

Oklahoma Institute for Child Advocacy

2005 Legislative Agenda for Children and Youth

Background Information

Prevention of Youth Access to Alcohol

Issue #1:

The recent death of an Oklahoma college student from alcohol poisoning reminds us of the horrible consequences of underage drinking. Despite the headlines about illegal drugs such as methamphetamines, alcohol is still Oklahoma's most abused drug. The Youth Risk Behavior Survey reports that over half of Oklahoma's high school students (50,000) have consumed alcohol, and two-thirds of these (33,000) have participated in binge drinking.

Current penalties for minors in possession of alcohol have proven to be ineffective in curbing underage drinking. Penalties typically range from community service to a small fine (\$150). Low-point beer – which is the drug of choice for teenagers – is unregulated. There are no provisions to suspend the licenses of stores that repeatedly sell illegally to minors – and the trend of parents and other adults buying alcohol for teenagers compounds the problem.

Binge drinking is a significant problem on college campuses throughout the US. Each year about 1,400 college students die as a result of alcohol-related injuries and hundreds of thousands more are assaulted or injured, are arrested, engage in unprotected sex, or develop alcohol-related health problems.

A new and deliberate focus on underage drinking is warranted in Oklahoma to ensure that our youngsters' transition into adulthood is safe and healthy.

Recommendation:

The Children's Agenda supports the creation of the Prevention of Youth Access to Alcohol Act, giving the ABLE Commission regulatory and licensing authority over 3.2 alcohol, suspending driving privileges for minors in possession of alcohol, increasing fines and penalties for adults who provide alcohol to youth under 21, and earmarking the fines for prevention-related education media campaigns.

Substance Abuse Treatment for Youth

Issue #2:

American society glamorizes the use of alcohol. Beer is frequently served at sporting events, and drinking parties have become a customary activity in many high schools and university settings. Lax enforcement of underage drinking laws make it easy for youngsters to obtain liquor.

Yet the consequences of alcohol consumption are undeniable. The Governor's Task Force on Substance Abuse estimated that untreated substance abuse costs Oklahoma \$7.6 billion annually. In 2000, about 20% of all deaths in Oklahoma were related to alcohol. An OSU study indicated that alcohol and drug violations account for 32% of all inmates in Oklahoma prisons, costing taxpayers \$122 million annually. Effects on children and youth can be devastating. Substance abuse is a factor in 7 out of 10 cases of child abuse and neglect.

Adolescent substance abuse treatment has been nearly non-existent in Oklahoma. Yet estimates report 27,000 adolescent Oklahomans use alcohol or other drugs. Providing treatment for the child addresses the addiction as early as possible and restores the chance, that most families take for granted, to allow the child to become a healthy, productive adult.

A promising tool in the battle against substance abuse is the Juvenile Drug Court, which is an integrated team approach that combines the power of the justice system with the intervention of mental health and substance abuse professionals.

In Oklahoma, the first juvenile drug court started in 1997 in Payne County. There are currently 10 juvenile drug courts in Oklahoma, and 128 non-violent juvenile drug offenders have successfully completed the program or are currently in the program. Current levels of funding can provide services for less than 100 juveniles per year. With an additional \$1,000,000, the juvenile drug court program could triple in size. The benefits are many: significant reductions in crime, fewer tax dollars spent on incarceration, and placing juveniles on the path to productivity.

Fiscal Note:

The Oklahoma Department of Mental Health and Substance Abuse Services has requested \$3,000,000 for Family Treatment Services statewide, \$2,500,000 for Adolescent Substance Abuse Treatment, and \$1,000,000 for Juvenile Drug Courts. *Total request: \$6,500,000*

Recommendation:

The Children's Agenda supports the expansion of substance abuse treatment for youth and their families, including the expansion of juvenile drug courts.

