy to strengthen parenting for incarcerated individuals)

C. Develop funding and resources to expand recommended promising practices through the statewide Promising Practices Team and the Office of Planning and Coordination Steering Committee

D. Develop a plan to expand promising practices statewide through the statewide Promising Practices Team and the Office of Planning and Coordination Advisory Committee

E. Provide public awareness information to Community Partnership Boards in regards to safe sleep and infant mortality issues through the Office of Planning and Coordination (CDRB Recommendation) and,

F. Conduct an annual review of the Community Based Child Abuse Prevention Grant Program Evaluations and/or updates in conjunction with the Office of Child Abuse Prevention.
1. Provide a brief summary of your special project.

2. Which project objectives were achieved?

3. What were the anticipated outcomes of the project and have the anticipated outcomes been achieved?

4. Do you plan on applying for special project funding in FY12 to continue the project to achieve outcomes?

5. What are your additional strategies or next steps for further achieving your project goals and sustaining what you have accomplished?

6. What are your additional strategies or next steps for further achieving your project goal and sustaining what you have accomplished?
The magnitude of creating such a program from scratch and recruiting volunteers from the general community.

The staff that was to be utilized from the Allies Air Force Base to recruit mentors from that facility was not as available to the project as we had originally been led to believe.

What were the barriers that prevented you from achieving your outcome goals?

The support and contribution of business leaders in Allies, OK who are committed to seeing that youth in Jackson County are given the best opportunities for success possible.

Dedication and availability of in-kind time donations by SWYS and SW Youth Council staff, as well as other dedicated partners.

What factors contributed to your project success?

Evaluation of the process and outcomes of the project.

Inclusion of youth whose service plan includes the need for mentoring (or appropriate mentor)
Form 1b

Special Project Post Implementation Report

Oklahoma City, Oklahoma 73120
111 N. Lincoln Ave. Suite 300
Oklahoma Commission on Children and Youth
Planning and Coordination
Mail original report to:

Completed report must be submitted by the Coalition and mailed to the OCCC by August 15, 2011. If or before your final Form 2, request

Thefiles for receipt or success, informing implementation of new projects and preventing or minimizing risk for all projects.

The objective of this report is to evaluate all relevant information for better planning of future project stages and future projects. Identifying

The Special Project Post Implementation Report is used to provide information about the outcomes and success of your special project.

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<thead>
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<th>Focus Area</th>
<th>Mission</th>
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Report MUST be typed. Please use additional pages as needed.
4. Do you plan on applying for Special Project Funding in FY'12 to continue the project to achieve outcomes?

- A decrease in the number of juvenile offenders and offenses achieved based on the 2010 School Report Card.
- A decrease in the average number of days absent per student-achieved based on class rolls.
- A decrease in the average number of days absent per student-achieved based on class rolls.

Additional Outcomes:

3. What were the anticipated outcomes of the project and have the anticipated outcomes been achieved?

- To improve classroom participation and the academic success of children conveyed through teacher survey comments.
- To provide positive role models for children - 90% want their child to continue Mission Mentors next year.
- The mentor relationship.
- To build self-esteem, self-motivation, and self-determination in children-achieved - 85% feel their child is beginning from
- To build connections with children - 95% feel their child was made to appreciate with Mission Manders.

Project Objectives and achievements measured by Mentee's Parent Surveys and Teacher Surveys:

2. Which project objectives were achieved?

- Provide a brief summary of your Special Project:

- mission-based mentors to provide support for elementary school students and community-based mentors for grades 6-12.
- Project has engaged a variety of community members to provide opportunities for children to become the best they can be by building a special one-on-one relationship between a responsible adult volunteer and a child. The project has been successful in increasing the number of children served and the number of volunteers.

1. Provide a brief summary of your Special Project.
7. What were the barriers that prevented you from achieving your outcome goals?

The structure of the project and the complete support of the Fairview School System.

The development of community partnerships in constant communication through emails, phone calls, and in-person meetings.

6. What factors contributed to your project success?

Match specialists will use monthly contacts with mentors and parents to address issues.

Project Goal #3: The project will require the mentor to develop a plan of further education to follow upon the completion of high school.

Project Goal #2: The project will develop guidelines to promote ways for mentors to connect with the parents through their relationship with the mentees.

The addition of:

5. What are your additional strategies or next steps for further achieving your project goal and sustaining what you have accomplished?
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<th>Total Project Budget: $5,000</th>
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</tr>
<tr>
<td>1141 North Kansas, Suite 332, Shawnee, OK 74801</td>
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**Project Report**

Report MUST be typed. Please use additional pages as needed.

**Recommendation**

Completed report should be approved by the coalition and postmarked August 15, 2012. Write or before your final Form 2. Request for:

- [ ] Success to improve implementation of new projects and preventing or minimizing risks for future projects.

**Project Success**

The objective of this report is to evaluate and report information on performance, planning of future projects, strategies, and future projects.

**Special Project Post Implementation Report**

Form 12
As for the local ordinances, SABA and YMCA met with Speakey, the House Fire Chief, to keep him advised of a new ordinance. YMCA wanted to pass holding stores responsible for selling alcohol to teens under 18 years old. The House Fire Chief felt that if they had come unannounced. The line manager who filed. If there was a very good and needed ordinance whose time had come.

An issue we were dealing with throughout the community gathering interest in and directing community members to the website where they could learn more about underage drinking and their part in changing the norms around the issue.

We expanded the pink elephant campaign awareness of underage drinking as a problem in Shawnee. By having local businesses host the "pink elephant" paper maché pink elephant in front of their businesses, while their employees were pink elephants, the message was more visible. We continued the compliance checks. This is an ongoing process.

2. Which project objectives were achieved? Were there other unintended objectives? Is so, what were they?

1. Provide a brief summary of your special project.
meetings where they were needed to support any changes the teams were trying to pass.

Younger members also had the opportunity to speak at civic groups. The youth council also passed the year signs in their own yards, giving the opportunity to speak at civic groups. The council passed and gave the yard signs to their members so they could pass the year signs and give the yard signs to their members.

4. What was the taskforce done to help you achieve your goal? What has the lead agency done to help you achieve your goal?
Report MUST be typed. Please use additional pages as needed.

For reimbursement, the following information must be submitted:

- Project Title
- Description of Project
- List of Participants
- Objectives of Project
- Outcomes of Project
- Lessons Learned
- Project Summary
- Next Steps
- Sustainability Plan
- Results of Project
- Impact of Project
- Lessons Learned
- Next Steps
- Sustainability Plan

The Special Project Post Implementation Report is used to provide information about the outcomes and success of your special project.
and well received by administration, members and kids alike.

Finding the right individuals to mentor the kids and developing creative ways to ensure that activities are safe

7. What were the barriers that prevented you from achieving your outcome goals?

Success was based on carrying adults wanting to impact kids for the good.

6. What factors contributed to your project success?

The next step is to develop further the volunteer base to involve more adults in the lives of kids.

accomplished?

5. What are your additional strategies or next steps for further achieving your project goal and sustaining what you have

continues to grow.

Program at this point. Future efforts to obtain "Special Project" funding will be considered if the program

Funding through the systems of Care sites will enable the work to continue at the needed level of the mentoring

4. Do you plan on applying for Special Project Funding in FY’12 to continue the project to achieve outcomes?
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