



## COMMISSION MEETING

This public meeting is being held consistent with the Oklahoma Open Meeting Act, 25 O.S. § 301-314.

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

**Friday, June 19, 2026  
9:30 a.m.**

**Join Virtually Via ZoomGov (Zoom) Meeting:**

<https://www.zoomgov.com/j/1605309543?pwd=RfjJfGJ03xozEjzZVsBz3jqPYspetB.1>

Meeting ID: 160 144 2544  
Passcode: 649128

**Public Comment:** To sign up to speak, please contact Lakesha Mackie, Executive Assistant, **no later than 8 p.m. on Thursday, June 18, 2026, at (405) 606-4913 or [Lakesha.Mackie@occy.ok.gov](mailto:Lakesha.Mackie@occy.ok.gov)** if you plan to speak virtually. Those who are speaking in person at the meeting must sign up on the public comment sheet prior to the initiation of the meeting. Please provide your name (and spelling of your name if attending virtually by telephone call), the organization you represent (if applicable), and the subject matter of your remarks. Public comments will be limited to three minutes per person. Should you wish to provide documents to the Commissioners, please send them to their individual emails listed on the OCCY website.

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## AGENDA

**June 19, 2026  
9:30 a.m.**

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|---|---|
| I. Welcome, Introductions, and Determination of Quorum  | <i>Chairperson John Schneider</i>             |
| • <i>Introduction of Commissioners</i>  |   |
| • <i>Introduction of Assistant Attorney General</i>   |   |
| • <i>Determination of Quorum</i>  |   |
| II. Public Comment  |   |
| III. Discussion and Possible Vote Regarding the Minutes from March 26, 2026, Commission Meeting | <i>Chairperson John Schneider</i>             |
| IV. Discussion and Possible Vote Regarding the Finance Report                                   | <i>Mark James<br/>OCCY Assistant Director</i> |
| V. Discussion and Possible Vote Regarding the OCCY 2027 State Fiscal Year Budget                | <i>Mark James<br/>OCCY Assistant Director</i> |

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|---|--|
| <p>VI. Discussion and Possible Vote to Elect the following Commission Officers</p> <ul style="list-style-type: none"> <li>• Chairperson</li> <li>• Vice Chairperson</li> <li>• Secretary</li> </ul>   | <p><i>Chairperson John Schneider</i></p>   |
| <p>VII. Discussion and Possible Action Regarding Amendment to the 2026 Child Death Review Board Recommendations</p>   | <p><i>Elizabeth Kaup<br/>OCCY Child Death Review Board<br/>Program Manager</i></p>   |
| <p>VIII. Discussion and Possible Vote Regarding the Annual Performance Review of the Executive Director Annette Wisk Jacobi, Including, but Not Limited to Possible Change in Salary.</p> <p>Further, the Commission may vote to enter Executive Session to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee, pursuant to 25 O.S §307(B)(1). Should the Commission enter Executive Session to discuss the Executive Director's performance review, the following actions may be taken:</p> <ul style="list-style-type: none"> <li>a. Vote to enter Executive Session</li> <li>b. Exit Executive Session and vote to re-enter open session</li> <li>c. Possible action on matters discussed in the Executive Session</li> </ul> | <p><i>Chairperson John Schneider</i></p>   |
| <p>IX. Report from the OCCY Parent Partnership Board</p>  | <p><i>Nancy Charbonneau<br/>OCCY PPB Member</i></p>  |
| <p>X. Report from the Oklahoma Youth Advisory Council</p>   | <p><i>Rex Templeton<br/>OYAC Member</i></p>  |
| <p>XI. Presentation: 2026 Kids Count Oklahoma</p>   | <p><i>Jill Mencke, Policy Analyst I<br/>Carly Putnam, Policy Director and KIDS Count<br/>Coordinator, Oklahoma Policy Institute</i></p>                                    |
| <p>XII. Presentation: Foster Youth Matters and Foster Parent Voices Update</p>  | <p><i>Cheneah Williams, MSW, Program<br/>Administrator, Office of Client Advocacy<br/>Stephanie Miller, M.A., Foster Care<br/>Ombudsman, Office of Client Advocacy</i></p> |
| <p>XIII. Presentation: Child Death Review Board Review Reporting Using National Fatality Review Case Reporting System</p>   | <p><i>Andrew Long, MPH, CPH<br/>Vivian Sanchez, MPH, CPH<br/>OCCY Child Death Review Board Interns</i></p>   |
| <p>XIV. Presentation: Credentialing Post-adjudication Review Board</p>  | <p><i>Keith Pirtle<br/>OCCY Post-adjudication Review Board<br/>Program Manager</i></p>   |
| <p>XV. Presentation: Legislative Update</p>   | <p><i>Marcia Johnson<br/>OCCY Legislative Liaison</i></p>  |

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|----------------------------------|-----------------------------------|
| XVI. Executive Director's Report | <i>Annette Wisk Jacobi</i>        |
| a. Agency Activities             | <i>OCCY Executive Director</i>    |
| b. Data Reporting                |                                   |
| c. Staffing Changes              |                                   |
| XVII. Chairperson Remarks        | <i>Chairperson John Schnieder</i> |
| XVIII. Adjournment               | <i>Chairperson John Schneider</i> |

Note: The Commission may, at its discretion, discuss, vote to approve, vote to disapprove, vote to table, change the sequence of any agenda item, or choose not to take up any item on the agenda.

**Meeting Etiquette:**

The following expectations apply to all meeting participants to ensure a respectful and productive environment. Commissioners attending virtually are expected to have their video on throughout the meeting. Presenters, guest speakers, and individuals providing public comments may enable their video to be used while speaking. All other virtual attendees should join using audio only and keep their video turned off unless they are actively participating. Attendees are invited to speak during public comment while presenting or when called upon by the commissioners. Microphones should remain muted when not in use to reduce background noise. All participants are expected to conduct themselves with professionalism, courtesy, and respect toward others.

These guidelines are designed to promote a smooth and orderly meeting, allowing for meaningful engagement from both virtual and in-person attendees. Disruptive behavior, including offensive language or personal attacks, will not be tolerated and may result in forfeiting speaking time or removal from the meeting if necessary.

***Next Meetings: Friday, September 18, 2026, at 9:30 a.m.***  
***Friday, November 20, 2026, at 9:30 a.m.***

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**COMMISSION SPECIAL MEETING MINUTES**  
**March 27, 2026**  
**9:30 a.m.**

**Commissioners Present in Person:** Jackie Aaron, Clay Bullard, Jeffrey Cartmell, Jason Hicks, Kalie Kerth, Bryan Larison, Mary Melon-Tully, Sharon Millington, Luann Schmiedel, John Schneider, and Mike Warren

**Commissioners Attending Virtually:** None

**Guests Present In-person and Virtually:** Senator Warren Hamilton (virtually), Ty Mowdy (Assistant Attorney General), Darryl Savell (Parent Partnership Board), Nancy Charbonneau, Chris Foster (BlueJay), Curt Foster (BlueJay), Lisa White (University of Oklahoma E-Team), Deba Knecht (Oklahoma Department of Human Services, and Jane Silovsky (University of Oklahoma Center on Child Abuse and Neglect)

**Staff Present:** Annette Wisk Jacobi, Lakesha Mackie, Cherra Taylor, Isabel Rodriguez, Danielle Dill, Marcia Johnson, Robert Agnew, Mark James, Ellen Hardy, Joseph McGrath, Jasmyne Mackie, Elizabeth Kaup, Keith Pirtle, Shelbi Tartarian, and LeeAnn Bennett

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**Welcome, Introductions, and Determination of Quorum**

– *Chairperson John Schneider*

- Chairperson John Schneider called the meeting to order at 9:35 a.m. with a quorum present.

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**Public Comment**

– *Chairperson John Schneider*

Senator Warren Hamilton provided public comment regarding Senate Bill 504. He stated that the bill seeks to raise the legal age of marriage to 18 years of age to prevent exploitation of minors and align with protections established in age of consent laws. He requested support or consideration from the Commission and its members.

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**Discussion and Possible Vote Regarding the Minutes of February 6, 2026, Commission Meeting**

– *Chairperson John Schneider*

*Commissioner Aaron moved to approve the minutes. Director Cartmell seconded the motion. Commissioner Aaron, Kerth, Larison, Millington, Schneider, Director Cartmell, District Attorney Hicks, and CEO Bullard all voted in the affirmative. Judge Warren abstained. The motion passed.*

- *Copies of the minutes were provided.*
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**Presentation of the OCCY Parent Partnership Board Report**

– *Darryl Savell, OCCY Parent Partnership Board Member*

Darryl Savell presented information regarding the Parent Partnership Board and shared personal experiences related to Oklahoma’s child-serving systems.

Highlights included:

- The role of lived experience in understanding how systems impact families.
  - Families often navigate multiple systems simultaneously, including housing, education, health care, and child welfare.
  - Fragmentation across systems creates additional burdens on families.
  - Parent leadership provides insight that cannot be captured through data alone.
  - Inclusion of parent partners early in decision-making improves outcomes and builds trust.
- 

**Discussion and Possible Vote Regarding the Finance Report**

– *Mark James, OCCY Assistant Director*

Mark James presented an overview of the February 2026 financial report. Highlights included:

- The agency’s total budget increased from \$5.8 million to approximately \$6.4 million due to higher-than-anticipated revenue.
- Year-to-date expenditures are approximately \$3.9 million, representing about 65% of the total budget.
- Year-to-date expenditures represent approximately 98% of the year-to-date budget.
- Minor variances exist in maintenance and repair as well as library/equipment categories, but the variance amounts are low.
- Current cash balance across funds is approximately \$1.2 million.
- Funds include general revenue, prior-year balances, and partner reimbursement funds.

*Judge Warren moved to approve the finance report. District Attorney Hicks seconded the motion. All members present voted in the affirmative. The motion passed.*

- *Financial reports were included in packet.*
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**Presentation: The “Home for Every Child” Foster Care Initiative**

– *Debra Knecht, MSW, Deputy Director CW Programs, Oklahoma Department of Human Services*

Debra Knecht presented an overview of the “Home for Every Child Initiative.”

Highlights included:

- The initiative is a new federal approach to child welfare improvement planning.
- Oklahoma is the first state selected and approved under this model.
- The initiative focuses on ensuring every child in foster care has a home.

Four primary focus areas include:

- Keeping children safe in their homes whenever possible.
  - Increasing kinship placements.
  - Reducing reliance on congregate care.
  - Supporting children with complex needs in family settings.
  - Current removal rate is approximately 6% of cases reviewed.
  - Approximately 50% to 53% of children are currently placed in kinship care, with a goal to increase to 70% to 80%.
  - Emphasis on partnerships with community organizations and faith-based groups.
  - Initiative begins April 1, 2026, and runs through September 30, 2027.
- *Powerpoint Presentation was shown.*
- 

**Presentation: The “Blue Jay App”- A two-sided Platform for Police Officers and Drivers**  
– Chris Foster, Blue Jay Executive Partners, Inc.

Chris Foster presented an overview of the Blue Jay application.

Highlights included:

- The application is designed to improve interactions between law enforcement and drivers.
  - It allows drivers to voluntarily create a profile linked to their license plate.
  - Profiles may include information related to medical conditions, disabilities, or communication needs.
  - The application aims to reduce misinterpretation of behaviors during traffic stops.
  - Teens are identified as a high-risk group for traffic stop interactions.
  - The application is proposed as part of a pilot program under House Bill 1250.
  - The system may notify drivers when officers access their profile and confirm the driver's identity.
- *Powerpoint Presentation was shown.*
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**Discussion and Possible Vote Regarding Senate Bill 509 by Senator Warren Hamilton and Representative Nicole Miller**

This agenda item was not considered due to an error in the bill number and acting on it would

have been in violation of the Open Meeting act. The bill number was listed on the agenda as 509 and should have been 504.

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**Presentation: The Centers for Disease Control and Prevention's Sexual Abuse Prevention Education in Rural Schools Grant**

– Jane Silovsky, PhD., OU Center on Child Abuse and Neglect, Director

Jane Silovsky stated that the OU Center on Child Abuse and Neglect (CCAN) has been awarded a four- year CDC grant to provide sexual abuse prevention in 40 rural schools in Oklahoma. CCAN will identify gaps in rural communities' access to prevention resources and developing school-based toolkits and training materials. Collaboration with state agencies and community organizations will be paramount to the grant's success. Dr. Silovsky asked commissioners to contact her if they are aware of rural schools that may want to participate in this grant project.

- *Powerpoint Presentation was shown.*
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**Legislative Update**

– Marcia Johnson, OCCY Legislative Liaison

Marcia Johnson reported that the legislative session is halfway complete and noted that a key deadline had passed, requiring bills to advance out of their chamber of origin to remain active. She provided updates on several agency-request bills:

- **HB 2892** would allow the commission's executive director to request investigations by the OSBI and is expected to advance without issue.
- **HB 3001** extends the sunset date for the Child Death Review Board by five years, through July 1, 2031.
- **HB 3849** updates the Mentoring Children of Incarcerated Parents Program, providing greater flexibility and aligning it with current mentoring practices. The bill has passed the House and is awaiting Senate committee assignment.

Ms. Johnson also reviewed two medical marijuana bills previously supported by the commission:

- **SB 1592**, which would have limited THC levels in edible marijuana products, passed committee, but failed to reach the Senate floor before the deadline. It is no longer active.
- **HB 4454** originally included similar THC limits, but those provisions were removed. The bill now focuses on clearer THC labeling and prohibits packaging, shapes, and designs that could appeal to children. Johnson noted this child-protection measure as a positive development despite the removal of THC limits.

The update concluded with a brief discussion about how the bill defines products that may appeal to children, with Ms. Johnson noting the legislation contains detailed restrictions on packaging and product appearance.

- *Powerpoint Presentation was shown.*

**Discussion and Possible Vote on Amended Language for House Bill 4302  
(Representative Norwood and Senator Gillespie)**

– Marcia Johnson, OCCY Legislative Liaison

Marcia Johnson updated the Commission on House Bill 4302, a commission-requested bill originally intended to give OJSO subpoena authority and allow disclosure of a complainant's identity when threats of serious harm were made. Due to legislative opposition, the subpoena provisions were removed, and the bill was significantly amended before passing the House.

Ms. Johnson explained that the amended version allows OJSO to notify law enforcement when a complainant makes a threat but now includes qualifiers requiring the threat to be considered "credible" and "imminent." She expressed concern that these standards place significant judgment on the Executive Director and create uncertainty about when disclosure would be legally justified.

Commission members engaged in extensive discussion about the practical and legal implications of the revised language. Some felt the "reasonable person" standard provided flexibility and guidance for determining when a threat should be reported. Others worried that staff could face liability either for reporting a threat later deemed not credible or for failing to report a threat that ultimately resulted in harm. Members noted that OJSO frequently receives emotional and angry complaints, making it difficult to distinguish between frustration and a genuine threat.

Ms. Johnson noted that the original language was intended to address a rare but important situation and that, in her experience, such circumstances had only occurred once during her tenure. Several commissioners agreed that while the amended bill may provide some benefit, it was not as clear or protective as the language originally approved by the Commission.

The discussion focused on whether to pursue additional amendments, seek liability protection for the Executive Director, or withdraw support for the legislation altogether. By the end of the discussion, there was a motion to withdraw commission support for the bill as currently written.

Judge Warren made motion to withdraw Commission support of language as is written in the bill. District Attorney Hicks seconded the motion. All members present voted in the affirmative. The motion passed.

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**Discussion Regarding Senate Bill 1570**

– Marcia Johnson, OCCY Legislative Liaison

Ms. Johnson briefed the Commission on Senate Bill 1570, which initially proposed a task force to examine child welfare outcomes but was later amended to create a new Department of Child Safety and Well-Being by combining child welfare services and the Office of Juvenile Affairs. A subsequent floor amendment also proposed dividing OCCY's functions, moving oversight responsibilities to the Office of Client Advocacy.

Commission members discussed the proposal as an opportunity to reimagine how Oklahoma serves children and improve outcomes across child-serving systems. While several members expressed support for exploring system improvements, there were concerns that the bill lacked sufficient planning, supporting research, and stakeholder input for such a significant restructuring. Questions were also raised about whether the proposed changes would meaningfully improve outcomes or simply shift responsibilities among agencies.

A substantial portion of the discussion focused on the importance of maintaining an independent oversight function. Members noted that OCCY was created to provide external oversight of child-serving agencies and expressed concern that moving oversight functions into another service-providing agency could weaken that independence.

Commissioners also discussed operational challenges facing OCCY, including limited staffing, resource constraints, delays in investigations, and the need for expertise beyond child welfare, particularly in mental health and education. Leadership acknowledged those frustrations and agreed there is a need for more information to be shared with the Commission – particularly information related to OJSO investigations and oversight efforts.

Overall, members welcomed continued dialogue about improving Oklahoma’s child-serving systems but emphasized that any major restructuring should be carefully studied, adequately resourced, and designed to preserve strong independent oversight for children and families.

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### **Presentation: Child Death Review Board Annual Recommendations**

– Elizabeth Kaup, OCCY Child Death Review Board, Program Manager

Elizabeth Kaup presented the Child Death Review Board’s 2026 recommendations, which are based on trends identified through child death data. The recommendations include:

- 1) requiring safe firearm storage to prevent child access;
- 2) expanding safe sleep education to the prenatal period;
- 3) strengthening child passenger restraint laws by requiring all children in back seats to be properly restrained; and
- 4) improving medical marijuana packaging to better communicate the risks of THC exposure to children.

Further discussion on the growing number of cases involving children ingesting THC products and the challenges of advancing related legislation was had. While some proposed THC limits on edible products have stalled, members discussed possible compromises, including stricter regulations on gummies and child-appealing products while preserving access for legitimate medical marijuana patients.

Ms. Kaup briefly discussed the status of child death review data and stated that reviews are now being conducted in near real-time. The 2023 data is nearing completion, and 2024 cases are already under review.

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**Presentation: Post-Adjudication Review Board Annual Recommendations**

– Keith Pirtle, OCCY Postadjudication Review Board, Program Manager

Keith Pirtle provided an overview of the Postadjudication Review Board (PARB) program, which supports more than 300 volunteers who review active, deprived-child cases across Oklahoma. Mr. Pirtle explained that PARB annually identifies systemic issues affecting children and families and presents recommendations to the Commission.

For 2026, PARB submitted one recommendation: support for Senate Bill 1806, which would allow eligible youth in foster care to voluntarily remain in care until age 21 and permit certain young adults who previously aged out of foster care to re-enter services before turning 21. The recommendation reflects PARB's ongoing focus on improving outcomes and support for youth transitioning out of foster care.

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**Presentation of the Executive Director's Report Regarding Agency Activities and Personnel Changes**

– Annette Wisk Jacobi, OCCY Executive Director

Director Jacobi reported several staffing changes, including the hiring of LeeAnn Bennett as a Community Planner and the promotion of Cherra Taylor to Business Manager. The agency also announced the departure of Richard Yahola, who coordinated the juvenile competency program and was credited with significantly expanding the number of competency evaluators available statewide.

An update was provided on discussions regarding freestanding multidisciplinary teams. While the related legislation is no longer advancing this session, OCCY has participated in multiple meetings with legislators and stakeholders, and the issue may reappear as part of broader child welfare reform efforts.

She then noted ongoing conversations among community partners about expanding transitional housing options for youth and young adults in Oklahoma City.

A significant portion of the report focused on OCCY's new effort to use child death data to identify preventable causes of child fatalities and guide prevention strategies. Using October data as an example, Director Jacobi reported 44 child deaths statewide, including natural deaths, accidents, suicides, homicides, and pending investigations. Particular concern was expressed about deaths related to unsafe sleep, motor vehicle incidents, firearms, suicides, and substance ingestions, many of which were viewed as potentially preventable.

Director Jacobi announced that OCCY will begin regularly tracking and reporting data related to these key risk factors and will use information from multiple programs to identify trends and opportunities for intervention. The agency also plans to expand public education efforts by presenting child safety data to community organizations and stakeholders to raise awareness and encourage prevention efforts.

Finally, Director Jacobi introduced a new reporting format for Commission meetings that will provide quarterly performance and outcome data from OCCY programs. The goal is to improve

transparency, better measure agency impact, and identify trends across child-serving systems to support data-driven decision-making and prevention efforts.

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**Chairperson's Remarks**

– *Chairperson John Schneider*

Chairperson Schneider acknowledged improvements in data reporting and thanked staff for their hard work.

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**Adjournment**

– *Chairperson John Schneider*

The meeting adjourned at 12:10 p.m.

Comm on Children and Youth  
 Business Unit - 12700  
 FY 2026 Operating Budget Comparison by Department and Account  
 as of May 31, 2026

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 02-JUN-2026  
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Department: 0100002 Administration

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	506,842	464,605	386,536.52	0.00	0.00	386,536.52	120,305.48	78,068.61	76.26	83.20
512 Insur.Prem-Hlth-Life,etc	114,472	104,933	72,430.85	1,993.11	0.00	74,423.96	40,048.04	30,508.67	65.01	70.93
513 FICA-Retirement Contributi	124,952	114,539	93,741.01	0.00	0.00	93,741.01	31,210.99	20,798.25	75.02	81.84
515 Professional Services	99,138	90,877	47,346.52	33,697.79	0.00	81,044.31	18,093.69	9,832.19	81.75	89.18
519 Inter/Intra Agy Pmt-Pers S	3,600	3,300	2,853.59	746.41	0.00	3,600.00	0.00	-300.00	100.00	109.09
521 Travel - Reimbursements	6,108	5,599	1,915.05	0.00	0.00	1,915.05	4,192.95	3,683.95	31.35	34.20
522 Travel - Agency Direct Pmt	8,688	7,964	1,115.27	1,305.73	0.00	2,421.00	6,267.00	5,543.00	27.87	30.40
531 Misc. Administrative Expen	12,187	11,171	14,371.17	3,380.50	0.00	17,751.67	-5,564.67	-6,580.40	145.66	158.90
532 Rent Expense	96,246	88,225	82,595.08	13,241.52	0.00	95,836.60	409.40	-7,611.21	99.57	108.63
533 Maintenance & Repair Expen	0	0	26.30	0.00	0.00	26.30	-26.30	-26.30	~	~
534 Specialized Sup & Mat.Expe	13,040	11,953	1,322.45	877.55	0.00	2,200.00	10,840.00	9,753.26	16.87	18.41
535 Production,Safety,Security	0	0	72.00	0.00	0.00	72.00	-72.00	-72.00	~	~
536 General Operating Expenses	9,000	8,250	2,769.99	1,438.28	0.00	4,208.27	4,791.73	4,041.73	46.76	51.01
541 Office Furniture & Equipme	2,500	2,292	0.00	0.00	0.00	0.00	2,500.00	2,291.63	0.00	0.00
542 Library Equipment-Resource	2,500	2,292	19.48	0.00	0.00	19.48	2,480.52	2,272.15	0.78	0.85
552 Scholar.,Tuition,Incentive	300	275	0.00	0.00	0.00	0.00	300.00	275.00	0.00	0.00
601 AFP Encumbrances	0	0	0.00	48,400.05	0.00	48,400.05	-48,400.05	-48,400.05	~	~
	999,573	916,275	707,115.28	105,080.94	0.00	812,196.22	187,376.78	104,078.48	81.25	88.64
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	921,869	845,046	600,054.15	36,430.09	0.00	636,484.24	285,384.76	208,561.94	69.04	75.32
20000 Okla. Comm On Children & Y	77,704	71,229	107,061.13	68,650.85	0.00	175,711.98	-98,007.98	-104,483.46	226.13	246.69
	999,573	916,275	707,115.28	105,080.94	0.00	812,196.22	187,376.78	104,078.48	81.25	88.64

Comm on Children and Youth  
 Business Unit - 12700  
 FY 2026 Operating Budget Comparison by Department and Account  
 as of May 31, 2026

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 02-JUN-2026  
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Department: 0100032 Juvenile System Oversight

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	543,656	498,351	461,823.22	0.00	0.00	461,823.22	81,832.78	36,528.04	84.95	92.67
512 Insur.Prem-Hlth-Life,etc	131,976	120,978	104,488.25	0.00	0.00	104,488.25	27,487.75	16,489.75	79.17	86.37
513 FICA-Retirement Contributi	127,794	117,144	111,325.70	0.00	0.00	111,325.70	16,468.30	5,818.69	87.11	95.03
515 Professional Services	24,540	22,495	13,600.00	6,400.00	0.00	20,000.00	4,540.00	2,495.00	81.50	88.91
519 Inter/Intra Agy Pmt-Pers S	2,300	2,108	0.00	0.00	0.00	0.00	2,300.00	2,108.26	0.00	0.00
521 Travel - Reimbursements	1,272	1,166	0.00	0.00	0.00	0.00	1,272.00	1,166.00	0.00	0.00
522 Travel - Agency Direct Pmt	5,952	5,456	0.00	420.00	0.00	420.00	5,532.00	5,036.00	7.06	7.70
536 General Operating Expenses	300	275	144.44	105.56	0.00	250.00	50.00	25.00	83.33	90.91
541 Office Furniture & Equipme	300	275	0.00	0.00	0.00	0.00	300.00	275.00	0.00	0.00
810 Req Only	0	0	0.00	12,000.00	0.00	12,000.00	-12,000.00	-12,000.00	~	~
	838,090	768,249	691,381.61	18,925.56	0.00	710,307.17	127,782.83	57,941.74	84.75	92.46
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	803,426	736,474	677,781.61	105.56	0.00	677,887.17	125,538.83	58,586.48	84.37	92.04
20000 Okla. Comm On Children & Y	34,664	31,775	13,600.00	18,820.00	0.00	32,420.00	2,244.00	-644.74	93.53	102.03
	838,090	768,249	691,381.61	18,925.56	0.00	710,307.17	127,782.83	57,941.74	84.75	92.46

Comm on Children and Youth  
 Business Unit - 12700  
 FY 2026 Operating Budget Comparison by Department and Account  
 as of May 31, 2026

OCPGL338  
 02-JUN-2026  
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Department: 0100040 Children's Endowment Fund

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	0	0	52,020.76	0.00	0.00	52,020.76	-52,020.76	-52,020.76	~	~
512 Insur.Prem-Hlth-Life,etc	0	0	7,393.56	0.00	0.00	7,393.56	-7,393.56	-7,393.56	~	~
513 FICA-Retirement Contributi	0	0	12,504.59	0.00	0.00	12,504.59	-12,504.59	-12,504.59	~	~
	0	0	71,918.91	0.00	0.00	71,918.91	-71,918.91	-71,918.91	~	~
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre- Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
20000 Okla. Comm On Children & Y	0	0	71,918.91	0.00	0.00	71,918.91	-71,918.91	-71,918.91	~	~
	0	0	71,918.91	0.00	0.00	71,918.91	-71,918.91	-71,918.91	~	~

Comm on Children and Youth  
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Department: 0100042 Office Planning & Coordination

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	330,666	303,111	266,872.73	0.00	0.00	266,872.73	63,793.27	36,237.77	80.71	88.04
512 Insur.Prem-Hlth-Life,etc	55,734	51,090	43,567.52	0.00	0.00	43,567.52	12,166.48	7,521.98	78.17	85.28
513 FICA-Retirement Contributi	81,681	74,874	64,010.28	0.00	0.00	64,010.28	17,670.72	10,863.86	78.37	85.49
515 Professional Services	551,820	505,835	308,957.86	99,413.75	0.00	408,371.61	143,448.39	97,463.39	74.00	80.73
519 Inter/Intra Agy Pmt-Pers S	1,500	1,375	0.00	0.00	0.00	0.00	1,500.00	1,375.00	0.00	0.00
521 Travel - Reimbursements	17,000	15,583	5,327.85	0.00	0.00	5,327.85	11,672.15	10,255.19	31.34	34.19
522 Travel - Agency Direct Pmt	46,600	42,717	32,466.31	14,595.00	0.00	47,061.31	-461.31	-4,344.79	100.99	110.17
531 Misc. Administrative Expen	11,016	10,098	9,491.75	2,272.70	0.00	11,764.45	-748.45	-1,666.45	106.79	116.50
532 Rent Expense	12,000	11,000	0.00	0.00	0.00	0.00	12,000.00	11,000.00	0.00	0.00
534 Specialized Sup & Mat.Expe	0	0	524.59	0.00	0.00	524.59	-524.59	-524.59	~	~
535 Production,Safety,Security	0	0	261.00	9.00	0.00	270.00	-270.00	-270.00	~	~
536 General Operating Expenses	27,444	25,157	11,200.24	2,132.86	0.00	13,333.10	14,110.90	11,823.90	48.58	53.00
541 Office Furniture & Equipme	1,000	917	0.00	0.00	0.00	0.00	1,000.00	916.63	0.00	0.00
542 Library Equipment-Resource	0	0	4,756.03	0.00	0.00	4,756.03	-4,756.03	-4,756.03	~	~
552 Scholar.,Tuition,Incentive	0	0	425.64	0.00	0.00	425.64	-425.64	-425.64	~	~
	1,136,461	1,041,755	747,861.80	118,423.31	0.00	866,285.11	270,175.89	175,470.22	76.23	83.16
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	355,180	325,582	211,394.13	106.37	0.00	211,500.50	143,679.50	114,081.13	59.55	64.96
20000 Okla. Comm On Children & Y	781,281	716,174	536,467.67	118,316.94	0.00	654,784.61	126,496.39	61,389.09	83.81	91.43
	1,136,461	1,041,755	747,861.80	118,423.31	0.00	866,285.11	270,175.89	175,470.22	76.23	83.16

Comm on Children and Youth  
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Department: 0100043 Post Adj Rev Brd Admin

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	129,004	118,254	118,255.12	0.00	0.00	118,255.12	10,748.88	-1.49	91.67	100.00
512 Insur.Prem-Hlth-Life,etc	19,280	17,673	15,813.39	0.00	0.00	15,813.39	3,466.61	1,859.87	82.02	89.48
513 FICA-Retirement Contributi	31,878	29,221	28,440.53	0.00	0.00	28,440.53	3,437.47	780.86	89.22	97.33
515 Professional Services	960	880	706.64	149.36	0.00	856.00	104.00	24.00	89.17	97.27
519 Inter/Intra Agy Pmt-Pers S	1,500	1,375	0.00	0.00	0.00	0.00	1,500.00	1,375.00	0.00	0.00
521 Travel - Reimbursements	4,030	3,694	7,583.05	0.00	0.00	7,583.05	-3,553.05	-3,888.92	188.17	205.27
522 Travel - Agency Direct Pmt	24,600	22,550	675.00	26,250.00	0.00	26,925.00	-2,325.00	-4,375.00	109.45	119.40
531 Misc. Administrative Expen	150	138	0.00	0.00	0.00	0.00	150.00	137.50	0.00	0.00
532 Rent Expense	150	138	942.00	0.00	0.00	942.00	-792.00	-804.50	628.00	685.09
534 Specialized Sup & Mat.Expe	184	169	0.00	0.00	0.00	0.00	184.00	168.63	0.00	0.00
536 General Operating Expenses	300	275	621.51	94.74	0.00	716.25	-416.25	-441.25	238.75	260.45
541 Office Furniture & Equipme	200	183	0.00	0.00	0.00	0.00	200.00	183.26	0.00	0.00
542 Library Equipment-Resource	500	458	0.00	0.00	0.00	0.00	500.00	458.26	0.00	0.00
554 Program Reimb,Litigation C	30,000	27,500	15,000.00	15,000.00	0.00	30,000.00	0.00	-2,500.00	100.00	109.09
	242,736	222,508	188,037.24	41,494.10	0.00	229,531.34	13,204.66	-7,023.78	94.56	103.16
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	180,162	165,148	162,802.90	94.74	0.00	162,897.64	17,264.36	2,250.64	90.42	98.64
20000 Okla. Comm On Children & Y	62,574	57,359	25,234.34	41,399.36	0.00	66,633.70	-4,059.70	-9,274.42	106.49	116.17
	242,736	222,508	188,037.24	41,494.10	0.00	229,531.34	13,204.66	-7,023.78	94.56	103.16

Comm on Children and Youth  
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Department: 0100044 MDTs

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	126,516	115,973	84,758.11	0.00	0.00	84,758.11	41,757.89	31,214.89	66.99	73.08
512 Insur.Prem-Hlth-Life,etc	19,088	17,497	13,897.77	0.00	0.00	13,897.77	5,190.23	3,599.49	72.81	79.43
513 FICA-Retirement Contributi	31,275	28,669	19,998.74	0.00	0.00	19,998.74	11,276.26	8,669.90	63.94	69.76
515 Professional Services	44,000	40,333	172,180.54	14,416.82	4,500.00	191,097.36	-147,097.36	-150,764.10	434.31	473.80
519 Inter/Intra Agy Pmt-Pers S	1,000	917	0.00	0.00	0.00	0.00	1,000.00	916.63	0.00	0.00
521 Travel - Reimbursements	1,263	1,158	0.00	0.00	0.00	0.00	1,263.00	1,157.53	0.00	0.00
522 Travel - Agency Direct Pmt	1,940	1,778	751.04	295.00	0.00	1,046.04	893.96	732.11	53.92	58.83
531 Misc. Administrative Expen	2,500	2,292	0.00	0.00	0.00	0.00	2,500.00	2,291.63	0.00	0.00
532 Rent Expense	2,000	1,833	3,020.00	50.00	0.00	3,070.00	-1,070.00	-1,236.74	153.50	167.46
534 Specialized Sup & Mat.Expe	0	0	412.79	0.00	0.00	412.79	-412.79	-412.79	~	~
536 General Operating Expenses	1,538	1,410	220.13	94.74	0.00	314.87	1,223.13	1,094.89	20.47	22.34
541 Office Furniture & Equipme	300	275	200.00	0.00	0.00	200.00	100.00	75.00	66.67	72.73
554 Program Reimb,Litigation C	1,488,771	1,364,707	1,315,658.42	0.00	0.00	1,315,658.42	173,113.06	49,048.66	88.37	96.41
	1,720,191	1,576,841	1,611,097.54	14,856.56	4,500.00	1,630,454.10	89,737.38	-53,612.90	94.78	103.40
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	176,879	162,139	118,659.88	94.74	0.00	118,754.62	58,124.38	43,384.28	67.14	73.24
20000 Okla. Comm On Children & Y	54,541	49,995	38,288.88	14,761.82	4,500.00	57,550.70	-3,009.70	-7,555.48	105.52	115.11
21000 CAMTA Revolving Fund	1,488,771	1,364,707	1,454,148.78	0.00	0.00	1,454,148.78	34,622.70	-89,441.70	97.67	106.55
	1,720,191	1,576,841	1,611,097.54	14,856.56	4,500.00	1,630,454.10	89,737.38	-53,612.90	94.78	103.40

Comm on Children and Youth  
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Department: 0100045 CASA Contract

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515 Professional Services	0	0	0.00	18,486.00	0.00	18,486.00	-18,486.00	-18,486.00	~	~
554 Program Reimb,Litigation C	28,486	26,112	0.00	10,000.00	0.00	10,000.00	18,486.00	16,112.13	35.10	38.30
	28,486	26,112	0.00	28,486.00	0.00	28,486.00	0.00	-2,373.87	100.00	109.09
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc,Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
20000 Okla. Comm On Children & Y	28,486	26,112	0.00	28,486.00	0.00	28,486.00	0.00	-2,373.87	100.00	109.09
	28,486	26,112	0.00	28,486.00	0.00	28,486.00	0.00	-2,373.87	100.00	109.09

Comm on Children and Youth  
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Department: 0100090 Children of Incarcerated Paren

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515 Professional Services	17,500	16,042	4,961.99	2,000.00	0.00	6,961.99	10,538.01	9,079.53	39.78	43.40
521 Travel - Reimbursements	0	0	479.34	0.00	0.00	479.34	-479.34	-479.34	~	~
522 Travel - Agency Direct Pmt	6,000	5,500	1,400.92	50.00	0.00	1,450.92	4,549.08	4,049.08	24.18	26.38
531 Misc. Administrative Expen	2,000	1,833	0.00	0.00	0.00	0.00	2,000.00	1,833.26	0.00	0.00
534 Specialized Sup & Mat.Expe	0	0	44.39	0.00	0.00	44.39	-44.39	-44.39	~	~
536 General Operating Expenses	0	0	29.69	0.00	0.00	29.69	-29.69	-29.69	~	~
554 Program Reimb,Litigation C	64,000	58,667	56,250.00	23,750.00	0.00	80,000.00	-16,000.00	-21,333.37	125.00	136.36
	89,500	82,041	63,166.33	25,800.00	0.00	88,966.33	533.67	-6,924.92	99.40	108.44
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
20000 Okla. Comm On Children & Y	89,500	82,041	63,166.33	25,800.00	0.00	88,966.33	533.67	-6,924.92	99.40	108.44
	89,500	82,041	63,166.33	25,800.00	0.00	88,966.33	533.67	-6,924.92	99.40	108.44

Comm on Children and Youth  
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Department: 0100301 Juvenile Competency

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	63,000	57,750	47,939.63	0.00	0.00	47,939.63	15,060.37	9,810.37	76.09	83.01
512 Insur.Prem-Hlth-Life,etc	9,910	9,084	13,719.67	0.00	0.00	13,719.67	-3,809.67	-4,635.54	138.44	151.03
513 FICA-Retirement Contributi	15,578	14,280	11,556.60	0.00	0.00	11,556.60	4,021.40	2,723.16	74.19	80.93
515 Professional Services	88,800	81,400	57,000.00	23,000.00	0.00	80,000.00	8,800.00	1,400.00	90.09	98.28
521 Travel - Reimbursements	1,044	957	0.00	0.00	0.00	0.00	1,044.00	957.00	0.00	0.00
522 Travel - Agency Direct Pmt	156	143	175.00	0.00	0.00	175.00	-19.00	-32.00	112.18	122.38
536 General Operating Expenses	600	550	20.00	0.00	0.00	20.00	580.00	530.00	3.33	3.64
541 Office Furniture & Equipme	1,000	917	0.00	0.00	0.00	0.00	1,000.00	916.63	0.00	0.00
810 Req Only	0	0	0.00	17,500.00	0.00	17,500.00	-17,500.00	-17,500.00	~	~
	180,088	165,081	130,410.90	40,500.00	0.00	170,910.90	9,177.10	-5,830.38	94.90	103.53
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	148,488	136,114	115,814.61	26,151.29	0.00	141,965.90	6,522.10	-5,852.01	95.61	104.30
20000 Okla. Comm On Children & Y	31,600	28,967	14,596.29	14,348.71	0.00	28,945.00	2,655.00	21.63	91.60	99.93
	180,088	165,081	130,410.90	40,500.00	0.00	170,910.90	9,177.10	-5,830.38	94.90	103.53

Comm on Children and Youth  
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Department: 0100401 Board of Child Abuse Exam

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515 Professional Services	50,000	45,833	0.00	50,000.00	0.00	50,000.00	0.00	-4,166.74	100.00	109.09
	50,000	45,833	0.00	50,000.00	0.00	50,000.00	0.00	-4,166.74	100.00	109.09
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	50,000	45,833	0.00	50,000.00	0.00	50,000.00	0.00	-4,166.74	100.00	109.09
	50,000	45,833	0.00	50,000.00	0.00	50,000.00	0.00	-4,166.74	100.00	109.09

Comm on Children and Youth  
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Department: 0100681 Child Death Review Board

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
511 Salary Expense	322,322	295,462	256,555.29	0.00	0.00	256,555.29	65,766.71	38,906.47	79.60	86.83
512 Insur.Prem-Hlth-Life,etc	47,654	43,683	48,103.74	0.00	0.00	48,103.74	-449.74	-4,420.98	100.94	110.12
513 FICA-Retirement Contributi	70,089	64,248	56,093.10	0.00	0.00	56,093.10	13,995.90	8,155.04	80.03	87.31
519 Inter/Intra Agy Pmt-Pers S	800	733	0.00	0.00	0.00	0.00	800.00	733.26	0.00	0.00
521 Travel - Reimbursements	3,109	2,850	805.35	0.00	0.00	805.35	2,303.65	2,044.31	25.90	28.26
522 Travel - Agency Direct Pmt	3,760	3,447	0.00	885.00	0.00	885.00	2,875.00	2,561.63	23.54	25.68
531 Misc. Administrative Expen	96	88	6.42	0.00	0.00	6.42	89.58	81.58	6.69	7.30
536 General Operating Expenses	1,000	917	59.64	94.74	0.00	154.38	845.62	762.25	15.44	16.84
541 Office Furniture & Equipme	1,275	1,169	0.00	0.00	0.00	0.00	1,275.00	1,168.75	0.00	0.00
	450,105	412,596	361,623.54	979.74	0.00	362,603.28	87,501.72	49,992.31	80.56	87.88
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	391,084	358,494	330,056.61	94.74	0.00	330,151.35	60,932.65	28,342.17	84.42	92.09
20000 Okla. Comm On Children & Y	59,021	54,102	31,566.93	885.00	0.00	32,451.93	26,569.07	21,650.14	54.98	59.98
	450,105	412,596	361,623.54	979.74	0.00	362,603.28	87,501.72	49,992.31	80.56	87.88
Totals for Division 01	5,735,230	5,257,291	4,572,613.15	444,546.21	4,500.00	5,021,659.36	713,571.12	235,631.25	87.56	95.52

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Department: 8800001 ISD DP - Admin

Account	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
515 Professional Services	311,307	285,365	209,851.20	45,554.35	0.00	255,405.55	55,901.45	29,958.98	82.04	89.50
531 Misc. Administrative Expen	38,908	35,666	27,090.42	8,360.41	0.00	35,450.83	3,457.17	214.80	91.11	99.40
532 Rent Expense	26,416	24,215	24,372.92	7,379.54	0.00	31,752.46	-5,336.46	-7,537.83	120.20	131.13
533 Maintenance & Repair Expen	1,200	1,100	3,988.19	3,049.10	0.00	7,037.29	-5,837.29	-5,937.29	586.44	639.75
536 General Operating Expenses	4,396	4,030	947.77	345.99	0.00	1,293.76	3,102.24	2,735.87	29.43	32.11
541 Office Furniture & Equipme	3,142	2,880	0.00	247.54	0.00	247.54	2,894.46	2,632.59	7.88	8.59
601 AFP Encumbrances	0	0	0.00	4,136.83	0.00	4,136.83	-4,136.83	-4,136.83	~	~
	385,369	353,255	266,250.50	69,073.76	0.00	335,324.26	50,044.74	17,930.29	87.01	94.92
Class Funding	Annual Budget	YTD Budget	Expenses	Encumbrance	Pre-Encumbrance	Total Exp, Enc, Pre-Enc	Annual Variance	YTD Variance	Annual %	YTD %
19601 GRF-Duties	75,999	69,666	55,578.06	16,182.78	0.00	71,760.84	4,238.16	-2,095.20	94.42	103.01
20000 Okla. Comm On Children & Y	309,370	283,589	210,672.44	52,890.98	0.00	263,563.42	45,806.58	20,025.49	85.19	92.94
	385,369	353,255	266,250.50	69,073.76	0.00	335,324.26	50,044.74	17,930.29	87.01	94.92
Totals for Division 88	385,369	353,255	266,250.50	69,073.76	0.00	335,324.26	50,044.74	17,930.29	87.01	94.92
Totals for Bus Unit 12700	6,120,599	5,610,545	4,838,863.65	513,619.97	4,500.00	5,356,983.62	763,615.86	253,561.54	87.52	95.48

SPAPP02

6 Digit Object of Expenditure Report

From Business Unit: 12700 To Business Unit: 12700

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<u>Business Unit</u>	<u>Major Class</u>	<u>Sub Class</u>	<u>Account</u>	<u>Current Month</u>	<u>Fiscal YTD</u>
12700	510000		PERSONAL SERVICES		
		511000			
			511110 Sals-Regular Pay	129,886.37	1,580,653.29
			511130 Sals-Non-Reg Pay	7,370.00	49,712.50
			511210 Longevity Pay-State Employees	876.00	33,254.00
			511280 Holiday Pay - Payroll Only	0.00	726.61
			511310 Terminal Leave	0.00	6,552.77
			511420 Excess Benefit Allowance	507.78	9,201.00
			<b>Sub Class 511000 Total</b>	<b>138,640.15</b>	<b>1,680,100.17</b>
		512000			
			512110 Insur.Prem-Hlth-Life-State Pln	24,238.18	312,401.44
			512210 Unemployment Compen.-Payroll	889.51	6,935.50
			512310 Insur.Prem-Workers Comp.	0.00	1,696.45
			<b>Sub Class 512000 Total</b>	<b>25,127.69</b>	<b>321,033.39</b>
		513000			
			513110 Employer Share-FICA	8,355.37	101,557.05
			513120 Employer Share-MQFE/FICA	1,954.05	23,751.27
			513230 Employer Share OPERS	16,330.43	189,585.06
			513280 Employer Match-AdFeeSt.Annuity	360.36	4,123.60
			513290 St.Match-Ad Fee-Def Contr	2,292.84	30,339.38
			513300 Ret.Savings-Def Contr Plan	3,680.36	49,193.65
			<b>Sub Class 513000 Total</b>	<b>32,973.41</b>	<b>398,550.01</b>
		515000			
			515010 Offices Of Lawyers	0.00	14,066.70
			515060 Acctg,Tax,Books,Payroll Svc	0.00	14,574.00
			515360 Computer Systems Design Svc	18,914.11	255,807.42
			515380 Other Computer Related Svc	3,223.01	24,286.26
			515400 Admin Mgmt-Gen.Mgmt Consulting	19,453.11	180,908.33
			515420 Marketing Consulting Services	0.00	138,490.36
			515440 Other Mgmt Consulting Services	1,600.00	16,800.32
			515510 Photographic Services	0.00	103.57