Children’s Mental Health Issues

Issue #3:

It is estimated that as many as one in five Oklahoma children and adolescents may have a behavioral, emotional or mental health problem. For many families, the services required for their special needs children are fragmented, too costly, or not available in their community. To address this need, Oklahoma has adopted the “Systems of Care” approach. SOC is a comprehensive array of mental health and other support services organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families. The goal of the System is to reduce hospitalizations, keep children in their own homes, and provide services within their own communities.

In 2001, the Systems of Care model was tested in Kay and Tulsa Counties. The results were so promising that the legislature allocated additional funds in 2002 to start new projects in Canadian, Bechkam and Oklahoma counties. In 2003, Oklahoma received a major federal grant to help expand the program into new communities.

Systems of Care has become a highly successful “best practice” model for providing services to children with serious emotional disturbance and their families. Among the first 261 Oklahoma children to complete the six months of treatment in a system of care project, there was a 75% decrease in arrests and a 75% decrease in in-school suspension days. The cost of out-of-home placements, such as foster care and inpatient psychiatric treatment, decreased by 61%. There are currently SOC projects in 14 counties. Additional funding would allow expansion of the program into 8 additional communities.

Child victims of trauma, such as domestic violence, are among the highest risk group for development of emotional disturbances and subsequent mental illness. Last year, DMHSAS established programs in 10 communities across the state to specifically address this at-risk population and provide early intervention treatment. Research based therapies are being utilized. Expansion of this initiative is needed to reach more children, particularly in larger communities.

Fiscal Note: The Oklahoma Department of Mental Health and Substance Abuse Services is requesting \$1,000,000 for the expansion of Systems of Care, and \$500,000 to provide services to child victims of trauma. *Total request: \$1,500,000*

Recommendation:

The Children’s Agenda supports increasing the funding for community-based behavioral health services for children and youth (0-21) including the expansion of Systems of Care statewide.

Child Care Funding

Issue #4:

Currently, 56% of Oklahoma children under six have mothers in the workforce. In Oklahoma, childcare costs for a metro area toddler average \$6,760 per year, and the costs for a 12-month-old average \$7,540, more than the costs of public college tuition! The good news is that quality early childhood education programs are proven to have a host of positive effects, most notably sending children to school ready to learn.

During the last six years, Oklahoma has utilized a combination of state-appropriated funding, federal funding from the Child Care and Development Fund (CCDF) and federal funding from the Temporary Assistance to Needy Families grant (TANF) to provide childcare assistance to financially vulnerable families. This program enables low-wage earners to receive licensed, quality childcare. Parents of approximately 50,000 Oklahoma children depend upon childcare availability and subsidized childcare as a condition of working and becoming self-sufficient.

The TANF reserve funding currently being used for this program is being rapidly depleted, and without an increase to the current level of state funding, the TANF reserve will soon be exhausted and considerable changes will be required. In FY 06, expenditures for this program will exceed its revenue by \$40 million. DHS will be able to utilize only \$21 million of the TANF reserve to meet this need, leaving a gap of about \$19 million.

In addition, the CCDF guidelines require equal access and parental choice for childcare, and recommend that 75% of the childcare slots be available to parents who depend on the subsidy program. Currently, DHS is able to purchase less than 25% in some types of care, putting \$72 million in CCDF funding in jeopardy.

Without a substantial increase in an ongoing state appropriation, this program will be forced to significantly reduce eligibility, increase co-payments and/or reduce provider rates. The impact on young children could be devastating, as over 20,000 children could be forced into substandard, unregulated childcare.

Fiscal Note: The Department of Human Services is requesting \$19,061,000 for the childcare subsidy program, and an additional \$6,400,000 for a rate adjustment to meet CCDF guidelines. *Total Request: \$25,461,000.*

Recommendation:

The Children's Agenda supports increasing the state's share of the funding for child care, as federal funding diminishes, in order to ensure current levels of funding.

Parent Education and Support

Issue #5:

Since reaching an all time high in 1998 with over 16,700 confirmed cases of child abuse and neglect in Oklahoma, those numbers have been steadily decreasing. In 2004, the Department of Human Services confirmed 12,347 cases, representing an obvious improvement, but still alarmingly high!

Oklahoma has taken significant measures to reduce the prevalence of child maltreatment, primarily through parent education and support programs. Several effective treatment models are being used, including *Children First*, providing nurse home-visitation to first time parents, *Healthy Families*, providing home-based services to a variety of parents, and *Child Guidance Services*, providing center-based services such as screening, assessment and intervention. All of these programs are located within the Health Department.

One of the challenges of primary prevention programs is the complexity of problems faced by some parents, such as drug addiction and mental illness. For these high-risk parents, intervention strategies of longer duration and intensity may be warranted. In 2001, the legislature created "Safe Care", a pilot program within the Department of Human Services for high-risk parents whose multiple issue place them outside the "risk range" of primary prevention programs.

Finally, the State Department of Education has also responded to this challenge by conducting Parents as Teachers Program to strengthen the capacity of parents, and to foster an early partnership between home and school so that parents take a far more active role in education.

Over the past three years of state revenue shortfalls, these programs, and the young children and families they serve, have suffered tremendously. Over 100 nurses out of 272 were lost to the Children First program, two communities lost their Healthy Families contracts, and 76 schools lost their Parents as Teachers program. Restoring the budget reductions to the FY 02 levels would enable Oklahoma to provide the education and support needed by so many parents to increase their ability nurture and care for their children without resorting to abuse and neglect.

Fiscal Note:

The Children First Program would require an additional \$3,000,000 to bring funding back to the FY 2002 level (although this is not part of the agency's FY06 budget request). The Oklahoma State Department of Health is requesting \$650,000 for the Office of Child Abuse Prevention for the Healthy Families Program, and \$1,260,000 for the Child Guidance Program. The Oklahoma State Department of Education is requesting \$3,825,291 for the Parents as Teachers Program. The Oklahoma Department of Human Services is requesting level funding for the Safe Care Program. *Total request: \$8,735,291.*

Recommendation:

The Children's Agenda supports increasing the funding for parent education and support programs, including Children First, Office of Child Abuse Prevention, Parents as Teachers, Child Guidance, and programs for families at very high-risk for child abuse and neglect.

Alternative Education

Issue #6

Getting a good start as a young adult is vital to lifelong success. Those who spend their young adult years out of school and unemployed have a hard time finding and getting a job later in life. Education is critical to obtaining and maintaining employment, yet one of every four (25%) students in Oklahoma who starts high school as a freshman disappear from the roster prior to graduation.

Beginning in 1995, the Oklahoma Legislature responded to a growing need for nontraditional approaches to help students at-risk of dropping out of school, or who were returning to public school to complete their education. Since then, legislators have provided funding for Alternative Education Academies to serve students in Grades 6-12 who are most "at-risk" of not completing high school. In 2003-04, there were 252 programs serving 13,161 students in 467 school districts.

These programs have shown remarkable success. In the 2004 school year, over two-thirds (70.5%) of the seniors enrolled in the program graduated, and others earned GED diplomas. In addition, students in alternative education showed improvement on every variable measured, and the gains were substantial. Evaluators report that by investing in this successful model, Oklahoma taxpayers are saving more than \$80 million each year just in recovery of dropouts.

Education is vital to the long-term economic growth of our state. Keeping kids in school helps them make a successful transition from risk to opportunity, and sets them on the path to prosperity - both for themselves and for Oklahoma.

Fiscal Note:

The Oklahoma State Department of Education is requesting \$4,121,416 to restore funds to the Alternative Education Program. *Total request: \$4,121,416*

Recommendation:

The Children's Agenda supports restoring funding for alternative education and drop-out recovery to FY 2002 levels (\$4.2 million).