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<u>Business Unit</u>	<u>Major Class</u>	<u>Sub Class</u>	<u>Account</u>	<u>Current Month</u>	<u>Fiscal YTD</u>
12700	510000		PERSONAL SERVICES		
			515520 Translation-Interpreting Svcs	0.00	1,589.90
			515540 Other Prof, Sc. & Tech.Svc	0.00	14,076.07
			515580 Business Support Services	2,260.00	22,690.00
			515610 Business Service Centers	0.00	420.78
			515650 Investigation-Security Svcs	0.00	1,400.00
			515660 Educational Services	3,000.00	226,366.81
			515750 Men.Hlth Practitioner-exc.Phys	3,750.00	63,250.00
			515990 Other Svcs-exc.Pub.Admin.	(41,805.35)	14,057.10
		Sub Class 515000 Total		<u>10,394.88</u>	<u>988,887.62</u>
		519000			
			519130 Flexible Benefits-Adminis.	294.19	3,129.53
		Sub Class 519000 Total		<u>294.19</u>	<u>3,129.53</u>
	Major Class 510000 Total			<u>207,430.32</u>	<u>3,391,700.72</u>
12700	520000		TRAVEL		
		521000			
			521110 In-State Mileage-Motor Vehicle	178.36	3,159.18
			521120 In-State Meals-Subsistence Exp	0.00	460.00
			521140 In-State Miscellaneous Charges	16.35	254.03
			521210 Out of State Mileage-Priv.Veh.	61.77	78.15
			521230 Out-of-State Meals-Subsistence	531.00	1,415.00
			521240 Out-of-State Local Transp.	98.57	315.80
			521250 Out-of-State Misc.Charges	175.00	345.00
			521310 Travel Reimb.-Non-State Empls.	476.24	12,046.31
		Sub Class 521000 Total		<u>1,537.29</u>	<u>18,073.47</u>
		522000			
			522110 OutofSt Pur Trans Cst Agcy Dir	858.80	9,108.42
			522113 InStPurPikePassCollFeesAgcyDir	34.25	349.80
			522130 OutofSt Pur Food Ldg Agcy Dir	2,847.58	10,406.98



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<u>Business Unit</u>	<u>Major Class</u>	<u>Sub Class</u>	<u>Account</u>	<u>Current Month</u>	<u>Fiscal YTD</u>
12700	520000	TRAVEL			
			522131 In-State Pur Food Ldg Agcy Dir	4,090.48	7,107.31
			522150 Registration - Agency Direct	275.00	18,848.00
		Sub Class 522000 Total		<u>8,106.11</u>	<u>45,820.51</u>
	Major Class 520000 Total			<u>9,643.40</u>	<u>63,893.98</u>
12700	530000	ADMINISTRATIVE EXPENSE			
		531000			
			531120 Postage	0.00	137.66
			531130 Telecommunication Services	0.00	24,862.80
			531150 Printing & Binding Contrs	0.00	11,786.25
			531160 Advertising	0.00	100.00
			531170 Informational Service	100.00	4,286.39
			531230 ERP System Services	208.00	2,431.00
			531260 Membership in Organizations	750.00	1,400.00
			531280 Late-Pmt Interest-Penalty Chgs	(1,280.00)	-1,280.00
			531310 Prem-Property or Liab.Insur.	0.00	9,866.11
			531600 Misc.Administrative Fee	0.00	225.00
		Sub Class 531000 Total		<u>(222.00)</u>	<u>53,815.21</u>
		532000			
			532110 Rent of Office Space	0.00	78,368.30
			532130 Rent of Other Building Space	0.00	3,748.75
			532140 Rent-Equipment And Machinery	0.00	198.49
			532141 Rent of Motor Vehicles	84.63	1,164.99
			532142 Lease of Motor Vehicles	724.00	4,711.60
			532160 Rent-Elec Data Processing Eq.	1,415.69	20,354.85
			532170 Rent-Data Processing Software	0.00	4,973.87
			532190 Other Rents	0.00	192.00
		Sub Class 532000 Total		<u>2,224.32</u>	<u>113,712.85</u>
		533000			



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<u>Business Unit</u>	<u>Major Class</u>	<u>Sub Class</u>	<u>Account</u>	<u>Current Month</u>	<u>Fiscal YTD</u>
12700	530000	ADMINISTRATIVE EXPENSE			
		533130	Mtce-Rep.-Tel.Equip-Vendor	520.12	4,222.06
		533140	Mtce-Rep.-DP Equip-Vendor	253.94	2,623.54
		533180	Housekpg/Janit./Sanit.Sup,Mat	26.30	26.30
		Sub Class 533000 Total		<u>800.36</u>	<u>6,871.90</u>
	534000				
		534110	Food,Other Kitchen Sup.,Mat'ls	37.19	937.38
		534260	Medical Supplies And Materials	0.00	44.39
		534290	Motor Fuels-Common	123.21	1,482.19
		Sub Class 534000 Total		<u>160.40</u>	<u>2,463.96</u>
	535000				
		535120	Uniform,Clothing,Accessories	333.00	333.00
		Sub Class 535000 Total		<u>333.00</u>	<u>333.00</u>
	536000				
		536110	Meeting Refreshments	161.86	5,674.19
		536130	Office Supplies Non-Expendable	718.00	1,965.85
		536140	Office Supplies (Expendable)	81.58	5,535.18
		536150	Data Processing Supplies	0.00	39.99
		536170	Food and Catering Service	0.00	1,568.17
		536190	Educational Supplies	0.00	2,393.98
		536230	Examinations	0.00	1,000.00
		Sub Class 536000 Total		<u>961.44</u>	<u>18,177.36</u>
	Major Class 530000 Total			<u>4,257.52</u>	<u>195,374.28</u>
12700	540000	PROP,FURN,EQUIP & RELATED DEBT			
		541000			
		541110	Office Furniture & Equipment	0.00	0.00
		541130	Data Processing Software	0.00	1,280.00
		Sub Class 541000 Total		<u>0.00</u>	<u>1,280.00</u>



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<u>Business Unit</u>	<u>Major Class</u>	<u>Sub Class</u>	<u>Account</u>	<u>Current Month</u>	<u>Fiscal YTD</u>
12700	540000		PROP,FURN,EQUIP & RELATED DEBT		
		542000			
			542120 Library Resources-Textbooks	0.00	4,775.51
		Sub Class 542000 Total		0.00	4,775.51
	Major Class 540000 Total			0.00	6,055.51
12700	550000		GEN ASST, AWDS, PROG-DIRECTED		
		552000			
			552140 Incentive Awards	425.64	425.64
		Sub Class 552000 Total		425.64	425.64
		554000			
			554120 Approved Program Reimbursement	56,250.00	1,394,408.42
			554230 Reimbursement & Repayment -Oth	0.00	178,897.38
		Sub Class 554000 Total		56,250.00	1,573,305.80
	Major Class 550000 Total			56,675.64	1,573,731.44
Business Unit 12700 Total				278,006.88	5,230,755.93
Grand Total by Business Unit				278,006.88	5,230,755.93

SPAPP02

**From Agency: 12700 To Agency: 12700**

Allotment Budget and Available Cash

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 Allotment Budget and Available Cash  
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<u>Business Unit</u>	<u>Class</u>	<u>Dept</u>	<u>Bud Ref</u>	<u>Allocations</u>	<u>Pre Encumbered</u>	<u>Encumbered</u>	<u>Current Yr Exp</u>	<u>Prior Yr Exp</u>	<u>Allotment Budget</u>	<u>Available Cash</u>
12700										
	194									0.00
	19401	01	24	2,586,338.43	.00	.00	.00	2,586,338.43	.00	
	19401	88	24	63,503.54	.00	.00	.00	63,503.54	.00	
	19411	01	25	83,072.03	.00	.00	42,282.98	40,789.05	.00	
	19411	88	25	<u>136,500.00</u>	.00	.00	<u>50,000.00</u>	<u>86,500.00</u>	.00	
				2,869,414.00			92,282.98	2,777,131.02		
	195									273,318.46
	19501	01	25	2,855,815.00	.00	.00	(9,358.39)	2,630,739.69	234,433.70	
	19501	88	25	<u>153,004.00</u>	.00	.00	<u>20,635.95</u>	<u>93,483.29</u>	<u>38,884.76</u>	
				3,008,819.00			11,277.56	2,724,222.98	273,318.46	
	196									572,359.05
	19601	01	26	3,027,088.00	.00	104,327.53	2,216,563.89	.00	706,196.58	
	19601	88	26	<u>75,999.00</u>	.00	<u>16,182.78</u>	<u>55,578.06</u>	.00	<u>4,238.16</u>	
				3,103,087.00		120,510.31	2,272,141.95		710,434.74	
	200									298,530.58
	20000	01	24	861,479.00	.00	.00	.00	505,717.02	355,761.98	
	20000	01	25	1,473,685.00	.00	.00	103,279.82	1,063,186.58	307,218.60	
	20000	01	26	1,219,371.00	4,500.00	310,718.68	901,900.48	.00	2,251.84	
	20000	88	24	20,500.00	.00	.00	.00	17,370.62	3,129.38	
	20000	88	25	80,000.00	.00	.00	2,450.34	49,521.08	28,028.58	
	20000	88	26	<u>309,370.00</u>	.00	<u>52,890.98</u>	<u>210,672.44</u>	<u>.00</u>	<u>45,806.58</u>	
				3,964,405.00	4,500.00	363,609.66	1,218,303.08	1,635,795.30	742,196.96	



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<u>Business Unit</u>	<u>Class</u>	<u>Dept</u>	<u>Bud Ref</u>	<u>Allocations</u>	<u>Pre Encumbered</u>	<u>Encumbered</u>	<u>Current Yr Exp</u>	<u>Prior Yr Exp</u>	<u>Allotment Budget</u>	<u>Available Cash</u>
12700										
	210									161,055.43
	21000	01	24	1,436,668.47	.00	.00	.00	1,428,423.89	8,244.58	
	21000	01	25	1,549,613.50	.00	.00	178,897.38	1,370,716.00	.12	
	21000	01	26	1,488,771.48	.00	.00	1,454,148.78	.00	34,622.70	
				<u>4,475,053.45</u>			<u>1,633,046.16</u>	<u>2,799,139.89</u>	<u>42,867.40</u>	
Business Unit Totals				17,420,778.45	4,500.00	484,119.97	5,227,051.73	9,936,289.19	1,768,817.56	1,305,263.52



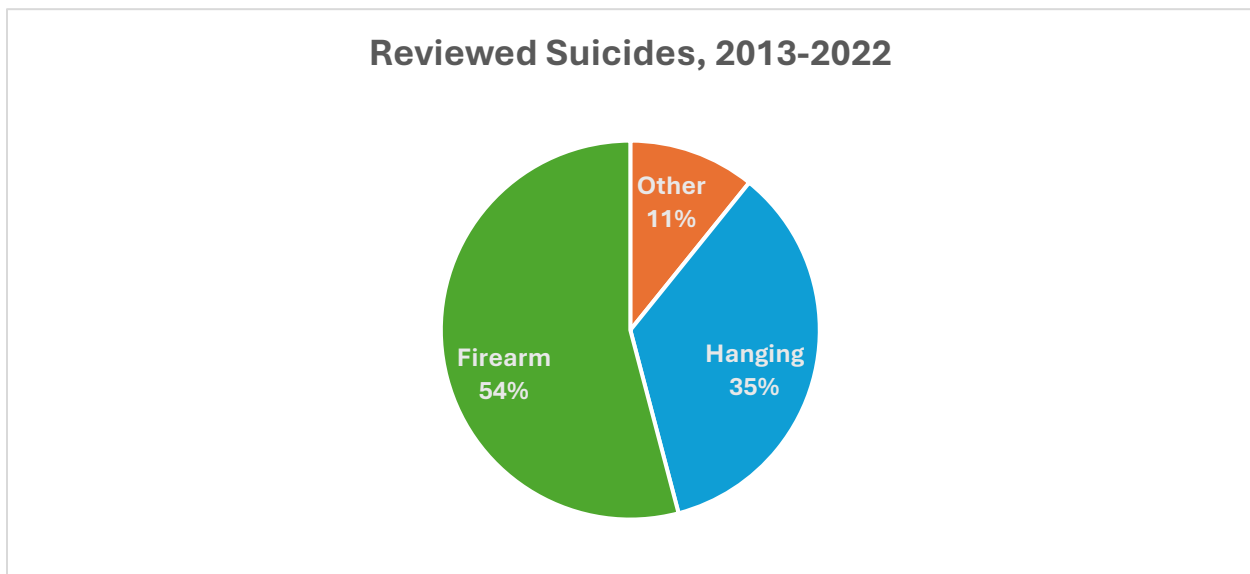
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<u>Business Unit</u>	<u>Class</u>	<u>Dept</u>	<u>Bud Ref</u>	<u>Allocations</u>	<u>Pre Encumbered</u>	<u>Encumbered</u>	<u>Current Yr Exp</u>	<u>Prior Yr Exp</u>	<u>Allotment Budget</u>	<u>Available Cash</u>
Grand Totals				17,420,778.45	4,500.00	484,119.97	5,227,051.73	9,936,289.19	1,768,817.56	1,305,263.52

## Proposed Amendment to the Child Death Review Board 2026 Recommendations: Creation of a Suicide Death Investigation Form June 2026

It is recommended that a **multidisciplinary workgroup be convened to develop a standardized Suicide Death Investigation Form** for use by law enforcement and/or death investigators from the Medical Examiner's office. The group should include representatives from law enforcement, medical examiners, behavioral health, public health, and social services to ensure a comprehensive and practical design. The form should capture key information including medical and mental health history, social context, and known risk factors while remaining feasible for field use. This effort aims to improve the quality and consistency of suicide death data to better inform prevention strategies.



Key details that are often missing from reports:

- Whether the child received mental health services
- Child's history of self-harm
- Child's history of prior suicide attempts
- Firearm storage practices
- Life-stressors

Using the CDRB Dashboard to analyze trends over nine years of reviewed deaths revealed substantial missing or unknown values for suicide-related variables. These are not minor gaps; they are the details that help us understand the circumstances surrounding a child's suicide and identify significant risk factors. Missing information limits our ability to identify prevention opportunities, improve systems, and support youth experiencing significant stressors.

# **EXECUTIVE DIRECTOR'S REPORT**



Oklahoma Commission on Children and Youth  
**2026 SESSION RECAP**  
Marcia Johnson, Legislative Liaison

## APPROPRIATIONS

**SB 1177** appropriates \$3,017,574 to the commission for FY27. Although technically considered a flat appropriation, the amount reflects a net reduction of \$85,513 from the previous year as a savings offset from the Oklahoma Public Employees Retirement System (OPERS) contribution reform contained in HB 4050.\*

## COMMISSION-APPROVED LEGISLATIVE AGENDA

**SB 1591** would have prohibited individual edible medical marijuana products from containing more than 10 milligrams of THC and packages of the product from containing 100 milligrams of THC in total.

Status: Bill was not heard on the Senate floor.

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**HB 2892** would have clarified that the Executive Director of OCCY has the authority to request an investigation of certain cases by OSBI.

Status: Bill was not heard on the Senate floor.

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**HB 3001** extends the sunset date for the Child Death Review Board to July 1, 2031.

Status: Became law without the Governor's signature. (See HB 3320 listed in the Miscellaneous section.)

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**HB 3849** modifies the Mentoring Children of Incarcerated Parents program by expanding the focus of the program to include different types of mentoring services beyond one-on-one mentoring. Modifies the nonprofit applicant requirements to increase the potential applicant pool and removes the \$1,500 cap on per-child contracted service cost.

Status: Approved by the Governor.

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**HB 4302** authorizes the Office of Juvenile System Oversight to disclose information identifying a complainant to law enforcement when necessary to protect the safety of others after a complainant makes a threat that a reasonable person would interpret as a serious expression of intent to commit an act of violence.

Status: Approved by the Governor.

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\*HB 4050 reduces the OPERS-participating employer contribution rate from 16.5% to 9.5% of the monthly compensation of each employee beginning July 1, 2026 and ending June 30, 2031, at which time the rate will return to 16.5%.

**HB 4454** requires packages of edible medical marijuana product to indicate the number of servings of THC in each package, the amount of THC per individual serving and that the recommended serving size is 10 milligrams of THC. Prohibits edible products from resembling cartoons, toys, animals, people, candy, food or packaged in any way that would be attractive to children.

Status: Approved by the Governor.

## CHILDREN AND FAMILIES

**SB 633** requires DHS to conduct a safety analysis upon accepting a report for investigation that alleges a child may be drug endangered and attempt to gain consent for an immediate drug screening from the person responsible for the child. If the department does not obtain consent, it must report to the district attorney within 72 hours to request a court order to compel a drug screening. If the parent or guardian continues to refuse consent, the court shall order the screening. Finally, the bill sets requirements for follow-up screening during the life of the case and if DHS determines that drug activity is indicated it must immediately notify law enforcement.

Status: Approved by the Governor.

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**SB 1377** requires DHS, either directly or through a child-placing agency, to provide a duffel bag to children in foster care who don't have a suitcase or other appropriate bag in which to pack personal belongings.

Status: Approved by the Governor.

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**SB 1806** directs DHS to implement an extension of foster care services up to age 21 on a voluntary basis for youth transitioning into adulthood.

Status: Approved by the Governor.

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**SB 1983** requires DHS to provide foster care data to private child-placing agencies that contract with the department to recruit and retain foster homes at regular monthly intervals. The data will include:

- The number of children who do not have a placement each day, including demographic and geographic data;
- Areas of the state where there is high demand for but low availability of placements;
- Areas of the state that experience a high number of placement disruptions;
- The number of sibling groups that are separated in different placements;
- The number of foster children that are in placements a long distance from their home community; and
- Other relevant measures and outcomes related to the foster care system.

Status: Approved by the Governor.

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**HB 4298** requires the DHS director to establish master teacher ratios for 2, 3, 4 and 5 star facilities that are the most permissive ratios possible without jeopardizing the safety of children or the quality of care. Directs the department to seek federal approval to allow licensed child care providers in the subsidy program to charge participating families an additional fee of up to 10% of household income.

Status: Approved by the Governor.

## HEALTH AND SAFETY

**HB 1675** requires youth camps and outdoor programs with an overnight component to conduct a site-specific hazard assessment prior to licensure, and again at renewal, and to develop an emergency action plan that includes monitoring severe weather hazards, the decision making chain of command, the criteria used to determine evacuation versus shelter-in-place, and primary and secondary evacuation routes.

Status: Approved by the Governor.

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**SB 1733** requires school districts and charter schools to immediately notify law enforcement of any electronic or digital communication between school personnel and a student that is sexual in nature, inappropriate, or unlawful. Requires every public and private school employee who has reason to believe, or who has received an allegation or disclosure, that a student is the victim of sexual misconduct to report it to law enforcement within 24 hours. Provides that law enforcement must have the opportunity to interview the parties involved prior to any investigation by the school, unless law enforcement determines that an immediate response from the school is necessary to protect student safety.

Status: Approved by the Governor.

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**HB 2959** requires any superintendent or school administrator of a private or public school who has reason to believe, or who has received an allegation or disclosure, that a school employee is involved in the abuse or neglect of a student to report the matter within 24 hours to law enforcement. Provides that law enforcement must have the opportunity to interview the parties involved prior to any investigation by the school, unless law enforcement determines that an immediate response from the school is necessary to protect student safety. Establishes that the transfer or separation from employment of the subject of an allegation or disclosure does not relieve any person from the duty to report to law enforcement.

Status: Approved by the Governor.

## MISCELLANEOUS

**SB 504** requires that individuals must be at least 18 years of age to marry.

Status: Became law without the Governor's signature.

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**HB 3320** deletes the sunset dates on all state boards and commissions and modifies the Oklahoma Sunset Law by making a review of an entity optional at the discretion of the Legislature.

Status: : Became law notwithstanding the objection of the Governor.

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**HB 4319** requires state agencies to cite the specific and explicit state law that authorizes the promulgation of a certain rule and prohibits reliance on general statements of an agency's rulemaking authority. Rules found by the Legislature that lack specific and explicit authority in statute will be declared invalid. Requires each agency, by November 1, 2029, to prepare an inventory of all existing rules and cite the sections of state law that provide explicit rulemaking authority for each rule. Any rule not supported by state law will be deemed repealed on January 1, 2030 unless affirmatively reauthorized by the Legislature.

Status: Approved by the Governor.

**CDRB**

## SUMMARY BRIEF

### *Oklahoma Child Death Review Board (CDRB)*

#### *Key Findings and Recommendations from the Oklahoma CDRB Dashboard (2013-2022)*

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#### Overview

This summary brief highlights key findings from the Oklahoma Child Death Review Board's analysis of child deaths using the National Center for Fatality Review and Prevention (NCFRP) dataset (2013–2022). The accompanying dashboard provides a comprehensive, interactive view of infant, injury-related, and unexpected child deaths across the state. This summary brief outlines key patterns and identifies opportunities for prevention, systems improvement, and targeted intervention.

*Note: This summary brief should not be used in reports or considered a representation of population estimates. The Oklahoma Child Death Review Board reviews all unexpected child deaths, particularly those that are injury-related and those suspected to be due to child abuse and/or neglect. Data reflected in this brief represent only reviewed deaths between 2013 and 2022.*

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#### Key Findings

##### 1. Child Deaths in Oklahoma

- The majority of deaths reviewed by the Oklahoma Child Death Review Board (CDRB) were for **infants** (37.6%), followed by **adolescents 15-17** (23.5%), and **children 1-4 years** (17.1%). 62.5% were **male**.
  - Most children were from **low-income households** (63.2%), with many having **Medicaid** (48.9%) as their reported insurance type.
  - **Accidents** were the most common manner of death (44.0%), with **Medical Conditions/Undetermined if Injury/Medical** (33.7%), **Motor Vehicle Crashes** (20.9%), and **Bodily Force or Weapon** (16.8%) being the most common causes.
  - During CDRB Review Meetings, Board Members found that 63.7% of all deaths **had adequate supervision** during the incident. However, 76.0% were **determined to be preventable** by the Board.
- 

##### 2. Motor Vehicle Deaths

- Age groups most affected were **adolescents 15-17 years** (42.5%), and 62.1% of deaths were **males**.
  - Among those involved in a motor vehicle crash, at least 44.7% **were not restrained** by a seatbelt or child car seat. Restraint use varied by age group; **adolescents 15-17** had the **highest rate of no restraint use** (22.1%).
  - 58.2% of these deaths involved **child passengers** in the vehicle. If they were a passenger, the child was most likely to be in the **back seat** (58.8%).
  - The primary locations were **rural roads** (45.2%) and **highways** (35.6%). Major contributing factors include **speeding** (26.9%) and the **vehicle flipping** (26.9%).
  - Common vehicle types were **cars** (34.2%) and **SUVs** (19.2%).
  - 92.3% were **determined to be preventable**.
- 

### 3. Drowning Deaths

- Age groups most affected were **children 1-4 years** (57.7%), and 71.4% of deaths were **males**.
  - Among those who drowned, 61.4% **could not swim**, and 81.0% **were not using a personal floatation device** at the time. An **adequate barrier** (i.e., fence, pool cover, gate) **was not identified** in 57.1% of drownings.
  - The primary locations were **open water/ponds** (52.4%) and **pools/hot tubs/spas** (37.0%).
  - The Board determined that 56.1% of the **children were not adequately supervised at the time**, and 89.4% were **determined to be preventable**.
- 

### 4. Fire, Burn, and Electrocution Deaths

- Age groups most affected were **children 1-4 years** (43.1%), and 54.2% of deaths were **males**.
- Most of the deaths in this category were **fire-related** (93.1%), with 85.1% considered an **accident** (85.1%).
- Among these deaths, 50.7% occurred in a **single home** and 55.2% were **not started by a person**.
- A **smoke detector** was present in only 41.8% of fires. **Barriers preventing exit** were identified in 31.3%.

- The Board determined that 80.6% of these deaths were **preventable**.
- 

## 5. Poisoning Deaths

- Age groups most affected were **adolescents 15-17 years** (52.1%) and **children 10-14** (19.2%). 60.3% of deaths were **males**.
  - Most of the deaths in this category were due to **accidental overdose/acute intoxication** (74%), as opposed to deliberate poisoning (17.8%).
  - **Poison Control was not contacted** in 59.2% of cases.
  - The most common substance type was **prescription** (64.4%), followed by **illicit drugs** (37.0%). Specifically, **opioid pain medication** (41.1%) and **fentanyl** (24.7%) were responsible for most of these deaths.
  - The Board determined that 84.9% of these deaths were **preventable**.
- 

## 6. Homicide Deaths

- Age groups most affected were **adolescents 15-17 years** (33.6%), **children 1-4** (24.3%), and **infants** (18.6%). 66.4% of deaths were **males**.
  - The most common **perpetrator** was **Father** (22.1%), followed by an **unknown perpetrator** (18.2%), and **Mother** (16.4%).
  - **Gang-relation was ruled out** in 89.7% of cases. Mostly, these deaths **did not occur during the commission of another crime** (67.5%), such as a robbery.
  - A **weapon** was used in 58.2% of homicides. When a weapon was used, 90.2% were **firearms**. In 67.8% of those cases, the **firearm was not stored securely** prior to the incident. In 76.9% of cases, it was **unknown if the firearm was loaded** prior to the incident.
  - The Board determined that 89.6% of these deaths were **preventable**.
- 

## 7. Suicide Deaths

- Age groups affected were **adolescents 15-17 years** (64.2%) and **children 10-14** (35.1%). 70.6% of deaths were **males**.

- The most common **causes of death** were **Bodily Force or Weapon** (54.1%)—which includes firearm use—and **Asphyxia** by hanging (35.1%). **Firearm use was the leading means of suicide**, with hangings and poisonings following.
  - If a **firearm** was used, it was **not locked prior to the incident** in 65% of cases, **allowing the child access**. It was **unknown** in 65.6% of cases **whether the firearm was loaded prior to the child’s access**.
  - In 47.3% of deaths, the child **did not have a reported history of self-harm**. **Prior suicide attempts were unknown** in 65.5% of cases.
  - The child had **received prior mental health services** in 40.9% of cases and had **communicated suicidal thoughts/ideation** in 47.6%.
  - Common life stressors (not mutually exclusive) involved **Relationships** (63.5%) and **Major Transitions** (56.1%). **School Problems** (20.6%), **Arguments with Parents** (19.6%), **Parents’ Divorce/Separation** (19.3%), **Family Discord** (18.6%), and a **Breakup** (17.9%) were among the top reported life stressors.
  - The Board determined that 59.5% of these deaths were **preventable**.
- 

## 8. Infant (All-Cause) Deaths

- **Months one** (15.4%), **two** (18.3%), **three** (16.0%), and **four** (10.4%) were the most affected ages. 57.7% of deaths were **males**.
  - Manner of death varied, with most ruled as **Undetermined** (58.6%)—which has historically included all SUID cases—and **Accident** (25.9%). The most common causes of death were **Medical Condition/Undetermined if Injury/Medical** (77.5%).
  - **Gestational age** was primarily reported to be **Term** (42.8%) or **Unknown** (35.6%). The child’s **mother received prenatal care** in 62.5% of cases, and history of **maternal smoking during pregnancy** was mostly **Unknown** (43.0%) or **Absent** (41.6%).
  - The **death was related to the sleep environment** in 76.3% of cases.
  - **Abusive head trauma** was identified in 4.9% of cases. If the death was related to abusive head trauma, the **father** (44.9%) was the perpetrator.
  - The Board determined that 74.5% of these deaths were **preventable**.
- 

## 9. Infant (Sleep-Related) Deaths

- **Months one** (16.5%), **two** (20.9%), **three** (17.5%), and **four** (10.8%) were the most affected ages. 58.0% of deaths were **males**.
- Among sleep-related deaths, common items found (not mutually exclusive) were **Mattresses** (69.9%), **Adult(s)** (53.5%), **Comforter/Quilts** (46.6%), **Pillows** (45.2%), and **Thin Blankets/Flat Sheets** (42.7%).
- In 57.6% of deaths, the **adult/caregiver's impairment status was Unknown**. Deaths **did not occur during feedings** in 88.1% of deaths.
- The infant's usual sleep place was reported as an **Adult bed** (27.2%), a **Bassinet** (22.0%), or was **Unknown/Not reported** (19.9%). However, the most common sleep place during the incident was an **Adult bed** (55.4%), a **Crib** (14.0%), a **Bassinet** (9.6%), or a **Couch** (8.3%).
- The **infant's position when put to sleep** was typically **on its back** (51.3%), but the infant was **found mostly on its stomach** (38.1%) or **back** (31.9%).
- **Infants sharing rooms with their family** were identified in 68.5% of cases and **infants sharing beds with an adult** occurred in 57.5% of cases.
- **Gestational age** distribution was mostly **Term** (45.2%) or **Unknown** (35.6%)
- The Board determined that 80.1% of these deaths were **preventable**.

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## 11. CDRB Review Process and Timeliness

- Between 2013 and 2022, the Oklahoma Child Death Review Board reviewed 2,688 child deaths.
- To prepare for Board Meetings, CDRB staff requests and reviews records from various agencies and organizations. Among these cases, death certificates (94.6%), Child Welfare documents (76.5%), Law Enforcement reports (91.7%), Hospital records (70.1%), and Medical records (86.2%) were obtained and reviewed.
- The average number of deaths reviewed annually was 269.
- The average number of days from a child's death to CDRB Staff Notification was 98 days.
- The average number of days from CDRB Staff Notification to a Review Team Meeting was approximately 1,600 days (~4 years). This can be attributed to the backlog of older cases that CDRB has been working to catch up on. CDRB began as a one-person department and has since developed into a team of four (plus two interns) who work well together. Recently, CDRB staff have been able to close cases more quickly and significantly reduce the lag that was previously 3+ years long.

- The average number of days from a Review Meeting to Case Closure (Review Meeting & Data Entry Complete) was 22.
  - The average number of days from a child's death to Case Closure was 895 days. The goal is to complete this cycle within ~730 days (24 months). As mentioned previously, CDRB has struggled to meet this goal at times, but there are great strides being made.
- 

## **Recommendations**

### **1. Enhance Upstream Documentation to Improve Prevention in Oklahoma**

- Dashboard findings revealed substantial missing or unknown information across multiple variables that would strengthen the understanding of risk factors among reviewed Oklahoma child deaths, informing effective prevention efforts.
- Standardizing and enhancing documentation practices across agencies—particularly for firearm storage, prior suicide attempts, mental health history, restraint use, prenatal exposures, sleep environment details, and caregiver impairment—would significantly improve the completeness and quality of information available for CDRB review and action.
- While child welfare interviews often provide valuable contextual information, they are not conducted for every child death, especially those that are unexpected or do not involve prior DHS contact. Law enforcement officers, medical personnel, and first responders often have the earliest and most direct access to the scene and caregivers/witnesses, placing them in a unique position to capture time-sensitive details that may not be available later. Current law enforcement reports can lack key contextual details that are critical for understanding risk factors and previous history directly from the family.
- Consistent, complete documentation across all upstream partners is essential for efficient CDRB reviews. Improved data quality would enhance the Board's ability to identify patterns, understand modifiable risk factors, and develop targeted prevention and policy recommendations drawing on the best available data.
- Efficient CDRB reviews rely on consistent, complete information across all deaths. This standardization would improve pattern identification, prevention measures, and policy changes.

### **2. Strengthen Prevention Efforts for Low-Income Families and Medicaid-Insured Children**

- Dashboard findings show that most reviewed child deaths represented children from low-income households (63%) and who were insured through Medicaid (48%). This pattern

highlights an opportunity to strengthen prevention strategies that specifically support families experiencing economic hardship.

- Integrating CDRB findings into Medicaid-focused outreach efforts may help ensure that prevention messaging, resources, and referrals reach families who are disproportionately represented in reviewed Oklahoma child death data.
- Strengthening cross-agency coordination (e.g., between Medicaid, Child Welfare Service, law enforcement, healthcare facilities) could improve early identification of risk factors and increase access to supportive services before a crisis occurs.

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## **Conclusion**

The Oklahoma CDRB dashboard is a powerful, accessible tool for understanding patterns in child deaths and identifying opportunities for prevention. These findings highlight the importance of coordinated evidence-based strategies to reduce preventable deaths and strengthen support for Oklahoma families. Continued investment in enhanced upstream documentation, improved analysis of CDRB processes, targeted injury prevention initiatives, and cross-system collaboration will be essential to advancing child well-being statewide.

**OJSO**



# Office of Juvenile System Oversight

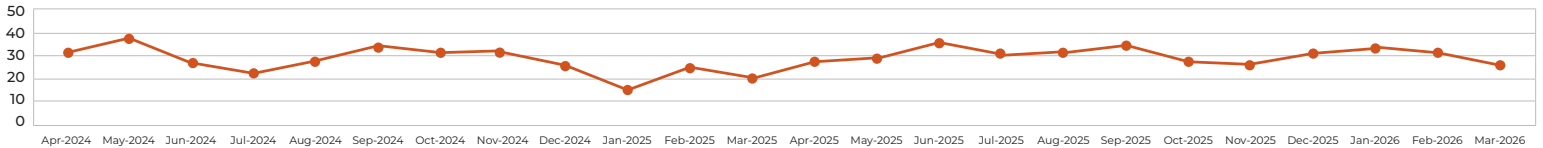
The Office of Juvenile System Oversight (OJSO) investigates complaints involving system-level concerns related to safety, care, and treatment of children and youth in a variety of services/ facilities (e.g. child welfare, mental health, juvenile justice, education, early childhood). In addition to its investigative efforts, OJSO provides routine oversight for Oklahoma's six state-operated residential facilities.

## Third Quarter Oversight Snapshot (January 1, 2026 to March 31, 2026)

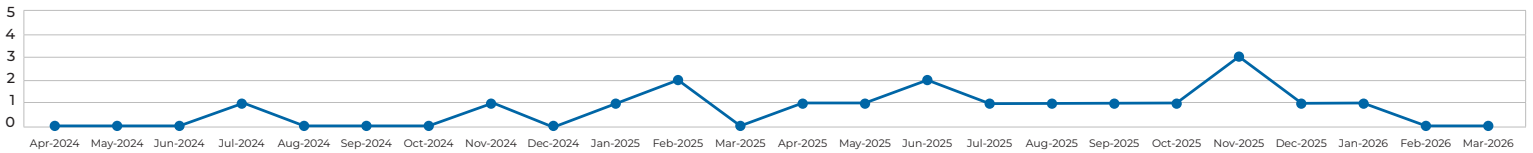
<p>New Complaints</p> <p><b>91</b></p> <p>New complaints received and logged for review</p>	<p>Closed Complaints</p> <p><b>86</b></p> <p>Complaints closed after review and resolution</p>	<p>Complaint Visits</p> <p><b>0</b></p> <p>Site visits conducted in response to complaints</p>	<p>Foster Youth Matters</p> <p><b>91</b></p> <p>Complaints handled involving foster youth</p>	<p>Foster Parent Voices</p> <p><b>53</b></p> <p>Complaints handled involving foster parents</p>
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## Oversight Snapshot (April 1, 2024 to March 31, 2026)

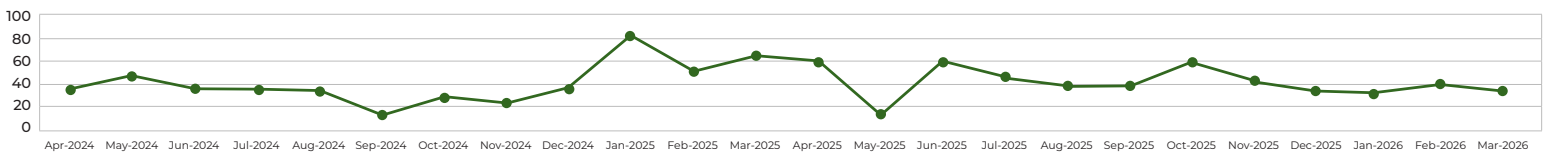
**New Complaints:** Complaints received involving reported child deaths, near-death incidents, and concerns related to child-serving systems.



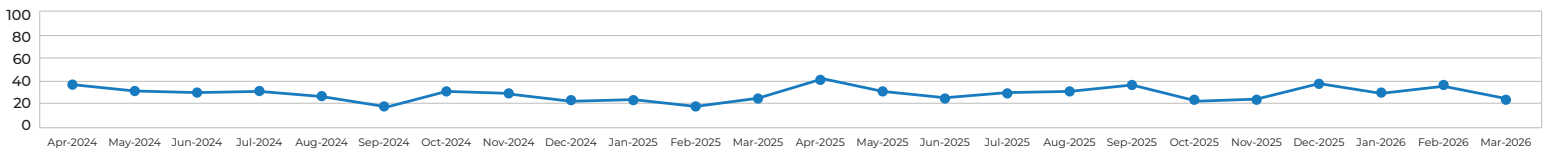
**Facility Complaints:** A subset of new complaints involving allegations related to licensed facilities, including concerns regarding care, supervision, safety, or regulatory compliance.



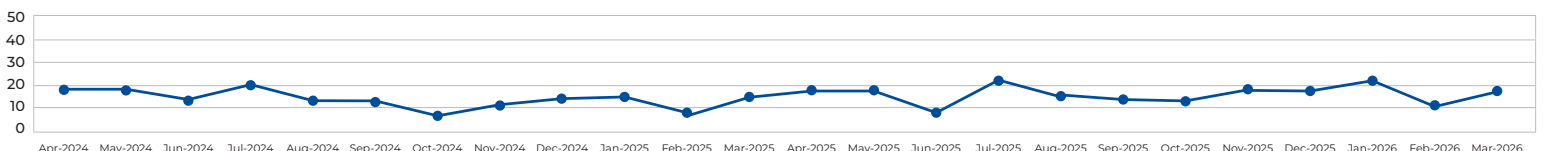
**Closed Complaints:** Complaints investigated and resolved with or without the issuance of violation letters.



**Foster Youth Complaints:** Complaints made to the joint OCCY/Office of Client Advocacy system (Foster Youth Matters) involving allegations related to the rights, safety, well-being, placement, services, education, health care, or treatment of children and youth in foster care.



**Foster Parent Complaints:** Complaints made to the joint OCCY/Office of Client Advocacy System (Foster Parent Voices) concerning the rights, responsibilities, and treatment of foster parents within Oklahoma's child welfare system.





**Violation Letters: 23** (January 1, 2026 to March 31, 2026)

Policy, Code, or Law, included in the Violation Letters for the Quarter

Child Welfare	23	Substance Abuse	00
Juvenile Justice	00	Early Childhood	00
Mental Health	00	Other	00
Education	00		

Administrative Code	Summary of Violation
OAC 340:75-14-3 ITS 2	Failed to Properly Monitor an In-Custody Child's Medical Needs
OAC 340:75-19-9 ITS 3(3)	Failed to Timely Notify the Tribe
OAC 340:75-3-120 ITS 14	Failed to Substantiate Exposure to Domestic Violence
OAC 340:75-3-120 ITS 22(b)(3)	Failed to Include or Substantiate Lack of Supervision
OAC 340:75-3-120 ITS 24	Failed to Include or Investigate Medical Neglect
OAC 340:75-3-120 ITS 28	Failed to Substantiate Neglect Due to Failure to Obtain Psychiatric Care
OAC 340:75-3-120 ITS 28	Failed to Substantiate Neglect Due to Threat of Harm
OAC 340:75-3-120 ITS 47(b)(2)	Failed to Substantiate Threat of Harm Related to Substance Abuse
OAC 340:75-3-130 ITS 15(1)	Referral Was Screened Out and Not Added to the Open Investigation
OAC 340:75-3-130 ITS 8(1)	Improper Screening Decision
OAC 340:75-3-200(d)(1)(A)	Failed to Conduct a Home Visit
OAC 340:75-3-200 ITS 18(3)	Failed to Document Victim Interviews
OAC 340:75-3-200 ITS 19(1)(ii)	Failed to Involve Law Enforcement or the District Attorney During a Failure to Cooperate
OAC 340:75-3-200 ITS 4(2)(C)	Failed to Obtain Child Protective Services Records From Another State
OAC 340:75-3-200 ITS 5(3)	Failed to Timely Initiate a Priority One Investigation
OAC 340:75-3-200 ITS 5(4)	Failed to Timely Initiate a Priority Two Investigation
OAC 340:75-3-200 ITS 5(8)	Failed to Timely Document Victim and Parent, Legal Guardian, or Person Responsible for the Child Interviews
OAC 340:75-3-200 ITS 7(1)(A)	Failed to Conduct a Face-to-Face Interview With the Alleged Perpetrator
OAC 340:75-3-200 ITS 7(1)(C)	Failed to Interview Parents, Legal Guardians, or Persons Responsible for the Child Individually and Privately
OAC 340:75-3-200 ITS 7(3)	Failed to Obtain Medical Records
OAC 340:75-3-200 ITS 7(3)	Failed to Obtain Police Reports and Medical Records
OAC 340:75-3-200 ITS 7(3)	Failed to Obtain Police Reports
OAC 340:75-3-200 ITS 7(3)(J)	Failed to Verify Guardianship
OAC 340:75-3-200 ITS 8(3)	Failed to Observe All Children
OAC 340:75-3-220 ITS 1(3)	Failed to Interview the Reporter
OAC 340:75-3-220 ITS 5	Failed to Contact Noncustodial Parent(s)
OAC 340:75-3-220 ITS 7	Missing Required Collateral Interviews
OAC 340:75-3-220 ITS 7(3)	Failed to Contact Medical Professionals
OAC 340:75-3-220 ITS 7(3)	Missing Law Enforcement Interview
OAC 340:75-3-200 ITS 7(3)	Medical Records Were Not Uploaded to OnBase
OAC 340:75-3-300 ITS 1(1)	Assessment of Child Safety Was Not Fully Addressed
OAC 340:75-3-300 ITS 11(1)(E)	Failed to Explore Kinship Placement Options
OAC 340:75-3-450 ITS 6	Failed to Obtain Infant Drug Test Results
OAC 340:75-3-510 ITS 1(a)	Failed to Submit the District Attorney Report or Close the Case Within 30 Calendar Days
OAC 340:75-3-510 ITS 3(2)	Failed to Submit the District Attorney Report Within Five Days of Child Removal
OAC 340:75-3-520 ITS 1(1)	Failed to Provide or Refer the Family for Services
OAC 340:75-3-520 ITS 1(2)	Failed to Complete the 60-Day Follow-Up After Services Were Recommended

## Office of Juvenile System Oversight

# REVIEW OF THE DEATH OF LOCKLYNN MCGUIRE OKLAHOMA COUNTY, OKLAHOMA

Report Release Date: April 9, 2026

## OVERVIEW

The Office of Juvenile System Oversight (OJSO) received a request to conduct a case review concerning the death of two-year-old Locklynn McGuire.

On December 8, 2025, the biological mother, Darci Marie Lambert and biological father, Jordan Nathaniel McGuire received a felony charge of murder in the first degree by the Oklahoma County District Attorney. The preliminary hearing is scheduled for May 7, 2026.

## IDENTIFIERS

Child's Name:	Date of Birth:	Date of Death:
Locklynn McGuire	December 12, 2022	November 18, 2025
Person Responsible for Child (PRFC):	Additional Identifiers:	
Darci Marie Lambert Jordan Nathaniel McGuire	Sibling One: Seven years Sibling Two: Deceased	

## ACTIONS

The release of the following summary of the actions taken by the Oklahoma Department of Human Services (OKDHS) and the proceedings in the district court is authorized by 10A O.S. § 1-6-105(H).

The OJSO did not become aware of this case until after the death incident of Locklynn McGuire.

## DEATH INCIDENT

On November 19, 2025, the death report was received by the OKDHS office in Oklahoma County. The Oklahoma City Police Department and Child Welfare conducted a joint response investigation regarding Locklynn McGuire being found dead by the mother. It was reported that the family's dog attacked and killed Locklynn. Locklynn was pronounced dead at the scene.

- OKDHS accepted the report as a Priority I Investigation.

## INVESTIGATION

The persons interviewed during the investigation included the biological mother, Darci Marie Lambert, biological father, Jordan Nathaniel McGuire, Sibling One and various third parties.

Child Welfare responded to the family's home after receiving a child death report. Child Welfare arrived at the home and observed Locklynn McGuire to be deceased in her bedroom with multiple visible injuries to different parts of her body. Ms. Lambert reported she arrived home from work and could hear breathing coming from Locklynn's room but did not check on Locklynn immediately after getting home. Ms. Lambert reported she heard noises from the bedroom and when she opened the bedroom door, she saw Locklynn on the floor and the family's dog standing over Locklynn. Ms. Lambert denied the dog having a history of being aggressive towards humans and reported the dog had been sleeping in the room with Locklynn since she was six months old. Ms. Lambert reported Locklynn had been seen at Children's Hospital a few weeks prior due to injuries to her ears and stated she initially believed the dog had caused the injuries. Ms. Lambert reported she was told by the doctor that the lacerations in Locklynn's ears did not appear to be caused by the family dog, but more than likely caused by the bed springs. Ms. Lambert reported she allowed the dog to be in the room with Locklynn after that incident.

Mr. McGuire reported he put Locklynn to bed around 8:30 p.m. and shortly after, he also went to bed. He stated he woke up to Ms. Lambert telling him Locklynn had been killed by the dog. Mr. McGuire reported the dog was protective of Locklynn and denied the dog being violent towards Locklynn. He reported a few weeks prior, Locklynn had injuries to the ears that the doctor's believed were caused by the bed springs.

The evening of Locklynn's death, Sibling One was found safe in the care of the legal guardians. However, Sibling One visits her mother's home on occasion. During the investigation, Sibling One reported witnessing Locklynn getting her ears hurt by the dog. Sibling One also reported Locklynn was hurt by the dog after Locklynn hit the dog on the head, but Sibling One was unable to provide any more details. The Report of Investigation by Medical Examiner listed the manner of death as Accident. The Report indicated Locklynn had multiple injuries of head and neck which included lacerations, abrasions, and contusions.

- OKDHS made a Substantiated finding of Neglect/Failure to Protect by Ms. Lambert and Mr. McGuire to Locklynn McGuire.
- OKDHS made an Unsubstantiated finding of Abuse/Confinement by Ms. Lambert and Mr. McGuire to Locklynn McGuire.
- OKDHS made a Substantiated finding of Neglect/Threat of Harm by Ms. Lambert and Mr. McGuire to Locklynn McGuire and Sibling One.
- OKDHS made a Substantiated finding of Neglect/Death by Ms. Lambert and Mr. McGuire to Locklynn McGuire.
- OKDHS made an Unsubstantiated finding of Neglect/Failure to Protect by Legal Guardians to Sibling One.

## PRIOR INVOLVEMENT OF THE PRFC WITH OKLAHOMA DEPT. OF HUMAN SERVICES

There were four pertinent reports prior to the death incident of two-year-old Locklynn McGuire.

### Pertinent Report 1

On April 13, 2020, the first pertinent report was received by the OKDHS office in Grady County. It was reported there were concerns for the newborn, Sibling Two, as the parents had an open deprived case involving their other child. It was reported the child in custody was receiving unsupervised contact, overnight visits, and the case was pending pretrial reunification.

- OKDHS accepted the report as a Priority I Investigation.

### Investigation

During the investigation, it was determined that Ms. Lambert and the Father to Sibling Two had successfully completed the court ordered services from the deprived case and had been actively participating in the case.

During the investigation, it was reported the newborn had lost weight after birth. Ms. Lambert reported she was following the doctor's recommendations. It was confirmed with medical collaterals that the child's weight was no longer an issue prior to closure. The Permanency Planning Specialist reported the parents had been cooperative and had been actively participating in the case and reported no safety concerns with the newborn going home. Sibling Two was found to be safe in the care of both parents and a deprived petition was not requested.

- OKDHS made an Unsubstantiated finding of Neglect/Threat of Harm by Ms. Lambert to Sibling Two.
- OKDHS made an Unsubstantiated finding of Neglect/Failure to Provide Adequate Nutrition by Ms. Lambert to Sibling Two.

### **Pertinent Report 2**

On July 24, 2020, the second pertinent report was received by the OKDHS office in Grady County. It was reported Oklahoma City Police Department responded to the home due to child being found unresponsive by the father upon waking up.

- OKDHS accepted the report as a Priority I Investigation.

### **Investigation**

Both parents reported Biological Father to Sibling Two had been sleeping with Sibling Two on the couch. The parents reported Ms. Lambert woke up the Father to Sibling Two who was sleeping on top of infant prior to the incident and was then moved to the end of the couch. It was reported Ms. Lambert then left the home and Father to Sibling Two was left to care for the children. Father of Sibling Two reported he noticed the infant was not moving and called 911. Detective assigned to the case reported the death of the child appeared to be an accident related to co-sleeping. Sibling One was in OKDHS custody at the time, but in trial reunification with the parents. Permanency planning and service providers reported the parents had been making good progress in completing their services and reported no safety concerns at the time. Personal collaterals reported the parents had been participating in their case and appeared to be making progress. Personal collaterals reported no concerns for parenting or safety.

- OKDHS made an Unsubstantiated finding of Neglect/Death by Ms. Lambert and Father to Sibling Two.
- OKDHS made an Unsubstantiated finding of Neglect/Threat of Harm by Ms. Lambert and Father to Sibling One.

### **Pertinent Report 3**

On September 23, 2025, the third pertinent report was received by the OKDHS office in Oklahoma County. It was reported there were concerns about Locklynn being exposed to marijuana as she tested positive for THC. It was reported she was taken to the hospital by the parents after Locklynn was having a hard time staying awake. It was further reported that the parents reported they know what Locklynn looks like when under the influence of THC which is why they did not believe Locklynn had ingested marijuana. The parents reported Locklynn is in the same room when the parents smoke which causes Locklynn to be under the influence as well.

- OKDHS accepted the report as a Priority I Investigation.

### **Investigation**

Ms. Lambert reported she took Locklynn to the hospital due to Locklynn falling asleep while eating. Ms. Lambert stated she knew something was wrong. Ms. Lambert reported to Child Protective Services that she was not sure how Locklynn got a hold of their THC edibles as they were stored in their bedroom. Ms. Lambert initially reported she and Mr. McGuire smoke in the same room as Locklynn and reported Locklynn had experienced being contact high. Ms. Lambert reported she had spoken to Locklynn's doctors about obtaining a marijuana card for Locklynn. In a later interview, Ms. Lambert denied Locklynn is in the same room when marijuana is being smoked. Mr. McGuire denied smoking marijuana around Locklynn. A lockbox was purchased after the incident to keep the marijuana secure. Personal collaterals did not report safety or parenting concerns. Sibling One was reportedly not having contact with Ms. Lambert at the time and was not interviewed. Medical collaterals were not interviewed. Locklynn

was found to be safe in the care of Ms. Lambert and Mr. McGuire. Referrals for services were made for the family.

- OKDHS made an Unsubstantiated finding of Neglect/Threat of Harm by Ms. Lambert and Mr. McGuire to Locklynn McGuire.

#### **Pertinent Report 4**

On November 7, 2025, the fourth pertinent report was received by the OKDHS office in Oklahoma County. It was reported there were concerns of physical abuse of Locklynn after arriving at the hospital with both ears bleeding. It was suspected Locklynn's ears had been pulled. It was reported Ms. Lambert stated she had arrived home from work and heard Locklynn screaming in her room. Ms. Lambert believed the pitbull in the home caused the injuries, but the treating doctor did not believe a dog had caused the injuries. It was further reported that Ms. Lambert reported Mr. McGuire had been sleeping the whole time Locklynn had been screaming.

- OKDHS accepted the report as a Priority I Investigation.

#### **Investigation**

Locklynn was observed by Child Protective Services but was not interviewed due to her age. Sibling One initially denied any of the dogs living in the home hurting anyone at the home, but during the forensic interview reported the dog had hurt Locklynn's ears. Mr. McGuire and Ms. Lambert reported Ms. Lambert put Locklynn to sleep and then Ms. Lambert ran to the store. They reported Mr. McGuire took his medication which makes him sleepy, which is why he took it when Locklynn went to bed. Ms. Lambert returned from the store and found Locklynn crying and bleeding. Both parents reported they did not know how Locklynn's ears got hurt and stated they knew the dog had not caused the injuries. Medical records indicate Ms. McGuire reported she found Locklynn screaming in the room with lacerations to the ear. According to the medical records[TP1.1], Ms. Lambert reported the family's dog was in the same room as Locklynn and assumed the dog had caused the injuries. The medical records indicate there were concerns for non-accidental trauma. The lacerations were repaired and the child was recommended to follow up with the SAFE clinic.

Sibling One was found to be safe in the care of the legal guardians. During this investigation, a new referral involving the death of Locklynn was received on November 19, 2025.

- OKDHS made a Substantiated finding of Abuse/Other by Ms. Lambert and Mr. McGuire to Locklynn McGuire.
- OKDHS made a Substantiated finding of Abuse/Threat of Harm by Ms. Lambert and Mr. McGuire to Sibling One.

### **JUDICIAL PROCEEDINGS PRIOR TO THE CHILD'S DEATH**

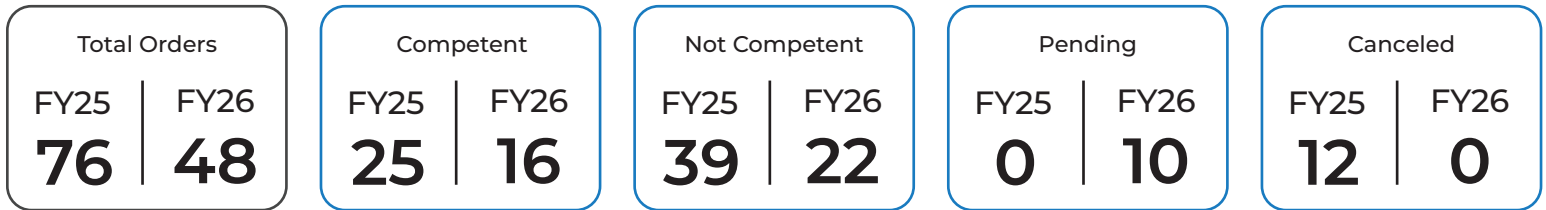
The OJSO identified one judicial proceeding prior to the child death incident. The proceeding involved Sibling One who was removed from the care of Ms. Lambert on December 18, 2017. The child was removed due to Neglect/Threat of Harm allegations. The parents failed to make the behavioral changes necessary for reunification. The case was closed and Sibling One was placed in a guardianship with relatives during September 2021.

# **JUVENILE COMPETENCY**



## Program Overview

OCCY administers the Juvenile Competency Evaluator Program, which sets statewide standards for the training and credentialing of professionals who conduct juvenile competency evaluations. Guided by a multidisciplinary committee, the program maintains evaluation standards and a statewide roster of qualified evaluators available to district courts.



## Orders by Quarter

Quarter	FY25 (76 Total Orders)					FY26 (48 Total Orders)				
	Orders	Comp	NC	Pend	Canc	Orders	Comp	NC	Pend	Canc
<b>Q1</b> (Jul-Sep)	27	10	12	0	5	10	4	6	0	0
<b>Q2</b> (Oct-Dec)	19	4	13	0	2	15	4	10	1	0
<b>Q3</b> (Jan-Mar)	13	3	6	0	4	16	7	6	3	0
<b>Q4</b> (Apr-Jun)	17	8	8	0	1	7	1	0	6	0
<b>TOTAL</b>	<b>76</b>	<b>25</b>	<b>39</b>	<b>0</b>	<b>12</b>	<b>48</b>	<b>16</b>	<b>22</b>	<b>10</b>	<b>0</b>

Comp = Competent

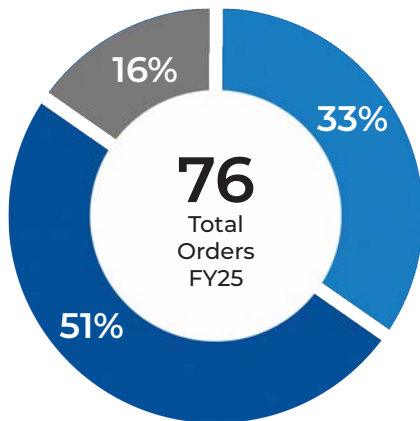
NC = Not Competent

Pend = Pending

Canc = Canceled

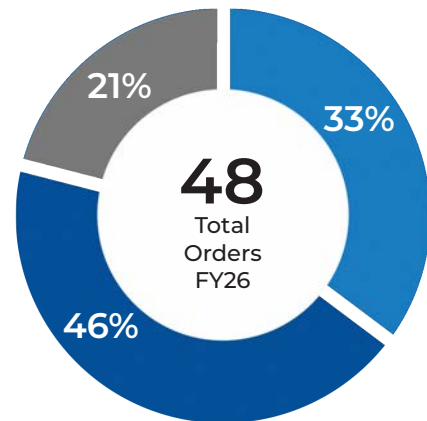
## Outcomes Comparison

Competency Rate =  $\text{Competent Cases} \div (\text{Competent Cases} + \text{Not Competent Cases})$



Competent 25 cases  
 Not Competent 39 Cases  
 Pending 12 Cases

64 Completed Outcomes | 39% Competency Rate\*



Competent 16 cases  
 Not Competent 22 Cases  
 Pending 10 Cases

38 Completed Outcomes | 42% Competency Rate\*

\* The competency rate shows how often completed evaluations determine that a youth can understand and participate in the court process. The total is rounded to the nearest whole number.

**FSMDT**



## Freestanding Multidisciplinary Teams

The Freestanding Multidisciplinary Team (FSMDT) Program promotes coordinated responses to child maltreatment investigations by bringing together representatives from prosecution, law enforcement, child welfare, medical, mental health, domestic violence, and related fields. Through collaborative case review and information sharing, FSMDTs improve communication, reduce duplication of efforts, and support timely, informed decision-making. This multidisciplinary approach helps minimize additional trauma to child victims during the investigative process while strengthening outcomes for children and families.

### Quarterly Summary of Staffed Cases

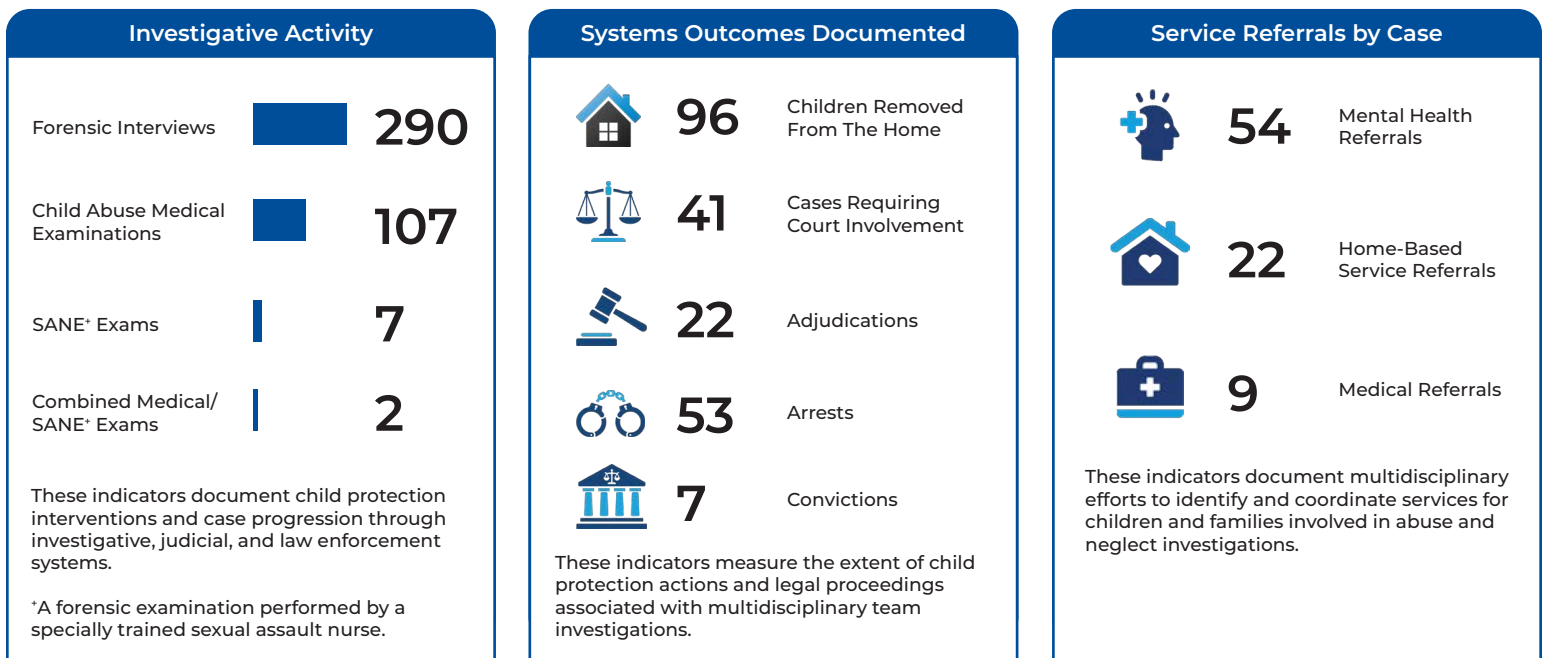


### FSMDT Cases Reviewed by County\*

Atoka County	25	Grady County	4	Logan County	5	Oklahoma County	37
Beckham County	12	Greer County	15	Love County	11	Okmulgee County	15
Cherokee County	7	Harmon County	8	Marshall County	7	Pushmataha County	4
Choctaw County	6	Haskell County	7	Mayes County	24	Tillman County	3
Coal County	13	Jackson County	17	McClain County	3	Wagoner County	6
Comanche County	35	Jefferson County	12	McIntosh County	12	Washita County	9
Craig County	6	Kingfisher County	17	Murray County	5	Woodward County	5
Custer County	15	Kiowa County	22	Noble County	15		
Garvin County	28	Latimer County	3	Okfuskee County	3		

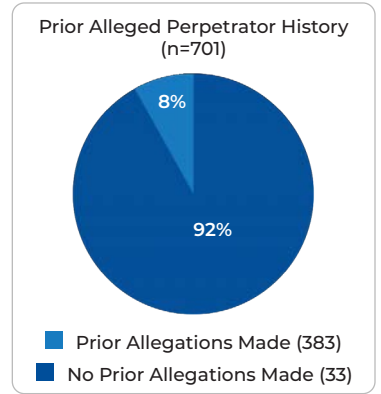
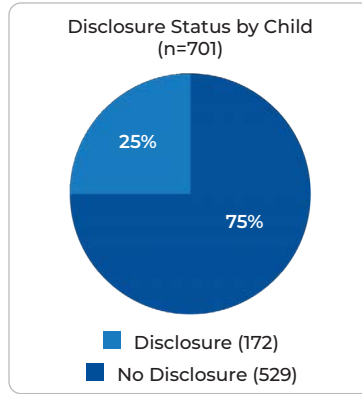
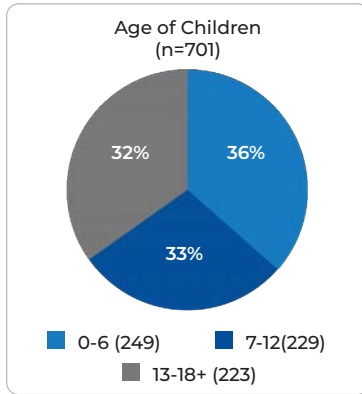
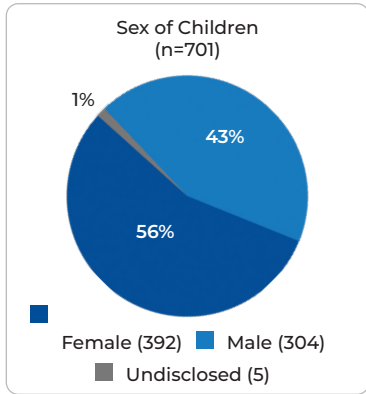
\*As of March 31, 2026, Thirty-four of 43 teams were current with their data entry.

### Case Activity and Outcomes





**Case Activity and Outcomes**



**Law Enforcement Involved in Joint Investigations Per Child (n=701)**

No Law Enforcement	320	(46%)
Police Department	206	(29%)
Sheriff's Office	165	(24%)
OSBI	6	(1%)
Tribal Law Enforcement	4	(1%)

**Abuse Type Per Child/Victim (n=529)\***

Neglect	328	(62%)
Sexual Abuse	152	(29%)
Physical Abuse	148	(28%)

\*Percentages indicate that more than one type of abuse may have occurred per child/victim.

**Circumstances Surrounding Abuse (n=529)\***

Drugs/Alcohol	132	(25%)
Domestic Violence	88	(17%)
Mental Illness	71	(13%)
Divorce/Custody	15	(3%)
Other	10	(2%)

\*Percentages indicate that more than one type of abuse may have occurred per child/victim.

**Perpetrator's Relationship to Victim (n=529)**

Parent/Step-Parent	370	(70%)
No Perpetrator Documented	57	(11%)
Parent's Boy/Girlfriend	52	(10%)
Other Relative	47	(9%)
Stranger	31	(6%)
Other Known Person	28	(5%)
Other	3	(1%)

**Race/Ethnicity of Children (n = 701)**

White: 458	Black: 63
American Indian: 121	Native Hawaiian/Pacific Islander: 1
Hispanic/Latino: 74	

**Documented Tribe per Child (n=701)**

No Documented Tribe: 607	Comanche Nation: 5
Cherokee Nation: 39	Apache: 3
Choctaw Nation: 22	Chickasaw Nation: 3
Cheyenne & Arapaho: 12	Other: 2
Muscogee (Creek) Nation: 7	Caddo Nation: 1

**Progress and Opportunities**

Continued implementation of the FSMDT database remains a significant program achievement. Since the statutory change on November 1, 2025, 80% of teams have consistently entered case and meeting information. The system now captures investigative activity, multidisciplinary collaboration, and service referrals that were not previously measurable.

Teams documented substantial multidisciplinary activity during the quarter, including forensic interviews, medical examinations, and coordinated investigations. The database also enables the program to track outcomes, including arrests, adjudications, convictions, and service referrals.

As teams continue adapting to the database, data completeness and timeliness remain areas of opportunity. Some teams are experiencing a backlog in entering case and meeting information, which may delay the capture of the full scope of activity during a reporting period. FSMDT staff continue providing technical assistance to support timely data entry.

**Children’s Justice Act Grant Report  
May 1, 2025 – April 30, 2026**

**Contact Information:**

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**Reported Compiled and Submitted:** Brittany Gassner

The Oklahoma Commission on Children and Youth (OCCY) utilized Children’s Justice Act (CJA) funds to provide training opportunities during May 1, 2025 through June 30, 2025 and July 1, 2025 through April 30, 2026. These trainings addressed child abuse and neglect through the four core areas outlined in Title 10A O.S. § 1-9-102 and were made available to multidisciplinary team (MDT) members and professionals involved in child maltreatment investigations and prosecutions.

OCCY provided 22 multidisciplinary training events during this reporting period. Trainings were delivered in-person, virtually, and in hybrid formats and included local, state, and national presenters. Participants represented law enforcement, child welfare, prosecution, medical, mental health, forensic interviewing, and MDT coordination disciplines.

**Activities Conducted May 1 – June 30, 2025**

**A. Multidisciplinary Team Comprehensive Approach – 7 training events**

1. OOCCY provided four 6.00-hour training sessions titled “MDT Foundational Training” during the reporting period on July 31, 2025, in Altus, Oklahoma; September 12, 2025, and September 26, 2025, in Kingfisher, Oklahoma; and April 22, 2026, in Hugo, Oklahoma to multidisciplinary professionals involved in child maltreatment investigations and responses. These trainings focused on the multidisciplinary team model and children’s advocacy center approach to child maltreatment investigations in Oklahoma. Topics included Oklahoma statutes and administrative code, MDT minimum standards, multidisciplinary collaboration, trauma-informed practices, recognition of secondary traumatic stress and vicarious trauma, team member roles and responsibilities, and strategies to improve communication, coordination, and collaborative investigative practices among MDT partners serving children and families. A total of 94 multidisciplinary professionals attended the trainings in Altus, Kingfisher, and Hugo.

Outcome: Participants completed the evaluation with an average overall rating of 4.73/5.00 and an average potential to incorporate score of 4.71/5.00.

2. OCCY provided a 1.50-hour training session titled “Understanding ACEs” on February 20, 2026. This training focused on adverse childhood experiences (ACEs), the impact of trauma on child

development, and the long-term effects of toxic stress on children and families. The training also emphasized trauma-responsive practices for professionals working within multidisciplinary systems.

Outcome: Participants completed the evaluation with an average overall rating of 4.83/5.00.

3. OCCY provided a 1.50-hour training session titled “Navigating Community Resources” on February 25, 2026. This training focused on identifying and accessing community resources available to children and families involved in child maltreatment investigations and improving coordination between MDT professionals and service providers.

Outcome: Participants reported improved ability to identify and connect families to services.

4. OCCY provided a 1.50-hour virtual training session titled “What I Wish I Knew When I Became an MDT Coordinator” on May 29, 2025. This training focused on MDT coordination practices, communication strategies, multidisciplinary leadership, and practical guidance for new MDT coordinators navigating Oklahoma’s child-serving systems.

Outcome: Participants completed the evaluation with an average overall rating of 5.00/5.00.

## **B. Joint Investigations**

Joint investigation principles were incorporated throughout MDT foundational trainings, ChildFirst® forensic interview trainings, and specialized multidisciplinary trainings conducted during the reporting period. These trainings emphasized coordinated investigations between law enforcement and child welfare agencies, multidisciplinary protocols, trauma-informed practices, pre- and post-interview briefings, and strategies designed to streamline investigations while reducing trauma to children and families.

Outcome: Participants reported increased understanding of MDT coordination and improved confidence in conducting joint investigations.

## **C. Effective Investigation Techniques – 12 training events**

1. OCCY provided a 12.00-hour experiential training titled “Child Death Investigations” on May 20–21, 2025, in Oklahoma City. This training provided multidisciplinary professionals with instruction regarding child death investigations, forensic entomology, crime scene response, investigative documentation, witness and suspect assessment, and evidence collection practices. The training emphasized hands-on learning opportunities and practical application of investigative techniques.

Outcome: Participants completed the evaluation with an average overall rating of 4.58/5.00 and follow-up evaluations demonstrated strong retention of applied investigative concepts and practices.

2. OCCY provided a training session titled “Mindful Resolutions De-escalation” on May 30, 2025, in Oklahoma City. This training focused on de-escalation strategies, mindfulness practices, emotional regulation, and communication techniques for professionals working in high-stress and crisis situations involving children and families. Participants received instruction regarding the Search–Relate–Communicate framework and practical approaches to managing difficult interactions.

Outcome: Participants completed the evaluation with an average overall rating of 5.00/5.00.

3. OCCY provided two virtual training sessions titled “OCCY Database Training” on June 18 and June 30, 2025. These trainings focused on implementation of the statewide FSMDT database,

statutory reporting requirements, case entry procedures, and improving statewide consistency in multidisciplinary case review reporting practices.

Outcome: Participants received foundational instruction regarding database implementation and reporting requirements.

4. OCCY provided a training session titled “Child Abuse, Neglect and Mandated Reporting in Oklahoma” on August 14, 2025, in Oklahoma City to 22 local, State, and multidisciplinary professionals. This training focused on Oklahoma mandated reporting laws, recognition of child abuse and neglect indicators, legal responsibilities of professionals, and multidisciplinary response strategies designed to improve investigative outcomes and child safety. The training fulfilled requirements set forth in the FY2026 Children’s Justice Act grant and supported the objective of strengthening effective investigative techniques.  
Outcome: 22 participants completed the evaluation with an average overall rating of 4.56/5.00 and the potential to incorporate the knowledge was 4.56/5.00.
5. OCCY provided a training session titled “Sex Offenders: What MDTs Should Know” on September 8, 2025, in Woodward, Oklahoma to 22 multidisciplinary professionals. This training focused on sex offender behaviors, grooming patterns, supervision concerns, offender typologies, and multidisciplinary approaches to improving child safety and investigative outcomes in child sexual abuse cases.  
Outcome: 22 participants completed the evaluation with an average overall rating of 4.78/5.00 and the potential to incorporate the knowledge was 4.56/5.00.
6. OCCY provided a 2.00-hour training session titled “Mindful Negotiation De-escalation” on October 30, 2025, in Tulsa, Oklahoma to 38 multidisciplinary professionals as part of the Court Improvement Conference. This training focused on negotiation principles, self-awareness, communication strategies, emotional regulation, and de-escalation techniques when working with youth and families during high-stress interactions. Participants explored practical tools to improve communication and reduce conflict during multidisciplinary interactions.  
Outcome: 38 participants completed the evaluation with an average overall rating of 4.82/5.00 and the potential to incorporate the knowledge was 4.63/5.00.
7. OCCY provided a hybrid training session titled “Neglect vs. Poverty” on December 3, 2025, in Oklahoma City to 25 multidisciplinary professionals. This training focused on distinguishing child neglect from poverty-related circumstances, recognizing systemic barriers impacting families, and improving multidisciplinary responses to allegations involving neglect.  
Outcome: 25 participants completed the evaluation with an average overall rating of 4.68/5.00 and the potential to incorporate the knowledge was 4.36/5.00.
8. OCCY provided a hybrid training session titled “Intergenerational Trauma for MDTs: Caregivers and Children” on December 18, 2025, in Oklahoma City to 15 multidisciplinary professionals. This training focused on the impact of intergenerational trauma on children and caregivers, evidence-based approaches to intervention, and strategies for incorporating trauma-informed practices into multidisciplinary responses.  
Outcome: 15 participants completed the evaluation with an average overall rating of 4.75/5.00 and the potential to incorporate the knowledge was 4.58/5.00.
9. OCCY provided a training session titled “Child Psychological Maltreatment” on March 13, 2026. This training focused on identifying and responding to child psychological maltreatment, understanding evidence-based definitions and indicators, and strengthening multidisciplinary responses to non-physical forms of abuse and neglect.  
Outcome: Participants completed the evaluation with an average overall rating of 4.80/5.00.
10. OCCY provided a training session titled “Interviewing Individuals with Intellectual and Developmental Disabilities” on March 18, 2026. This training focused on adapting interviewing

practices for children and adults with intellectual and developmental disabilities, improving communication strategies, and strengthening multidisciplinary investigative responses involving vulnerable populations.

Outcome: Participants completed the evaluation with an average overall rating of 4.77/5.00.

11. OCCY provided a training session titled “Mental Health First Aid” on April 14, 2026. This training focused on recognizing mental health concerns and crises, improving responses to individuals experiencing emotional distress, and strengthening multidisciplinary approaches to behavioral health concerns impacting children and families.

Outcome: Participants completed the evaluation with an average overall rating of 4.40/5.00.

12. OCCY provided a 6.00-hour multidisciplinary training titled “Medical Pre-Institute – Grounded in Evidence: A Multidisciplinary Institute on a Child Abuse Medical Evaluation” on March 30, 2026, to approximately 60 multidisciplinary professionals as part of the larger Conference on Child Abuse and Neglect. This institute focused on evidence-based child abuse medical evaluations, distinguishing injuries from medical mimics, current science guiding child abuse medical assessments, courtroom communication regarding medical findings, and strengthening collaboration between medical providers and MDT partners during investigations and prosecutions.

Outcome: Evaluation results were pending at the time of this report; however, strong multidisciplinary engagement and participation were observed.

#### **D. Conducting Legally Sound and Age-Appropriate Interviews – 3 training events**

1. OCCY provided three 40-hour ChildFirst® Forensic Interview Trainings during the reporting period, including trainings conducted July 21–25, 2025, October 20–24, 2025, and March 23–27, 2026, in Oklahoma City and Tulsa, Oklahoma. These trainings were attended by multidisciplinary professionals involved in child maltreatment investigations and focused on developmentally appropriate and legally sound forensic interviewing techniques, child development, disclosure dynamics, suggestibility, corroborating evidence, trauma-informed practices, courtroom testimony, and multidisciplinary collaboration. Participants engaged in lecture, mock interviews, interactive exercises, and practicum sessions designed to strengthen forensic interviewing skills and improve investigative outcomes for children involved in abuse and neglect investigations. OCCY also continued planning and implementation efforts related to ChildFirst® Expanded Interview Process (EX) training opportunities to provide advanced forensic interviewing skills to multidisciplinary professionals statewide.

Outcome: Participants demonstrated significant increases in knowledge between pre- and post-test assessments across the ChildFirst® trainings. Combined evaluation results reflected an average pre-test score of 15.63%, an average post-test score of 89.89%, an average overall evaluation rating of 4.93/5.00, and an average potential to incorporate score of 4.87/5.00.

#### **Training Totals**

- **Total Training Events:** 22
- **Total Estimated Training Hours Delivered:** ~213.5 hours
- **ChildFirst® Trainings:** 3 (120 hours total)
- **MDT Foundational Trainings:** 4
- **Specialized Topic Trainings:** 15

- **Disciplines Reached:** Law Enforcement, Child Welfare, Prosecution, Medical, Mental Health, MDT Coordinators, Advocacy

### **Evaluation Methods, Outputs, and Outcomes**

Evaluation methods included pre- and post-tests, immediate post-training evaluations, and six-month follow-up evaluations for participants who consented to ongoing assessment. These methods allowed OCCY to measure both immediate knowledge gains and long-term application of training content.

Outputs for this reporting period include the successful delivery of multidisciplinary training events statewide, participation from a broad range of professionals including law enforcement, child welfare, prosecution, medical, and mental health disciplines, and continued expansion of training accessibility.

Outcomes demonstrate increased knowledge, improved collaboration, and enhanced application of best practices in child abuse investigations. Training evaluation scores consistently indicated high satisfaction and perceived relevance. Pre- and post-test data from ChildFirst® trainings showed significant increases in knowledge, while follow-up evaluation data indicated sustained use of training concepts in professional practice.

Six-month follow-up evaluation results further demonstrated strong retention of key concepts, including the importance of multidisciplinary collaboration, clearly defined roles through MDT protocols, maintaining neutrality while prioritizing the best interest of the child, and applying trauma-informed approaches. Participants also reported making changes to their professional practices because of training. While most participants indicated no recommended changes, some suggested increasing opportunities for applied learning, such as mock testimony exercises and additional time for technical discussion, which will inform future training development.

### **Challenges and Adjustments**

No significant barriers were identified in implementing project activities during this reporting period. OCCY continues to refine evaluation processes, particularly the six-month follow-up methodology, to improve response rates and ensure meaningful measurement of long-term outcomes.

### **Upcoming Activities (May – June 2026)**

Planned activities include additional training events focused on forensic interviewing, crisis response, maltreatment recognition, and de-escalation strategies, as well as continued development and implementation of the Child Psychological Maltreatment certification framework.

Overall, CJA-funded activities during this reporting period directly addressed the State's identified needs by increasing access to high-quality multidisciplinary training, strengthening investigative and judicial practices, improving collaboration across systems, and enhancing outcomes for children and families impacted by abuse and neglect

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### **Expenditures:**

Amount awarded for FY26: \$50,000.00

<b>Categories</b>	<b>Spent</b>	<b>Encumbered</b>	<b>Total Spent &amp; Encumbered</b>	<b>Amount Remaining</b>	<b>Budgeted Amount</b>
Speaker Honorarium/Travel	(\$32,873.91)	(\$8,562.10)	(\$41,436.01)	<b>\$-3,436.01</b>	\$38,000.00
Facility Expenses	(\$2,850.00)	(\$900.00)	(3,750.00)	<b>\$-50.00</b>	\$3,700.00
Printing/Copying	(\$300.00)	\$0.00	(\$300.00)	\$0.00	\$300.00
Supplies	\$0.00	\$0.00	\$0.00	\$200.00	\$200.00
Travel	(\$616.50)	\$0.00	\$0.00	\$1,083.50	\$1,700.00
Other	(\$800.00)	(\$1,500.00)	(\$2,300.00)	\$3,800.00	\$6,100.00
<b>Sub-Total:</b>	(\$37,440.41)	(\$10,962.10)	(\$48,402.51)	\$1,597.49	\$50,000.00

# 2023

STATE FISCAL YEAR ANNUAL REPORT



**OKLAHOMA  
COMMISSION ON  
CHILDREN AND YOUTH**  
Freestanding Multidisciplinary Teams

## Understanding Reporting Timeframes

This report contains data that reflects two distinct reporting timeframes used throughout this report. Readers are encouraged to familiarize themselves with these definitions to understand better the context and timing of the information presented:

**Fiscal Year:** Freestanding Multidisciplinary Teams (FSMDTs) receive funding through contracts that follow the calendar year. As such, the fiscal reporting period for this report spans from Jan. 1, 2023, through Dec. 31, 2023.

**Data Year:** The case review data included here pertains to new cases that were opened and reviewed between July 1, 2022, and June 30, 2023.

These timeframes serve different operational and analytical purposes. The fiscal year reflects the funding cycle, while the data year aligns with case activity and review periods.

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Before the Multidisciplinary Team (MDT) model existed, child maltreatment investigations were conducted by numerous professionals from various agencies in an uncoordinated manner. Children were possibly interviewed by law enforcement, child protection workers, and prosecutors - individually. Victims were asked to tell their story more than once, forcing children to relive the trauma each time. Investigators focused on their investigative needs and sometimes overlooked the needs of the impacted children and families. Case information was often not shared between agencies unless the agencies were compelled to do so. The creation and utilization of the MDT model changed that.

The MDT model invites everyone involved in the investigative process to work together. During case review, questions are asked and relevant information is shared. Law enforcement and child protection investigators are encouraged to join efforts to lessen the number of times a child must tell their story. Prosecutors, law enforcement, and child welfare workers receive and give updates on investigations and if appropriate, discuss what is needed for a deprived or criminal case to be filed. Medical and mental health professionals are present to offer their expertise regarding injuries or possible counseling needs as well as make referrals to some service providers. MDT Coordinators facilitate the reviews, track case statistics, and collect victim demographic data in order to ensure cases progress as appropriate and system improvements can be made.

District 4 District Attorney Michael Fields provides a great explanation as to why MDTs matter: "Multidisciplinary teams have fundamentally altered the way child abuse & neglect cases are handled in Oklahoma. For those of us who have worked in the child maltreatment field for a while, we remember when the agencies involved in child abuse/neglect investigations operated within silos. They didn't always communicate with one another. This way of conducting investigations created any number of different problems and challenges, not the least of which was the further traumatization and even re-victimization of children. The MDT model has broken down those silos. Across our state, we now have teams of committed professionals who share the same objective of working together to ensure the system's response to abuse/neglect is efficient, thorough, and focused on children's best interests. Bringing together groups of professionals with expertise in their fields to discuss cases means better outcomes for children. Period. In my five county DA district, I have both Freestanding MDTs and child advocacy centers. I'm proud to be associated with them and the amazing work they do to promote restoration, healing, hope, and justice."



# What is a Freestanding Multidisciplinary Team?

Freestanding multidisciplinary teams (FSMDT or “team(s)”) are authorized by Oklahoma statute, developed by district attorneys in coordination with the Oklahoma Commission on Children and Youth (OCCY)<sup>1</sup>, and provided state appropriations through the Child Abuse Multidisciplinary Team Account (CAMTA)<sup>2</sup>. An FSMDT is comprised of professionals employed in various sectors working within the child maltreatment arena. They voluntarily convene to review active child abuse and neglect cases, ensuring investigations are thorough and responsive to the needs of the children involved.

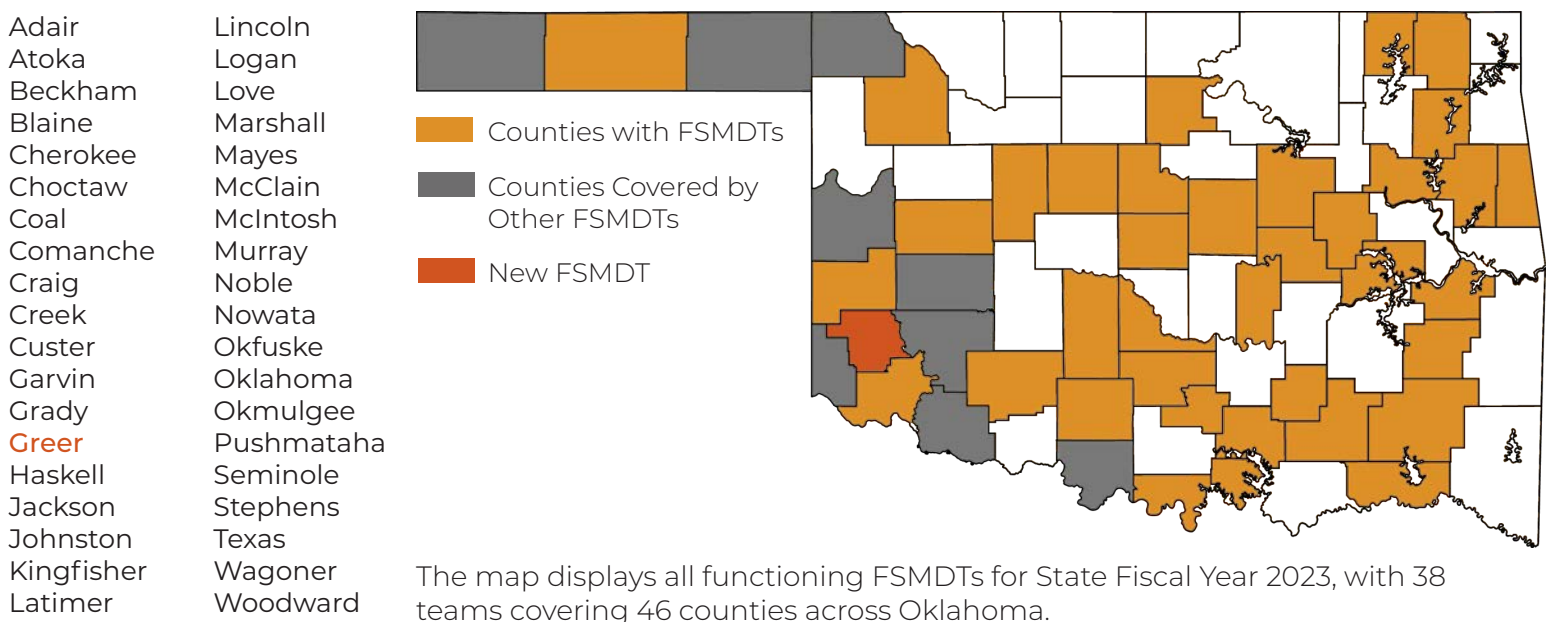
The use of the term “freestanding” indicates that a team is not affiliated with a child advocacy center (CAC) in relation to the CAC’s accreditation, and they operate within geographic areas not covered by a CAC. More information about the CACs can be found at <https://cacok.com/directory/>.

The FSMDT core membership, per statute<sup>3</sup>, includes professionals from prosecution, law enforcement, child welfare, the mental health field, and medicine. FSMDTs may also include other service providers as they deem necessary, such as colleagues from the domestic violence community or school counselors. Each FSMDT is supported by a team coordinator who pulls together case information, collects data, takes notes, and submits reporting information. The team coordinator also provides all the required documents to OCCY for the team’s annual review.

The FSMDT functions per statute<sup>4</sup> include, but are not limited to:

1. conduct joint investigations, primarily between law enforcement and child welfare staff, when feasible;
2. follow written protocols when investigating child abuse and neglect;
3. increase communication and collaboration among professionals responsible for reporting, investigating and prosecuting cases as well as those treating child victims;
4. eliminate duplicative efforts of those involved in maltreatment cases;
5. identify gaps in services or untapped resources within communities;
6. encourage the development and expertise of FSMDT members through training;
7. formalize case review processes;
8. enter case review data; and
9. standardize investigative procedures for child abuse and neglect cases.

**Figure 1. Oklahoma Counties With Freestanding Multidisciplinary Teams (FSMDTs)**



<sup>1</sup>10A O.S. §1-9-102(A)(1)

<sup>2</sup>10A O.S. §1-9-103a

<sup>3</sup>10A O.S. §1-9-102(B)(1-6)

<sup>4</sup>10A O.S. §1-9-102(C)(1)(a-h)

# FSMDT Annual Review for CAMTA Funding

The Child Abuse Multidisciplinary Team Account Fund, known as CAMTA, is an Oklahoma state revolving fund administered by the Oklahoma Commission on Children and Youth that supports local child abuse Multidisciplinary Teams and Child Advocacy Centers to improve investigations and services for abused children, and for a Forensic Services Multidisciplinary Team to receive CAMTA funds, the team must pass an annual review and be designated as “functioning” by the OCCY commissioners<sup>5</sup>, which requires participation in an OCCY site review that includes observation of a team meeting, submission of current investigative protocols, an interagency agreement, and a confidentiality statement signed within the last year, and provision of required documentation that includes the following:

- sign-in sheets for at least 12 case review meetings from the previous year showing core member attendance of at least 75 percent.
- sign-in sheets for at least four general business meetings from the previous year.
- a training log showing core members completed at least 10 hours of continuing education within the last year.

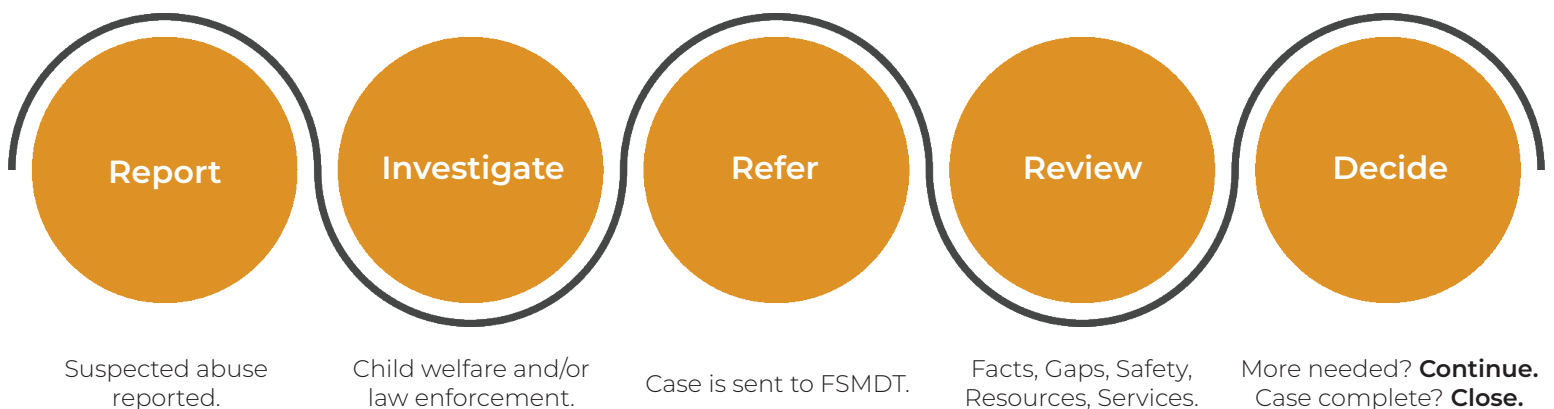
During the review, a compliance tool is used to generate an overall score, with teams scoring 22 to 28 points presented to the commission for approval and teams scoring 21 or lower losing their functioning designation and funding eligibility.