Teen Pregnancy Prevention

Issue #7

Though teen birth rates have been steadily decreasing since the early 1990s in our state and nation, Oklahoma continues to rank far above the national average. Compared to all other states and the District of Columbia, Oklahoma ranks among the top ten states with the highest (worst) birth rates to teens in *all* of the following categories:

- 8th highest for births to females ages 15-19
- 10th highest for births to younger teens, ages 15-17
- 7th highest for the birth rate to older teens, ages 18 and 19
- 3rd highest in the percentage of births to teens, as a percentage of all births
- 10th highest in the percentage of births that are repeat births to teens

[Note: Oklahoma only counts births, not pregnancies.]

The rates of adolescent childbearing in the U.S. are two to ten times higher than in comparable industrialized democracies -- countries that are competitors in the global marketplace. Births to older teens, ages 18-19, account for two-thirds of all teen births in our state each year... keeping too many young Oklahomans from completing their education and coming to the job market without the training and skills necessary for our state to achieve its economic goals.

Adolescent pregnancy is more than just a single issue. It impacts three generations at once – the teen, the baby, and the teen’s parents – and the impact is often negative for a family’s economic self-sufficiency and stability, and for the outcomes of the teen parent and the baby. Oklahoma’s high teen birth rates, high percentage of teen births and high percentage of repeat pregnancies to teens have significant costs and consequences for our state, in terms of poverty rates, health status, educational achievement, economic development potential and quality of life issues. Adolescent pregnancy keeps too many young people from graduating from school, too many families dependent upon welfare, too many young children unprepared for school and too many children and youth growing up in poverty.

Fiscal Note:

The Oklahoma State Department of Health is requesting \$1,194,000 to expand community-based teen pregnancy prevention initiatives. *Total request \$1,194,000.*

Recommendation:

The Children’s Agenda supports the expansion of community-based teen pregnancy prevention initiative managed through the Oklahoma State Department of Health.

Child Welfare: Preparing Youth for Adult Living

Issue #8:

On any given day, over 10,000 children in Oklahoma are in out-of-home care as a result of child abuse and neglect, with the majority placed in foster care. Currently, 11,078 children are in DHS custody. Out of those, 8,184 are siblings, with fewer than half of those siblings placed together. State law mandates that every reasonable attempt should be made to place siblings in the same home, but a myriad of issues may prevent this from happening:

- Too few foster families with the capacity to accept large sibling groups. Those with a large capacity usually already have several children from different families.
- The differing rules that govern the placement of children of varying ages, varying levels of care, such as therapeutic foster care (TFC). Due to the significant difference in the reimbursement rate between TFC and regular foster care, some TFC choose not accept siblings at a lower rate.
- Once siblings have been placed in separate homes, reunification can be difficult. Foster parents become attached to children in their homes and visitation and other efforts to maintain sibling ties may become more complex. Foster parents may object to the child's removal from their home, even if the reason is to reunite siblings.

Another issue of concern is helping young people to transition out of foster care at age 18 through the Independent Living Program, which provides supportive services for youth up to 21 years of age. Current law narrowly defines youth eligible for services as those who have been in DHS custody for nine of the 24 months between the child's 16th and 18th birthdays. Yet children as young as 14 are being identified with challenges that could be addressed through this program. These are children with a high rate of dropping out of school, often becoming absent without leave (AWOL), and need to acquire skills and become self-reliant. By redefining the eligibility criteria to include these younger children, Independent Living services could assist them to increase their skills and competencies for living on their own. No increase in federal or state dollars would be required to expand service eligibility.

Fiscal Note:

DHS is requesting \$901,020 to increase adoption assistance to match the foster care increase of FY 05. DHS is further requesting \$1,888,000 to fund an additional foster care rate increase of \$1.00 per child per day, and \$1,800,000 for a corresponding increase of \$0.90 per child per day for adoption assistance. *Total request: \$4,589,020.*

Recommendation:

The Children's Agenda supports increasing the support and incentives for foster, kinship and adoptive families for keeping siblings together, and coordinating with community-based services to provide training for foster youth and their families.