## FSMDTs in Action

Each FSMDT creates and approves an investigative protocol that describes when joint investigations should be conducted, what types of cases will be referred to the FSMDT for review, and how that referral to the team will be made. The protocol also provides the criteria for when forensic interviews, child abuse medical examinations, and sexual assault examinations should be initiated, as well as providing a list of approved service providers and instructions for how to schedule those appointments. Protocols are required to be reviewed at least yearly by the team and updated as necessary.

During the case review, the team discusses the allegations and the investigation. Team members can ask questions and share information regarding family background, previous child welfare history, and current child safety concerns. The team considers what resources are available within the community and how they could be utilized to help the family. If resources are only available outside the community, the team discusses how to connect the family with the providers, what barriers the family might face in getting those resources, and how those barriers might be addressed. Once the discussion is concluded, the team decides whether the case needs to be reviewed for updated information at the next meeting or can be considered concluded and closed. The chart below shows how a case is referred to the FSMDT for review.

Figure 2. How Cases Move Through the FSMDT



<sup>5</sup>10A O. S. §1-9-102(C)(4) and Title 10A O.S. §1-9-104

# FSMDT Case Information

During SFY 2023, each FSMDT collected data from cases involving both the Oklahoma Department of Human Services and local law enforcement agencies. FSMDTs used their own methods, from pencil and paper to individual electronic systems, to capture basic case information. The data collected includes child demographic information, the number of cases staffed, contributing factors to maltreatment, and the relationship of the alleged perpetrator to the child victim. The data was then submitted this data to OCCY on a quarterly basis. The following tables provide the FSMDTs information for SFY 2023 in aggregate.

**Table 1. General County-Level Information for Each County Served by an FSMDT**

- **FSMDT** = Name of the Freestanding Multidisciplinary Team.
- **Population** = Total number of children under 18 years of age in the FSMDT's service area.<sup>6</sup>
- **Allegations** = Total number of child maltreatment allegation cases reported to the Oklahoma Department of Human Services (OKDHS).<sup>7</sup>
- **Victims** = Total number of individual child victims in the allegation cases reported to OKDHS.<sup>8</sup>
- **Substantiated** = Total number of child maltreatment cases investigated by OKDHS that were substantiated.<sup>9</sup>
- **Confirmed** = Total number of individual child victims involved in substantiated child maltreatment cases investigated by OKDHS.<sup>10</sup>
- **Reviewed** = Total number of child maltreatment cases reviewed by the FSMDT.<sup>11</sup>
- **Coverage** = Percentage of OKDHS maltreatment cases reviewed by the FSMDT.
- **Involved** = Total number of individual children involved in the cases reviewed by the FSMDT.<sup>12</sup>

FSMDT	Population	Allegations	Victims	Substantiated	Confirmed	Reviewed	Coverage*	Involved
Adair	5,992	633	373	169	95	41	2%	82
Atoka	3,320	386	232	102	55	147	38%	171
Beckham	5,665	611	360	176	101	109	18%	134
Blaine	1,988	248	142	109	57	33	13%	95
Cherokee	10,471	1,407	860	314	206	59	4%	146
Choctaw	3,509	467	272	68	50	46	10%	117
Coal	1,343	178	108	22	16	65	37%	86
Comanche	32,611	2636	1,734	551	406	110	4%	214
Craig	3,273	385	231	80	48	35	9%	168
Creek	1,751	1385	924	208	161	141	10%	153
Custer	8,098	574	360	166	112	148	26%	209
Garvin	6,774	723	468	167	108	91	13%	114
Grady	13,682	1,207	753	190	131	17	19%	34
Haskell	2,953	494	296	81	47	41	8%	71
Jackson	6,326	460	296	175	113	38	8%	38
Johnston	2,713	269	185	91	65	22	8%	45
Kingfisher	4,587	176	110	61	35	61	35%	103
Latimer	2,178	174	110	35	30	61	35%	61
Lincoln	8,031	755	471	139	85	18	2%	44
Logan	11,809	1,186	767	274	190	55	5%	79

<sup>6</sup> 2020 Data provided by the Oklahoma Policy Institute to the Kids Count Data Center (last updated September 2023)  
<sup>7-10</sup> Child Abuse and Neglect Statistics for SFY2023 provided by Oklahoma Human Services  
<sup>11, 12</sup> 11/2023 data provided by the FSMDTs to OCCY

FSMDT	Population	Allegations	Victims	Substantiated	Confirmed	Reviewed	Coverage*	Involved
Love	2,779	190	121	58	38	48	25%	128
McClain	11,124	646	421	110	88	144	22%	144
McIntosh	3,974	556	335	84	45	56	10%	98
Marshall	3,557	321	221	70	59	22	7%	33
Mayes	9,701	1,242	793	251	180	98	8%	433
Murray	3,461	375	223	69	53	20	5%	62
Noble	2,854	267	185	67	55	26	10%	66
Nowata	2,271	237	145	70	44	18	8%	39
Okfuskee	2,747	274	167	86	58	92	34%	94
Oklahoma CPT	227,081	17,522	11,073	3,643	2,578	600	3%	795
Okmulgee	9,234	1,278	837	266	164	43	3%	74
Pushmataha	2,535	362	209	88	52	34	9%	83
Seminole	6,246	949	590	214	153	13	1%	19
Stephens	11,041	1,191	735	184	146	101	8%	101
Texas	8,357	199	116	55	38	15	8%	27
Wagoner	20,626	1,567	1,041	321	207	56	4%	65
Woodward	5,521	383	237	68	52	16	4%	62
<b>TOTALS</b>	<b>470,183</b>	<b>41,913</b>	<b>26,501</b>	<b>8,882</b>	<b>6,121</b>	<b>2,753</b>	<b>7%</b>	<b>4,434</b>

\*The wide range in FSMDT coverage, from 1 percent to 37 percent, is due to differences in case volume, team staffing and resources, geography, and team protocols that determine which cases are staffed, meaning not all maltreatment cases are reviewed, with larger areas often showing lower percentages and smaller or rural areas able to review a higher share of cases.

## FSMDT-Identified Allegations by Maltreatment Type

FSMDTs identify four types of child maltreatment cases: sexual abuse, physical abuse, neglect, and other, and the types of allegations are defined<sup>13</sup> as follows:

- Sexual Abuse:** means any sexual activity, including sexual propositioning between the PRFC and child or any acts committed or permitted by the person responsible for the child's health, safety, or welfare, including, but not limited to: (A) rape; (B) sodomy; (C) incest; and (D) lewd or indecent acts or proposals to a child. Sexual exploitation, which means allowing, permitting, or encouraging a child to engage in: (A) prostitution, as defined by law, by a person responsible for the health, safety, or welfare of a child; or (B) lewd, obscene, or pornographic, as defined by law, photographing, filming, or depicting of the child in those acts by a person responsible for the health, safety, and welfare of the child, would also be included in this category.
- Physical Abuse:** means an injury resulting from punching, beating, kicking, biting, burning, or otherwise harming a child. Even though the injury is not an accident, the person responsible for the child's health, safety, or welfare may not have intended to hurt the child. (A) The injury may result from: (i) extreme physical punishment that is inappropriate to the child's age or condition; (ii) a single episode or repeated episodes and range in severity from significant bruising to death; or (iii) any action including, but not limited to, hitting with a closed fist, kicking, inflicting burns, shaking, or throwing the child, even when no injury is sustained but the action places the child at risk of grave physical danger. (B) Minor injury of a child older than ten years of age is not considered physical abuse unless the actions that caused the injury placed the child in grave physical danger.

- **Neglect:** (1) the failure of or omission by the person responsible for the child's health, safety, or welfare to provide the child with adequate: (A) nurturance and affection, food, clothing, shelter, sanitation, hygiene, or appropriate education; (B) medical, dental, or behavioral health care;<sup>13</sup> (C) supervision or appropriate caretakers or; (D) special care made necessary by the child's physical or mental condition; or (2) the failure of or omission by the person responsible for the child's health, safety, or welfare to protect the child from: (A) the use, possession, sale, or manufacture of illegal drugs; (B) illegal activities; (C) sexual acts or materials that are not age-appropriate; or (D) abandonment
- **Other:** Any case in which a child is exposed to any activity resulting in harm to the child's well-being which does not fit in the other categories.

**Table 2. Alleged Types of Maltreatment Identified in Case Review**

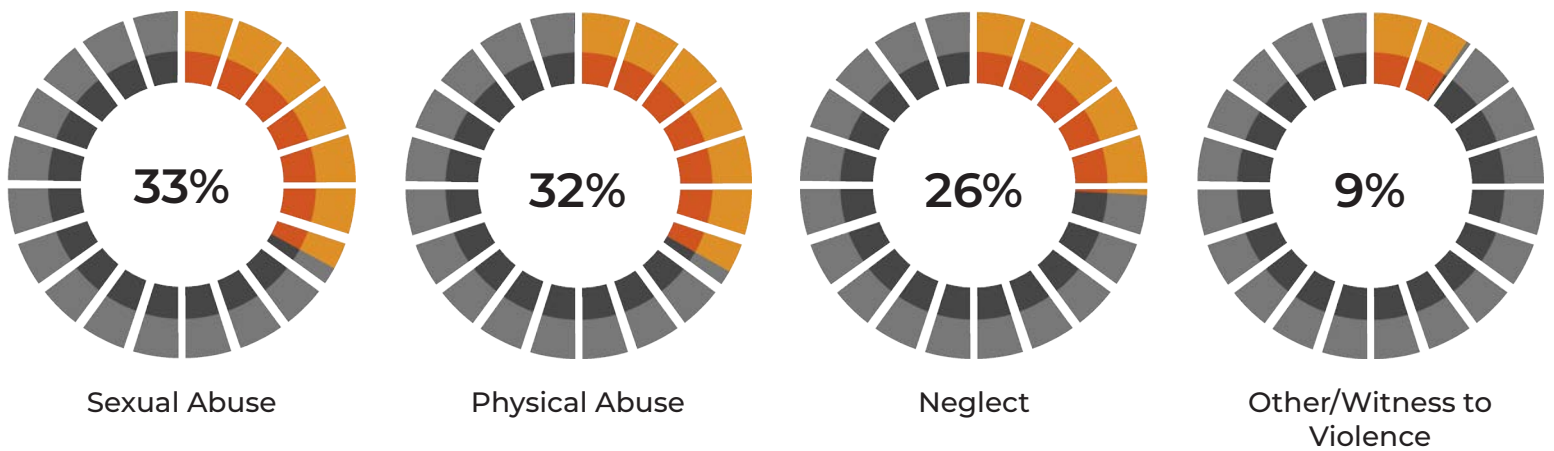
FSMDT	Sexual Abuse	% Allegations	Physical Abuse	% Allegations	Neglect	% Allegations	Other	% Allegations
Adair	42	43.3%	32	32.9%	15	15.4%	8	8.3%
Atoka	46	21.9%	29	13.8%	93	44.3%	42	20%
Beckham	50	39.4%	26	20.5%	41	32.3%	10	7.8%
Blaine	18	14.6%	21	17.1%	76	61.8%	8	6.5%
Cherokee	46	51.5%	20	22.3%	17	19.5%	6	6.7%
Choctaw	17	14.5%	10	8.5%	90	76.9%	0	0%
Coal	23	24.2%	7	7.4%	59	62.1%	6	6.3%
Comanche	26	11.8%	59	26.7%	132	59.7%	4	1.8%
Craig	103	53.9%	59	30.9%	25	13.1%	4	2.1%
Creek	60	39.2%	26	16.9%	67	43.8%	0	0%
Custer	44	16.9%	62	24.2%	31	12.2%	119	46.6%
Garvin	11	15.7%	24	34.3%	13	18.6%	22	31.4%
Grady	15	41.7%	3	8.3%	16	44.4%	2	5.6%
Greer	4	44.4%	2	22.2%	0	0%	3	33.3%
Haskell	16	22.2%	19	26.4%	28	38.9%	9	12.5%
Jackson	70	57.9%	49	40.5%	1	0.8%	1	0.8%
Johnston	16	25.4%	13	20.6%	31	49.2%	3	4.8%
Kingfisher	15	13%	25	21.7%	71	61.7%	4	3.5%
Latimer	13	20%	15	23.1%	31	47.7%	6	9.2%
Lincoln	25	56.8%	10	22.7%	6	13.6%	3	6.8%
Logan	42	46.7%	22	24.4%	22	24.4%	4	4.4%
Love	18	26.5%	12	17.6%	38	55.9%	0	0%
McClain	53	36.8%	40	27.8%	27	18.7%	24	16.7%
McIntosh	41	35%	26	22.2%	43	36.8%	7	5.9%
Marshall	5	12.5%	1	2.5%	20	50%	14	35%
Mayes	281	58.2%	165	34.2%	29	6%	8	1.6%
Murray	46	66.7%	5	7.2%	16	23.2%	2	2.9%
Noble	15	20.8%	16	22.2%	32	44.4%	9	12.5%
Nowata	28	65.1%	15	34.9%	0	0%	0	0%

<sup>13</sup> CPS Policy, Attachment B: Part 1, Purpose, Definition, and Hotline Policy provided by Oklahoma Human Services

FSMDT	Sexual Abuse	% Allegations	Physical Abuse	% Allegations	Neglect	% Allegations	Other	% Allegations
Okfuskee	16	18.4%	15	17.2%	49	56.3%	7	8%
Oklahoma CPT	210	22.8%	324	35.2%	285	31%	101	11%
Okmulgee	14	18.9%	9	12.2%	50	67.5%	1	1.4%
Pushmataha	14	18.9%	2	2.7%	58	78.4%	0	0%
Seminole	1	25%	3	75%	0	0%	0	0%
Stephens	71	65.1%	17	15.6%	10	9.2%	11	10.1%
Texas	3	12.5%	5	20.8%	13	54.2%	3	12.5%
Wagoner	80	61.1%	40	30.5%	11	8.4%	0	0%
Woodward	24	38.1%	8	12.7%	29	46%	2	3.2%
<b>TOTALS:</b>	<b>1,622</b>	<b>33.2%</b>	<b>1,236</b>	<b>25.3%</b>	<b>1,575</b>	<b>32.2%</b>	<b>453</b>	<b>9.3%</b>

Approximately 33% of the reviewed cases involved sexual abuse allegations; approximately 26% of the reviewed cases involved physical abuse allegations; approximately 32% of the reviewed cases involved neglect allegations; and approximately 9% of the reviewed cases involved some other form of maltreatment including witnessing violence.

Figure 2. Distribution of Maltreatment Allegations in FSMDT-Reviewed Cases (Rounded Percentages)



## Overview of Contributing Factors in Alleged Child Maltreatment

On pages 8-9, the table shows categories of possible contributing factors to allegations of child maltreatment involved in the 2,655 new cases reviewed by the FSMDTs. These factors could impact the caregiver's ability to care for the child. Of all the cases reviewed by FSMDTs, alcohol and/or substance abuse may have been a contributing factor in 36.5% of reviewed cases; domestic/intimate partner violence may have been a contributing factor in 25.8% of reviewed cases; divorce or child custody issues\* may have been a contributing factor in 6.8% of reviewed cases; and untreated mental illness may have been a contributing factor in 11% of reviewed cases. 19.9% of cases had no reports of any additional issues that may have contributed to the allegations.

\*Divorce or custody disputes can contribute to an increase in child maltreatment allegations, often due to heightened emotional stress, parental conflict, and instability in living arrangements. During these challenging periods, parents may become overwhelmed, leading to inconsistent care or emotional distress for the child, and children may be exposed to parental alienation or domestic violence. It is also important to recognize that not all allegations are substantiated, as some may result from misunderstandings, miscommunications, exaggerated claims, or false statements made during contentious legal disputes. As with all allegations, thorough and objective assessments are essential to protect children while safeguarding families' rights.

**Table 3. Possible Contributing Factors Identified in Case Review**

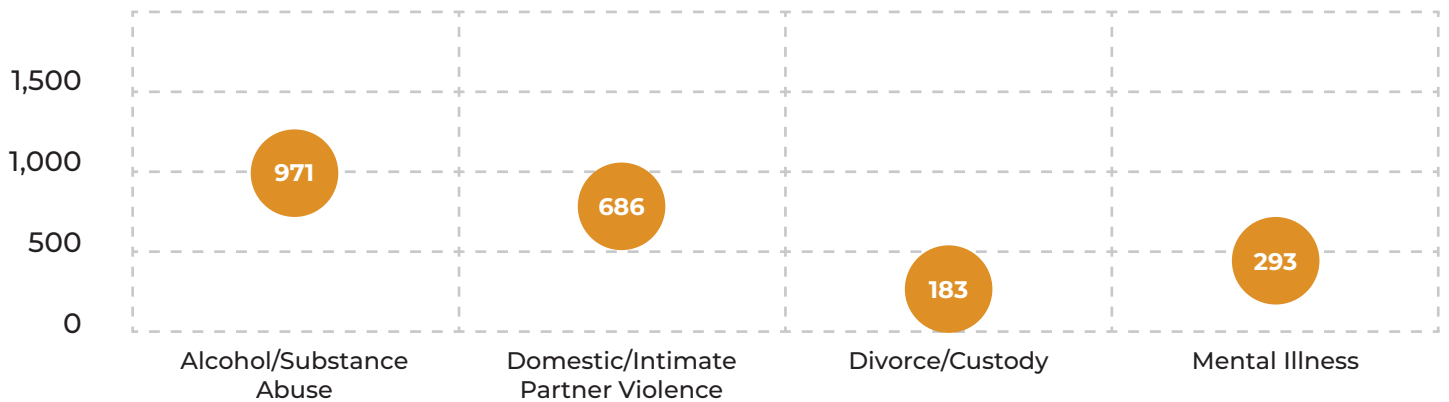
**N = 4,434**

- **Substance** represents “Alcohol/Substance Abuse.”
- **Violence** refers to “Domestic/Intimate Partner Violence.”
- **Divorce** refers to “Divorce/Custody.”
- **Mental Health** means “Untreated Mental Illness.”
- **No Issues** reflects “No Issues Reported.”

FSMDT	Substance	%	Violence	%	Divorce	%	Mental	%	No Issues
Adair	21	58.3%	14	58.9%	0	0%	1	2.8%	-
Atoka	47	33.3%	39	27.7%	26	18.4%	29	20.6%	-
Beckham	36	61%	15	25.4%	2	3.4%	6	10.1%	-
Blaine	34	38.2%	31	34.8%	6	6.7%	18	7.9%	-
Cherokee	16	57.1%	6	21.4%	2	7.1%	4	14.3%	-
Choctaw	34	33.7%	41	40.6%	18	17.8%	8	7.9%	-
Coal	27	46.6%	12	20.7%	9	15.5%	10	17.2%	-
Comanche	53	46.9%	30	26.5%	11	9.7%	19	16.8%	-
Craig	6	30%	12	60%	2	10%	0	0%	-
Creek	27	51.9%	17	32.7%	0	0%	8	15.4%	-
Custer	78	41.9%	73	39.2%	7	3.8%	28	15.1%	-
Garvin	20	32.8%	25	41%	3	4.9%	13	21.3%	-
Grady	3	50%	0	0%	3	50%	0	0%	-
Greer	1	100%	0	0%	0	0%	0	0%	-
Haskell	35	44.3%	21	26.6%	14	17.7%	9	11.4%	-
Jackson	12	31.6%	21	55.3%	1	2.6%	4	10.5%	-
Johnston	11	30.6%	13	36.1%	2	5.6%	10	27.7%	-
Kingfisher	62	39%	62	39%	14	8.8%	21	13.2%	-
Latimer	17	53.1%	13	40.6%	0	0%	2	6.3%	-
Lincoln	0	0%	2	100%	0	0%	0	0%	-
Logan	31	45.6%	15	22.1%	5	7.3%	17	25%	-
Love	10	27%	15	40.5%	4	10.8%	8	21.6%	-
McClain	15	21.4%	33	47.1%	11	15.7%	11	15.7%	-
McIntosh	14	51.9%	9	33.3%	4	14.8%	0	0%	-
Marshall	13	59.1%	6	27.2%	0	0%	3	13.6%	-
Mayes	3	15%	11	55%	4	20%	2	10%	-
Murray	20	66.7%	3	10%	5	16.6%	2	6.7%	-
Noble	25	37.3%	26	38.8%	5	7.5%	11	16.7%	-

FSMDT	Substance	%	Domestic	%	Custody	%	Mental	%	No Issues
Nowata	5	41.7%	7	58.3%	0	0%	0	0%	-
Okfuskee	59	71.9%	15	18.3%	3	3.7%	5	6.1%	-
Oklahoma CPT	105	81%	23	17%	1	0.9%	2	1%	-
Okmulgee	34	82.9%	3	7.3%	0	0%	4	9.8%	-
Pushmataha	35	49.3%	15	21.1%	10	14.1%	11	15.5%	-
Seminole	0	0%	1	50%	0	0%	1	50%	-
Stephens	5	45.5%	6	54.5%	0	0%	0	0%	-
Texas	6	60%	1	10%	0	0%	3	30%	-
Wagoner	37	37.4%	36	36.4%	9	9.1%	17	17.1%	-
Woodward	14	38.9%	14	38.9%	2	5.6%	6	16.6%	-
<b>TOTALS:</b>	<b>971</b>	<b>36.5%</b>	<b>686</b>	<b>25.8%</b>	<b>183</b>	<b>6.8%</b>	<b>293</b>	<b>11%</b>	<b>19.9%</b>

Figure 3. Total Victims by Contributing Factors



## Overview of Contributing Factors in Reviewed Cases

The FSMDTs attempt to collect information regarding the relationship between the child victim and the alleged perpetrator. On pages 9-12, the table identifies any reported relationship between the 4,239 alleged perpetrators and the child victims identified in the 2,712 reviewed cases. In some of the reviewed cases, more than one alleged perpetrator may be associated with a case. In approximately 66% of the reviewed cases, a parent or step-parent was identified as the alleged perpetrator; in approximately 10% of the reviewed cases, an adult relative was the identified alleged perpetrator; and the third most common category of alleged perpetrator in the cases reviewed was an “unknown” individual.

Table 4. Alleged Perpetrators

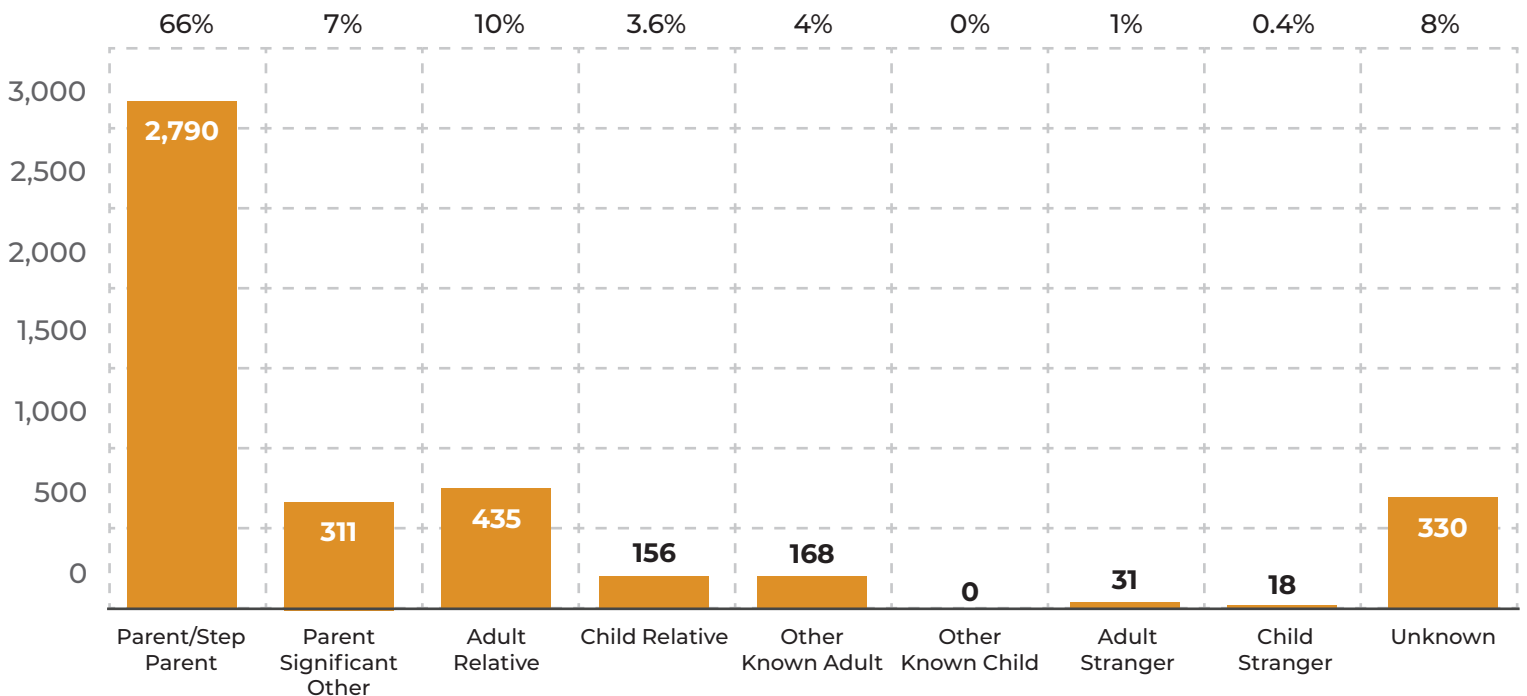
Parent	= Biological or stepparent of the child	Known Child	= Child or teen known to the child, not a relative
Partner	= Parent’s boyfriend, girlfriend, or significant other	Stranger (Adult)	= Adult not known to the child
Adult Relative	= Adult family member, not a parent	Stranger (Child)	= Child or teen not known to the child
Child Relative	= Child or teen family member	Unknown	= Relationship to the child could not be identified
Known Adult	= Adult known to the child, not a relative		

FSMDT	Parent		Partner		Adult Relative		Child Relative		Known Adult		Known Child		Stranger (Adult)		Stranger (Child)		Unknown	
		%		%		%		%		%		%		%		%		%
Adair	58	64%	15	17%	14	16%	1	1%	1	1%	0	0%	0	0%	1	1%	0	0%
Atoka	117	58%	6	3%	33	16%	2	1%	18	9%	0	0%	0	0%	0	0%	24	12%
Beckham	70	66%	7	6%	6	5%	1	0.9%	12	9%	0	0%	7	6%	5	4%	3	3%
Blaine	151	83%	6	3%	22	12%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%
Cherokee	63	63%	10	10%	5	5%	6	6%	14	14%	0	0%	0	0%	0	0%	1	1%
Choctaw	100	85%	4	3%	4	3%	6	5%	1	1%	0	0%	0	0%	2	2%	0	0%
Coal	71	72%	4	4%	10	10%	2	2%	7	7%	0	0%	0	0%	0	0%	4	4%
Comanche	201	96%	0	0%	2	1%	2	1%	0	0%	0	0%	3	1%	1	0.5%	0	0%
Craig	79	42%	16	8%	49	26%	0	0%	0	0%	0	0%	0	0%	0	0%	45	24%
Creek	137	90%	1	1%	0	0%	5	3%	3	2%	0	0%	1	1%	0	0%	5	3%
Custer	174	70%	41	17%	25	10%	3	1%	0	0%	0	0%	0	0%	0	0%	4	2%
Garvin	55	61%	5	6%	9	10%	2	2%	2	2%	0	0%	1	1%	0	0%	16	18%
Grady	29	78%	0	0%	7	19%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%
Greer	2	22%	0	0%	0	0%	1	11%	2	22%	0	0%	0	0%	1	11%	3	33%
Haskell	49	70%	2	3%	12	17%	2	3%	2	3%	0	0%	2	3%	0	0%	1	1%
Jackson	19	50%	0	0%	3	8%	4	10%	5	13%	0	0%	2	5%	4	10%	1	3%
Johnston	37	74%	6	12%	0	0%	6	12%	0	0%	0	0%	0	0%	1	2%	0	0%
Kingfisher	128	82%	1	1%	16	10%	2	1%	10	6%	0	0%	0	0%	0	0%	0	0%
Latimer	57	93%	2	3%	1	2%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%
Lincoln	13	28%	8	18%	13	28%	5	11%	3	7%	0	0%	0	0%	0	0%	3	7%
Logan	47	64%	13	17%	2	3%	12	16%	0	0%	0	0%	0	0%	0	0%	0	0%
Love	64	64%	11	11%	12	12%	2	2%	1	1%	0	0%	0	0%	0	0%	10	10%
McClain	62	45%	13	9%	19	14%	3	2%	7	5%	0	0%	13	9%	3	2%	18	13%
McIntosh	52	69%	8	11%	9	12%	2	3%	3	4%	0	0%	0	0%	0	0%	1	1%
Marshall	31	84%	4	11%	2	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Mayes	224	46%	39	8%	52	11%	42	8%	0	0%	0	0%	1	0.2%	0	0%	129	26%
Murray	34	47%	14	19%	12	17%	4	6%	5	7%	0	0%	0	0%	0	0%	3	4%
Noble	42	80%	3	6%	3	6%	3	6%	1	2%	0	0%	0	0%	0	0%	0	0%
Nowata	10	26%	6	15%	4	10%	10	26%	2	5%	0	0%	0	0%	0	0%	7	18%
Okfuskee	83	90%	4	4%	1	1%	0	0%	0	0%	0	0%	1	1%	0	0%	3	3%
Oklahoma CPT	292	77%	16	4%	21	6%	13	3%	17	4%	0	0%	0	0%	0	0%	20	5%
Okmulgee	60	85%	2	3%	5	7%	2	3%	2	3%	0	0%	0	0%	0	0%	0	0%
Pushmataha	65	88%	2	2%	2	2%	5	7%	0	0%	0	0%	0	0%	0	0%	0	0%

FSMDT	Parent		Partner		Adult Relative		Child Relative		Known Adult		Known Child		Stranger (Adult)		Stranger (Child)		Unknown	
		%		%		%		%		%		%		%		%		%
Seminole	4	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Stephens	25	32%	5	6%	24	31%	0	0%	22	29%	0	0%	0	0%	0	0%	1	1%
Texas	21	84%	0	0%	4	16%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Wagoner	19	15%	29	22%	29	22%	3	2%	23	18%	0	0%	0	0%	0	0%	28	21%
Woodward	45	73%	8	13%	3	5%	4	6%	2	3%	0	0%	0	0%	0	0%	0	0%
<b>TOTALS:</b>	<b>2,790</b>	<b>66%</b>	<b>311</b>	<b>7%</b>	<b>435</b>	<b>10%</b>	<b>156</b>	<b>3.6%</b>	<b>168</b>	<b>4%</b>	<b>0</b>	<b>0%</b>	<b>31</b>	<b>1%</b>	<b>18</b>	<b>0.4%</b>	<b>330</b>	<b>8%</b>

Figure 4. Total Perpetrators by Relationship

N = 4,434



“Without the connections provided by the FSMDT the system would begin to fail. Without the team there would be a halt to information sharing. No one would know who might have information on victims or suspects. Incidents reported one place might never be known to other jurisdictions. Without this information suspects may go undetected subjecting more children to abuse. Resources might not be made available to those who need them.”

– Scott Stephens, Law Enforcement, McClain County FSMDT

## Age Distribution of Child Victims in Reviewed Cases

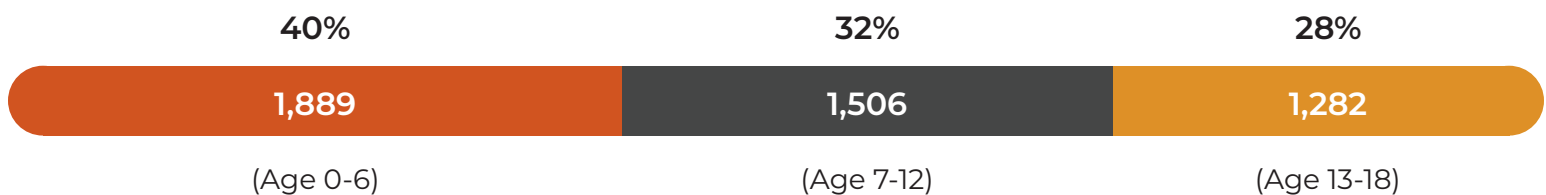
The table below shows the age categories of child victims involved in reviewed cases. Approximately 40% of the children were six years old or younger; approximately 32% of the children were seven to 12 years of age; and approximately 27% of the children were ages 13 to 18 years of age.

Table 5. Reported Age Ranges of Children in FSMDT Case Reviews

FSMDT	0-6 yrs	%	7-12 yrs	%	13-18 yrs	%	FSMDT	0-6 yrs	%	7-12 yrs	%	13-18 yrs	%
Adair	23	28%	40	49%	19	23%	Logan	52	43%	40	33%	29	24%
Atoka	67	39%	58	34%	46	27%	Love	40	31%	50	39%	38	30%
Beckham	49	37%	45	34%	40	29%	McClain	42	29%	42	29%	60	42%
Blaine	32	34%	31	32%	32	34%	McIntosh	24	24%	40	41%	34	35%
Cherokee	44	30%	52	36%	50	34%	Marshall	16	49%	13	39%	4	12%
Choctaw	54	46%	37	32%	26	22%	Mayes	109	25%	194	45%	130	30%
Coal	36	42%	31	36%	19	22%	Murray	15	24%	25	40%	22	36%
Comanche	113	53%	59	28%	42	19%	Noble	21	32%	23	35%	22	33%
Craig	37	22%	37	22%	94	56%	Nowata	15	38.5%	9	23%	15	38.5%
Creek	65	43%	41	27%	47	30%	Okfuskee	22	23%	16	17%	56	60%
Custer	102	49%	55	26%	52	25%	Oklahoma CPT	575	72%	144	18%	76	10%
Garvin	33	29%	30	26%	51	45%	Okmulgee	49	54%	30	33%	12	13%
Grady	21	62%	7	21%	6	17%	Pushmataha	41	49%	18	22%	24	29%
Greer	2	22%	6	67%	1	11%	Seminole	1	25%	0	0%	3	75%
Haskell	1	2%	38	72%	14	26%	Stephens	27	27%	45	45%	29	28%
Jackson	16	13%	59	46%	52	41%	Texas	11	41%	13	48%	3	11%
Johnston	22	49%	16	36%	7	15%	Wagoner	23	18%	53	40%	55	42%
Kingfisher	33	32%	34	33%	36	35%	Woodward	19	31%	26	42%	17	27%
Latimer	31	51%	25	41%	5	8%	<b>TOTALS:</b>	<b>1,889</b>	<b>40%</b>	<b>1,506</b>	<b>32%</b>	<b>1,282</b>	<b>28%</b>
Lincoln	6	14%	24	55%	14	31%							

Figure 5. Total Victims by Age

FSMDTs staffed cases involving 4,677 children in SFY 2023



## Race and Ethnicity of Children in FSMDT-Reviewed Cases

The race and/or ethnicity of children involved in reviewed FSMDT cases is shown within the table on pages 13-14. The most common race of children involved in cases was White at 62%. The second and third most common races of children involved in cases was American Indian and Black/African American at 22% and 8% respectively. Six percent of the children in involved in these cases were identified as Hispanic/Latinx. According to the U.S. Census Bureau's 2023 American Community Survey, the race and/or ethnicity breakdown of Oklahoma's child population was 48.5% White, 6.5% Black, 20.2% Hispanic/Latinx, 2.0% Asian/ Native Hawaiian or Pacific Islander, 8.0% American Indian or Alaskan Native and 14.8% Multiple Races.<sup>14</sup>

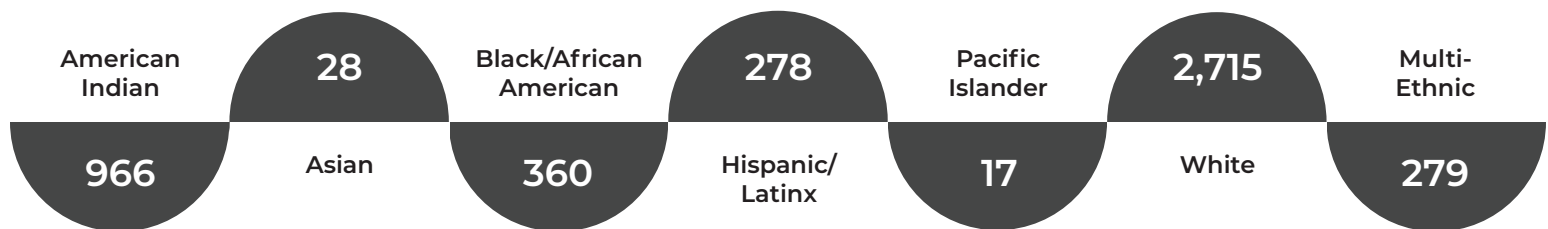
Table 6. Reported Race and Ethnicity of Children in FSMDT Case Reviews

FSMDT	American Indian		Asian		Black/African American		Hispanic/Latinx		Pacific Islander		White		Multi-Ethnic	
		%		%		%		%		%		%		%
Adair	29	35%	0	0%	0	0%	1	1%	0	0%	48	59%	4	5%
Atoka	55	32%	0	0%	9	5%	2	1%	0	0%	105	61%	0	0%
Beckham	10	8%	0	0%	5	4%	12	9%	1	1%	96	77%	1	1%
Blaine	26	27%	0	0%	2	2%	15	16%	0	0%	48	51%	4	4%
Cherokee	77	56%	0	0%	0	0%	18	13%	4	3%	38	28%	0	0%
Choctaw	39	33%	0	0%	12	10%	9	8%	0	0%	57	49%	0	0%
Coal	28	33%	0	0%	3	3%	0	0%	4	5%	51	59%	0	0%
Comanche	37	17%	0	0%	55	26%	6	3%	0	0%	89	42%	27	12%
Craig	65	39%	6	4%	0	0%	0	0%	0	0%	97	57%	0	0%
Creek	46	30%	0	0%	1	1%	11	7%	3	2%	90	59%	2	1%
Custer	23	11%	0	0%	10	5%	13	6%	0	0%	151	72%	12	6%
Garvin	14	12%	0	0%	17	14%	11	9%	0	0%	78	65%	0	0%
Grady	2	6%	0	0%	1	3%	2	6%	0	0%	26	74%	4	11%
Greer	0	0%	0	0%	0	0%	0	0%	0	0%	9	100%	0	0%
Haskell	32	45%	0	0%	4	6%	1	1%	0	0%	34	48%	0	0%
Jackson	2	1%	0	0%	10	8%	32	25%	0	0%	82	65%	1	1%
Johnston	8	19%	0	0%	0	0%	0	0%	0	0%	31	74%	3	7%
Kingfisher	0	0%	2	2%	19	18%	1	1%	0	0%	71	69%	10	10%
Latimer	25	41%	0	0%	0	0%	1	2%	0	0%	35	57%	0	0%
Lincoln	7	17%	0	0%	5	12%	0	0%	0	0%	30	71%	0	0%
Logan	1	1%	0	0%	11	12%	4	5%	3	3%	54	61%	16	18%
Love	26	21%	0	0%	2	2%	13	11%	0	0%	79	65%	1	1%
McClain	8	6%	1	1%	5	3%	14	10%	0	0%	116	81%	0	0%
McIntosh	20	20%	0	0%	2	2%	0	0%	0	0%	75	77%	1	1%

FSMDT	American Indian	%	Asian	%	Black/African American	%	Hispanic/Latinx	%	Pacific Islander	%	White	%	Multi-Ethnic	%
Marshall	11	33%	0	0%	4	12%	3	9%	0	0%	13	39%	2	6%
Mayes	163	37%	8	2%	3	1%	11	3%	0	0%	240	55%	8	2%
Murray	15	24%	0	0%	6	10%	0	0%	0	0%	42	66%	0	0%
Noble	11	15%	0	0%	0	0%	0	0%	0	0%	61	81%	3	4%
Nowata	10	26%	0	0%	0	0%	0	0%	0	0%	29	74%	0	0%
Okfuskee	49	33%	1	1%	3	2%	2	1%	0	0%	39	26%	55	37%
Oklahoma CPT	58	8%	4	1%	154	21%	78	11%	1	0.1%	352	47%	88	12%
Okmulgee	24	26%	6	7%	6	7%	1	1%	1	1%	50	54%	4	4%
Pushmataha	27	33%	0	0%	0	0%	0	0%	0	0%	55	66%	1	1%
Seminole	0	0%	0	0%	0	0%	0	0%	0	0%	4	100%	0	0%
Stephens	12	12%	0	0%	2	2%	1	1%	0	0%	85	84%	1	1%
Texas	0	0%	0	0%	3	11%	14	52%	0	0%	9	33%	1	4%
Wagoner	6	5%	0	0%	6	5%	1	1%	0	0%	100	76%	18	13%
Woodward	0	0%	0	0%	0	0%	1	2%	0	0%	46	78%	12	20%
<b>TOTALS:</b>	<b>966</b>	<b>20.8%</b>	<b>28</b>	<b>0.6%</b>	<b>360</b>	<b>7.7%</b>	<b>278</b>	<b>5.9%</b>	<b>17</b>	<b>0.3%</b>	<b>2,715</b>	<b>58.4%</b>	<b>279</b>	<b>6%</b>

Figure 5. Total Victims by Race or Ethnicity

Total = 4,643



The race and ethnicity categories used for reporting in SFY 2023 conformed with categories set and used by the U.S. Office of Management and Budget's Statistical Policy Directive No. 15 between July 1, 2022 and June 30, 2023. The below definitions were used for the categories:

- **Native American:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, of the Indian subcontinent (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- **Black of African American:** A person having origins in any of the black racial groups of Africa
- **Hispanic or Latinx:** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Multi-Ethnic/Racial:** People who identify with more than one race and/or ethnicity.

# Funding for FSMDTs

FSMDTs are funded by a formula mandated in statute.<sup>15</sup> The state legislature appropriates funding each year to Oklahoma Human Services (OHS), specifically to the CAMTA line item. The bulk of these monies are used to support the efforts of 1) a FSMDT in each county not served by a CAC; and 2) the Child Abuse Protection Team at the University of Oklahoma Medical Center.<sup>16</sup> During Calendar Year (CY) 2023, a total of \$796,177 was provided to OCCY for the FSMDT Program.

The CAMTA funding is not considered state or agency funding<sup>17</sup> with one exception: OCCY is allowed to maintain 5% of the CAMTA funds to offset the cost of administering the program.<sup>18</sup> During CY 2023, OCCY retained \$39,808 for administration costs.

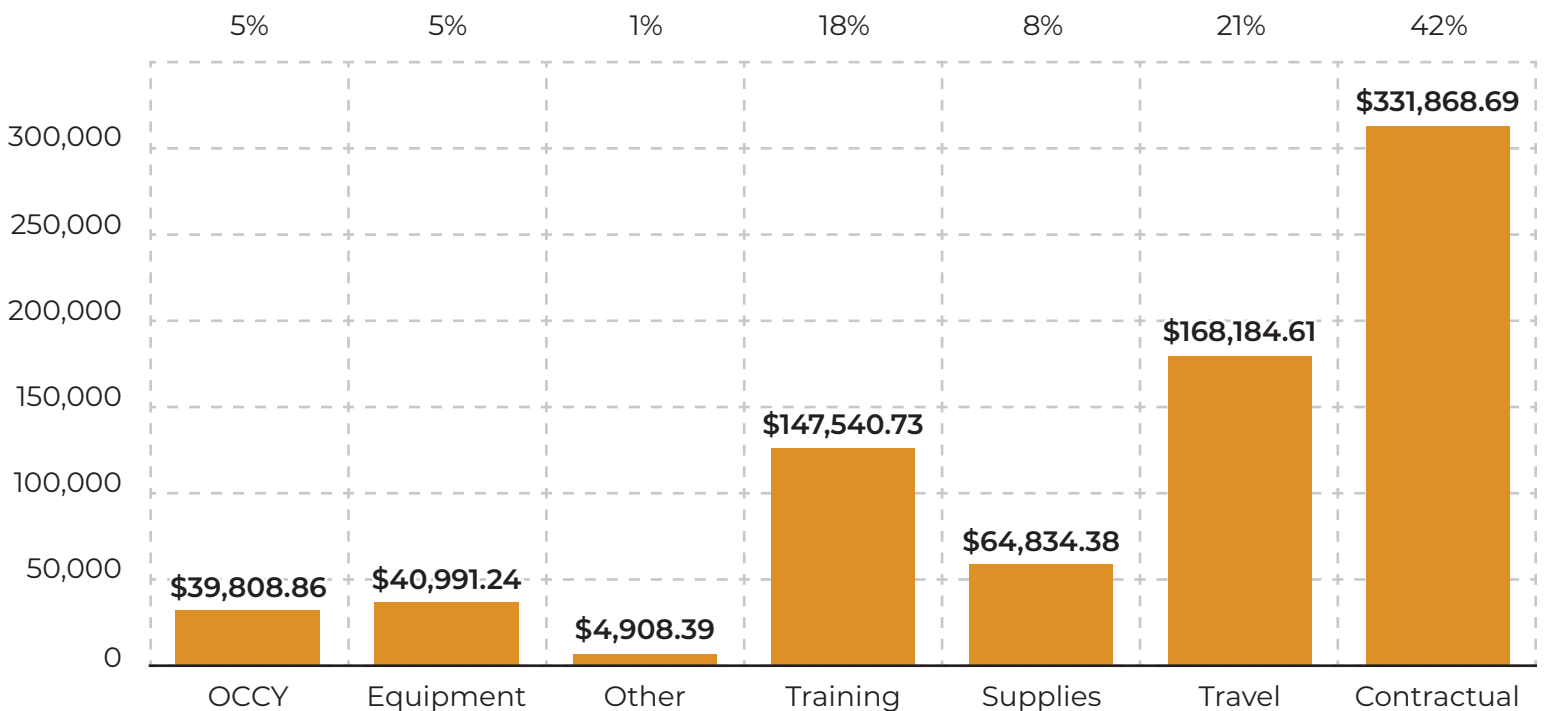
The remaining 95% of the CAMTA funds are dispersed to the FSMDTs and utilized during the calendar year. Each team prepares and submits a budget and budget narrative to OCCY. Subsequently, the teams also provide quarterly expenditure reports with documentation to OCCY showing how the money has been spent each quarter.

Each FSMDT develops a budget based on its team's specific needs, along with a budget narrative that explains how the team determined the amounts. This budget may include expenses for training registration, travel costs, technical equipment, and office supplies. Contractual obligations, including payments to external entities such as child advocacy centers for team coordination and facilitation, are also allowed. All expenses must be supported with appropriate documentation. In CY 2023, each FSMDT was allocated \$20,442.39.

The funds are available to the FSMDTs starting in January and can be used until December 31st of the same year.<sup>19</sup> The FSMDTs return any unspent funds to OKDHS and will be included for distribution in next year's CAMTA funding cycle.

Figure 6. Calendar Year 2023 CAMTA Award

Total: \$796,177.35



<sup>15</sup> 10A O.S. §1-9-103a and Title 10A O.S. §1-9-104

<sup>16</sup> 10A O.S. §1-9-102(E)

<sup>17</sup> 10A O.S. §1-9-103(C)(2)

<sup>18</sup> 10A O.S. §1-9-104(F)

<sup>19</sup> 10A O.S. §1-9-103(A)(2)



Texas County FSMDT poses with wooden cutouts representing substantiated child abuse cases during Child Abuse Prevention Awareness Month.



Kingfisher County takes a break during its meeting to pose for a photo and say, "Cheese!"

Figure 6 shows how funding was utilized by the Freestanding Multidisciplinary Teams (FSMDTs) and the Child Abuse Protection Team at OU Medical Center.

In 2023, OCCY retained 5% (\$39,808.86) for program administration, while the remaining 95% was distributed to FSMDTs. Each team received \$20,442.39 and submitted a budget based on local needs, along with quarterly expenditure reports.

Key funding categories include:

- **Contractual** – \$331,868.69 (42%): \$331,868.69 (42%): The largest portion of the funding was used for contractual services. This includes payments to external coordinators or facilitators who help organize and lead the multidisciplinary team meetings, as well as any other approved contractual services that support team operations.
- **Travel** – \$168,184.61: Teams utilized 21% of its funding to cover costs related to travel, such as mileage reimbursement, lodging, and per diem for attending training or meetings that support FSMDT work.
- **Training** – \$147,540.73 (18%): Training funds were used to register for and attend relevant conferences, workshops, or seminars to enhance team members' knowledge and effectiveness in child abuse response and prevention.
- **Supplies** – \$64,834.38 (8%): This category includes expenditures for general office supplies, printing materials, and other consumables needed for the day-to-day operations of the FSMDTs.
- **Equipment** – \$40,991.24 (5%): FSMDTs may require technical equipment such as laptops, projectors, or recording devices to support their meetings, documentation, and collaborative work. **Other** – \$4,908.39 (1%): This small category includes miscellaneous expenses, but is still allowable under CAMTA guidelines with appropriate justification and documentation.

# Training for FSMDTs

The FSMDT program is a proud recipient of a federal Children’s Justice Act (CJA) grant awarded by the Oklahoma Task Force on Child Abuse and Neglect. These grant funds support free training opportunities for all FSMDT members and other professionals, focusing on the MDT approach, joint investigations, effective investigative techniques, and age-appropriate, legally sound interviews. These sessions equip professionals to effectively investigate and prosecute child maltreatment cases and improve outcomes for child victims and their families. Teams may also request specialized training tailored to their specific needs be brought directly to them.

## In FY 2023:

- 1,122 professionals attended trainings
- 223.75 total hours of training were provided

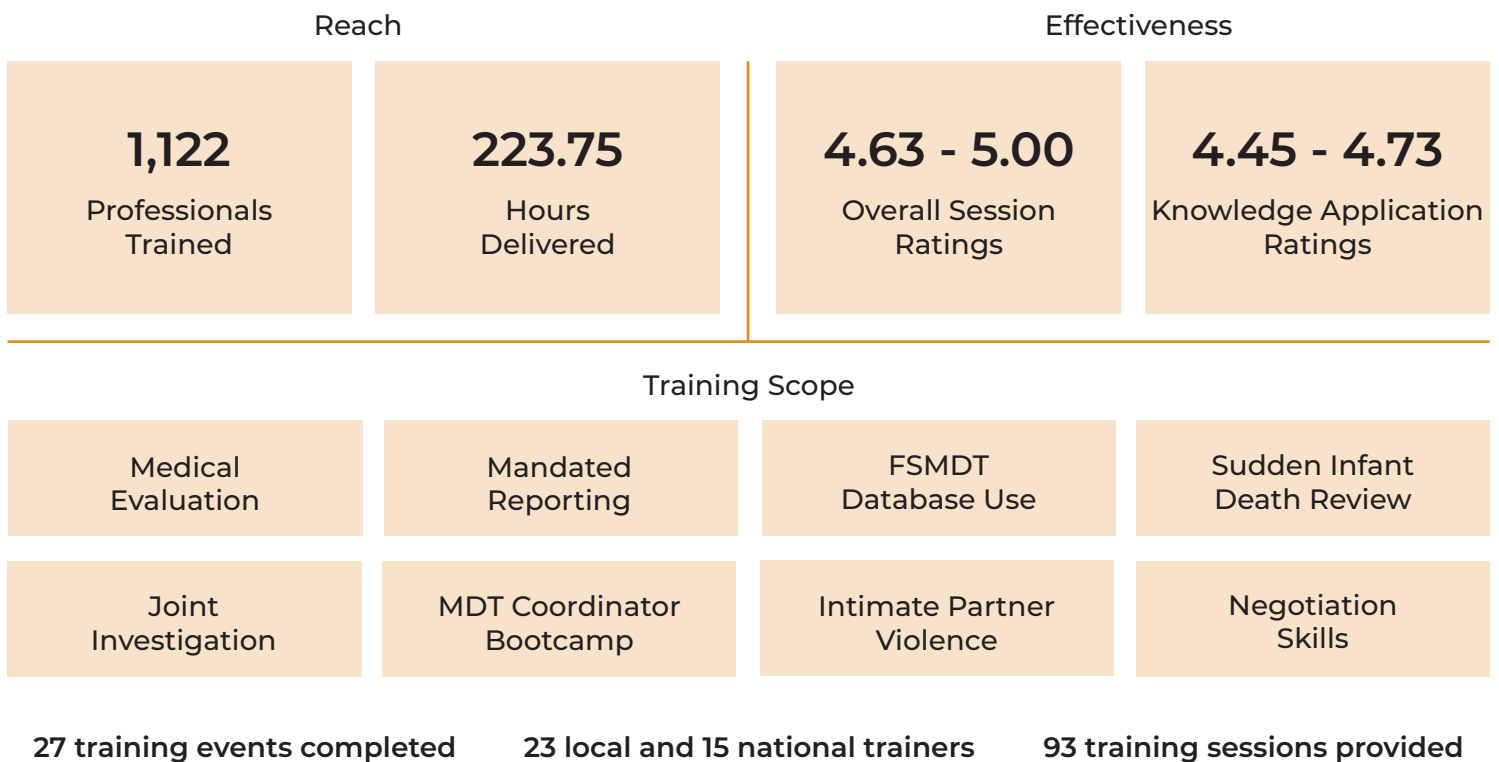
## Evaluation Highlights:

- Average overall session rating ranged from 4.63 to 5.00 (on a 5-point scale)
- Average ability to apply training knowledge among professionals surveyed ranged from 4.45 to 4.73.

## Sample training topics included:

- Child Maltreatment Medical Examinations
- Sudden Unexplained Infant Death Investigations
- Child Abuse Medical Examiner Training
- Mandated Reporting in Oklahoma
- Medical Evaluation of Child Maltreatment
- MDT Investigation Strategies
- MDT Coordinator Bootcamp
- Coercive Control and Intimate Partner Violence
- MDT Database Training
- Comprehensive negotiation principles framework

Figure 7. Visual Overview of CJA Grant-Funded Training Impact on Child Protection



# ChildFirst® Forensic Interview Training

Forensic interviews are considered best practice when questioning children about alleged maltreatment, because they are designed not to lead children. Each year, using federal CJA grant funds, OCCY ensures the availability of at least two Child First Forensic Interview Training sessions for new forensic interviewers, as well as at least one Child First Expanded training session for experienced forensic interviewers. These curricula, licensed through the Zero Abuse Project, are facilitated by nationally-recognized trainers. In FY 2023, 51 individuals completed the initial Child First training, and eight individuals completed the Child First Expanded training.

In FY 2023:

Two 5-day ChildFirst® Forensic Interview Training were held

- Average scores increased from 14.68 percent pre-test to 91.49 percent post-test, indicating significant gains in appropriate child interview techniques.
- The average overall training rating was 4.85/5.00

One ChildFirst® Expanded Training was conducted

- Average overall rating: 4.50/5.00
- Knowledge application rating: 4.67/5.00

Participants consistently rated the training as highly valuable, particularly in enhancing their confidence and competence in conducting legally defensible, child-sensitive interviews.



# Contact Information



**OKLAHOMA  
COMMISSION ON  
CHILDREN AND  
YOUTH**



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**PARB**



## Postadjudication Review Board

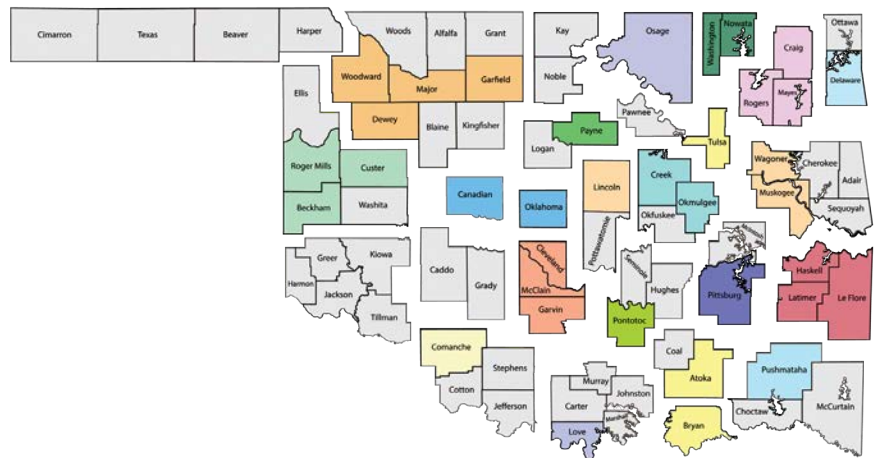
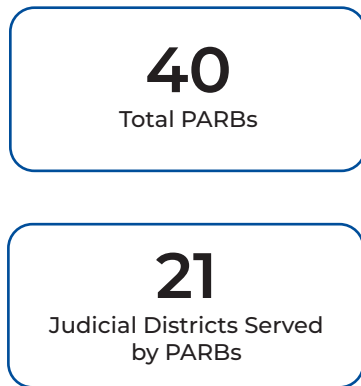
Postadjudication Review Boards (PARBs) are composed of trained, community volunteers appointed by the OCCY Executive Director in consultation with local judges. PARBs are charged with reviewing the treatment goals, as well as the permanency plans and services, of children involved in deprived cases. They are also permitted to review delinquency cases. At the conclusion of the reviews, PARBs make recommendation to the court to ensure that children move toward safe, permanent homes without unnecessary delay.

### Quarterly Summary of Staffed Cases



\*This total includes cases that were reviewed on more than once during the quarter.

### Board Activity by Judicial District as of March 31, 2026



## Progress and Opportunities

PARB continued to make progress this quarter through board expansion, training opportunities, and statewide collaboration efforts. Significant activities included:

- The Oklahoma County Substance Abuse PARB held its first official meeting in January.
- The newly established Seminole County PARB met twice in February.
- PARB hosted two Lunch and Learn trainings: "Indian Child Welfare Act Basics," presented by Jessica Hargrove, and "Transitioning to Adulthood," presented by Saralyn Miller in partnership with Red Rock and Family & Children's Services.
- The State PARB Board submitted its annual recommendations to the Commission and voted to support Senate Bill 1806, which would extend foster care services for certain youth transitioning into adulthood.
- PARB and University of Oklahoma The Educational Training, Evaluation, Assessment, and Measurement (E-TEAM) staff met with Oklahoma Department of Human Services staff to discuss opportunities to cross-reference Child Welfare KIDS data with information in the PARB database.
- PARB hosted its annual conference on March 30, focusing on child well-being.

PARB continues to support local boards through recruitment, training, and technical assistance. Several boards, including Pontotoc, Woodward, and Okmulgee counties, are actively recruiting members to reach the statutory level of five members. At the state level, two governor-appointed seats and one judicially-appointed seat remain vacant.



## The Oklahoma Annual Child Abuse and Neglect Conference: Postadjudication Review Board Pre-Institute

The annual PARB Pre-Institute, held the day before The Oklahoma Annual Child Abuse and Neglect Conference, provided PARB members with an opportunity to strengthen their knowledge, enhance collaboration, and prepare for the greater conference. The training focused on understanding the effects of trauma, increasing empathy for children and families involved in the child welfare system, and learning resources available to support positive outcomes. Participants also learned about the efforts underway to improve legal representation in deprived cases and how to write good recommendations directly from the juvenile judge's panel.

The pre-institute featured interactive learning opportunities, peer discussions, and the recognition of outstanding contributions through the PARB Hall of Fame Awards. A total of 75 individuals attended.



Keith Pirtle, PARB program manager, serves as master of ceremonies during the conference. He is pictured holding the book "Throwaway Kids" by Bob Burke and Terry Smith, which was presented to each speaker.



PARB members participate in a session focused on trauma-informed language and on identifying red-flag wording. Presenters Saralyn Miller, JJ Waggoner, and Tricia Gardner guide the discussion before attendees break into small groups to practice writing trauma-informed recommendations.



Judge Leah Edwards, district judge in McClain County, speaks as the keynote presenter during the morning session. Attendees listen as she delivers an inspiring message that emphasizes the importance of PARB's mission and energizes volunteers.



Members of the Delaware County PARB gather with Judge Nick Lelecas. From left are Alicia Ward, Michelle Hooper, Judge Lelecas, Lynda Whitney, Tanya Blessing and Marijo Napier. Judge Lelecas was selected as the Judicial Partner of the Year.



Judges participate in a panel discussion during the conference. From left are Judge Seigars of Garfield County, Judge Conyers of Cleveland County, Judge Allen of Oklahoma County, Judge Gosby of Tulsa County and Judge VerSteege of Roger Mills County, who facilitates the session.



Kim Rebsamen, Region 5 managing attorney, and Gwendolyn Clegg, director of the Oklahoma Office of Family Representation, present during the final session of the conference.

**P & C**



## Children of Incarcerated Parents (CIP)



P&C coordinates statewide prevention, mentoring, and systems collaboration efforts supporting children and families impacted by parental incarceration. Through strategic partnerships, legislative coordination, mentoring initiatives, and trauma-informed resource development, OCCY works to strengthen protective factors and improve outcomes for children impacted by incarceration.



### Key Activities, Deliverables & Impact



Coordinated Oklahoma's inaugural Children of Incarcerated Parents Awareness Day at the Capitol to increase awareness among policymakers, strengthen cross-sector collaboration, and elevate the needs of children and families impacted by parental incarceration. Evaluation findings indicated that 94% of respondents agreed the event increased understanding among policymakers and attendees regarding the challenges faced by families impacted by parental incarceration.



Supported advancement of HB 3849 to modernize Oklahoma's Mentoring Children of Incarcerated Parents Program and strengthen mentoring flexibility and statewide access. The legislation was later signed into law.



Coordinated development and statewide dissemination of the 2026 Children of Incarcerated Parents Toolkit for caregivers, educators, providers, and justice-involved families, including distribution of approximately 950 printed toolkits statewide and online access through the OCCY website.



Continued oversight and evaluation of the Oklahoma Mentoring Children of Incarcerated Parents Program in partnership with Big Brothers Big Sisters of Oklahoma (BBBSOK), including submission of the statutorily required annual program report. Through the program, 89 children of incarcerated parents and youth at risk of juvenile justice involvement received one-to-one mentoring services during SFY25.



Since 2015, OCCY-supported mentoring investments have funded 493 mentoring matches statewide. Program evaluation findings demonstrated positive outcomes related to school behavior, substance use prevention, educational expectations, and positive adult relationships among participating youth.



Continued coordinating the OCCY Children of Incarcerated Parents Advisory Committee to support statewide systems collaboration and strategic planning efforts.



CIP Awareness Day at the Capitol

### Why This Work Matters



More than 26,000 Oklahoma children have a parent in prison.



Approximately 1 in 10 Oklahoma children have experienced incarceration of a family member.



Children impacted by incarceration face increased risks related to trauma, school instability, and behavioral health challenges.



### Emerging Needs & Strategic Priorities



Strengthening cross-system collaboration and child-sensitive approaches related to parental arrest and family stabilization.



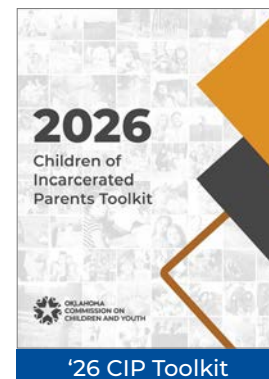
Expanding funding and statewide capacity for the Oklahoma Mentoring Children of Incarcerated Parents Program.



Increasing coordination and communication between Oklahoma Human Services (OKDHS) and the Oklahoma Department of Corrections (ODOC) regarding incarcerated parents with children involved in the child welfare system.



Continuing to strengthen data collection, evaluation, and analysis efforts to better understand the needs and outcomes of children and families impacted by parental incarceration.



'26 CIP Toolkit



'25 Mentoring Report





# 2026

## Children of Incarcerated Parents Toolkit



**OKLAHOMA  
COMMISSION ON  
CHILDREN AND YOUTH**

# WHAT IS 988?

988 is a direct, three-digit lifeline that connects you with trained behavioral health professionals that can get all Oklahomans the help they need.

GETTING HELP CAN BE HARD.  
SO WE MADE IT EASIER.

The mental health professionals on the other end of the line are here to help guide you.

1



## CALL THE LIFELINE

It all starts when you call 988. You'll be connected to a mental health professional to talk you through what's going on and get the resources you need for either yourself or your loved one. About 80% of the time, things can get sorted out with just a phone call. But if you need more help, we got you.

2



IF NEEDED

## CONNECT WITH A MOBILE CRISIS TEAM

If you or your loved one need more help after your initial phone call, the 988 call center will send a mobile crisis team to assess things and intervene if necessary. About 7 in 10 crises can be resolved at this touchpoint.

3



IF EVEN MORE  
HELP IS NEEDED

## GET TRANSPORTATION

Some people need more in-depth care. If this is the case, transportation will be provided to help Oklahomans in need safely arrive at an Urgent Care and Crisis Center.

4



## CHECK IN AT AN URGENT CARE AND CRISIS CENTER

For those of us that need higher touch help, an Urgent Care and Crisis Center has your back. These centers are staffed 24/7/365 with licensed local medical professionals, nurses, and peers who have been through it themselves. Every center accepts both drop-offs from first responders and walk-ins.

To learn more about how 988 works, visit

[988oklahoma.com](https://www.988oklahoma.com)

@988OKLA



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Click this button if you would like to return to the Table of Contents page.

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



## Introduction

This toolkit is for you... IF

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



## How to use this toolkit

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

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

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

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

## Families • Caregivers • Educators • Service Providers

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

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

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

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

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

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

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

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

## Influences on the caregiver's ability to cope:

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

## What do children of incarcerated parents and their caregivers need?



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

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

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

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





## Most caregivers need:

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

## Most children of incarcerated parents need:

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



## Feelings and emotions:

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

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

## School difficulties:

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

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

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



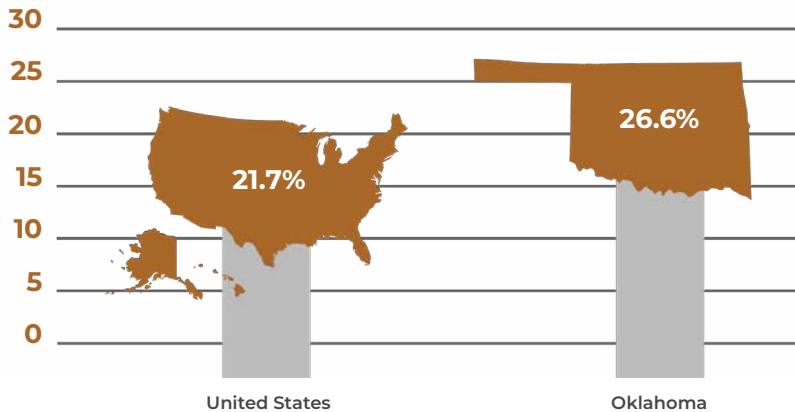
“All children benefit from strong families and safe communities where their needs are met. Surrounding families with supportive neighborhoods, communities, businesses, schools, services and systems is a critical way to support the well-being of children and families.” – *Children's Trust Fund Alliance*

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



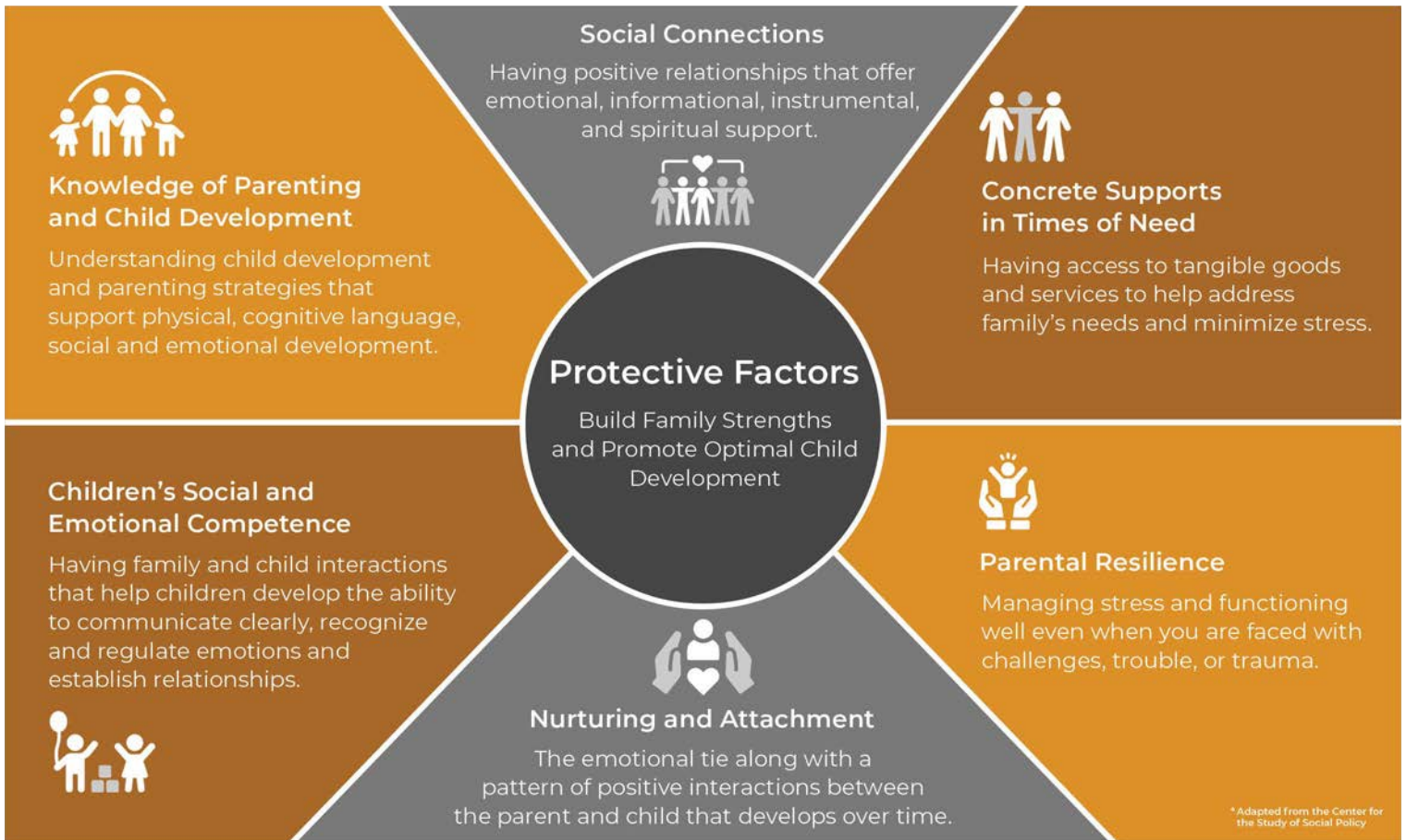
# Adverse Childhood Experiences (ACEs), Protective Factors, and Positive Youth Development

## Prevalence of 2 or more ACEs Among Children

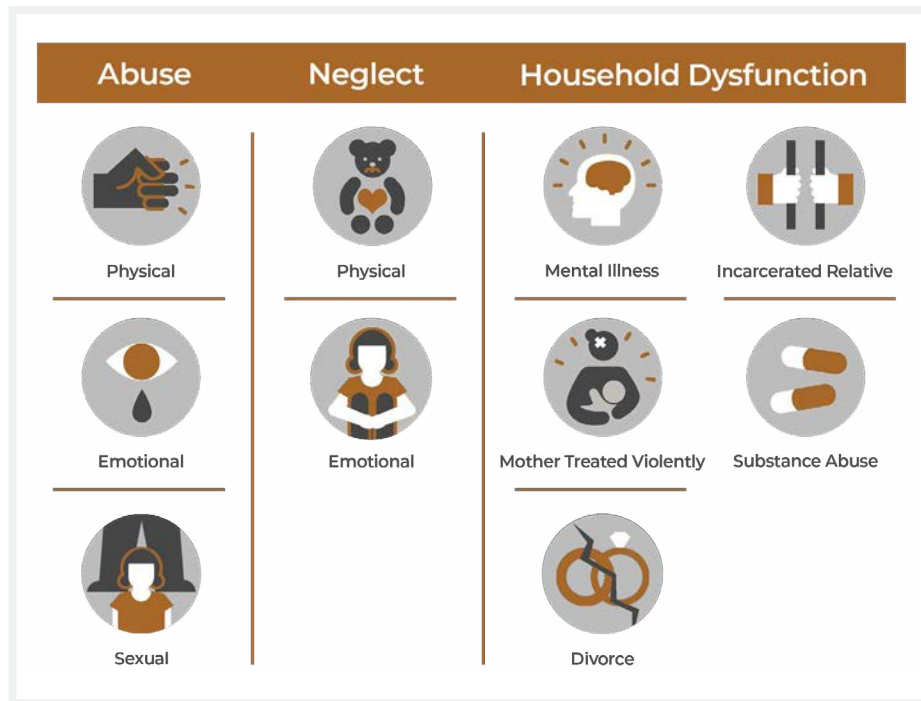


Adverse Childhood Experiences (ACEs) are potentially traumatic events that may have lasting negative impacts. ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan by contributing to high levels of toxic stress that derail healthy physical, social,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

(Starcheski, 2015)



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



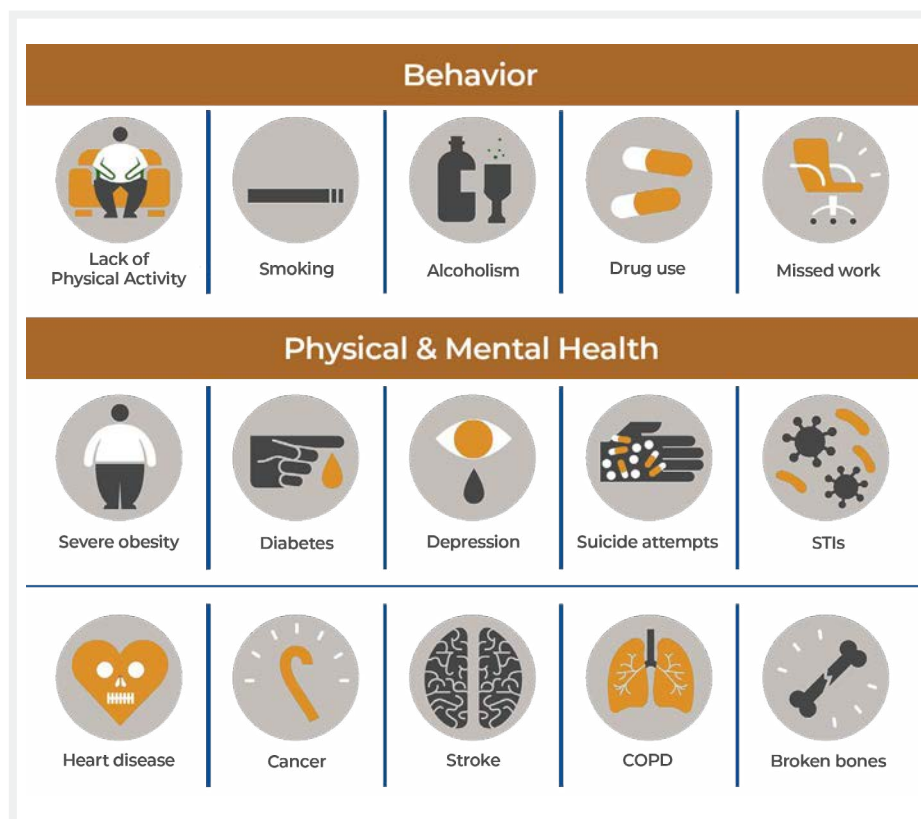
ACE's have been linked to risky health behaviors, chronic health conditions, low potential for the future, and early death (National Center for Injury Prevention and Control, Division of Violence Prevention, 2016). Below-average teacher-reported academic and literacy skills along with behavior problems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

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

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

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

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



(Starecheski, 2015)

## Positive Youth Development:

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

### Bonding

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

### Resilience

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

### Social/Emotional/Cognitive/Behavioral/Moral Competence

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

### Self Determination

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

### Spirituality

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

### Self-Efficacy

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

### Clear & Positive Identity

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

### Belief in the Future

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

### Recognition for Positive Behavior

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

### Opportunities for Prosocial Involvement

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

### Prosocial Norms

- embracing healthy beliefs and clear standards
- identifying expectations

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

Centers for  
Disease Control  
and Prevention CDC  
– Kaiser ACE Study



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



The National  
Child Traumatic Stress  
Network About Child  
Trauma



Youth.gov  
Positive Youth  
Development





## Tips for caregivers:

1. Talk about feelings with children.

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

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

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

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

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

4. Set up family discussion times.

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

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

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

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

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

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

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

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



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

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

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

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

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

### What are jails?

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

### What are prisons?

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

### Who goes to jails and prisons?

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

### How long will they stay?

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

## 10 questions a young child might ask

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



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

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

2. When is my family member coming home?

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

3. Will my family member be safe?

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

4. Where will my family member sleep?

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

5. What will (s)he wear?

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

6. What will (s)he eat?

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

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

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

8. What will it be like to visit prison?

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

9. Will anyone hurt us?

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

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

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



## Family / Caregivers: Should I apply for this?

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

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



### Low Income Home Energy Assistance Program (LIHEAP)

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



### Supplemental Nutrition Assistance Program (SNAP)

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

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



### Summer Meals for Kids

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



### Child Support Services

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



### Temporary Assistance for Needy Families (TANF)

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





### Child Welfare Services

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

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



### Child Care Assistance

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



### Oklahoma Health Care Authority (OHCA)

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



### Oklahoma County Health Departments

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



### Women, Infants and Children (WIC) Program

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



### Child Guidance Program at the Oklahoma State Department of Health

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



### Social Security

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



### Social Security Cards

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



### Birth Certificates

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



## Enrolling children in school

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



If you have questions about a child's eligibility under McKinney-Vento or need help accessing services for a student, contact the local public school or Oklahoma State Department of Education. (<https://sde.ok.gov/homeless-resources>)



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



### Enrolling Children in Head Start and Early Head Start

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



### Reduced-Price/Free Breakfast or Lunch

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

## Homelessness resources

Pivot



The Homeless Alliance



Housing Solutions  
of Tulsa



Sisu Youth Services



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



## Additional Oklahoma programs and agencies offering services and supports to families



### Oklahoma 2-1-1 Helpline

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



### Birthright Living Legacy

The mission of Birthright Living Legacy is to validate the merit fathers bring to parenting. We celebrate and support fathers by equipping them with the tools and resources to lead successful families in the home out of the home or while incarcerated. We connect to a community of fathers through bi-weekly meetings, events, and workshops to improve parent-child relationships. In addition, Birthright Living Legacy provides support and counseling referrals to fathers while working to create a strong community of fathers dedicated to creating positive parent cycles. (<https://brlivinglegacy.com>)



### Salvation Army

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



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

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



### University of Oklahoma Center on Child Abuse & Neglect

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



### Oklahoma Partnership for School Readiness (OPSR)

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



### The Oklahoma Association of Youth Services

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



### Oklahoma Association of Community Action Agencies

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





### Women's Justice Team

Women's Justice Team (WJT) offers on-site, and remote mental health and substance use treatment services to female-identified individuals in an outpatient setting. The program takes a multi-generational approach to client care because trauma, incarceration, unmanaged mental illness, and disordered substance use effects individuals and their families. The WJT parenting program specializes in providing gender-responsive care to parents that both restores parent capacity and strengthens family bonds. WJT provides family-inclusive, trauma-informed parenting groups that help build parenting skills to support the healing of families in early recovery. WJT provides maternal health care for pregnant clients, including referrals for prenatal care, doula assistance, and Family Care Plans. For more information about the WJT, call 918-560-1320. <https://www.fcsok.org/womens-justice-team/>



### Oklahoma Commission on Children and Youth (OCCY)

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



### Calm Waters

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



### Goodwill Industries of Central Oklahoma

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



### Warmline for Oklahoma Child Care Providers

The Oklahoma Warmline provides families, childcare providers, and caregivers free consultation and support for nurturing infants, toddlers, and children up to age 13 as they grow and develop. Trained consultants specializing in child health, development, and behavioral health are available Monday through Friday, 8 a.m. to 6 p.m. They offer practical advice, generate ideas and solutions for daily challenges, provide support, and help connect you with additional resources and referrals when needed. (<https://okwarmline.org/>)



### Oklahoma Court Appointed Special Advocate (CASA)

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



### Oklahoma Child Care Resource & Referral Association (OCCRRA)

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



### Oklahoma Department of Corrections (ODOC)

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



### Oklahoma Native American Resource Guide

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



### NICWA Resources for Parents Facing Incarceration, and Their Children, Families and Caregivers

This publication from the National Indian Child Welfare Association (NICWA) offers essential resources for those navigating the effects of parental incarceration. ([https://www.nicwa.org/wp-content/uploads/2025/09/064\\_NICWA\\_San-Manuel-Parent-Resource\\_9.29.pdf](https://www.nicwa.org/wp-content/uploads/2025/09/064_NICWA_San-Manuel-Parent-Resource_9.29.pdf))



### Parenting in Jail

Parenting in Jail, a program of Family & Children's Services, provides evidence-based parenting classes to individuals in the following county jails: Tulsa, Okmulgee, Osage, Creek, and Rogers. In addition to classes, participants may be eligible for weekly in-jail contact visits with their minor children. Caregivers are connected to community resources and provided information regarding how to support children with incarcerated parents. Community-based parenting classes are also available to individuals living in Tulsa and surrounding counties if they are involved in the criminal legal system. For more information about the Parenting in Jail program, call 918-560-1300. <https://www.fcsok.org/womens-justice>



### Latino Community Development Agency

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



### Hispanic Resource Center; Tulsa City-County Library

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



### Family Resource Centers (FRCs)

Family Resource Centers (FRCs) are supportive and welcoming places for all families. These centers offer a range of free or low-cost services, including parenting and play groups, as well as clothing, diapers, and various household items. Each service or support is designed to help families navigate their unique needs. FRCs focus on building strong support networks, ensuring everyone feels understood and valued. Through their programs, they promote resilience and healing, aiming to improve children's well-being and strengthen family bonds. To learn more information or connect with an FRC near you, visit <https://parentpro.org/content/services>.



## Mentoring, supports, and youth organizations



### Big Brothers Big Sisters of Oklahoma (BBBSOK)

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



### Girl Scouts

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



### Girl Scouts Beyond Bars of Oklahoma

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



### Boys & Girls Clubs of America (BGCA)

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



### Scouts BSA

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

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



### 4-H Youth Development

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



### Grandparent Toolkit

This toolkit and video series help grandparents who are caring for their grandchildren. The toolkit's goal is to help increase grandparents confidence and knowledge about common issues and learn about available resources for grandparents. <https://oklahoma.gov/health/health-education/children--family-health/maternal-and-child-health-service/grandparent-toolkit.html>



### Prison Fellowship® Angel Tree®

Prison Fellowship® Angel Tree® fosters relationships between children and their incarcerated parents through local churches that provide Christmas gifts and a personal message from the parent to the child. Angel Tree® also supports the family year-round by sending kids to Christian summer camps, offering one-day sports camps, and providing connections to mentoring and other community programs, all at no cost to the families. (<https://www.prisonfellowship.org/family>)



### Oklahoma Messages Project

Oklahoma Messages Project's mission is to improve children's lives through shared reading via video with their incarcerated parents. OK Messages Project goes into prisons to coach and film parents reading books and sharing a hopeful message. The DVDs are mailed to the child(ren) with the book read on the video. The program, "Messages from Mom and Dad with Bedtime Stories" is an important part of helping children thrive during their parents' absence. When kids hear, 'I want you to know that Mommy is safe, and it's not your fault that we're separated. I miss and love you so much! I'm very proud of you, how you help your sister and grandma, and do your homework— So let's read a book together...'" their worry and sadness decrease significantly. The child-parent connection is restored. Their self-esteem and hope are boosted; and while reading together with parents nightly, their reading skills improve, and they do better in school. For more information about the Oklahoma Messages Project, call 405-285-5955. <https://okmessagesproject.org/>



### New Day Camp

New Day Camp, offered through the Criminal Justice and Mercy Ministries of Oklahoma (CJAMM), is for children ages 8 to 14 years who currently have or have had in the past, at least one incarcerated parent. The camp is hosted at Lake Texoma and includes activities to address the special needs of this group of young people may have. [office@cjamm.org](mailto:office@cjamm.org) (<https://www.cjamm.org/new-day-camp/>)



### Light Christian Academy

Light Christian Academy was established in 2012 to serve students with incarcerated parents. While we continue to support families affected by incarceration, we are expanding our reach by opening enrollment to students in the surrounding community. Eligible zip codes include 73111, 73104, 73105, 73106, 73117, and 73121. Light Christian Academy is a Pre-K through 4th grade college-preparatory Christian school



### New Hope Oklahoma

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



### Oklahoma Family Network (OFN)

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



## Internet links

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

### Other Toolkits and Guides:

Statewide Correctional Initiatives Supporting Children with Incarcerated Parents: An Action Plan for Policymakers



Science Direct: Children and Youth Services Review



National Center for Homeless Education



The National Resource Center on Children and Families of the Incarcerated



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



Sesame Street Resources



### Faith-Based Organizations

Office of Faith-Based and Community Initiatives (State of Oklahoma)



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



Prison Fellowship®  
Angel Tree®



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



## Reading lists and videos for children, caregivers and providers

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

### **Knock Knock: My Dad's Dream for Me (2013)**

*Daniel Beaty*

A poignant children's book about an absent father's enduring love and the dreams he leaves behind.

### **Far Apart, Close in Heart: Being a Family When a Loved One is Incarcerated (2017)**

*Becky Birtha*

A sensitive story addressing children's varied emotions when a parent is incarcerated, emphasizing that they are not alone.

### **Kennedy's Big Visit (2015)**

*Daphne Brooks*

A touching tale about a young girl's emotional journey visiting her father in prison and their unbreakable bond.

### **Mama's Nightingale: A Story of Immigration and Separation (2015)**

*Edwidge Danticat*

A story of a girl who finds hope and connection through her mother's recorded bedtime tales while she is detained.

### **Almost Like Visiting (2016)**

*Shannon Ellis*

A resourceful book exploring the emotions of children during video visits with incarcerated parents.

### **Our Moms (2018)**

*Q. Futrell*

An easy-to-read guide that fosters understanding of parental incarceration while promoting diversity and support.

### **Deena Misses Her Mom (2017)**

*Jonae Haynesworth*

A story about a girl struggling with anger and grief after her mother's incarceration and her journey toward healing.

### **The Night Dad Went to Jail: What to Expect When Someone You Love Goes to Jail (2013)**

*Melissa Higgins*

A guide for children dealing with the emotions and uncertainty when a loved one is jailed.

### **Missing Daddy (2019)**

*Mariam Kaba*

A heartfelt account of a girl's longing for her imprisoned father and the joy of their visits.

### **See You Soon (2022)**

*Mariame Kaba*

An illustrated story showing the love and connection between a girl and her mother, despite incarceration.

### **Love Never Leaves: Children Coping with the Incarceration of Their Loved One (2024)**

*Katrina McCutchen*

Calvin's emotional journey highlights the enduring power of love despite his father's incarceration.

### **Visiting Day (2015)**

*Jacqueline Woodson*

A beautifully illustrated story capturing the anticipation and joy of a girl's monthly visit to her father in prison.

### **My Daddy's in Jail (2015)**

*Anthony Curcio*

A whimsical yet informative story that helps children understand jail and navigate their feelings.

### **Two of Every 100 (2010)**

*Richard W. Dyches*

A workbook designed to help children with incarcerated parents express their feelings and concerns.

### **Anna's Test (2019)**

*Whitney Hollins*

Anna eagerly shares her academic success with her incarcerated father, fostering conversations about parental incarceration.





### **When Dad Was Away (2013)**

*Karen Littlewood*

A girl copes with her father's imprisonment and finds comfort in his recorded stories and family support.

### **Someone I Know Lives in Prison (2013)**

*Rebecca Myers*

An educational tool that helps children understand the prison visitation process.

### **Sing, Sing Midnight (2016)**

*Emily Ridge Gallagher*

A lyrical tale of a girl who finds connection and comfort through her father's unexpected answers during his incarceration.

### **Dear Dad, Love Nelson: The Story of One Boy and his Incarcerated Father (2023)**

*Margaret McBride*

This story builds awareness of parental incarceration and increases empathy for people who have an incarcerated loved one.

### **Questions for Dad: Helping Children Cope with Parental Incarceration (2022)**

*Ryan Stowe*

Two siblings confront their questions and emotions about their father's incarceration, learning to support each other.

### **Welcome Home: Mommy Gets Out Today (2015)**

*Jamantha Williams Watson*

A story about two children navigating the joy and challenges of reuniting with a mother returning from prison.

## Resources for policymakers



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



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



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



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



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



**SchoolHouse Connection** (<https://schoolhouseconnection.org/>)



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



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



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



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



**Oklahoma Children of Incarcerated Parents Advisory Committee / Oklahoma Commission on Children and Youth** ([oklahoma.gov/occy/departments/planning-and-coordination/p-c-cip/children-of-incarcerated-parents-advisory-committee.html](https://oklahoma.gov/occy/departments/planning-and-coordination/p-c-cip/children-of-incarcerated-parents-advisory-committee.html))



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



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



## Books for caregivers and service providers

### **Incarceration and Families (2016)**

*Hillary W. Poole*

This book explores the challenges faced by more than 2.5 million American children who have incarcerated parents. It offers advice and encouragement for kids navigating these difficult circumstances while highlighting changes in family structures in modern times. The book includes accessible information and resources to help children feel less isolated.

### **Parental Incarceration and the Family: Psychological and Social Effects of Imprisonment on Children, Parents, and Caregivers (2014)**

*Joyce A. Arditti*

This book examines how parental incarceration impacts children, caregivers, and the incarcerated parent, focusing on the disadvantages children face and the adjustments required of caregivers. Through research and personal stories, it paints a vivid picture of the family dynamics affected by imprisonment. The author advocates for policy changes that better address the needs of families with incarcerated members.

### **The Shadow System: Mass Incarceration and the American Family (2020)**

*Sylvia A. Harvey*

This book follows three families navigating the hardships caused by mass incarceration, from a father serving a life sentence to a mother fighting for custody. It sheds light on how the system fractures families and challenges their resilience. The author provides a human perspective on systemic injustice while illustrating the emotional and social costs of incarceration.

### **Holding On: Family and Fatherhood during Incarceration and Reentry (2019)**

*Tasseli McKay*

Based on a ten-year study, this book examines the parenting and relationships of incarcerated men and their families. It highlights the central role these men play as fathers and partners and how their absence impacts loved ones. The book challenges common perceptions about incarcerated men and advocates for policies that support vulnerable families. The research bridges gaps between family well-being and incarceration studies.

### **Doing Time on the Outside: Incarceration and Family Life in Urban America (2007)**

*Donald Braman*

This book reveals the financial, social, and emotional toll incarceration takes on families. It focuses on urban families and the challenges they face while supporting loved ones behind bars. The author provides a detailed account of how imprisonment reshapes family dynamics and relationships.

### **Family Arrested: How to Survive the Incarceration of a Loved One (2002)**

*Ann Edenfield*

Drawing from personal experience, this book offers practical advice for families dealing with the incarceration of a loved one. It explains the legal and emotional steps families must navigate, from arrest through sentencing and imprisonment. The book provides a roadmap to help families survive and adapt to these challenges.

### **Parenting Through Incarceration and Beyond (2023)**

*Kevin D. Johnson II*

This book empowers incarcerated parents to maintain meaningful relationships with their children and offers strategies for parenting during and after incarceration. It emphasizes the importance of family bonds in promoting healing and resilience. The author calls for a more compassionate and inclusive society that supports families facing these unique challenges.