Promoting Good Health and Nutrition

Issue #9:

In the United States, obesity has risen at an epidemic rate during the past 20 years. Researchers predict that obesity will soon surpass tobacco use as the number one contributor to chronic conditions such as diabetes and heart disease. Oklahoma data shows the same trend as the US. It is estimated that 1.5 million Oklahoma adults are overweight, and of those, 500,000 are obese and at risk for illness. Treatment of obesity in adults is notoriously frustrating for patients and physicians alike, and it rarely meets with long-term success. Thus, prevention is the best hope for decreasing the prevalence of this condition.

Yet since the 1970s, the childhood obesity rate has more than doubled for young children, and tripled for older children. It is estimated that over 9 million children over the age of 6 in the US are obese. The causes seem simple – too much TV and junk food. But the underlying factors are complex – safety factors that keep kids from walking to school, time pressures on families that send them to fast food chains, the rise of sedentary leisure time activities such as video games, and access to vending machines and a la carte lines at schools that sell unhealthful fare.

There is no single solution to the problem. In 2004, the Oklahoma Legislature passed the *Healthy and Fit Schools Act*, requiring schools to establish a health advisory committee made up of parents, school personnel, health care professionals and community leaders, to assess the local campus environment and make recommendations to the principal. Several school districts have already voted to exchange unhealthy items in their vending machines with healthier choices, and are adding opportunities for more physical activity.

However, not all elementary schools offer the recommended level of health and physical education. Some have even eliminated recess, and added an alternative cafeteria line that sells foods that have low nutritional value, such as hamburgers, french fries and sodas.

We owe it to our kids to provide an environment that is conducive to learning positive health habits, and that provides opportunities for regular physical activity and good nutrition.

Recommendation:

The Children's Agenda supports requiring physical education and health education in grades K-5-according to the State Department of Education "Priority Academic Student Skills (PASS) Standards.

Balanced and Restorative Juvenile Justice

Issue #10:

Research now proves what most of us know intuitively, that the best predictor of adult incarceration is youthful incarceration. Yet the same research suggests a host of fruitful interventions to recapture young lives and set them on a better course. In Oklahoma, the Office of Juvenile Affairs (OJA) is responsible for providing services for young offenders and their families, with a focus toward prevention, protection and accountability.

The good news about juvenile crime is that after its peak in the 1990s, crime rates have fallen steadily. The bad news is that over the past three years, budget cuts have taken an especially hard toll on the Office of Juvenile Affairs, causing the near-elimination of tracking/reintegration program, and reductions in staff to dangerously low levels in the three facilities for juvenile delinquents.

Tracking/Reintegration: Studies confirm that juveniles returning home from institutions or other out-of-home placements need continuing follow-up services to prevent them from falling back into old patterns of behavior. These services are crucial to public safety, and require a combination of surveillance (tracking) and therapeutic counseling services. The two programs that provide these services were severely affected by budget cuts, reducing the numbers of youth served from over 3,000 to fewer than 500.

Institutional Staff: At the beginning of FY 2004, OJA implemented a reduction-in-force (RIF) to lower costs at the three state-operated facilities. This came at a time when the profile of the juveniles in the institutions was changing to reflect a more violent population. Over 80% of juveniles in the facilities had five or more prior felony adjudications. The result has been numerous assaults on staff, and an increasingly violent environment.

Fiscal Note:

The Office of Juvenile Affairs is requesting \$1,285,000 for restoration of the CARS (Community At Risk Services) program and \$3,000,000 for restoration of the Community Compliance and Re-Integration Programs. In addition, the Oklahoma Public Employees Association has recommended adding \$816,493 to the OJA budget to replace staff in the three juvenile institutions. *Total Request: \$5,101,493.*

Recommendation:

The Children's Agenda Supports the restoration of funding to the Office of Juvenile Affairs for community-based services, after-care services, treatment staff and facilities.