## Research and information for providers



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

*Eddy and Reid (OSLC, 2002)*

This study explores the relationship between parental criminality and adolescent antisocial behavior, examining effective interventions and educational programs for incarcerated parents. <https://aspe.hhs.gov/reports/antisocial-behavior-adolescent-children-incarcerated-parents-developmental-perspective-0>



### **Childhood Loss and Behavioral Problems: Loosening the Links**

*Viboch, Vera (2005)*

This article explains the connection between parental incarceration and child misbehavior, focusing on grief and loss, effective responses to children's feelings of loss, helping children understand parental incarceration, and fostering stability and security. <https://www.vera.org/publications/childhood-loss-and-behavioral-problems-loosening-the-links>



### **Prisoners in 2011**

*Carson, E.A. & W.J. Sabol (Bureau of Justice Statistics, 2012)*

Highlights data and trends in the incarcerated population during 2011. <https://bjs.ojp.gov/content/pub/pdf/p11.pdf>



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

*Child Trends (August 22, 2013)*

Highlights the adverse effects of incarcerating low-level offenders on children and discusses related justice department initiatives. <https://www.childtrends.org/publications/parents-in-prison-why-keeping-low-level-drug-offenders-in-prison-hurts-kids-and-what-the-justice-department-is-doing-to-help>



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

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

This report highlights the emotional and behavioral impacts of parental incarceration on children and identifies protective factors that help build resilience within families. <https://www.urban.org/sites/default/files/publication/31486/411616-Broken-Bonds-Understanding-and-Addressing-the-Needs-of-Children-with-Incarcerated-Parents.PDF>





### Children's Antisocial Behavior, Mental Health, Drug Use, and Educational Experience after Parental Incarceration: A Systematic Review and Meta-Analysis

Murray, J., D.P. Farrington, & I. Sekol (2012)  
Explores the long-term impacts of parental incarceration on children, focusing on antisocial behavior, mental health, and education. <https://pubmed.ncbi.nlm.nih.gov/22229730/>



### Families Left Behind: The Hidden Costs of Incarceration and Reentry

Travis, McBride, Solomon (Urban Institute, 2005)

A report for social service providers discussing the effects of incarceration on family dynamics, visitation challenges, and the role of families in stabilization and reintegration. <https://www.urban.org/sites/default/files/publication/50461/310882-Families-Left-Behind.PDF>



### Prisoners in 2012 – Advance Counts

Carson, E.A. & D. Golinelli (Bureau of Justice Statistics Bulletin, 2013)

Provides statistical insights into the incarcerated population in 2012. <https://bjs.ojp.gov/content/pub/pdf/p12ac.pdf>



### Mean Lives, Mean Laws: Oklahoma's Women Prisoners

Sharp, S.F., & Juanita Ortiz (2014)

Discusses the experiences of incarcerated women in Oklahoma, shedding light on systemic issues and social consequences. <https://www.degruyter.com/document/doi/10.36019/9780813562773/html>



### Parental Incarceration and Child Wellbeing in Fragile Families Center for Research on Child Wellbeing (Fragile Families Research Brief Number 42, 2008)

Discusses the effects of parental incarceration on child wellbeing and family dynamics in fragile families. <https://fragilefamilies.princeton.edu/sites/fragilefamilies/files/researchbrief42.pdf>



### Parents in Prison and Their Minor Children

Glaze, L.E. & L.M. Maruschak (Bureau of Justice Statistics Special Report, 2008)

Explores the impacts of parental incarceration on minor children and family dynamics. <https://bjs.ojp.gov/content/pub/pdf/pptmc.pdf>



### Living with a Parent in Prison: Learning from Young People

Catherine Flynn & Kathryn Gor (2024)

This study shares children's perspectives on coping with parental imprisonment. It highlights their need for connectedness, respect, and recognition, urging improved support from families, schools, and justice systems. [https://shineforkids.org.au/wp-content/uploads/2024/10/MonashUniversity\\_ChildrensVoices\\_FinalReport\\_September2024.pdf](https://shineforkids.org.au/wp-content/uploads/2024/10/MonashUniversity_ChildrensVoices_FinalReport_September2024.pdf)



### The Effects of Childhood Stress on Health across the Lifespan

Summarizes the effects of chronic stress, including parental incarceration, on children's health and development, based on the ACE Study findings. <https://drum.lib.umd.edu/handle/1903/22891>

## National Organizations



There are many national organizations that provide support or information.

The Annie E. Casey  
Foundation Kids Count  
Data Center



ASU Center of  
Child Well-Being



WEGOTUSNOW



CSG Justice Center:  
Evidence-Based and  
Promising Programs  
Supporting Incarcerated  
Parents, Their Children and  
Families



Osborne Association



National Center  
for Fathering



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



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2. Parents Behind Bars: Children of Incarcerated Family Members (2012). Idaho's Criminal Justice Commission
3. Beyond the Walls: A Guide to Services for Families Affected by Incarceration. Washington State Department of Social and Health Services
4. How to Explain...Jails and Prisons...to Children: A Caregiver's Guide, Oregon Department of Corrections Children of Incarcerated Parents Project Elizabeth Sazie, MD, MPH, Diane Ponder, LCSW and Juanita Johnson
5. Family and Corrections Network (FCN) Including the Children of Prisoners Library. [www.fcnetwork.org](http://www.fcnetwork.org)
6. A Behavioral Health Toolkit for Providers Working with Children of the Incarcerated and their Families. (Washington State Department of Social & Health Services, 2009)
7. Children of Incarcerated Parents Web Portal. This website, found at [www.childrenofincarceratedparents.org](http://www.childrenofincarceratedparents.org), consolidates, in a single online location, information regarding federal resources, grant opportunities, best and promising practices, and ongoing government initiatives that support children of incarcerated parents and their caregivers. The portal provides user-friendly information for stakeholders, including local and state governments, which wish to initiate their own collaborative processes to improve support for these children. For example, visit the portal to view the Children of Incarcerated Parents Framing Paper, which outlines the challenges children of incarcerated parents and their families face and provides strategies for service providers on how to enhance these children's social and emotional well-being. (Children of Incarcerated Parents Web Portal | National Reentry Resource Center)
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## Survey: Give us your feedback

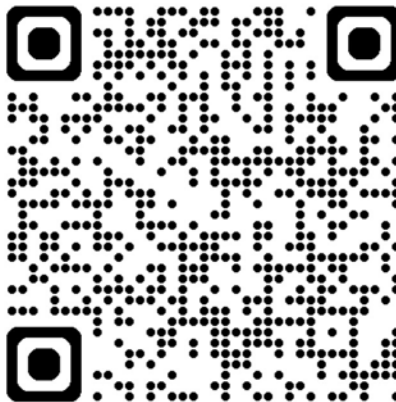
Share your experience with the CIP Toolkit and help us improve future editions.

This brief, voluntary survey invites you to share how you use the Children of Incarcerated Parents (CIP) Toolkit and which resources have been most helpful.

Your feedback helps the Oklahoma Commission on Children and Youth (OCCY) and the CIP Advisory Committee strengthen future versions of the toolkit. Responses are anonymous, no identifying information is collected or shared, and the survey takes approximately three to five minutes to complete.

You may also report any missing information, suggest new resources, or request improvements. Alternative formats are available by emailing [danielle.dill@occy.ok.gov](mailto:danielle.dill@occy.ok.gov). All responses are used solely for program improvement.

Scan or click the QR Code



Or visit [tinyurl.com/2026CIPSURVEY](https://tinyurl.com/2026CIPSURVEY)

Thank you for participating.

# Notes



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# 2025 | Annual Report Oklahoma Mentoring Children of Incarcerated Parents Program



OKLAHOMA  
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# Children of Incarcerated Parents Initiative

The Oklahoma Commission on Children and Youth (OCCY) continues to advance coordinated, statewide efforts to support children of incarcerated parents and the families and caregivers who care for them. Through cross-agency collaboration, stakeholder engagement, and alignment of public and private partners, OCCY works to strengthen awareness, improve service coordination, and expand protective supports for children impacted by parental incarceration. Central to this work are lived experience, data-informed planning, and community partnerships. Key components of OCCY's Children of Incarcerated Parents initiatives include statewide advisory coordination, resource and toolkit development, partner education, program evaluation, professional development, and targeted mentoring investments through the Oklahoma Mentoring Children of Incarcerated Parents Program.

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# Oklahoma Mentoring Children of Incarcerated Parents Program

In accordance with Title 10A § 2-10-101 and Title 10A § 2-10-102, OCCY is charged with issuing a request for proposals every three years to establish one-to-one mentoring for children whose parents are incarcerated and/or youth at risk of becoming involved in the juvenile justice system. Entities eligible to apply to administer the program are limited to non-profit organizations. In accordance with Title 10 § A2-10-103, OCCY is required to publish an annual report describing the Oklahoma Mentoring Children of Incarcerated Parents Program and its effectiveness.

OCCY awarded Big Brothers Big Sisters of Oklahoma (BBBSOK) \$80,000 to provide one-to-one mentoring to children of incarcerated parents for State Fiscal Year 2025 (SFY 2025). The OCCY award allowed BBBSOK to provide (or match) 89 children with individual adult mentors committed to meeting with each child consistently and regularly for at least one year. Per statute, services are delivered at a cost no greater than \$1,500 per mentor-mentee match.

OCCY has supported BBBSOK since Oklahoma's SFY 2015. Since then, BBBSOK has served more than 5,325 matches. In the last 10 years, 493 matches have been supported by OCCY. These mentors have changed the trajectory of those children's lives.

# The Challenge

Not only does the United States continue to have the highest incarceration rate of any other democracy in the world, **but Oklahoma's incarceration rate is nearly one-third higher than the national average.**<sup>1</sup>

Because of that statistic alone, children in this state suffer significant negative consequences in their young lives and far into their futures. Manifesting in a variety of ways, these consequences affect a child emotionally, academically, and socially – all of which show up in the classroom. When children experience the stigma and shame of having a parent in prison, they often struggle with feelings of isolation, low self-esteem, high anxiety, and depression. These challenges can lead to behavioral issues, fewer peer connections, strained relationships with teachers, and declining academic performance.

Children with incarcerated parents often live in single-parent households or with other family members. They may feel financial strain within the family, lack the support needed for their schoolwork, or have little or no access to educational resources such as tutoring or extracurricular activities. They may face difficulties in establishing and maintaining peer relationships, further impacting their social development.

This lack of support can impede a child's ability to focus and engage in learning. Statistically, children with an imprisoned parent have an increased risk of delinquency, dropping out of school, and mental health issues.<sup>2</sup> Research has found that kids with incarcerated parents are more likely than their peers to be placed in special education, be held back in school, receive poor evaluations from teachers, demonstrate increased delinquency, and drop out of school.<sup>3</sup>

Lacking the ability to effectively communicate their feelings, children with incarcerated parents can present in the classroom as aggressive, defiant, or overly impulsive, disrupting the learning environment

for other children and developing a negative reputation with teachers and administrators. Poor educational attainment further limits their future career opportunities, increasing the possibility that they will become involved with the criminal justice system as adults. Today, nearly one out of every 10 Oklahoma children has experienced parental incarceration during their childhood.<sup>4</sup> Without positive intervention, many of these children will be incarcerated in the future.

Most of the children served by BBBSOK have a history of traumatic experiences in the home, such as poverty, single parenthood, or guardians who are unprepared for the rigors of parenting. Despite the child's lack of fault, these problems can have long-lasting, detrimental impacts on his or her future.

Support for these families includes social services, counseling, and mentorship programs. By far, the cheapest and most easily facilitated program to profoundly impact children is mentorship. Mentors share knowledge, experience, and insights, often opening doors for hope and individual accomplishment. This personalized guidance can directly offset social development problems, improve communication skills, and decrease feelings of shame. Mentors also foster feelings of acceptance, resiliency, and adaptability – giving a child the ability to better cope with problems. When compared to unmentored youth, Littles are 46% less likely to begin using drugs, 52% less likely to skip school, and 33% less likely to become violent.<sup>5</sup>

BBBSOK strives to promote positive changes in scholastic confidence and competence, social acceptance and peer relations, the avoidance of delinquency, and improved parental relationships by matching youth aged 6 to 18 years (Littles) with volunteer adult mentors (Bigs). Having an adult mentor can buffer the adverse effects of single-parent homes, traumatic experiences, and

<sup>1</sup> Prison Policy Initiative. States of Incarceration: States of Incarceration: The Global Context 2024. Retrieved from <https://www.prisonpolicy.org/global/2024.html>

<sup>2</sup> Society for Research in Child Development. A Developmental Perspective on Children With Incarcerated Parents. Retrieved from <https://srcd.onlinelibrary.wiley.com/doi/full/10.1111/cdep.12392>

<sup>3</sup> The Hechinger Report. Opinion: The Invisible Toll of Mass Incarceration on Childhood Development. Retrieved from <https://hechingerreport.org/opinion-sentenced-at-birth-the-invisible-toll-of-mass-incarceration-on-childhood-development/#:~:text=A%20diverse%20body%20of%20research,increased%20delinquency%20and%20drop%20out.>

<sup>4</sup> Annie E. Casey Foundation. Children who had a parent who was ever incarcerated: KIDS COUNT Data Center. (n.d.). Retrieved from <https://datacenter.aecf.org/data/tables/9688-children-who-had-a-parent-who-was-ever-incarcerated?loc=38&loct=2#detailed/2/38/false/2043,1769,1696,1648,1603/any/18927,18928>

<sup>5</sup> Big Brothers Big Sisters of America. A Future Built on Mentorship: Why Mentoring is the Essential Infrastructure our Future Needs Now. Retrieved at: <chrome-extension://efaidnbnmnmbpcapjcgclcfndmkaj/https://live-new-bbbsa.pantheonsite.io/wp-content/uploads/2026/01/A-Future-Built-on-Mentorship.pdf>

<sup>6</sup> Bell, A., & Petkova, N. (2024). The Long-Term Impacts of Mentors: Evidence from Experimental and Administrative Data&nbsp;: <https://doi.org/10.2139/ssrn.4868302>

economically disadvantaged neighborhoods.

BBBSOK's monitored one-on-one relationships have consistently proven to serve as a successful deterrent to poor choices, intergenerational incarceration, and dropping out of school. A recent study on the long-term outcomes of BBBS mentoring revealed that Littles are 20% more likely than their un-mentored

peers to attend post-secondary education or trade school after graduating from high school. They also experience 15% higher income between the ages of 20 and 25, with mentoring helping to close two-thirds of the socio-economic gap.<sup>6</sup> The seemingly small but intentional actions our mentors take today will lead to significant advancements in economic mobility for Littles in the future.

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## Adverse Childhood Experiences

Other dysfunctions in the home can generate traumas for a child, such as food insecurity, divorce or separation, physical abuse, addiction, parental incarceration, and emotional neglect. These Adverse Childhood Experiences (ACEs) alter the architecture of the child's brain, which can affect decision-making, school performance, and future health outcomes. ACEs are linked to risky behaviors, chronic health conditions, low life potential, and early death.

ACEs are categorized into three groups: abuse (emotional, physical, and sexual), neglect (emotional and physical), and household challenges (incarcerated parent, mother treated violently, substance abuse or mental illness in the household, and parental separation or divorce). Exposure to ACEs can cause prolonged toxic stress, which can lead to a higher risk of learning and behavioral issues, obesity, heart disease, alcoholism, and drug use.<sup>7</sup>

The percentage of Oklahoma children affected by ACEs is higher than the national average, with nearly one in five Oklahoma children under 17 answering "yes" to at least two of the questions. All children in the BBBSOK program who received OCCY funding answered "yes" to question number five.

<sup>7</sup>American Academy of Pediatrics. Adverse Childhood Experiences and the Lifelong Consequences of Trauma. (2014) Retrieved from [https://www.aap.org/en-us/documents/ttb\\_aces\\_consequences.pdf](https://www.aap.org/en-us/documents/ttb_aces_consequences.pdf)

### Take the ACE Test

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

# Big Brothers Big Sisters Mission

The mission of BBBSOK is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. The goal of BBBS has remained the same for over a century – to match one caring, stable, and positive adult role model with one at-risk or high-risk child. Matches are based on shared interests, personalities, child needs, and volunteer abilities. BBBSOK requires at least one year of involvement in the program. BBBSOK’s program offers children one of the most significant protective forces in their development: a nurturing adult who cares enough to build a relationship with them, encouraging trust and resilience.

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## What BBBSOK Match Costs Cover

- in-person or video interviews with the volunteer, child, and their parent/guardian
- extensive background checks for volunteers and collection of references
- staff salary for client assessments, match profiling, match introduction, and monthly match support conversations

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## How a Match is Made at BBBSOK





Photo description: A Big mentor teaches a Little how to play a guitar, with the Big demonstrating hand placement while the Little holds the instrument.



Photo description: A Little in a football uniform holds a football and smiles at the Big who is also wearing a football uniform.

## OCCY Funding Impact on BBBSOK

Funding from OCCY has allowed BBBSOK staff to recruit dedicated volunteer mentors, thoroughly vet them to ensure all child safety standards are met and match these mentors with children of incarcerated parents. BBBSOK professionally trained specialists provide support from the start, maintaining the

integrity of the match by offering ideas and outside resources to the Big and the parent/guardian. This support is key to the longevity of the match and helps the relationship grow into a lasting, fruitful one. Most matches last well beyond that year.

### Meet Real Oklahomans

Bigs often serve as one of the only stabilizing forces in their Little's lives, showing up through challenges and hurdles, as well as wins and accomplishments. Take, for instance, Little Brother Eric and Big Brother Brady.

By age nine, Little Eric had already experienced many traumas that affected his well-being and self-confidence. When he joined our program, he lived with his grandparents, had no contact with his incarcerated father, and his mother was living in a halfway house recovering from substance abuse. During this time, Eric witnessed his grandfather's decline and death from cancer, compounding his sense of loss and instability.

Big Brother Brady is a strong match for Eric, having grown up with a parent who struggled with sobriety. This shared experience allowed Brady to relate to Eric in a meaningful and authentic way.

Over time, Brady became a constant source of support and comfort as Eric navigated both setbacks and progress. Eric has since reunited with his mother and his siblings, a positive change that still brought

emotional challenges. Eric is definitely happy, but the transition has been difficult.

More recently, Eric was diagnosed with autism, opening the door to new tools and coping strategies for Eric, his family, and his Big Brother. With this new understanding, Brady has been able to support Eric's better communication, confidence, and ability to try new things.

Having a Big Brother has improved Eric's self-esteem and given him a trusted support system that helps him face once-overwhelming situations. Eric and Brady recently celebrated their second match anniversary and are excited to see what new adventures are in store for year three!

Eric and Brady are real people who live in Oklahoma, though their names have been changed for anonymity. Similar inspiring and life-altering stories play out across our state every day because of the support of Bigs like Brady and consistent funders like OCCY.

# Outcome Data for OCCY-Funded Matches

Through connections with their Bigs, Littles overcome shyness and self-doubt, build trusting relationships with peers, and improve their academic performance. BBBSOK uses instruments developed by Big Brothers Big Sisters of America to monitor program effectiveness. These include surveys that monitor the strength of the relationship between the Big and Little, measuring outcomes such as connectedness, safety, the importance of the match relationship, and the child's feelings toward his or her Big. Other performance outcomes and measurement tools are administered in a pre-test/post-test format. They are given at the initial match introduction and at the match's anniversary. These tools provide direct

measures of academics, relationships, and risky behavior. Staff assesses the child's positive outcomes through the survey responses.

In addition to these annual evaluation tools, BBBSOK program specialists collect anecdotal data from the Big, Little, and parent/guardian through regularly scheduled match support conversations (performed monthly for matches that have been together for under a year and quarterly for matches that have been together for over a year). BBBSOK is trained to evaluate and monitor these conversations to assist in ways that lead to the longevity of the match.

## Outcome Data Survey Results for OCCY-Funded Matches

Littles reported the following outcomes:

### Academic Outcomes

- 92% improved their educational expectations
- 84% improved their goal-setting skills
- 80% improved their academic performance

Littles indicated high educational aspirations; their academic performance and goal-setting skills have remained steady or improved since being matched.

### Behavior Outcomes

- 100% avoided contact with the police or juvenile justice system
- 94% avoided disciplinary action at school
- 92% avoided substance use

Littles said that they avoided involvement with the police, substance use, and disciplinary action at school.

### Strength of Relationship Outcomes

- 97% say their relationship with their Big is important to them
- 94% feel close to their Big
- 92% say their Big helps them solve problems

The outcomes above directly result from the strong relationships built between Bigs and Littles. Littles say their relationship with their Big is important to them, feel close to their Big, and say their Big has good ideas for solving problems.



Photo description: A Big and a Little stand in a park. The Big points into the distance, and the Little looks in the same direction.

## OCCY-funded BBBSOK Match Lengths

Since 2015, OCCY has funded 493 one-to-one youth mentorships. BBBSOK is still supporting matches from this very first grant. The longest OCCY-funded match has been together for more than seven years.

A closed match does not equal a failed match. A match may close because the Little ages out of the program or because the Big moves out of the area. Often, these relationships continue in ways that positively impact the Little.

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### Driving Measurable Success

BBBS Littles Are

**20%**

More Likely to Enroll in College

Being a BBBS Little Closes

**2/3**

of the Economic Gap

BBBS Littles Earn

**15%**

More Over their Lifetime

# FY 2025 OCCY-Funded BBBSOK Match Demographics

## Bigs

- Male 45%
- Female 55%

## Little's

- Male: 45%
- Female: 55%

## Race / Ethnicity

- American Indian: 4%
- Asian: 6%
- Black: 20%
- Hispanic: 16%
- White: 68%
- Other: 1%

## Race / Ethnicity

- American Indian: 12%
- Asian: 0%
- Black: 45%
- Hispanic: 15%
- White: 44%
- Other: 4%

## Age

- 19-25: 39%
- 26-30: 21%
- 31-40: 25%
- 41-50: 7%
- 51-60: 3%
- 61+: 5%

## Age

- 6-10: 37%
- 11-13: 33%
- 14-18: 30%

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## Counties Supported by OCCY Funds

- Cleveland: 21%
- Oklahoma: 35%
- Payne: 9%
- Tulsa: 32%
- Washington: 3%

# We Have More Work to Do

In 1904, the original mentoring model for BBBS was founded in New York City to reduce the number of children who were interacting negatively with the judicial system. Today, youth living in compromised situations need help understanding the implications of poor decisions, building their self-esteem, and staying on track with their education. Many refinements and generations later, BBBSOK continues to seek innovative ways to serve the

Oklahoma children who need it most. At this time, over 140 children with incarcerated parents are waiting to be matched with a willing volunteer. Funding from OCCY will enable BBBSOK to continue positively impacting hundreds of lives. It will also enable Oklahoma's children to become productive members of the workforce, parents, volunteers, and community leaders.

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## The Journey Ahead

OCCY remains committed to strengthening coordinated, evidence-informed supports for children and families impacted by parental incarceration. Through partnership development, program oversight, stakeholder engagement, and targeted investments such as the Oklahoma Mentoring Children of Incarcerated Parents Program, OCCY continues to advance strategies that promote stability, connection, and positive youth outcomes. OCCY will continue to monitor program performance, support cross-system collaboration, and elevate

effective practices that demonstrate measurable benefit to children and families. Sustained partnership, responsible resource allocation, and continued stakeholder engagement remain essential to this work. OCCY appreciates the continued attention and support of state leadership in advancing improved outcomes for Oklahoma's children.

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**OKLAHOMA  
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## Homeless Children and Youth



P&C advances statewide systems coordination, strategic planning, and cross-sector collaboration efforts addressing barriers impacting children and youth experiencing homelessness. Through the Homeless Children and Youth Steering Committee (HCYSC), strategic partnerships, data-informed planning, and systems coordination initiatives, OCCY works to improve educational stability, access to supportive services, and outcomes for children, youth, and families experiencing homelessness.

### Key Activities, Deliverables & Impact



Continued implementation of the HCYSC 2025–2027 Strategic Plan to strengthen statewide systems coordination and cross-sector collaboration supporting children and youth experiencing homelessness.



Led development and dissemination of the Homeless Children and Youth Steering Committee 2025 Legislative Report in collaboration with HCYSC partners and in accordance with statutory requirements.



Convened statewide partners to address barriers related to homelessness identification, transportation, documentation access, behavioral health, financial stability, and educational continuity.



Coordinated development and launch of a statewide homelessness and housing instability survey in partnership with the OU E-TEAM and statewide stakeholders to strengthen data-informed planning and systems coordination efforts.



OCCY's public-private partnership with Oklahoma's Credit Union has supported opening 244 banking accounts for youth experiencing homelessness or transitioning from care since the program's inception.



HCYSC Chair Susan Agel was featured in a national Hechinger Report examining the rise of homelessness among infants and toddlers, highlighting Oklahoma's efforts and emerging trends related to early childhood homelessness.



Continued strengthening statewide systems collaboration focused on educational stability, behavioral health, housing stability, and coordinated support for children, youth, and families experiencing homelessness.

### Why This Work Matters



Oklahoma school districts identified 26,896 students experiencing homelessness during the 2024–2025 school year.



Children and youth experiencing homelessness face increased risks related to educational instability, behavioral health challenges, and family disruption.



Housing instability significantly impacts school attendance, academic performance, and long-term child and family well-being.



Hidden in Plain Sight:  
Homeless Children & Youth Steering  
Committee 2025 Annual Report

HCYSC Leg. Report



OKCU Bank Accounts



Susan Agel (Left)



Susan Agel Article

### Emerging Needs & Strategic Priorities



Strengthening early childhood homelessness coordination and support efforts as young children continue to represent one of the fastest-growing and most vulnerable populations experiencing homelessness.



Increasing statewide awareness and understanding of federal and state definitions of homelessness to support consistent identification, reporting, and access to services for children, youth, and families.



Addressing transportation barriers impacting school stability, school attendance, and access to supportive services for children and youth experiencing homelessness.



Expanding cross-system coordination and data-informed planning efforts related to homelessness, behavioral health, educational stability, and family stabilization across Oklahoma.



# Hidden in Plain Sight:

## Homeless Children & Youth Steering Committee 2025 Annual Report



OKLAHOMA  
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Members of the Homeless Children and Youth Steering Committee (HCYSC) and partner organizations representing parent voice, youth leadership, higher education, state government, and the private sector convened around a shared goal: supporting children, youth, and families experiencing homelessness.

Pictured (left to right): James Ray, OCCY Parent Partnership Board; Venicesa Sampson, Member Experience Officer, Oklahoma's Credit Union; Tammy Killman, Assistant Vice President of Member Experience, Oklahoma's Credit Union; Jae Burley, OKC Youth Action Board; Natalie Dickson, Senior Research Assistant, OU E-Team; Lisa White, Senior Project Coordinator, OU E-Team; Jennifer Weins, SRAE Parent Education Specialist, Oklahoma State Department of Health; and Marcellus Seals, OKC Youth Action Board.

## ▶ Executive Summary

Homelessness among children, youth, and families in Oklahoma is increasing and remains significantly under-identified. Most Oklahoma children and youth experiencing homelessness are not in shelters; they are doubled up with relatives or friends (often referred to as “couch surfing” or “couch homeless”), staying in motels, or moving frequently between temporary arrangements. These “hidden” situations make homelessness harder to detect and harder to address.

Under 10 O.S. § 601.6c, the Oklahoma Commission on Children and Youth (OCCY) is required to review data, identify barriers, and present policy recommendations annually to state leaders. This 2025 report provides a concise overview of current trends, system gaps, existing strengths, and actionable strategies to improve outcomes.

In 2025, the Homeless Children and Youth Steering Committee (HCYSC), convened by OCCY, adopted a statewide 2025–2027 Strategic Plan to strengthen policy, partnerships, and data-driven approaches to preventing and ending child and youth homelessness. This report aligns with that framework and provides annual legislative findings required under 10 O.S. § 601.6c.

### Key Findings

- Data from the Oklahoma State Department of Education (OSDE) show that the number of public school students identified as experiencing homelessness has risen substantially in recent years, increasing from 21,988 students in the 2021-22 school year to 26,673 students in 2024-25, a growth of approximately 4,685 students (about 21%) statewide. (OSDE, 2022; 2025).
- Infants, toddlers, and unaccompanied youth remain the most undercounted and least served groups.
- Most Oklahoma students experiencing homelessness are in doubled-up living situations and do not access shelters, making their homelessness less visible and more likely to go unidentified, delaying access to transportation, educational stability, and other McKinney-Vento supports.

- Transportation, documentation, and mental health access are major barriers across the state.
- Oklahoma has expanded efforts in identification, statewide screening for student housing instability, access to required educational documentation (such as enrollment and immunization records), and cross-system coordination.

## Priority Recommendations

- Strengthen identification in schools, childcare, and state systems.
- Reduce barriers to accessing pre-kindergarten and other early childhood programs for children and families experiencing homelessness.
- Expand youth-specific housing and supports.
- Improve transportation and documentation access.
- Increase behavioral health resources tailored for youth and families.
- Strengthen prevention strategies statewide.
- Support coordinated, data-driven decision-making across systems.

## ▶ Statutory Charge & Definitions

### Statutory Charge (10 O.S. § 601.6c)

The Legislature directs OCCY to:

- Review data on homeless children and youth;
- Identify barriers and propose solutions;
- Engage state agencies and community partners; and
- Report findings annually to the Senate President Pro Tempore and House Speaker.

### Definition of Homeless Children & Youth (State + McKinney-Vento)

A homeless child or youth in Oklahoma is 21 or younger and meets one or more of the following:

- Lacks a fixed, regular, and adequate nighttime residence;
- Lives in motels, hotels, shelters, transitional housing, or public/private spaces not designed for sleeping;
- Is doubled-up due to economic hardship or loss of housing;
- Is unaccompanied and without stable shelter; or
- Lacks a guardian willing and able to provide adequate housing.

These definitions include infants, toddlers, school-age children, unaccompanied minors, and transition-age youth.

# ▶ Oklahoma Landscape & Data Overview

## Overview

Homelessness among Oklahoma children and youth is increasing. Schools, youth organizations, early childhood programs, and behavioral health providers all report higher need, more complex cases, and limited resources. Most homelessness remains hidden, occurring outside traditional shelter systems.

## School Data (McKinney-Vento Homeless Assistance Act)

Under the federal McKinney-Vento Homeless Assistance Act, school districts are required to identify and support students who lack a fixed, regular, and adequate nighttime residence, including students who are doubled up, staying in motels, or living in shelters.

- Oklahoma school districts identified 26,673 PK–12 students as lacking a fixed, regular, and adequate nighttime residence in SY 2024–2025 (OSDE, 2025). Last count information.
- The majority (83%) of Oklahoma’s McKinney-Vento-identified students were in doubled-up living arrangements due to economic hardship or eviction (OSDE, 2025).
- Transportation remains the most common request for McKinney-Vento supports across districts, especially in rural communities.

In addition to statewide counts, districts report emerging trends based on information submitted by local McKinney-Vento liaisons to the Oklahoma State Department of Education (OSDE), including annual and ongoing program reporting:

- Families experiencing eviction or severe cost burden;
- Students staying in motels; and
- Rural homelessness where no shelter options exist.

Implementation of the Universal Residency Questionnaire has strengthened identification; however, gaps remain in consistently identifying students experiencing couch homelessness, highly mobile families, and students in rural districts where staffing, training, and access to services are limited.

## Infants and Toddlers (0–5)

- Young children (0–5) remain the least likely to be captured in statewide data systems, as most are not yet connected to public schools.
- Housing instability is consistently identified as one of the top three barriers to consistent child-care attendance and early learning engagement (OKCCR&R, 2024).
- Early childhood providers report increases in:
  - Families cycling between motels, temporary stays, or doubled-up arrangements;
  - Infants and toddlers missing developmental screenings due to mobility;
  - Families unable to secure child care due to lack of documentation or transportation.

## Unaccompanied Youth (Ages 14–24)

- An estimated 450 unaccompanied youth (ages 14–24) experienced homelessness in Oklahoma in 2024 (Read Frontier, 2025).

- Oklahoma has 329 youth-specific shelter and transitional housing beds, leaving a clear gap between need and available capacity (Oklahoma Memo, 2024).
- Youth providers report a rise in young people sleeping in cars, storage units, tents, or rotating among friends' homes.
- Youth avoid adult shelters due to safety concerns, trauma histories, and environments not designed for adolescent or young adult needs.
- Rural youth face additional barriers, including no youth shelters, limited transportation, and long distances to services.

## Behavioral Health Indicators

- Oklahoma students experiencing housing instability report 2–3× higher rates of depressive symptoms compared to their housed peers (YRBS, 2024).
- Students experiencing homelessness are four times more likely to report suicidal ideation (YRBS, 2024).
- Housing-unstable youth also show higher rates of:
  - Chronic absenteeism;
  - Substance use;
  - Exposure to violence or unsafe environments.

## Point-in-Time (PIT) Count

- The 2024 PIT Count identified 5,497 Oklahomans experiencing homelessness on a single night (HUD, 2024).
- Of these, 810 were unaccompanied youth ages 18–24 counted in households without children (HUD, 2024).
- The PIT Count is widely understood to undercount youth and families, as it excludes:
  - Doubled-up living arrangements;
  - Motel stays;
  - Many rural households experiencing hidden homelessness.

## Community Trends

- Providers across the state note rising family homelessness linked to evictions, domestic violence, cost burden, and unstable employment.
- Youth Services of Tulsa documented its highest crisis-housing demand in over a decade (YST, 2025).
- Oklahoma City youth providers report increases in youth sleeping in vehicles, couch-surfing, or remaining unsheltered after aging out of supports.
- Rural communities report:
  - No youth shelters available in many counties;
  - Very limited rental availability;
  - Lack of public transportation; and
  - Higher reliance on doubled-up situations not captured in data.

## ➤ Key Gaps & Barriers



Darryl Savell experienced homelessness with his then four-year-old daughter after losing his job and employer-provided housing at a hotel in Oklahoma City. During the winter months, they faced limited shelter options, as many emergency shelters were full or served only women and children, creating significant barriers for a single father seeking family shelter. With support from City Rescue Mission, Darryl and his daughter secured temporary shelter and received wraparound services and comprehensive case management. Although the family is now stably housed, Darryl continues to share his lived experience to educate policymakers and stakeholders about gaps in family shelter capacity and the importance of trauma-informed supports in schools and service systems.

### Under-Identification

- Hidden homelessness is common and difficult to detect.
- Inconsistent screening across schools, early childhood programs, and agencies.

### Limited Youth-Specific Housing

- Very few shelter beds for youth 16–24.
- Limited safe spaces for pregnant/parenting youth.
- Rural areas often have no youth housing options.

### Documentation Barriers

- Lack of birth certificates, IDs, or Social Security cards limits access to school, work, health care, and housing.
- Youth exiting foster care or juvenile justice often leave without essential paperwork.

### Community Resistance

- Misunderstanding about youth homelessness can delay shelter expansion or local services.
- Neighborhood concerns often overshadow the needs of youth.

### Transportation Challenges

- Long distances in rural areas; no public transit.
- School transportation support can require extensive coordination.
- Families lack reliable vehicles or car seats.

### Mental & Behavioral Health Access

- Waitlists for child and adolescent therapy.
- Limited trauma-informed care for youth experiencing homelessness.
- Few behavioral health providers embedded in shelters or schools.

### Fragmented Systems

- Minimal data-sharing across education, child welfare, housing, and health.
- Eligibility confusion prevents timely access to services.
- Transition planning varies among agencies.
- Limited Pre-K availability and enrollment requirements often prevent children experiencing homelessness from accessing early learning opportunities.

## ➤ Current State Efforts & Strengths

Oklahoma has built meaningful infrastructure to support children and youth experiencing homelessness; however, these efforts are not yet sufficient to meet the scale, complexity, and growth of need statewide. While this progress reflects momentum, increased coordination, and growing alignment across education, early childhood, housing, behavioral health, and youth services, significant gaps remain, particularly for children and youth experiencing “couch homelessness,” those in rural communities, and families requiring prevention-focused supports.

### Cross-System Collaboration (HCYSC)

OCCY’s Homeless Children and Youth Steering Committee (HCYSC) brings together state agencies, school personnel, behavioral health partners, community providers, parents, and youth with lived experience. The Committee’s work has improved data sharing, elevated parent and youth voice, and established a unified statewide framework through the 2025–2027 Strategic Plan.



Susan Agel, Chair of the OCCY Homeless Children and Youth Subcommittee, emphasized the importance of cross-system collaboration to strengthen supports for youth experiencing homelessness.

### Universal Residency Questionnaire (URQ)

The statewide adoption of the URQ has significantly improved early identification in schools and early childhood settings. Districts report more consistent screening practices, earlier detection of housing instability, and stronger alignment with McKinney-Vento eligibility requirements.

### McKinney-Vento Liaisons

District liaisons continue to be a cornerstone of Oklahoma’s response to student homelessness. They provide direct support for identification, transportation, enrollment, and school stability, particularly in rural districts where families face long travel distances and limited public transit.

### Homeless Youth ID Program

Oklahoma’s youth identification program has removed common documentation barriers for unaccompanied youth. Fee waivers, clearer eligibility processes, and interagency cooperation have increased access to IDs, birth certificates, and essential records necessary for school, employment, and housing.

### Early Childhood Coordination

Early childhood programs, including Early Head Start, Head Start, Child Care Resource and Referral agencies, and home visiting services have strengthened capacity to identify families facing housing instability. Providers report improved collaboration with school districts and increased referrals for developmental screening and family support.

## Legislative Engagement & Interim Study Leadership



Rep. Daniel Pae, R, represents Oklahoma's 62nd District.

- Representative Daniel Pae sponsored an interim study on youth homelessness, with OCCY and partners coordinating presenters and statewide data. The study elevated youth homelessness as a bipartisan legislative priority.
- OCCY hosted a town hall with Senator Brenda Stanley, Representative Pae, and a staff representative from Congresswoman Stephanie Bice's office, strengthening state and federal engagement on youth homelessness.

## Community Innovation

Examples of community-led innovation include:

- Youth Services of Tulsa expanding crisis response, drop-in supports, and short-term housing options, reaching the highest demand in more than a decade.
- Pivot, Inc. operating one of Oklahoma's only youth-focused tiny home communities, providing safe, stable, developmentally appropriate housing paired with case management, education and employment supports, and wraparound services. Pivot's model has received national attention as a scalable and cost-effective approach for transition-age youth.
- Rural nonprofits piloting mobile outreach, transportation supports, and motel-based stabilization strategies in communities without youth shelters.
- Oklahoma's Credit Union partners with youth programs to provide financial literacy and banking support for youth at risk of or experiencing homelessness, offering practical skills that promote long-term stability.
- Faith-based and volunteer groups offering meals, clothing drives, mentoring, and transportation supports that fill gaps in rural counties.
- Positive Tomorrows opening three Early Head Start and Head Start classrooms exclusively serving children experiencing homelessness, providing trauma-informed early learning, family supports, and stability during a critical developmental period.

Together, these community-driven models reflect Oklahoma's capacity for innovation and highlight opportunities to scale effective practices statewide.

## Youth and Parent Engagement with Lived Experience

OCCY integrates youth and parent voice into statewide planning and policy development. Individuals with lived experience, including those who have faced housing instability, provide critical insight into real barriers and systems gaps. This engagement strengthens decision making and aligns Oklahoma with national best practices for responsive, effective policy.

- The OCCY Parent Partnership Board elevates parent voice to inform system improvements and family-centered practices.
- OCCY is launching a statewide Youth Advisory Council in 2026, developed in partnership with youth who have varied lived experiences, including homelessness.
- Youth and parents contribute to HCYSC discussions and listening sessions, ensuring that recommendations reflect real experiences and practical needs.

## ► Policy & Practice Recommendations

These recommendations support the statutory purpose outlined in 10 O.S. § 601.6c, reflect the findings of this report, and align with the priorities established in the HCYSC 2025–2027 Strategic Plan, including strengthening policy, expanding partnerships, and improving data and continuous improvement.

### 1. Strengthen Early Identification and Reduce Access Barriers

Early and consistent identification is crucial for connecting children, youth, and families to supports.

#### Recommended Actions

- Ensure school districts receive ongoing McKinney-Vento and URQ training, with particular support for rural districts.
- Expand identification efforts for infants and toddlers (0–5) through early childhood programs, home visiting, CCR&R agencies, pediatric providers, and child welfare partners.
- Streamline or eliminate documentation requirements (e.g., proof of address, guardianship paperwork) that prevent families or unaccompanied youth from accessing services, child care, or enrollment.
- Improve access to transportation support for students experiencing homelessness, especially in rural and high-poverty areas.

### 2. Expand Youth Housing, Crisis Response, and Family Stability Supports

Oklahoma's current housing and shelter capacity is insufficient to meet statewide need.

#### Recommended Actions

- Support efforts to increase youth-specific crisis beds, transitional housing units, and host-home programs, prioritizing regions with no youth shelters.
- Strengthen family stability strategies that help prevent homelessness, including eviction prevention assistance, flexible crisis supports, and landlord mediation strategies.
- Promote youth-centered models (e.g., drop-in centers, transitional living, wraparound staffing) that are developmentally appropriate and trauma-informed.
- Strengthen behavioral health access for youth experiencing homelessness through mobile teams, telehealth, and community partnerships.

### 3. Advance Cross-System Collaboration and Partnerships

Ending child and youth homelessness requires coordinated, aligned action across state, tribal, and community systems.

#### Recommended Actions

- Continue to strengthen the work of the Homeless Children and Youth Steering Committee, including cross-agency initiatives and shared priority setting.
- Foster partnerships between schools, early childhood programs, youth-serving organizations, higher education, faith communities, and local housing providers.
- Support local communities in developing regional coalitions to address rural homelessness, transportation barriers, and service gaps.

- Encourage opportunities to leverage federal grants, philanthropic partners, and private sector collaborations to expand supports for children and youth.

#### 4. Improve Data Quality, Sharing, and Continuous Improvement

Accurate data is essential for understanding need and measuring progress.

##### Recommended Actions

- Strengthen statewide data coordination for children and youth experiencing homelessness, including schools, child welfare, early childhood, health, and behavioral health systems.
- Encourage communities to use both quantitative and qualitative data, including youth and family voice, to identify trends and inform system improvements.
- Strengthen efforts to identify early childhood homelessness and barriers to early childhood education through consistent screening practices and coordinated training.
- Improve rural data collection methods that capture “hidden homelessness” such as doubled-up living and motel stays.

#### 5. Reduce System Barriers That Disproportionately Impact Unaccompanied Youth

Unaccompanied youth face unique legal and logistical challenges.

##### Recommended Actions

- Remove administrative barriers that prevent unaccompanied youth from obtaining necessary documents (IDs, birth certificates, medical records, school transcripts).
- Expand training for youth-serving providers, schools, and housing partners on youth rights and consent frameworks.
- Improve access to education, employment, and postsecondary pathways for youth experiencing homelessness.

## ➤ Conclusion

This report is titled *Hidden in Plain Sight* because the homelessness experienced by Oklahoma’s children and youth often goes unnoticed, despite its presence in every corner of our state. The data make clear that thousands of young people, infants, students, and unaccompanied youth, are living in unstable, unsafe, and temporary conditions that jeopardize their well-being and their futures. Most are not in shelters. They are doubled-up, staying in motels, or moving from place to place, situations that fail to meet their basic needs and remain largely invisible in traditional data systems.

Oklahoma has strong partners, committed agencies, and community organizations working tirelessly on behalf of these children and youth. Yet the scale and urgency of the crisis now demand more than the current system is resourced to provide. Families facing eviction, toddlers missing critical developmental screenings, and youth sleeping in vehicles or rotating among friends’ homes illustrate the real human impact behind the numbers.

Oklahoma now has a clear roadmap - the **HCYSC 2025–2027 Strategic Plan** - to strengthen policy, partnerships, and data-driven solutions. What has been hidden in plain sight can no longer remain unseen, and this report’s findings complement the Plan’s call for coordinated statewide action. Legislators have a pivotal opportunity to advance both the annual recommendations required by statute and the longer-term strategic priorities endorsed by stakeholders statewide. The decisions made now will shape outcomes for thousands of Oklahoma’s children and youth. They are counting on us to act with urgency, clarity, and commitment.

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**OKLAHOMA  
COMMISSION ON  
CHILDREN AND  
YOUTH**

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## Parent and Youth Voice



P&C continues to strengthen statewide parent and youth leadership infrastructure through the Parent Partnership Board (PPB), the Oklahoma Youth Advisory Council (OYAC), and cross-system engagement initiatives. Through strategic partnerships, leadership development opportunities, and efforts to integrate lived experience, OCCY works to elevate parent and youth voices across statewide systems, initiatives, and decision-making processes that impact Oklahoma children, youth, and families.

## Key Activities, Deliverables & Impact



Launched the inaugural Oklahoma Youth Advisory Council (OYAC) in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Twelve youth leaders representing diverse lived experiences from across Oklahoma were selected and onboarded to help inform statewide system planning and youth engagement efforts.



Strengthened statewide parent leadership infrastructure through recruitment and onboarding of five new Parent Partnership Board (PPB) members representing diverse lived experiences from across Oklahoma.



The Parent Partnership Board (PPB), in partnership with the Oklahoma Partnership for School Readiness (OPSR), hosted its annual Legislative Breakfast to support direct engagement between parent leaders and policymakers and elevate lived experience perspectives impacting Oklahoma children and families.



Hosted the National Family Support Network (NFSN) Parent Voices Matter: Cultivating Resilient Parent Advisory Committees virtual training to strengthen parent leadership infrastructure, family engagement practices, and lived experience integration across child- and family-serving systems. Evaluation findings indicated that 75% of participants rated the training as "Excellent," and 75% reported the training was "Very Effective."



Convened the OCCY-OSDH-Oklahoma Family Support Network Community of Practice (CoP): Developing and Sustaining Effective Parent Advisory Committees, bringing together 28 participants from family resource centers, community-based organizations, and family-serving programs to strengthen parent engagement infrastructure and peer learning across child- and family-serving systems.



Continued advancing statewide leadership and lived experience engagement efforts through the Parent Partnership Board (PPB) and Oklahoma Youth Advisory Council (OYAC).



2026 PPB Legislative Breakfast



OYAC Report to Commissioners

## Why This Work Matters



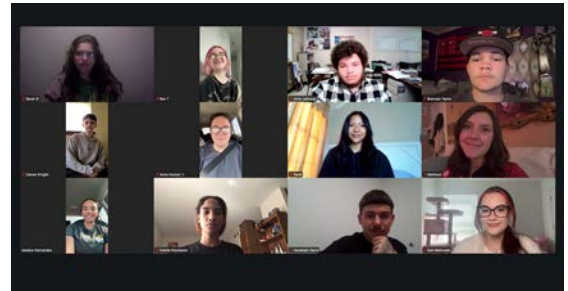
Parent and youth engagement strengthens systems planning, service delivery, and family-centered decision-making.



Lived experience perspectives help improve policies, programs, and supports impacting Oklahoma children and families.



Meaningful engagement opportunities strengthen leadership development, systems trust, and community partnerships.



Launch Meeting for OYAC

## Emerging Needs & Strategic Priorities



Expanding sustainable infrastructure supporting parent and youth leadership, engagement, and lived experience integration across statewide systems and initiatives.



Increasing opportunities for state agencies, boards, commissions, and community partners to engage Parent Partnership Board (PPB) and Oklahoma Youth Advisory Council (OYAC) members in planning, policy, and systems improvement efforts.



Strengthening Parent Advisory Committee (PAC) development and family engagement capacity across child- and family-serving organizations and systems.



Increasing opportunities for rural families, underrepresented communities, and youth with lived experience to participate in leadership and decision-making efforts.

# MISCELLANEOUS



# OKLAHOMA HOME VISITING OUTCOMES MEASUREMENT PLAN

2026

**Submitted to:**

Governor Kevin Stitt  
Oklahoma State Legislature  
Oklahoma Commission on Children and Youth

**In accordance with:**

The Family Support Accountability Act  
**Title 10 O.S. §601.80**

**By:**

Oklahoma Partnership for School Readiness (OPSR)  
Oklahoma State Early Childhood Advisory Council

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## Executive Summary

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Long-term problems often take root during early childhood, resulting in expensive interventions. Poor health outcomes, substance use, lower educational attainment, mental illness, and environmental dysfunction adversely impact the development of children in the first years of life.<sup>1</sup> Additionally, child maltreatment, including abuse and neglect, was estimated to cost \$592 billion in 2018 in total lifetime economic burden.<sup>2</sup> Therefore, the earlier we invest in children and families, the greater the return. Studies focused on the cost-effectiveness of home visiting programs have found strong returns on investment. For example, a Nurse Family Partnership (NFP) model study found a 7% reduction in TANF payments nine years postpartum and costs for those on Medicaid decreased by 10%.<sup>3</sup> Properly implemented home-based prevention services in local communities lead to fewer instances of child abuse and neglect, less need for expensive remedial education, and overall improvements in child health and wellbeing.

Oklahoma has made a strong commitment to investing in the development of a robust early childhood system that promotes optimal health, safety, and development. More than 20 years ago the state began putting home visiting programs into place to support young children. To this end, Oklahoma has long been a leader in implementing evidence-based family support programs for families in vulnerable situations to improve outcomes for children. Oklahoma's commitment to the quality of and investments in early childhood services, like home visiting, has been nationally recognized. In 2015, Oklahoma became just the 11<sup>th</sup> state<sup>4</sup> in the country to pass legislation aimed at establishing accountability measures for state-funded and state-administered home visiting programs (Title 10 O.S. §601.80). Through this legislation, Oklahoma has required programs to provide evidence that family support programs are effective in achieving results. Funders and the public are increasingly demanding this type of accountability, in which programmatic decisions are made with the goal of attaining the greatest impact possible.<sup>5</sup> Law defines the outcomes Oklahoma expects to achieve from home visiting programs and creates a system to measure and report the results to the legislative body and to taxpayers. The annual report provides more specific, comprehensive information about Oklahoma's home visiting programs, as well as an update on progress made toward achieving identified target outcomes. Oklahoma's legislation outlines six priorities that are critical to strengthening the effectiveness and accountability of the state's home visiting system. By doing so, communities can make more informed decisions about targeting resources and efforts toward those programs with the greatest impact. The priorities are:

- Improving prenatal, maternal, infant, and child health outcomes;
- Reducing entry into the child welfare system;
- Improving positive parenting and relationships skills;
- Improving parental self-sufficiency;
- Improving children's readiness to succeed in school; and
- Improving children's social-emotional, cognitive, language, and physical development.

State agency partners, service providers, experts in home visiting program evaluation, model developers and others interested in early childhood services have worked to develop measures that will reflect improved

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

<sup>2</sup> Klika, J. B., Rosenzweig, J., & Merrick, M. (2020). Economic burden of known cases of child maltreatment from 2018 in each state. *Child and Adolescent Social Work Journal*, 37(3), 227-234.

<sup>3</sup> Nurse-Family Partnership: Outcomes, Costs and Return on Investment in the U.S. Nurse Family Partnership (2017). Nurse-Family Partnership [https://www.nursefamilypartnership.org/wpcontent/uploads/2017/02/Miller-State-Specific-Fact-Sheet\\_US\\_20170405-1.pdf](https://www.nursefamilypartnership.org/wpcontent/uploads/2017/02/Miller-State-Specific-Fact-Sheet_US_20170405-1.pdf)

<sup>4</sup> Home Visiting Project: Where We Work. PEW Charitable Trusts. Washington, D.C. <http://www.pewtrusts.org/en/archived-projects/home-visiting-campaign/where-we-work>

<sup>5</sup> Mattox, T., Hunter, S. B., Kilburn, M. R., Wiseman, S. H. (2013). Getting To Outcomes® for Home Visiting: How to Plan, Implement, and Evaluate a Program in Your Community to Support Parents and Their Young Children. RAND Corporation.

outcomes for children as well as allow for the development of recommendations for quality improvement and future program investments.

Beginning July 1, 2016 (State Fiscal Year [SFY] 2017), programs began collecting data associated with each measure. Those data were compiled into an annual outcomes report, the first of which was submitted to the legislature December 1, 2017, in accordance with the Family Support Accountability Act (Title 10 O.S.§601.80.2).

#### **Framework for Identifying Performance Measures<sup>6</sup>:**

Stakeholders selected and prioritized performance measures based on shared criteria. To be included in this report measures must be:

**Valuable:** Will the measure yield important data relevant to the effectiveness of the state’s home visiting system?

**Feasible:** Is it measurable now with data already collected or with data that can be reasonably obtained?

**Powerful:** Is the measure understandable and meaningful to the general public, experts, and decision makers?

## **Background**

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Home-based family support programs (home visiting) support parents and caregivers to provide safe, stable, and nurturing environments for their children. As a two-generational approach, both adults and children benefit from in-home services. Caregivers who receive home-based support and coaching services learn skills that prevent their children from adverse childhood experiences (ACEs), as well as promote protective factors.<sup>7</sup> Extensive research has been conducted on the negative impact of ACEs into adulthood, but the harm caused by ACEs can be intervened through the use of protective and compensatory experiences (PACEs).<sup>7</sup> The protective components of PACEs focus on relationships and resources – two critical components of high-quality, evidence-based home visiting programs.

Oklahoma provides a variety of voluntary home visiting-based parenting programs that deliver family support to parents expecting a baby or who have children younger than 6 years old. Parents who choose to participate in a home visiting-based parenting program are matched with specially trained professionals who periodically come to the parent’s home and offer education, resources, coaching, developmental screenings, and other supports that assist parents in caring for infants and young children. Topics addressed during visits include child development, parent-child bonding/parenting skills, relationship skills, health and safety.

Family support programs are provided free of charge to parents and target families with the greatest need. Parents served by family support programs face challenges including poverty, low educational attainment, single parenthood, depression, intimate partner violence, alcohol or substance use, and young parental age.

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<sup>6</sup> Adapted from framework developed by the PEW Charitable Trusts Data Initiative Expert Advisory Group.

<sup>7</sup> Hays-Grudo, J., Sheffield Morris, A., Beasley, L., Ciciolla, L., Shreffler, K., & Croff, J. (2021). Integrating and synthesizing adversity and resilience knowledge and action: The ICARE model. *American Psychologist*, 76(2), 203-215.

These factors are associated with increased incidence of child maltreatment, poorer health outcomes, and decreased school readiness.

## **Oklahoma's Early Care and Education System**

Home-based family support is one component of the larger early childhood care and education system that is necessary to ensure all children have access to the resources and services needed to be safe, healthy, and on-track to succeed in school. Also included in the larger early childhood system are programs and services such as health and nutrition, child care, Head Start and Early Head Start, early intervention, and special education programs for children with disabilities, pre-kindergarten and preschool, and various center-based parent education and community support programs. Each of these services is designed to meet a unique need and is targeted to diverse populations across different ages.

## **Home Visiting Programs**

Oklahoma implements multiple home-based family support (home visiting) programs through state, local and tribal organizations. Enrollment criteria and curricula for these programs are designed to meet families' unique needs while *strategically* coordinating resources to reduce service duplication. By implementing a continuum of multiple family support programs to serve families from birth through 5 years, Oklahoma is able to reach the largest number of families possible, thereby creating a seamless system of services that best meet individual family needs.

These home-based parenting programs are carried out in communities across the state by county health departments, local non-profits, and school districts. Depending on the need and size of the community, more than one program may exist in a county, and in some cases, more than one program may exist in the same agency.

## **Home Visiting Models**

Home visiting programs utilize program models that have a specific framework for service delivery. In Oklahoma, the models used are evidence-based, meaning the models have been thoroughly researched and proven to have statistically significant impacts when replicated among similar populations.<sup>8</sup> Evidence-based models currently being implemented include:

- Nurse-Family Partnership, known in Oklahoma as Children First
- Parents as Teachers
- SafeCare Augmented

Program models vary in the populations they serve, the intensity of services provided, the length of time services are provided, and required education and experience of home visitors carrying out model activities. In addition, each model was designed with a particular focus area or areas (See Appendix II).

## **Funding**

For years, Oklahoma has strategically leveraged state investments in home visiting programs targeted toward children and families who are more vulnerable and have a lower socioeconomic status. These programs are funded through a variety of sources, including state, federal, millage, local, and private. A detailed accounting

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<sup>8</sup> U.S. Department of Health & Human Services, Administration for Children & Families. (2022). Home visiting project overview. Retrieved from <https://homvee.acf.hhs.gov/about-us/project-overview>

of the number and types of programs funded, as well as cost per family served, will be included in the annual outcomes report.

## **MIECHV**

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program helps pregnant women and parents of young children improve health and well-being for themselves and their families.<sup>9</sup> The program aims to: "improve the overall health of mothers and children; get children ready to succeed in school; improve families' economic well-being; connect families to other resources in their community". The program works to "prevent child injuries, abuse, and neglect as well as crime and domestic violence". These funds allow for nurses, social workers, and other professionals to meet at-risk families in their homes to identify their needs and subsequently connect them with practical supports. MIECHV provides federal funds to all three home visiting programs in Oklahoma: Children First, Parents as Teachers, and SafeCare Augmented.

## **Measurements and Reporting**

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### **Data Collection and Reporting**

The 2026 Oklahoma Home Visiting Outcomes Measurement Plan is being updated to align with the FFY26 MIECHV indicators (which were last updated in September 2025) currently used by the Oklahoma State Department of Health across the three home visiting models used in Oklahoma: Children First, Parents as Teachers, and SafeCare Augmented. The different program models are designed to target different issues and behaviors, as well as vary in their intensity and population served. Therefore, there may be instances where it is not feasible or appropriate for every program to report data on every measure. Types of reporting tools, programs that will be included in the measurement, and definitions are provided in the Outcomes Measurements section. Oklahoma uses a streamlined single case data system across the three national home visiting programs. The system, Efforts to Outcomes (ETO), creates consistency in how data is collected and managed. The large majority of data reported will come the Oklahoma State Department of Health using the ETO. All data will be reported in aggregate form.

One identified area for improvement is the need to collect more qualitative data, including parent testimonials, to capture families' experiences with home visiting programs. A main priority for the Sustainable Implementation Committee this year is to focus on strengthening qualitative data collection and increasing parent engagement in order to more meaningfully reflect lived experiences in the evaluation of home visiting programs.

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<sup>9</sup> U.S. Department of Health & Human Services, Health Resources and Services Administration. (2025, December). *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. <https://mchb.hrsa.gov/programs-impact/maternal-infant-early-childhood-home-visiting-miechv-program>

## FFY 2026 Outcome Measurements

Improve Prenatal, Maternal, Infant or Child Health Outcomes, Including, but Not Limited to, Indicators Such As Preterm Birth Rates, Substance Abuse, and Tobacco Use	
PRETERM BIRTH RATES	
Indicator	Percent of infants (among mothers who enrolled prenatally before 37 weeks) born of live births that are preterm following program enrollment
Significance	Preterm birth is the second leading cause of death among children younger than five. <sup>10</sup> Children born preterm experience higher rates of disability, including breathing problems, feeding difficulties, cerebral palsy, developmental delay, and vision and hearing problems. <sup>11</sup>
Operational Definition	Type of measure: Outcome
	Population: Pregnant women enrolled prior to 37 completed weeks of gestation who delivered in report period. Live births are units of analysis
	Numerator: Number of live births born before 37 completed weeks of gestation and after enrollment
	Denominator: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks
Definition of Improvement	Decrease, over time, in the proportion of live births who were born prenatally before 37 weeks
Data Source	Program data
Measurement Tool(s)	Birth Record Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers

Improve Prenatal, Maternal, Infant or Child Health Outcomes, Including, but Not Limited to, Indicators Such As Preterm Birth Rates, Substance Abuse, and Tobacco Use	
BREASTFEEDING	
Indicator	Percent of infants who were breastfed any amount at 6 months of age
Significance	Breastfeeding is associated with several protective benefits including decreased risk of allergies, respiratory and gastrointestinal infections, endocrine diseases, and obesity. Further, breast milk comprises the required nutrients to produce healthy growth and psychomotor development in children. <sup>12</sup>
Operational Definition	Type of measure: Outcome
	Population: Children who are between 6 and 12 months old, who were born to mothers that enrolled in home visiting prenatally
	Numerator: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months
	Denominator: Number of infants aged 6-12 months while enrolled in home visiting for at least 6 months

<sup>10</sup> United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics. (2020). Natality public-use data 2019, on CDC WONDER Online Database, Accessed February, 2023 from <http://wonder.cdc.gov/natality-expanded-current.html>

<sup>11</sup> Centers for Disease Control and Prevention (CDC). (2021). Preterm Birth. Retrieved from <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>.

<sup>12</sup> Couto, G. R., Dias, V., & de Jesus Oliveira, I. (2020). Benefits of exclusive breastfeeding: An integrative review. *Nursing Practice Today*. DOI: <https://doi.org/10.18502/npt.v7i4.4034>.

Definition of Improvement	Increase, over time, in the proportion of infants who were breastfed any amount at 6 months of age
Data Source	Program data
Measurement Tool(s)	Birth Record (DOB), Infant Health Form, Child Health Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers

<b>Improve Positive Parenting and Relationship Skills</b>	
<b>DEPRESSION SCREENING</b>	
Indicator	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)
Significance	Maternal depression has wide-ranging impacts, contributing to poorer health, increased comorbidities, and reduced economic stability for mothers, while placing children at higher risk for developmental delays, adverse health and academic outcomes, and increased involvement with early intervention, special education, and exposure to maltreatment. Experiencing depression can have a direct impact on parenting quality and a caregiver's ability to perform daily caregiving tasks that may lead to higher rates of maltreatment. <sup>13</sup>
Operational Definition	Type of measure: Process
	Population: Primary caregivers who have been enrolled for at least 3 months
	Numerator: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery
	Denominator: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post-delivery
Definition of Improvement	Decrease over time in the proportion of participating primary caregivers who are screened for depression and receive indicated referrals
Data Source(s)	Program data
Measurement Tool	PHQ-9
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>Improve Prenatal, Maternal, Infant or Child Health Outcomes, Including, but Not Limited to, Indicators Such As Preterm Birth Rates, Substance Abuse, and Tobacco Use</b>	
<b>WELL-CHILD VISIT</b>	
Indicator	Percent of children who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule

<sup>13</sup> Administration for Children and Families, Office of Planning, Research, and Evaluation. (2007). Depression among caregivers of young children reported for child maltreatment (NSCAW Research Brief No. 13) [PDF]. U.S. Department of Health and Human Services. [https://acf.gov/sites/default/files/documents/opre/depression\\_caregivers\\_0.pdf](https://acf.gov/sites/default/files/documents/opre/depression_caregivers_0.pdf)

Significance	Well-child visits are imperative for the early identification and intervention of developmental disorders (i.e., autism, intellectual disabilities, deafness), those of which can affect both early and long-term achievement as well as development. <sup>14</sup>
Operational Definition	Type of measure: Indicator
	Population: Enrolled index children
	Numerator: Number of children (index child) enrolled in home visiting who received the last recommended well-child visit based on the AAP schedule
	Denominator: Number of children (index child) enrolled in home visiting
Definition of Improvement	Increase, over time, in the proportion of children who received the last recommended well-child visit based on the AAP schedule
Data Source	Program data
Measurement Tool(s)	Birth Record (DOB), Well Child Summary Form, Child Health Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>Improve Prenatal, Maternal, Infant or Child Health Outcomes, Including, but Not Limited to, Indicators Such As Preterm Birth Rates, Substance Abuse, and Tobacco Use</b>	
<b>POSTPARTUM CARE</b>	
Indicator	Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery
Significance	Postpartum care visits can be used to identify, treat, and/or manage a wide range of issues that can affect both the short and long-term health of the mother. These issues can include postpartum hemorrhage, hypertensive disorders, postpartum depression, intimate partner violence, urinary incontinence, and breastfeeding issues. <sup>15</sup>
Operational Definition	Type of measure: Indicator
	Population: Mothers enrolled prenatally or within 30 days of giving birth and remain enrolled for at least 8 weeks after delivery
	Numerator: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery
	Denominator: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery
Definition of Improvement	Increase, over time, in the proportion of mothers who received a postpartum visit with a healthcare provider within 8 weeks of delivery
Data Source	Program data
Measurement Tool(s)	Encounter Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>14</sup> Lipkin, P. H., Macias, M. M., Norwood, K. W., Brei, T. J., Davidson, L. F., Davis, B. E., ... & Voigt, R. G. (2020). Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1). <https://doi.org/10.1542/peds.2019-3449>

<sup>15</sup> Paladine, H. L., Blenning, C. E., & Strangas, Y. (2019). Postpartum care: an approach to the fourth trimester. *American family physician*, 100(8), 485-491. 2019;100(8):485-491

<b>Improve Prenatal, Maternal, Infant or Child Health Outcomes, Including, but Not Limited to, Indicators Such As Preterm Birth Rates, Substance Abuse, and Tobacco Use</b>	
<b>TOBACCO CESSATION REFERRALS</b>	
Indicator	Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment
Significance	Smoking while pregnant increases the risk of miscarriage, low birth weight, preterm birth, serious health problems and Sudden Infant Death Syndrome (SIDS). Secondhand smoke increases the risk of children developing pneumonia, bronchitis, asthma, and ear infections. <sup>16</sup>
Operational Definition	Type of measure: Indicator
	Population: Primary caregivers enrolled for 3 months who used tobacco or cigarettes at enrollment
	Numerator: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment
	Denominator: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months
Definition of Improvement	Increase, over time, in the proportion of primary caregivers referred to tobacco cessation counseling or services
Data Source(s)	Program data
Measurement Tool	Health Habits Form, Primary Caregiver Information
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>Child Injuries, Maltreatment, and ED Visits</b>	
<b>SAFE SLEEP</b>	
Indicator	Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding
Significance	Safe sleep reduces the risk of Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID). <sup>17</sup>
Operational Definition	Type of measure: Indicator
	Population: Index children less than 1 year of age during the reporting period
	Numerator: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing or soft bedding
	Denominator: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period
Definition of Improvement	Increase, over time, in the proportion of infants that are always placed to sleep on their backs, without bed sharing and without soft bedding
Data Source	Program data
Measurement Tool(s)	Birth Record (DOB), Home Safety Checklist
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>16</sup> Child Welfare Information Gateway. (2009). Protecting children in families affected by substance use disorders. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

<sup>17</sup> Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death Syndrome; AAP Committee on Fetus and Newborn. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics.2022;150(1):e202205799

<b>Child Injuries, Maltreatment, and ED Visits</b>	
<b>CHILD INJURY</b>	
Indicator	Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting
Significance	Traumatic injuries are the leading cause of death and disability among those aged 1 to 24 in the United States. These injuries include motor vehicles accidents, falls, and being struck by or against another object, and are the leading cases of nonfatal injuries. <sup>18</sup>
Operational Definition	Type of measure: Outcome
	Population: Enrolled index children
	Numerator: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting
	Denominator: Number of children (index child) enrolled in home visiting
Definition of Improvement	Decrease, over time, in the proportion of parents reporting nonfatal injury-related visits to the ED
Data Source	Program data
Measurement Tool(s)	Infant Health Form, Child Health Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>Child Injuries, Maltreatment, and ED Visits</b>	
<b>CHILD MALTREATMENT</b>	
Indicator	Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period
Significance	Families participating in home visiting programs exhibit risk factors associated with increased risk of child maltreatment. In state fiscal year 2022, more than 132,810 Oklahoma children were reported victims of maltreatment, and 3,353 children were in out-of-home care. <sup>19</sup> Children under five years of age are particularly vulnerable to child maltreatment. <sup>20</sup>
Operational Definition	Type of measure: Outcome
	Population: Enrolled index children
	Numerator: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period
	Denominator: Number of children (index child) enrolled in home visiting
Definition of Improvement	Decrease, over time, in the proportion of children enrolled in home visiting with at least 1 investigated case of maltreatment
Data Source	Program data
Measurement Tool(s)	DHS data match
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>18</sup> Dorney, K., Dodington, J. M., Rees, C. A., Farrell, C. A., Hanson, H. R., Lyons, T. W., ... & Injury Free Coalition for Kids®. (2020). Preventing injuries must be a priority to prevent disease in the twenty-first century. *Pediatric research*, 87(2), 282-292.

<sup>19</sup> Oklahoma Department of Human Services (OKDHS). (2022). Annual Report. Retrieved from <https://www.ouokdhs.org/s/annual-report-2022-landing-page-home/cws-2022>

<sup>20</sup> U.S. Department of Health & Human Services Child Maltreatment 2021. Available online: <https://www.acf.hhs.gov/cb/report/child-maltreatment-2021>.

<b>School Readiness and Achievement</b>	
<b>PARENT-CHILD INTERACTION</b>	
Indicator	Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
Significance	Positive parent-child interactions are associated with the well-being of youth. <sup>21</sup> Promotive relationships between caregivers and children are essential to a child's cognitive and emotional development. <sup>22</sup>
Operational Definition	Type of measure: Indicator
	Population: Primary caregivers with index children within the target age range of the validated tool selected
	Numerator: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated too
	Denominator: Number of primary caregivers enrolled in home visiting with children reaching the target age range
Definition of Improvement	Decrease, over time, in the proportion of parents reporting nonfatal injury-related visits to the ED
Data Source	Program data
Measurement Tool(s)	D.A.N.C.E, Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>School Readiness and Achievement</b>	
<b>EARLY LANGUAGE AND LITERACY ACTIVITIES</b>	
Indicator	Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day
Significance	Reading, telling stories, and singing songs to young children promotes early language and literacy as well as social-emotional health and positive family health. <sup>23</sup>
Operational Definition	Type of measure: Indicator
	Population: Enrolled index children
	Numerator: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day
	Denominator: Number of children (index child) enrolled in home visiting
Definition of Improvement	Increase, over time, in the proportion of children who had a family member read, tell stories to and/or sing songs to them
Data Source	Program data
Measurement Tool(s)	Home Safety Checklist Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>21</sup> Lippold, M. A., Davis, K. D., Lawson, K. M., & McHale, S. M. (2016). Day-to-day consistency in positive parent-child interactions and youth well-being. *Journal of child and family studies*, 25, 3584-3592.

<sup>22</sup> Ragni, B., Boldrini, F., Buonomo, I., Benevene, P., Grimaldi Capitello, T., Berenguer, C., & De Stasio, S. (2021). Intervention programs to promote the quality of caregiver-child interactions in childcare: a systematic literature review. *International Journal of Environmental Research and Public Health*, 18(21), 11208.

<sup>23</sup> Shaw, A. (2021). Read, speak, sing: Promoting early literacy in the health care setting. *Paediatrics & Child Health*, 26(3), 182-188.

<https://doi.org/10.1093/pch/pxab005>

<b>School Readiness and Achievement</b>	
<b>DEVELOPMENTAL SCREENING</b>	
Indicator	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool
Significance	Detection and intervention of many developmental issues can be recovered or mitigated if addressed early. Learning difficulties or behavioral problems that are not addressed can lead to negative quality of life and have adverse school outcomes. <sup>24</sup>
Operational Definition	Type of measure: Indicator
	Population: Primary caregivers with index children aged 9 months to 30 months
	Numerator: Number of children (index child) enrolled in home visiting with at least one screening with the AAP defined age groups during the reporting period
	Denominator: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period
Definition of Improvement	Increase, over time, in the proportion of children who were screened for developmental delays
Data Source	Program data
Measurement Tool(s)	Ages and Stages Questionnaire-3 (ASQ3)
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>School Readiness and Achievement</b>	
<b>BEHAVIORAL CONCERN INQUIRIES</b>	
Indicator	Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
Significance	Parental concern has been associated with earlier eligibility and intervention with developmental services (evaluation and enrollment). <sup>25</sup>
Operational Definition	Type of measure: Indicator
	Population: Postnatal primary caregivers with index children
	Numerator: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning
	Denominator: Total number of postnatal home visits during the reporting period
Definition of Improvement	Increase, over time, in the proportion of postnatal home visits where primary caregivers are asked if they have any concerns regarding their child's development, behavior, or learning
Data Source(s)	Program data
Measurement Tool	Encounter Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>24</sup> Kim, S. (2021). Worldwide national intervention of developmental screening programs in infant and early childhood. *Clinical and experimental pediatrics*, 65(1), 10. doi: [10.3345/cep.2021.00248](https://doi.org/10.3345/cep.2021.00248)

<sup>25</sup> Solgi, M., Feryn, A., Chavez, A. E., Wilson, L., King, M., Scholz, J., ... & Zuckerman, K. E. (2022). Parents' concerns are associated with early intervention evaluation and eligibility outcomes. *Journal of Developmental & Behavioral Pediatrics*, 43(3), e145-e152. DOI: 10.1097/DBP.0000000000001003

<b>Improve Positive Parenting and Relationship Skills</b>	
<b>INTIMATE PARTNER VIOLENCE</b>	
Indicator	Percent of primary caregivers enrolled in home visiting who are screening for intimate partner violence (IPV) within 6 months of enrollment using a validated tool
Significance	Children exposed to domestic violence experience psychological and health impacts including behavioral difficulties, emotional disturbances, and physical health problems. <sup>26</sup>
Operational Definition	Type of measure: Indicator
	Population: Primary caregivers enrolled for at least 6 months
	Numerator: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment
	Denominator: Number of primary caregivers enrolled in home visiting for at least 6 months
Definition of Improvement	Increase over time in the number of IPV screenings with a validated tool
Data Source(s)	Program data - participant self-report
Measurement Tool	IPV Assessment
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>Improve Parental Self-Sufficiency, Including Increased Employment and Educational Attainment</b>	
<b>PRIMARY CAREGIVER EDUCATION</b>	
Indicator	Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting
Significance	Increased educational attainment by parents leads to improved employment opportunities and the potential for increased household income.
Operational Definition	Type of measure: Outcome
	Population: Primary caregivers without a high school diploma or equivalent at enrollment
	Numerator: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)
	Denominator: Number of primary caregivers without a high school degree or equivalent at enrollment
Definition of Improvement	Increase in the percentage of parents who entered home visiting and enrolled in or completed an education or job training program
Data Source(s)	Program data
Measurement Tool	Demographics Form, Primary Caregiver Information Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>26</sup> The National Child Traumatic Stress Network (NCTSN). (2019, April 25). Intimate partner violence. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence>

<b>Improve Parental Self-Sufficiency, Including Increased Employment and Educational Attainment</b>	
<b>CONTINUITY OF INSURANCE COVERAGE</b>	
Indicator	Percent of primary caregivers enrolled in home visiting for at least 6 months who had continuous health insurance coverage for the most recent 6 consecutive months
Significance	Noncontinuous insurance coverage is an identified barrier to medical care. Gaps, or other changes in insurance coverage, can lead to lack of access to care, burdensome financial costs, and can delay medical treatment with potentially hazardous consequences. <sup>27,28</sup>
Operational Definition	Type of measure: Outcome
	Population: Primary caregivers who have been enrolled in home visiting for at least 6 consecutive months
	Numerator: Number of primary caregivers enrolled in home visiting who reported having continuous health insurance coverage for the most recent 6 consecutive months at the most recent data collection time point in the reporting period
	Denominator: Number of primary caregivers enrolled in home visiting for at least 6 months
Definition of Improvement	Increase over time in the rate of primary caregivers with continuous health care coverage
Data Source(s)	Program data
Measurement Tool	Primary Caregiver Information
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>Improve Positive Parenting and Relationship Skills</b>	
<b>COMPLETED DEPRESSION REFERRALS</b>	
Indicator	Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
Significance	Maternal depression has wide-ranging impacts, contributing to poorer health, increased comorbidities, and reduced economic stability for mothers, while placing children at higher risk for developmental delays, adverse health and academic outcomes, and increased involvement with early intervention, special education, and exposure to maltreatment. Experiencing depression can have a direct impact on parenting quality and a caregiver's ability to perform daily caregiving tasks that may lead to higher rates of maltreatment. <sup>29</sup>
Operational Definition	Type of measure: Outcome
	Population: Primary caregivers who screened positive for depressive symptoms and were referred for services
	Numerator: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)

<sup>27</sup> Brugnoli-Ensin, I., & Mulligan, J. (2018). Instability in insurance coverage: the impacts of churn in Rhode Island, 2014–2017. *RI Med J*, 101(8), 46-49.

<sup>28</sup> Sommers, B. D., Gourevitch, R., Maylone, B., Blendon, R. J., & Epstein, A. M. (2016). Insurance churning rates for low-income adults under health reform: lower than expected but still harmful for many. *Health Affairs*, 35(10), 1816-1824. <https://doi.org/10.1377/hlthaff.2016.0455>

<sup>29</sup> Administration for Children and Families, Office of Planning, Research, and Evaluation. (2007). Depression among caregivers of young children reported for child maltreatment (NSCAW Research Brief No. 13) [PDF]. U.S. Department of Health and Human Services. [https://acf.gov/sites/default/files/documents/opre/depression\\_caregivers\\_0.pdf](https://acf.gov/sites/default/files/documents/opre/depression_caregivers_0.pdf)

	Denominator: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services
Definition of Improvement	Increase over time in the proportion of participating primary caregivers who are screened for depression and receive indicated referrals
Data Source(s)	Program data
Measurement Tool	Patient Health Questionnaire-9 (PHQ-9), and Referral Tracking Form
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<b>School Readiness and Achievement</b>	
<b>COMPLETED DEVELOPMENTAL REFERRALS</b>	
Indicator	Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner
Significance	Detection and intervention of many developmental issues can be recovered or mitigated if addressed early. Learning difficulties or behavioral problems that are not addressed can lead to negative quality of life and have adverse school outcomes. <sup>30</sup>
Operational Definition	Type of measure: Indicator
	Population: Index children who screened positive for developmental delays
	Numerator: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and received an evaluation within 45 days; or c) were referred to other community services who received services within 30 days (and met the conditions specified in the denominator)
	Denominator: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool prenatally)
Definition of Improvement	Increase, over time, in the proportion of children enrolled in home visiting with positive screens for developmental delays either receive individualized developmental support, were referred to early intervention services, or were referred to other community services
Data Source	Program data
Measurement Tool(s)	Referral Tracking Form, ASQ-3
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>30</sup> Kim, S. (2021). Worldwide national intervention of developmental screening programs in infant and early childhood. *Clinical and experimental pediatrics*, 65(1), 10. doi: [10.3345/cep.2021.00248](https://doi.org/10.3345/cep.2021.00248)

<b>Improve Positive Parenting and Relationship Skills</b>	
<b>INTIMATE PARTNER REFERRALS</b>	
Indicator	Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resource
Significance	Children exposed to domestic violence experience psychological and health impacts including behavioral difficulties, emotional disturbances, and physical health problems. <sup>31</sup>
Operational Definition	Type of measure: Indicator
	Population: Primary caregivers who screened positive for intimate partner violence
	Numerator: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)
	Denominator: of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment
Definition of Improvement	Increase over time in the number of IPV screenings with a validated tool
Data Source(s)	Program data - participant self-report
Measurement Tool	IPV Assessment
Models Reporting	Nurse-Family Partnership, Parents As Teachers, SafeCare Augmented

<sup>31</sup> The National Child Traumatic Stress Network (NCTSN). (2019, April 25). Intimate partner violence. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence>

## Oklahoma's Voluntary Home Visiting System

Program Name	Model Name	Category	Model Description	Target Population	Service Area	Funding Sources
<b>Children First</b>	Nurse-Family Partnership (NFP)	Evidence-Based	Nurse-Family Partnership (NFP) is a deterrent to child maltreatment and a means of improving children's health and wellbeing. Originally piloted in four counties, it is now delivered across much of the state through the regional/county health department system. NFP is designed to (1) improve prenatal health, (2) improve child health and development, and (3) improve families' economic self-sufficiency and/or maternal life course development.	Low-income mothers pregnant with their first child with services continuing through age two.	47 counties; 10 regional sites	<ul style="list-style-type: none"> <li>• State</li> <li>• Federal</li> <li>• Local Millage</li> </ul>
<b>Parents As Teachers</b>	Parents As Teachers (PAT)	Evidence-Based	Parents As Teachers (PAT) is based on the philosophy that parents are their children's first and most important teachers. The program is designed to maximize a child's overall development during the first three years of life by laying a foundation for school success and minimizing developmental problems that interfere with a child's learning. The PAT model aims to (1) increase parent knowledge of early childhood development and improve parenting practices, (2) provide early detection of developmental delays and health issues, (3) prevent child abuse and neglect, and (4) increase children's school readiness and school success.	Any woman who is pregnant, or a primary caregiver, with services continuing until the child completes kindergarten.	29 counties; 12 regional sites	<ul style="list-style-type: none"> <li>• State</li> <li>• Federal</li> </ul>
<b>SafeCare</b>	SafeCare	Evidence-Based	SafeCare is a behavioral parent-training program for families at-risk or reported for physical abuse or child neglect. Families who receive services are 21-26% less likely to experience CPS reports. SafeCare providers work with families in their homes and aims to improve (1) parent-infant/child interaction skills, (2) health care skills, and (3) home safety. SafeCare recently received funding through the Temporary Aid for Needy Families (TANF) block grant for expansion of SafeCare services in 20 counties in Oklahoma.	Any family with a child between birth and five, at risk for child maltreatment but with no significant prior CW involvement	11 counties; 5 regional sites	<ul style="list-style-type: none"> <li>• Federal</li> </ul>

## **About Oklahoma Partnership for School Readiness**

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In 2003, the Oklahoma legislature signed House Bill 1094, which created our organization, the Oklahoma Partnership for School Readiness (OPSR). This legislation recognized more state level action is required to successfully support families and children from birth to age five-years-old. OPSR leads public and private partnerships so that children arrive at school with knowledge, skills, and physical and emotional health to achieve success. OPSR provides early childhood policy recommendations to the Governor and Oklahoma Legislature by utilizing data, research and best practices that engage parents, nonprofits, community partners and business leaders.

OPSR is designated as Oklahoma’s Early Childhood State Advisory Council. Early Childhood State Advisory Councils (SACs) work to improve the quality, availability, and coordination of programs and services for children birth to age five. SACs are designated by each state's Governor to facilitate the development or enhancement of high-quality systems of early childhood education and care, which are designed to improve school readiness.

### **The OPSR Board**

The OPSR Partnership Board is a public-private governing body created under the Oklahoma Partnership for School Readiness Act (Title 10 O.S. § 640). It is also the designated body that serves as Oklahoma’s State Early Childhood Advisory Council as authorized under the federal Head Start Act of 2007 (PL 110-134, Section 642B).

### **The OPSR Foundation**

The OPSR Foundation Board is a 501(c)(3) private nonprofit created under Oklahoma law (Title 10 O.S. § 640.3) to serve as a fiduciary partner with the OPSR Board and accepts both public and private funds to support early childhood initiatives.

S F Y

2025

OFFICE OF  
CHILD ABUSE PREVENTION

# Annual Report





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## Overview

### Mission

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

### History

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

### Program Costs

During State Fiscal Year (SFY) 2025, the state expenditure per family served through the Parents as Teachers program was \$3,079.00. This amount was derived by dividing the total contract expenditures of \$1,936,481 by the 629 unduplicated families who received at least one home visit during the reporting period. Program services were delivered through eight state-funded contracts<sup>1</sup> operating across 21 counties, providing personal visits and ongoing support to families statewide.

Parents as Teachers Outreach and Eligibility Criteria Referrals to local Parents as Teachers Programs come from a variety of sources, including [Women, Infants, and Children](#) (WIC) clinics, the parentPRO free telephone and online referral service, [Oklahoma Human Services](#) (OKDHS), Family Resource Centers, and most often friends and family. Participation in Parents as Teachers is voluntary, and families living in the counties where Parents as Teachers serves can enroll from pregnancy to five years and may remain actively engaged in services until their child completes kindergarten.

<sup>1</sup> For this section, program costs reflect state-funded contracts only, supported through state-appropriated dollars in the Child Abuse Prevention Fund (Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.1). With the addition of federal funding, OCAP supports thirteen contractors across 28 counties. Data from both state and federal contracts are included throughout the report to provide a full picture of program activities.

## LEGISLATIVE Updates

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

Below is information provided by the Oklahoma Department of Human Services regarding HB1061, including the number of individuals whose parental rights have ever been terminated and the number of children born to an individual whose parental rights have ever been terminated.<sup>2</sup>

Distinct Count of Children	Distinct Count of Parents	Total Count of Terminated Parental Rights
1,761	1,613	2,433

Senate Bill 742 requires that the District Attorney's Council submit to the OCAP annual truancy reports. Most districts do not classify truancy as a juvenile delinquency matter; therefore, the number of reports will be zero.

Below is the information provided by the Oklahoma State Department of Education regarding SB742 for the number of students who have chronic absenteeism.

County	Students	County	Students
Adair	508	Beaver	112
Alfalfa	46	Beckham	720
Atoka	246	Blaine	188

<sup>2</sup> A parent may lose rights to multiple children, and two parents may be linked to one child, therefore the Distinct Count of Children and Parents figures do not add up to the Total Count of Terminated Parental Rights.

County	Students	County	Students
Bryan	1,180	Garvin	631
Caddo	686	Grady	1,329
Canadian	5,672	Grant	76
Carter	1,422	Greer	44
Cherokee	1,283	Harmon	87
Choctaw	325	Harper	38
Cimmaron	50	Haskell	340
Cleveland	8,053	Hughes	371
Coal	181	Jackson	755
Comanche	2,141	Jefferson	110
Cotton	89	Johnson	240
Craig	154	Kay	1,457
Creek	2,119	Kingfisher	264
Custer	891	Kiowa	203
Delaware	880	Latimer	255
Dewey	81	LeFlore	1,057
Ellis	57	Lincoln	687
Garfield	996	Logan	960

County	Students	County	Students
Love	176	Pittsburg	1,367
Major	148	Pontotoc	988
Marshall	477	Pottawatomie	2,453
Mayes	947	Pushmataha	205
McClain	706	Roger Mills	81
McCurtain	853	Rogers	2,375
McIntosh	466	Seminole	760
Murray	280	Sequoyah	1,171
Muskogee	1,471	Stephens	1,393
Noble	223	Texas	481
Nowata	208	Tillman	124
Okfuskee	348	Tulsa	29,314
Oklahoma	36,058	Wagoner	880
Okmulgee	718	Washington	982
Osage	526	Washita	240
Ottawa	816	Woods	155
Pawnee	348	Woodward	461
Payne	1,713		

## FEATURED Parent Stories



**CAP Tulsa**  
Tulsa County

**Mirtfranys & Oswaldo**  
Parents of Alahia & Sergio

“CAP Tulsa has helped my family a lot. Thanks to my Parent Educator, Solange, we were able to get home visits, and she helped me get my son Sergio into pre-K. Additionally, when we moved from the Shelter into our new house, Solange also helped us with mattresses for the children, since we couldn't afford

one. With my last pregnancy, I was able to use resources from the Family Resource Center at CAP Tulsa. They helped me with things like diapers, a stroller and clothes for my new baby.”

**“Thank you so much for everything, we really appreciate what CAP does for families in need.”**

– Mirtfranys

**Center for Children  
and Families**  
Cleveland County

**Andrea & Kenny**  
Parents of Loukas, Elena,  
Austin & Jasper

“If I had to sum up my experience with Center for Children and Families it's that I look forward to my visits with you.

**Y'all have benefited and supported my family's life in so many ways, and I look forward to our visits.**

All my children are on a routine now and I'm able to successfully co-parent.”

– Andrea

“In my time working with this family, I have seen so much growth from not only Andrea, but the family altogether. In visits, Andrea is attentive and open, while also asking questions to better the family well-being. I enjoy getting to see her interact with the children and use skills discussed in visits, such as using a calm tone with the children. I have seen Andrea's family gain resilience and adaptation to adversity, and it brings me a lot of hope.”

– MacKenzie, Parent Educator





**Resilience**  
IN ACTION

## Tahlequah Public Schools Cherokee County

### Keisha & Reuben

Resilience, the ability to adapt, recover, and grow stronger through adversity, perfectly describes Keisha and Reuben. Their journey is one of determination, love, and persistence in the face of challenges.

Keisha learned of Parents as Teachers in February 2024 and made the decision to enroll, hoping to find support and learn about activities that would encourage Reuben's development. Reuben was born with arthrogyrosis, which causes joint stiffness and muscle weakness. He was also diagnosed with Pierre Robin sequence, a rare condition affecting the mouth and jaw. When Keisha and Reuben entered the program, he'd just had leg surgery, was unable to walk, relied on a trach, made limited sounds, and could not use his hands or eat solid foods.

Keisha shared with her Parent Educator, Tessa, that she was a single mother with little family support, and had been caring for Reuben's needs alone for more than two years. She actively participated in home visits and worked daily on developmental goals, while also keeping up with multiple medical appointments through the Cherokee Nation. Reuben attended weekly therapy for occupational, physical, and speech needs, and Keisha began the process of enrolling him in behavioral therapy. Her willingness to recognize needs, seek out resources, and ask for help became a defining strength.

With persistence and encouragement, Reuben began walking independently, had his trach removed, started eating crackers, mimicking sounds, and saying words like "momma," "daddy," and "cookie." He began using his hands to flip book pages instead of relying on his feet. By his fourth birthday, Reuben was ready for a new milestone—enrollment in Pre-K, set to begin that August.

Through every setback, she has shown her child what it means to persevere. Keisha's resilience has not only fueled her own growth but has created a foundation of hope and strength for her family.

**“He has defied all odds!** When I was pregnant and when he was born, they said he wouldn't make it. Then they said he wouldn't ever walk and would need the long-term trach. He is a blessing from the Lord.”

– Keisha

## Frontline Family Solutions

McClain County

### Meadow, Terrail & Ka-layah

Meadow, a young mom raising two little ones, Terrail, who is five years old, and Ka-layah, who is nine months old, enrolled in the Parents as Teachers program looking for support.

During a routine home visit, Lorie, Meadow's Parent Educator, completed a vision screening, and at the time, Lorie and Meadow agreed that both children had normally developed vision. But just a couple of visits later, Meadow shared that she had begun noticing unusual eye movements in Ka-layah. The vision screening had helped Meadow know what signs to watch for, and her awareness prompted her to talk with Lorie, who referred her to the pediatrician. That conversation led to a referral to a specialist.

By that spring, Meadow and Ka-layah were sitting in the specialist's office, where her little one was diagnosed with two lazy eyes and prescribed eye patches—an hour a day for each eye. Since then, Meadow has faithfully followed through with treatment and attended follow-up appointments to ensure Ka-layah receives the best care possible.

Balancing work and parenting, she continues to make time for her Parents as Teachers visits, engaging fully in activities and screenings. Her dedication to both the program and her children has led to early detection and care that will make a lasting difference for her family.

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“Me and my kids really enjoy Lorie coming to our home, she brought us so much joy! My kids really enjoyed the different activities she brought into our lives, and **I'm grateful for all the resources she brought to my family.**”

– Meadow



SMALL SIGNS,  
**Big Impact**

## Latino Community Development Agency Oklahoma County

### Neira, Amy & Joe

Neira is a devoted wife and mother of three young children. After receiving a devastating diagnosis of terminal cancer, she turned to the Parents as Teachers Home Visiting Program for support, encouraged by her sister, who had previously participated. Despite overwhelming challenges, Neira's greatest strength has been her willingness to ask for help and her determination to remain fully present for her children.

Over the past year and a half, she has consistently engaged in Parents as Teachers, even during rounds of chemotherapy, radiation, and hospitalizations in the ICU. On one occasion, she even requested a visit from her hospital room, not wanting to miss the support and parenting education that meant so much to her.

Neira actively sets goals and follows through—potty training her children, preparing them for school, and celebrating milestones such as enrolling her oldest in kindergarten. She is intentional about creating lasting memories, often saying, "My children will cherish those memories forever." Her commitment extends beyond her own family; she serves on the Parents as Teachers Advisory Group and participates in Group Connections, crediting the program as "life-changing" and her Parent Educator, Carmen, for helping her learn how to live with cancer while still being the best mother she can be.

Through Parents as Teachers, Neira has strengthened her parenting skills, found healthy coping strategies, and modeled resilience for her children. While she acknowledges the emotional weight of her diagnosis, she finds strength in her children's smiles and comfort in the program's supportive environment.

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"As her Parent Educator, I am deeply inspired by Neira's journey. Her unwavering devotion to her family and her persistence in the face of cancer show **the transformative power of resilience and support**. She plans to continue with Parents as Teachers for as long as possible, and we are honored to walk beside her."

– Carmen, Parent Educator



Living  
WITH LOVE



## Parent Promise

Oklahoma County

### Vanessa, Anja & Leo

At a time when most thirty-year-olds are building their future, Vanessa was instead navigating the NICU with her newborn, stepping away from an unsafe relationship, and looking for stability. Through the support of Parent Promise's Parents as Teachers program, she found empowerment, resilience, and a renewed vision for her family's future.

Although Vanessa and Leo's father were still together when he was born, cracks in the relationship were growing, culminating in a domestic violence incident, which led to separation, a protective order, and the difficult realities of divorce. Without stable housing, Vanessa moved between her sister's and a friend's home, carrying the weight of uncertainty while caring for Leo and his sister, Anja.

It was in those moments of uncertainty that Vanessa enrolled in the Parents as Teachers program. Leo was just three months old at the time, and Vanessa was eager for stability, for peace, for hope. Her parent educator, Breonna, walked alongside her, connecting Vanessa with resources, including Palomar, SNAP, and local community events. Breonna offered something else: a sense of safety, empowerment, and unwavering support.

As time passed, Vanessa began to gain confidence as she returned to work, started saving for a home, and her knowledge of parenting and child development blossomed—she was calm, patient, and attuned to Leo's needs. But she still worried about Leo's language development. Breonna listened, reassured her, and together they explored milestones through Ages and Stages Questionnaire screenings. These moments sparked "aha" realizations for Vanessa. Her knowledge as a parent expanded—not only from the support she received but also from her experiences with Anja.

Now, Vanessa encourages Leo's growth through play, songs, reading and conversation. The shadows of the past haven't disappeared—but they've made room for light. Vanessa's journey is one of courage. Of walking away when staying might have felt safer. Of believing in her voice when it had been silenced. Of choosing growth, one step at a time. And the most beautiful part? She's not alone.

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"I wanted to empower her when she didn't have a voice in the relationship," Breonna shared. "I wanted her to see me as a safe space. I'm proud of her for getting out."

– Breonna, Parent Educator

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"Breonna is a great person. I value our relationship because I feel safe in confiding in her, knowing that it stays between us and she helps me process a lot of situations — especially since I moved in my own place. I'm forever grateful. **I did not know I was getting this when I joined Parent Promise.**"

– Vanessa



FINDING  
Her Voice



## TRAINING Provided

### Orientation

Supervisors and Parent Educators receive orientation training (separate from intensive role-specific training) prior to direct work with families, familiarizing them with the functions of the Contractor.

- Boundaries
- Community Resources
- Confidentiality
- Provisional Child Abuse and Neglect Indicators
- Provisional Child Screenings: ASQ, Hearing & Vision
- Provisional Efforts to Outcomes (ETO) Database Training
- Provisional HIPAA and Cyber Security
- Provisional Life Skills Progression (LSP)
- Provisional Onboarding
- Provisional Policies and Procedures
- Provisional Effective Documentation
- Provisional Staff Safety
- Site and Role-Specific Orientation

### Parents as Teachers (PAT) Model Training

Parent Educators and Supervisors are required to complete all PAT trainings.

- PAT Foundational I
- PAT Foundational II
- PAT Model Implementation

### Annual Training

Complete within 30 days of employment and every year thereafter.

- Caregiver and Child Health and Wellness
- Child Maltreatment and Mandatory Reporting in Oklahoma
- Intimate Partner Violence Training
- Policy and Procedure Review
- Substance Use

### Required Training

Complete within the first year of employment:

- Attachment
- ASQ 3, ASQ:SE 2
- Child Maltreatment and Mandatory Reporting in Oklahoma
- Developmental Milestones
- Family/Domestic Violence
- Home Visitors Safety Training
- Maternal Depression/Reproductive Health
- Mental Health Issues
- LSP/PICCOLO
- Reflective Supervision for Parent Educators
- Reflective Supervision for Supervisors
- Safe Sleep
- Effective Documentation Training
- Special Needs
- Strengthen Families: Protective Factors
- Tobacco Cessation/Substance Use

Complete within the second year of employment:

- Adoption
- Autism
- Breastfeeding
- Child Passenger Safety
- Circle of Parents
- Motivational Interviewing
- Newborn Screening/Grief
- Period of Purple Crying
- Standards of Quality for Family Strengthening and Support

### Professional Development

Parent Educators and Supervisors obtain competency-based professional development and renew certification with the national office annually.

**First year of certification and beyond:**  
Annual & Required Training for 1st Year of Employment, 20+ clock hours

**Second year and beyond:**  
Annual & Required Training for 2nd Year and Beyond, 20+ clock hours



## FAMILY Characteristics\*

Age of Client

Age	Percent	Age	Percent
Under 16 years	0%	25-29 years	28%
16-19 years	3%	30-39 years	45%
20-24 years	18%	40+ years	6%
<b>Total: 100%</b>			

Marital Status of Client

Marital Status	Percent	Marital Status	Percent
Divorced	6%	Single, never married	27%
Married	39%	Separated	3%
Not married but living with partner	25%	Widowed	0%
<b>Total: 100%</b>			

Age of Children Living in Household

Age	Number	Age	Number
Under 1 year	41	5-9 years	93
1-2 years	229	10-14 years	6
3-4 years	171	15-18 years	0
<b>Total: 540</b>			

Household Composition of Families Served

Household	Percent
Mother of child	95%
Father of child	33%
Grandparent of child	10%
Other (e.g., husband, siblings, aunts, uncles, etc.)	57%



Number of Families Accepted & Average Length of Enrollment

Site	Number of New Families	Number of Total Families	Average Time Enrolled (Months)
CCFI	48	75	9.1
Frontline	25	47	13.7
Great Plains	18	57	30.0
Hughes & Seminole	20	44	15.1
LCDA	23	59	17.0
Northwest Family Services	4	22	16.5
Northern Oklahoma Youth Services	42	63	29.6
Parent Child Center of Tulsa	55	106	12.7
Parent Promise	31	73	13.9
Tahlequah	25	83	15.5
<b>Total</b>	<b>291</b>	<b>629</b>	<b>16.8</b>

Number of Families Dismissed from Program & Reason

Reason	Number
Changes to child's availability	14
Family declined participation	103
Graduated/met program goals	74
Returned to school/work	41
Transitioned to another home-visiting program	54
Unable to locate	90
Other	80
<b>Total</b>	<b>456</b>

\* The family characteristics data only include Parents as Teachers Contractors that are funded by the Oklahoma Child Abuse Prevention Fund. According to the Oklahoma Child Abuse Prevention Act, Title 63, O.S., Section 1-227.1, the OCAP shall provide an annual report that summarizes the demographic characteristics of families served. The data captured does not include the Parents as Teachers Contractors funded by the Maternal Infant Early Childhood Home Visiting (MIECHV) and the Community-Based Child Abuse Prevention (CBCAP) Grants.



## PROGRAM Activities

### Personal Visits

Personal visits are conducted by a model-certified Parent Educator and are designed to support the entire family, not just the enrolled child. While the enrolled child and caregiver are present, other family members are welcome to participate. Each visit focuses on three core areas: parent-child interaction, development-centered parenting, and family well-being.

While visits may be conducted in person, virtually, or through a hybrid approach meeting families where they are, the most effective visits take place in the family's home. Being in person allows the parent educator to build on and maximize the family's primary learning environment, creating the richest opportunities for modeling, observation, and connection. When needed, visits may also include a phone call to discuss sensitive well-being topics, review parent-child interactions, and reflect together in conversation. Technology remains a valuable tool to reduce barriers related to geography, transportation, scheduling, and engagement preferences, while also expanding opportunities for professional growth and family participation.<sup>3</sup>

#### *PAT Engage: A New Approach*

PAT Engage is a cloud-based application accessible via a web browser or mobile app that strengthens communication and streamlines services. Through the app, parents can easily connect with their parent educator, access curricula, and receive resources directly on their phone.<sup>4</sup>

Key features include:

- Parent-facing handouts from the Foundational 1 and Three Years through Kindergarten curricula
- Mobile access for parents and both desktop and mobile access for parent educators
- Visit scheduling tools
- Digital reminders for group connections, community events, and other important dates

Together, these features ensure families receive flexible, accessible, and comprehensive support, which strengthens relationships, promotes child development, and enhances overall family well-being. The Contractors have begun piloting the application and learning how it will support the work with the intention of implementing the resource into standard practice.

<sup>3</sup> "Evidence-Based Home Visiting." Parents as Teachers, 11 Feb. 2025, [parentsasteachers.org/evidence-based-home-visiting/](https://parentsasteachers.org/evidence-based-home-visiting/).

<sup>4</sup> "Have You Checked out PAT Engage Yet?" Parents as Teachers, 4 Feb. 2025, [parentsasteachers.org/have-you-checked-out-pat-engage-yet/](https://parentsasteachers.org/have-you-checked-out-pat-engage-yet/).

### Supervisor Activities

#### *Monthly*

The OCAP scheduled supervisor calls are held on the fourth Friday of each month, making it standard practice to use video capabilities for these meetings. During months without scheduled meetings, the OCAP ensured ongoing communication by sending updates in presentation format. Additionally, in the coming year, the OCAP will implement an optional virtual check-in call designed as an informal space to connect with sites. This approach has enhanced engagement with Contractors through consistent communication via PowerPoint and video platforms. Additionally, trainers are scheduled to provide requested information and current practices based on feedback from the Contractors. Technical assistance provided during these monthly supervisor calls includes policy and PAT model updates, resources, database information, and training. A satisfaction survey conducted for SFY 25 revealed that 89% of Supervisors were satisfied with the Monthly Supervisors Call, a slight decrease from 92% in SFY 24. The OCAP has implemented regular satisfaction surveys and reviews to gather feedback and identify areas for improvement. Moving forward in SFY 2026, the OCAP will continue to provide up-to-date technical assistance and support tailored to the needs of individual Contractors.

#### *Fall Biannual Meeting*

During SFY 2025, the OCAP had the opportunity to partner with national trainers at the Brazelton Touchpoints Center to facilitate a three-day training, Touchpoints: The How of Child and Family Engagement. Brazelton Touchpoints is an evidence-based approach to building strong family-child relationships from before birth through the age of five. Providers who implement Touchpoints in their practice partner with families to support children's early learning and healthy development. Participants learned strategies for building partnerships with parents that promote family strengths, techniques for talking with families about child development concerns, as well as a framework to understand why children's behavior can sometimes be challenging and confusing. The training took place at the Oklahoma City Convention Center from September 10th to 12th, 2024. Supervisors had opportunities to connect and collaborate with others daily during breakfast and lunch, as well as throughout the training activities. Upon conclusion of the training, participants received six Reflective Practice Sessions to enhance their practice.

### Blue Ribbon Sites

The PAT Essential Requirements and Quality Standards form the basis for the Quality Endorsement and Improvement Process (QEIP), which is the process that Contractors go through to demonstrate their commitment to high-quality services and work to earn the Blue Ribbon designation.<sup>5</sup> Currently, Oklahoma has four Contractors that serve Oklahoma, Tulsa, Kiowa, Greer, Jackson, Beckham, Tillman, Washita, McClain, Garvin, Southern Cleveland and Comanche Counties that have achieved Blue Ribbon status.

<sup>5</sup> *Blue Ribbon Affiliates*. Parents as Teachers. (2021, October). Retrieved November 11, 2022, from <https://parentsasteachers.org/blue-ribbon-affiliates-1>.



## Quality Endorsement and Improvement Process

Contractors are invited to participate in the QEIP process for the first time in their fourth year of implementation and every five years thereafter. QEIP helps ensure that Contractors deliver high-quality home visiting services while implementing the PAT model with fidelity. The QEIP process ensures that essential requirements and quality standards set by Parents as Teachers National Center are fulfilled. This indicates the highest quality of services are provided to children and families.

## Mentorship

During SFY 23, Contractors identified a need for extra support when going through the QEIP process based on the extensive work that goes into Self-Study and ongoing changes to the national review process. The OCAP paired Contractors who previously achieved Blue Ribbon status to serve as mentors to Contractors who were currently working through their Self-Study. Mentee Contractors reported that having a mentor to answer questions and provide insight about their own experiences was supportive and reduced stress. During SFY 25, one Contractor was able to offer mentorship to another going through QEIP.

## Monthly Report

Monthly Reports are designed to support Contractors in being aware of and having a month-to-month view of deliverables, including completed home visits and capacity. Within the monthly report, Contractors were able to communicate their staffing as well as caseload expectations based on staffing changes. The PAT Model's recommended data review throughout the year is also built into the Monthly Report to support staff in completing data reviews prior to the end-of-year Annual Performance Report (APR) submission. Monthly Reports were due on the fifth of each month (or the next business day if the fifth falls on a weekend or holiday) to capture visits completed and the number of families served for the previous month. Technical assistance is provided and informed by the results of the monthly report.

## Family Support Provider Community of Practice

The Family Support and Prevention Community of Practice (FSP CoP) is a vital space for direct service staff, especially PAT Contractors, who provide strength-based services to children and families across Oklahoma. The Contractors are the backbone of the group, offering valuable expertise, innovation, and lived practice experience that enrich every session. Their contributions not only elevate the quality of services but also strengthen collaboration and relationships statewide.

In 2024, FSP CoP participants identified a mission to lead, advise, and advocate for the family support field with a commitment to strengthening families, promoting provider well-being, and fostering healthy communities. Together, members validate each other's skills and experiences while nurturing resilience in both providers and families.

Participation offers numerous benefits, including professional development, community networking, collaborative resource sharing, confidence in service delivery, and the modeling of effective family engagement. Sessions also foster innovation, skill building, and education.

Meeting quarterly, the CoP held a statewide virtual resource fair in January 2025, where 89% of attendees rated it highly effective, and an April session focused on Child Abuse Prevention Month, with 93% rating it highly effective. Guided by member feedback, the FSP CoP will continue to grow as a collaborative, preventative effort advancing family support across Oklahoma.

## Regional Meetings

Regional Meetings were first piloted in 2024 as part of the FSP CoP revitalization. In FY2025, the second annual series was hosted in partnership with five regional locations across the state, strengthening networking, program connections, and resource sharing. Parents as Teachers home visiting programs were a central part of these efforts, bringing frontline expertise that grounds discussions in real family experiences and strengthens the continuum of care.

Feedback from participants highlights the value of these gatherings: 99% reported that the meetings were highly effective in achieving their goals, and 97% indicated they would attend future in-person sessions held within their region. Providers emphasized the importance of connecting face-to-face with peers and local resources.

Looking ahead to FY2026, Regional Meetings will continue to serve as a key conduit for advancing the mission and vision of the FSP CoP, with Parents as Teachers remaining integral to collaboration and impact statewide.

## Annual Performance Report (APR)

The Annual Performance Report is required by all Parents as Teachers Contractors as a vehicle to report services provided to the National Center. The OCAP has supported Contractors in collecting the data by developing reports in the Data Management System. Contractors can now generate a report that mirrors the APR, making reporting more manageable and accurate. Annually, Contractors submit the report utilizing the National Center's platform and cover a wide range of service outcomes, including special populations served, completed home visits, staffing, and length of service, to name a few. All Contractors successfully submitted their individual 2025 APR by the due date of August 15, 2025.



### Quality Assurance Site Visits

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

- Reviewing program documentation to ensure contract compliance.
- Providing onsite consultation, technical assistance and training to program staff.
- Continuing to build on the positive working relationship between the Contractor staff and the OCAP.

Upon completion of the site visit, a monitoring plan is shared with the Contractor that addresses strengths as well as any challenges in meeting the contractual and/or Parents as Teachers Model requirements. If a formal recommendation was issued, Contractors developed a Success Plan and action steps to address areas of deficiencies. Contractors who demonstrated ongoing issues engaged in a Plan of Improvement, where a formal three-month check-in meeting with leadership is completed, with a six-month improvement window. Additional in-person technical assistance meetings were scheduled to enhance support when requested by Contractors.



“I’m excited to see Bailey achieve her goals —

**she’s making meaningful progress that will benefit both her and her family.**

I’m proud of her for seeking mental health support and taking steps to improve her and her family’s well-being.”

– Sharla, Parent Educator

### Continuous Quality Improvement Projects

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

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

The Contractor will complete at least one CQI using the PDSA Model annually. The Contractor will take the following steps to ensure adherence to Parents as Teachers and OCAP guidelines:

- Complete and submit the CQI application.
- CQI project implementation.
- CQI project completion.
- Complete storyboards.
- Present storyboards at the designated meeting.

Contractor	Counties Served	Description of Project	Reason for Focus
CAP Tulsa	Tulsa	Parent Educators (PEs) will use Unite Us for referrals to Parent Child Assistance Program (PCAP) in spring 2024, and SoonerStart in May-Sept. 2024.	Unite Us is a secure way for programs to share referrals and be informed when contact is made.

#### Results

**PCAP:** Parent Educators reviewed Primary Caregiver Forms for triggers and shared the PCAP brochure when appropriate. No referrals were made, but PE’s increased awareness of available services and engaged families in meaningful conversations about safe home environments.

**SoonerStart:** Three children were referred, with one successfully receiving services.

**Lessons Learned:** Unite Us proved to be an effective platform for managing referrals, offering training and support to ensure follow-through. However, challenges remain: the system lacks a trigger to alert when referrals require processing, and staff face double entry as PE’s document referrals in both the database and Unite Us.



Contractor	Counties Served	Description of Project	Reason for Focus
<b>Center for Children and Families: Bringing Up Babies</b>	Cleveland, Pottawatomie	Increase SMART goal setting and follow up with families by discussing progress at least once monthly.	Families were not progressing on goals. PEs will be more intentional when supporting families in completing SMART goals by providing support and referrals needed for completion.

**Results**

- 30 new goals were set between October and December 2024, with at least three families having two goals set.
- 13 out of 30 goals were achieved.
- 14 goals were started or were ongoing.
- Three goals were not started.
- Progress notes and goal status were updated monthly.

Initial goals were achieved with support when the PE is intentional and consistent with follow-up.

Contractor	Counties Served	Description of Project	Reason for Focus
<b>Frontline Family Solutions</b>	Southern Cleveland, Garvin, McClain	Streamlining the referral process by integrating three services – SoonerStart, Legal Aid Services of OK (LASO), and PCAP into a single platform, Unite US.	To ensure a timely and efficient referral process, including closing the loop on referrals.

**Results**

**LASO:** 11 families were referred, four were rejected, five were reviewed and two clients were approved for service.

**PCAP:** Two families were referred, with one client receiving services and one rejected.

**SoonerStart:** Four families were referred, and all were rejected.

Based on these outcomes, the Unite Us platform did not prove to be a long-term strategy for strengthening community connections and improving service delivery.

Contractor	Counties Served	Description of Project	Reason for Focus
<b>Great Plains</b>	Beckham, Greer, Kiowa, Jackson, Tillman, Washita	Goal setting and completion	Goals weren't set, monitored or updated consistently. Goal setting can help families identify their strengths, create a path to achieve goals, and gain tools to build confidence and ensure a successful future.

**Results**

Goal-setting data was collected from September through November 2024.

- Five goals were abandoned.
- 55 goals were completed.
- One goal was not started.
- Four goals were partially started.
- Eight goals were started.

Goals set in 2024 were compared to goals set from September to November 2023.

- Eight goals were abandoned.
- 57 goals were completed.
- One goal was not started.
- Four goals were partially started.
- Eight goals were started.

While the partially completed, not started and started categories remained the same, the number of goals abandoned improved, but the total number of completed goals dropped.

Contractor	Counties Served	Description of Project	Reason for Focus
<b>Latino Community Development Agency</b>	Oklahoma	Make referrals to SoonerStart, LASO and PCAP through Unite Us care coordination portal.	To increase referrals, strengthen communication and close the referral loop using Unite Us.

**Results**

**SoonerStart:** Identified thirty children with delays.

- Eight children were more than 36 months.
- Seven families declined the referral.
- 15 families were referred through Unite Us.
- 11 were closed.
- Four families received services.

**LASO:** 45 families were informed about services.

- Eight families had legal concerns and were referred.
- Two families were rejected.
- Two families were accepted.
- Four families' cases were reviewed.

**PCAP:** Three families had at least one positive answer on the Primary Caregiver Information Form, Prenatal Form, and/or Birth Record for drug/alcohol/tobacco use.



Contractor	Counties Served	Description of Project	Reason for Focus
<b>Northwest Family Services</b>	Alfalfa, Grant, Major, Woods	Promote a healthy lifestyle by providing information on physical activity and nutrition on home visits.	To bring awareness to families of the importance of a healthy lifestyle for their children.
<b>Results</b>			
Pre-tests and post-tests were completed by participating families. Results showed an increase in their child's overall health of ten percent.			

Contractor	Counties Served	Description of Project	Reason for Focus
<b>Northern Oklahoma Youth Services</b>	Kay, Noble, Osage, Pawnee	Increase developmental screenings completed by the required time frames to 80% of enrolled children using Ages & Stages Questionnaire (ASQ) online tool by December 1, 2024.	The program APR for 2023-2024 indicates initial and annual ASQ completion at 69% and 40%, respectively, which is below the essential requirement.
<b>Results</b>			
<p><b>PE #1 Caseload:</b> 43 percent of ASQs were completed through the Brooks Online ASQ service at the time of data collection (12/21 incomplete online). Remaining ASQs were completed on paper during visits with PE assistance.</p> <p><b>PE #2 Caseload:</b> 34 percent of ASQs were completed online (10/15 incomplete online), with others completed on paper during visits.</p> <p>Due to low online response rates, families were surveyed. 99 percent of those who returned surveys</p> <p>completed the ASQ online and rated it "satisfactory" or "excellent." One family reported not completing due to unclear instructions. 36 percent preferred paper ASQs over online. Informal PE feedback highlighted disconnection from the process, inconvenience, added documentation time, and delays in reviewing results with families. Families who reported positive experiences generally completed online, leaving a gap in feedback from non-users.</p> <p>Overall, Brookes Online ASQ did not ease the screening process or improve timely completion rates.</p>			

Contractor	Counties Served	Description of Project	Reason for Focus
<b>Oklahoma City Public Schools</b>	Oklahoma	Referrals to PCAP using Unite Us to refer families with substance use disorder.	To improve outcomes with families who experience substance use challenges.
<b>Results</b>			
The program collected 96 data touchpoints, and zero families were identified with a substance use disorder.			

Contractor	Counties Served	Description of Project	Reason for Focus
<b>The Parent Child Center of Tulsa</b>	Tulsa	To strengthen cross-system support for families by increasing referrals to LASO when they have legal needs.	To ensure families have access to free, legal support that addresses barriers to family well-being.
<b>Results</b>			
<p><b>Goal:</b> Eighty-five percent of families who have been identified with a possible legal concern and are eligible for LASO will be referred using Unite Us referral system.</p> <p><b>Outcome:</b> Twenty-seven families were identified as having a legal need. Of these, 17 families were referred to LASO, an outcome rate of 63%. The outcome goal was set at 85%.</p> <p><b>DISRUPTORS:</b> Several challenges contributed to not reaching the 85%:</p> <ul style="list-style-type: none"> <li>Some families refused the referral to LASO after being offered.</li> <li>A portion of families declined the screening, limiting the ability to connect them to LASO.</li> <li>Some families had legal needs outside of LASO's service qualifications, resulting in no referral pathway.</li> </ul>			



Contractor	Counties Served	Description of Project	Reason for Focus
Parent Promise	Oklahoma	<ol style="list-style-type: none"> <li>To increase referrals to PCAP.</li> <li>To increase referrals to LASO.</li> <li>To increase referrals to SoonerStart.</li> </ol>	Utilize Unite Us to provide support to parents struggling with substance use, legal support through LASO, and for parents who qualify, SoonerStart services.

**Results**

- Goal was not met due to not enough families identified who met criteria for a PCAP referral.
- Goal was not met due to not having enough families identified who met the criteria for the LASO referral.
- There were challenges in making referrals to SoonerStart, including reaching the appropriate office. This caused a delay in having families connected to SoonerStart staff.

Contractor	Counties Served	Description of Project	Reason for Focus
Tahlequah Public Schools	Adair, Cherokee, Muskogee, Wagoner	Increase Parent Surveys - Initial survey administered by PE and exit survey collected by supervisor.	Obtain more feedback from each family.

**Results**

Increased parent survey completion to 74% by December 20, 2024, and reached 89% by June 30, 2025. While we did not meet our goal of 100% during the project timeline, the increase shows progress. The strategies implemented were effective and will continue to be employed.

Contractor	Counties Served	Description of Project	Reason for Focus
Youth and Family Services for Hughes & Seminole Counties	Hughes, Seminole	Engage the rural population.	Reach rural areas that have limited resources to increase awareness of services.

**Results**

Service delivery has increased in rural communities in our area by establishing a partnership with a daycare in Hughes County. Through this collaboration, PEs have successfully connected nine families from the center. To increase awareness, program information was distributed throughout the 14,000-square-mile service area. As a result of targeted outreach efforts in rural regions, five families have enrolled from these hard-to-reach areas.

“Parents as Teachers has been a wonderful resource that I was lucky to have found.

**It takes a village to raise a happy and well-rounded child, and that is the support that my family has found.**

Ms. Yolanda and Ms. Karla have been of great support in our journey to prepare our children to be successful both academically and in life. The parenting tips as well as the many helpful, educational and fun activities organized by Ms. Karla have helped me strengthen the bond with my child and enhanced her ability to learn and to receive instruction from another adult; a skill that is essential for when she begins school. I also enjoyed Group Connections where it gave me the opportunity to connect with other parents while learning about valuable topics such as positive parenting, financial planning, and child safety. I am thankful to Parents as Teachers and the dedication of its staff, especially of Ms. Yolanda and our parent partner, Ms. Karla Ruiz.”

– Teresa





### Target Fidelity Project

The Target Fidelity Project (TFP) is an initiative of Parents as Teachers National Center to deepen the support offered to Parents as Teachers Contractors who missed one or more Essential Requirements on the Annual Performance Review. Feedback and success of this initiative have resulted in the implementation of TFP as a required, monthly training and technical assistance call which serves to support Contractors in identifying their challenges and strategies for meeting the Essential Requirements over the program year.

#### TFP Feedback

"I enjoyed that it is scheduled in advance and consistent. My only suggestion would be to have a topic to learn more about at each meeting or some type of short training."

"I love having one on one time to ask questions, clarify doubts and discuss any issue related to our program."

"During these meetings, [the Program Consultant] is very supportive and helps us troubleshoot challenges. She celebrates successes and provides meaningful information."



## CHILD ABUSE Prevention Month

Individuals and programs were honored across the state for their outstanding commitment, dedication and leadership in child abuse prevention at the annual awards ceremony held on April 30, 2025, at the Oklahoma State Capitol.



"Preventing child abuse is critical to building healthy communities," said Lorri Essary, director of the Family Support and Prevention Service at the OSDH. "The work of those we honored is changing the lives of Oklahoma kids."

The 2025 Oklahoma Outstanding Child Abuse Prevention Award<sup>6</sup> winners are:

#### Marian Jacewitz Award

Monica Brummett  
*Oklahoma Human Services; School-Based Family Services*

#### Mary Ellen Wilson Award

Mackenzie Belyeu  
*The Parent Child Center of Tulsa; Tulsa Safe Babies Collaboration*

#### Outstanding Community Builder Award

Carla Garcia  
*Center for Children and Families, Inc.*

#### Outstanding Family Support Program Award

The Parent Child Center of Tulsa  
*SafeCare Program*

#### Outstanding Home Visitor Award

Jamie Mata  
*Parent Promise OKC*

#### Mildred Ramsey Community Innovation Award

Ebony Skillens  
*Amazing Skillz Counseling Services and Skillz on Wheelz*

#### Oklahoma Parent Leadership Award

Erica Herrera  
*Oklahoma City, OK*

#### Oklahoma Parent Leadership Award

Marques S. Thomas  
*Wynnewood, OK*

#### Oklahoma Parent Leadership Award

Yolanda Galloway  
*Tulsa, OK*

<sup>6</sup> OCCY provides the awards for the Mildred Ramsey Community Innovation Award and the Oklahoma Parent Leadership Awards.



“Parents as Teachers has given me the sense of what a parent is.

**When you first are a parent, you don’t know what to do, but with what I have learned in this program, I know what I can do and how I can support my child’s growth.”**

–Johanna

“Over the past three years, I have seen Johanna grow as a confident parent in her ability to correct, discipline, and support Aidean’s development. At first, she was hesitant to set limits and often sought her mother’s approval. Johanna is now confident in her decisions as a mother and her ability to care for Aidean.”

– Victoria, Johanna’s Parent Educator

### Strengthening Families Together Collaborative Convening

Agencies are more likely to achieve positive outcomes for children and families when they collaborate with key stakeholders to strengthen families, prevent maltreatment, and avoid the unnecessary removal of children from their homes. This collaboration involves forming strong, active partnerships with various entities, including other agencies, private foundations, community organizations, families and youth.

By leveraging each other’s expertise, partners can identify and address service gaps, optimize funding opportunities and ensure seamless service delivery for families. Through such collaboration, state child-serving agencies can transition from a traditionally siloed approach to a more integrated and responsive system that empowers and strengthens all families.

On April 21st, 2025, the Collaborative Convening was held at the Embassy Suites in Norman, Oklahoma. Stakeholders were engaged in discussions about redesigning service delivery systems. Through this collective effort, the organizers aim to streamline services, enhance coordination among agencies, and address systemic barriers that impede the provision of comprehensive support to communities throughout the state.<sup>7</sup>

<sup>7</sup> “Get Involved.” Health Department, [oklahoma.gov/health/health-education/children---family-health/family-support-and-prevention-service/office-of-child-abuse-prevention/child-abuse-prevention-awareness/get-involved.html](https://oklahoma.gov/health/health-education/children---family-health/family-support-and-prevention-service/office-of-child-abuse-prevention/child-abuse-prevention-awareness/get-involved.html). Accessed 23 Sept. 2025

## BUDGET & Program Needs

The following table details the total number of investigations assigned in counties served by Parents as Teachers. Investigations may include more than one child.

**Substantiated Reports**  
FY 2024 Oklahoma Human Services Child Abuse or Neglect Statistics<sup>8</sup>

County	Reports	County	Reports	County	Reports
Adair	82	Major	22	Oklahoma	2,456
Alfalfa	26	McClain	100	Tulsa	2,740
Beckham	76	Muskogee	189	<b>Metropolitan Counties Total Cases: 5,196</b>	
Cherokee	187	Noble <i>Federal Funding</i>	41		
Cleveland <i>Rural &amp; Suburban</i>	830	Osage <i>Federal Funding</i>	177		
Comanche <i>Federal Funding</i>	368	Pawnee <i>Federal Funding</i>	75		
Garvin	85	Pottawatomie	364		
Grant	8	Seminole <i>Federal Funding</i>	228		
Greer	37	Tillman	15		
Hughes <i>Federal Funding</i>	20	Wagoner	234		
Jackson	79	Washita	38		
Kay <i>Federal Funding</i>	278	Woods	26		
Kiowa	34	<b>Rural Counties Total Cases: 3,619</b>			

**25** Rural Counties Served

**02** Metropolitan Counties Served

<sup>8</sup> "Statistical Tables." Oklahoma Human Services, <https://oklahoma.gov/okdhs/about-us/ar24/stats.html>. Accessed 11 Sept. 2025.

Below is a snapshot of the state budget history for PAT. In 2018, state funded PAT Programs were cut, and reinstated in 2019 at the current funding of \$2,014,668. The table below shows the fluctuations in funding, families severed, contractors, and county availability. The number of families served in 2025 is approaching pre-2018 numbers.

State Fiscal Year	Total Expenditures	Number of Families Served	Average Cost per Family	Number of Contractors	Number of Counties Served
2011	\$2,964,476	1,085	\$2,732	21	39
2012	\$2,790,426	1,068	\$2,613	19	37
2013	\$2,711,578	786	\$3,450	14	30
2014	\$2,788,042	774	\$3,602	14	30
2015	\$2,613,823	738	\$3,542	13	28
2016	\$2,440,713	672	\$3,632	13	28
2017	\$2,246,365	608	\$3,695	11	26
<b>Contracts Canceled</b>					
2018	\$906,145	321	\$2,823	9	23
<b>Contracts Reinstated: \$2,014,668 total budget in the Child Abuse Prevention Fund</b>					
2019	\$2,014,668	386	\$5,479	9	28
2020	\$1,873,023	648	\$2,890	9	28
2021	\$1,769,755	592	\$2,989	9	28
2022	\$1,752,798	577	\$3,038	9	28
2023	\$1,993,133	532	\$3,746	9	28
2024	\$1,833,171	482	\$3,803	8	20
2025	\$1,936,481	629	\$3,079	8	20



Research has shown that children enrolled in Parents as Teachers had a 22% decreased likelihood of child maltreatment substantiations compared to children not in Parents as Teachers.<sup>9</sup> Enhancing and expanding Parents as Teachers services has the potential to positively impact more families. Research also shows that home visiting is cost-effective, saving money that otherwise would be spent later, on more costly programs and services. Cost-benefit analyses show that high-quality home visiting programs offer a return on investment ranging from \$1.80 to \$5.70 for every dollar spent (though costs vary across programs), due to reduced expenditures on child protection, K-12 special education and grade retention, health care, and criminal justice.<sup>10</sup> Research results from nearly 40 years of Parents as Teachers studies show:<sup>11</sup>

- Increase in parent knowledge of early childhood development and improving positive parenting practices.
- Providing early detection of developmental delays and connection to services.
- Improving parent, child and family health and well-being.
- Preventing child abuse and neglect.
- Increasing children's school readiness and success.
- Improving family economic well-being.
- Strengthening community capacity and connectedness.

#### To build infrastructure and fill gaps, the OCAP has the following needs:

- **Expand the OCAP** budget to fund needed services, with the goal of reaching and sustaining a level of funding that provides home visiting services for families in every county. Rising costs of living, including housing, transportation, food, and workforce retention, have increased the financial strain on both families and service providers. An expanded budget is essential to address these pressures, fill service gaps, and ensure equitable access to home visiting supports across all counties.
- **Increase the state's investment dollars in child abuse prevention services** such as Parents as Teachers Home Visitation Services, Children First and SafeCare. Continue identifying gaps in the continuum of home visiting services to achieve a more cohesive, robust home visiting footprint.
- **Flexible funding** is essential for supporting parent voice and lived experience. It allows for timely response to emerging community needs, enabling parents to engage in decision-making processes, family advocacy, and educational initiatives. Being responsive to community needs in a timely manner allows programs to best support families and prevent child abuse/neglect.

<sup>9</sup> Chaiyachati, B., Gaither, J., Hughes, M., Foley-Schain, K., & Leventhal, J. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. *Journal of Child Abuse and Neglect*, 49, 476-484. Accessed 15 Sept. 2025.

<sup>10</sup> Sbrown@Casey.org. "Home Visiting Programs." *Casey Family Programs*, 19 Mar. 2025, <https://www.casey.org/home-visiting/>. Accessed 15 Sept. 2025.

<sup>11</sup> "Research and Results." *Parents as Teachers*, 28 Mar. 2025, [parentsasteachers.org/research-and-results/](https://parentsasteachers.org/research-and-results/). Accessed 15 Sept. 2025.

- **Invest in the State Plan for the Prevention of Child Abuse and Neglect<sup>12</sup>** by collaborating with child and family-serving agencies, the Oklahoma Commission for Children and Youth, and Oklahoma Human Services. Implemented in 2024, the State Plan aims to establish SMART Goals to enhance child abuse and neglect prevention services and address existing service gaps. This working document will serve as a blueprint for preventing child abuse and neglect across Oklahoma, guiding efforts and ensuring a coordinated, comprehensive approach to safeguarding children.



"I'm so glad Sooner Start connected me with Parents as Teachers.

**With their help I've progressed in my parenting skills."**

– Kenzie

Once overwhelmed, Kenzie is now thriving as a confident mom. Her son Weston, born premature with low birthweight, is steadily gaining weight and achieving developmental milestones. Together, they're moving forward — Kenzie is giving back to her community by grooming a therapy horse for children with disabilities.

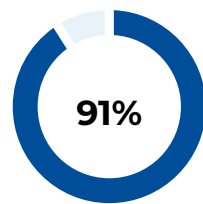
<sup>12</sup> *Oklahoma's Community-Based Child Abuse Prevention*, [oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/fspis/child-abuse-prevention/](https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/fspis/child-abuse-prevention/). Accessed 15 Sept. 2025.

# Summary

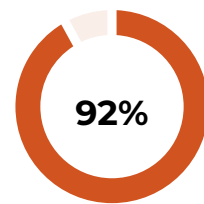
The Family Support and Prevention Service Area has achieved remarkable success, demonstrating a commitment to excellence and the ability to drive a meaningful statewide impact.

## State Office Satisfaction Survey

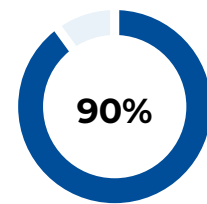
Annually, a State Office Satisfaction Survey is distributed to all providers supported by the State Office. Based on results, the State Office continues to sustain quality support.



SFY2023



SFY2024



SFY2025

### Supervisor Calls

**Satisfied:** 88%  
**Neither satisfied nor dissatisfied:** 12%

"I would enjoy time for breakout rooms to learn and share with peers."

"I like having the meetings because we can express our opinions."

### Training

**Satisfied:** 78%  
**Neither satisfied nor dissatisfied:** 12%

"My team has spoken very positively about the training sessions. The presenters were excellent."

"We appreciate having trainings available in Tulsa."

### Quality Assurance Visits

**Satisfied:** 89%  
**Neither satisfied nor dissatisfied:** 11%

"I liked knowing what was expected, how to prepare and improve, and that it was more teachable than a correction"

"It provides an opportunity to reflect on our work and identify areas for improvement."

### Financial Policies

**Satisfied:** 55%  
**Neither satisfied nor dissatisfied:** 44%

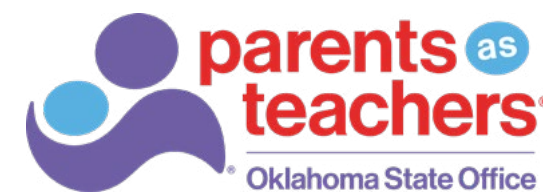
"Clear, concise, has all the information you need."




## Parent Satisfaction Report

According to Model Requirements, PAT Contractors are expected to get feedback from families around their satisfaction of the services they are receiving. Twelve Contractors provided the survey to families and submitted 441 responses to the OCAP. During Target Fidelity Project (TFP) meetings, Consultants reviewed the results with Contractors and discussed any trends and lessons learned from the survey results.

Overall satisfaction with Parents as Teachers	96%
Increased understanding of child development	96%
Opportunities to connect with other families	83%
Increased ability to manage stress	90%
Encouragement to read books to child	95%
Support provided to set goals and work towards them	95%
Provider has the family's best interest in mind	95%
Resource connection	95%
Motivated to try new parenting	94%
Child screening results are shared with families	95%
Would recommend the program	96%

## Parents as Teachers Community Impact



 <b>13</b> SITES	 <b>27</b> COUNTIES	 <b>73</b> STAFF
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### Statewide Special Projects

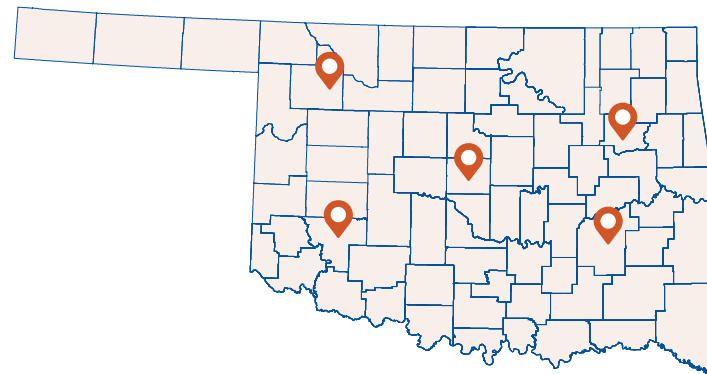
<p><b>Eight counties</b> were served by Blue Ribbon PAT affiliates in FY2025.</p> <p><b>99 families</b> graduated from PAT affiliates in FY2025.</p>	<p><b>128 fentanyl test kits</b> provided to families since Jan. 2024</p> <p><b>300 firearm locks</b> provided to families since Jan. 2024</p>
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## Annual Statewide Regional Meetings

**Attendees: 171**

- 99% of Regional Meeting attendees indicated the regional goals were achieved.
- 97% of Regional Meeting attendees indicated they would attend future Regional Meetings.
- 39% of attendees are willing to serve on a State Plan for the Prevention of Child Abuse and Neglect Committee.

Five Regional Meeting Locations



## Family Support Provider Community of Practice (FSP CoP)

Community of Practice can prevent burnout by providing social support, innovation and career development.

**50%** of providers in the helping profession are experiencing burnout.

**183** Family Support Providers registered for the Community of Practice in FY2025. This is an increase of 102 individuals from FY2024.

## State Initiatives

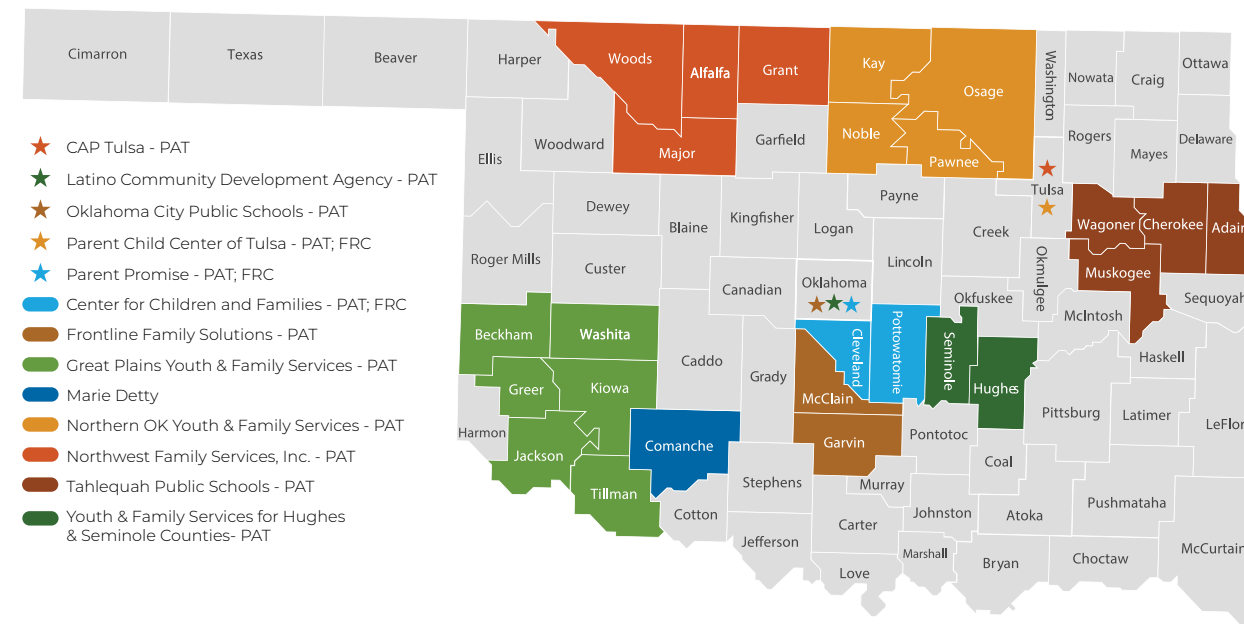
### Oklahoma State Obesity Plan Partnership



**OKLAHOMA STATE OBESITY PLAN**  
STAKEHOLDERS GROUP

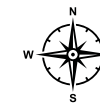
- **1,892 physical activity items** were provided to families to align with State Obesity Plan goals.
- **85% of families** set a goal to increase physical activity.
- **55% of families** utilized physical activity equipment weekly.
- **64% of families** increased their outdoor physical activity time.
- **52% of families** increase their indoor physical activity time.

## Parents as Teachers and Family Resource Centers



**Data Source:** Parents as Teachers, Family Support and Prevention Service, Oklahoma State Department of Health

**Updated:** 09.09.2025



**Disclaimer:** This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

The PAT Contractors that received federal funds only are CAP Tulsa, Marie Detty, Northern Oklahoma Youth Services, Oklahoma City Public Schools and Youth and Family Services for Hughes and Seminole Counties. The FRC Contractors receive funds from the Community-Based Child Abuse Prevention Fund and are in Oklahoma, Cleveland and Tulsa Counties.



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**OKLAHOMA**  
State Department of Health

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