

**State of the Council
Agency Report 2010**





Community Service Council of Greater Tulsa, Inc.

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Community Service Council (CSC) Mission and Vision

Mission:

To provide leadership for community-based planning and mobilization of resources to best meet health and human service needs.

Vision:

CSC is committed to advancing the vision for:

The positive well-being, health and self-sufficiency of the people in the Tulsa area furthered by a proactively engaged community of informed stakeholders regularly working together to advance thoughtful, sometimes long term, action that best enables individuals and families to care for themselves as well as help others.



Unique Role

There is no other organization in the Tulsa area with CSC's mission. A survey of over 130 of CSC's constituents in 2007 indicated that there is a strong, consistent perception of CSC's functions:

- 1) Research, data gathering, and presentation
- 2) Coalition building/collaborative action
- 3) Leadership catalyst for change addressing tough issues
- 4) Mobilizing sustained community action
- 5) Community planning, and
- 6) Forecasting the challenges ahead

From comments provided by respondents, these three roles best define CSC's unique place in the community:

- 1) Trusted convener
- 2) Source of information about conditions and needs, sources of help, and aspects of community research, planning, and mobilization,
- 3) Organizing services and systems; initiating innovative efforts to coordinate better to meet needs.

The Community Service Council is affiliated with the National Association of Planning Councils (NAPC) and adheres to the values and standards set forth by the NAPC.

CSC programming is guided by the Long Range Plan developed every 5-6 years after significant input from the community, board and staff constituents. This process includes review of mission, core functions, and major programs. Programs or planning agenda additions or deletions occur as necessary after in depth Board review taking into consideration community needs, partners' objectives, and funding requirements. Most CSC sponsored efforts are multi-year collaborative initiatives addressing complicated issues. Desired changes and improvements require long term attention and action.

General Overview

Throughout its history, CSC has played the role of trusted neutral convener, bringing organizations and individuals from all sectors of the community together to identify and assess needs, then plan and act together to prevent problems and address needs.

Planning and research activities, including research through literature review, preparation of census information, data gathering and analysis of secondary data, focus groups, and other tasks are guided through a formal study group established by the board or through one of the CSC's ongoing coalitions or committees. These groups often are led by a CSC Board member and are supported by CSC professional planning staff. At times, a study project may be supported by a team of CSC staff, contract staff, as well as staff from other entities. Almost all CSC research staff members have at least a Masters degree and may work with faculty members from area universities.

CSC provides unique leadership in mobilizing short- and long-term responses to critical health, education, and other human service needs. CSC closely coordinates all of its community initiatives with its lead partners.

Action responding to these needs usually requires leadership and involvement from several different sectors within the community including health care, education, social service, business, religious organizations, the media, civic groups, government, and private philanthropy. Successful outcomes often require a multi-year commitment that frequently results in turnover in the participants. Bringing all these different sectors, groups, and individuals together and mobilizing effective action demands special knowledge, experience, and skills among the CSC staff and board.

Program activities include the following:

- 1) Participant recruitment
- 2) Organization and support for meetings and special events
- 3) Technical assistance for program, policy, and system development (researching information on "best practices")
- 1) Evaluation design and implementation
- 2) Resource development (grant writing, legislative appropriations, policy changes)
- 3) Community awareness and relations
- 4) Ongoing research and consultation for shaping new directions and improved outcomes

Ongoing coalitions and task forces are involved in implementing annual programs of work focused on specific issues, opportunities for change, and desired outcomes.

Many people directly affected by the issue participate in the coalitions along with many civic leaders. Currently, there are more than 1,000 people working on different CSC initiatives.

Most often CSC's periodic studies on specific concerns usually evolve out of an existing coalition or task force that is seeking to better understand the impact of a specific issue or trend related to its ongoing work. Sometimes reports are prepared from data gathered as a part of the group's ongoing work to help stimulate an action by policy makers, the media, funders, or some other entities.

The entire community is a primary recipient, as the issues studied have direct implications for the general welfare. Groups affected by the issue studied are also recipients (i.e., victims of domestic violence, child abuse, persons with HIV/AIDS, homeless persons, uninsured persons). All having responsibility for addressing the issue, including funders, service organizations, policy makers, educational institutions, the media, and concerned citizens, also benefit. They use CSC studies' findings and recommendations to guide their responses. For example, in 2005-06, some of the key recipients of the gay/lesbian study are members of the gay/lesbian population and those agencies and organizations providing assistance and support. Also, in 2005-06, key recipients benefiting from the child behavioral health study are minimally, the one tenth of the total children 0-17 or over 10,000 children suffering from a serious emotional disturbance in Tulsa County, as well as their parents and those groups designed to address their needs. In 2006-07, members of the Family Health Coalition benefited from the Fetal Infant Mortality Review (FIMR) study as they work individually and collectively to achieve better birth outcomes.

Most importantly, the recipients are the tens of thousands of young children and families, and the elderly and persons with disabilities, benefiting from the millions of dollars of critical new funding support to research based initiatives generated by the Metropolitan Human Services Commission MHSC (i.e., Children First, development disabilities, Long Term Care, etc.) over the past 25 years. Most all these persons are in low or very low income households and live throughout Tulsa County and surrounding counties.

Data collection usually occurs through the task force, coalition, or other group through which the study has been initiated or implemented. A specific method for determining the needed data related to an outcome is designed by the group. For example, if a new program is established a method of evaluating the program is created. If a policy or legislative change occurs an approach to monitor its impact will be developed. If additional funding is obtained to enhance or expand an effort, a manner to determine its results will be designed. Surveys of people or groups affected by the desired outcome are often used to collect needed data to determine success.

CSC maintains an interactive website at www.csctulsa.org. This website includes events, calendar of activities, video and audio programming, issues and programs of CSC. A mid-year and annual report is prepared and distributed through the website and events. An annual meeting is conducted in December to recognize outstanding contributions made by key community, board and staff members. 211 Helpline, Child Care Resource Center, the Tulsa Area Community School Initiative and the Census Information Center have e-newsletters distributed on a scheduled basis.

Programs and Initiatives

- 2-1-1 Advisory
- AIDS Coalition
- BabyLine
- Bridges Out of Poverty Training
- Child Care Resource Center
- Children's Behavioral Health
- Community Profile reports and presentations
- Conexiones
- CRASHs Court
- East Tulsa Prevention Coalition
- Family Health Coalition
- Gang Coordinating Committee
- Homeless Management Information System (HMIS) group
- Homeless Services Network
- Infant and Early Childhood Mental Health
- Metropolitan Human Services Commission (MHSC)
- CSC research and policy initiatives
- Data services
- Paseo de Salud
- Prevention Resource Center school-based initiatives
- Prevention Resource Center (PRC)
- Prisoner Reentry Program
- Resource databases and directories
- State Judicial Education Project
- The Perfect Storm
- Therapeutic Courts Advisory Council
- Tulsa Alliance for Disabilities
- Tulsa Area Community Schools Initiative (TACSI)
- Tulsa Community AIDS partnership
- Tulsa County Partnership for Early Childhood Success and JumpStart Tulsa
- Tulsa County Drug Court and DUI Court
- Tulsa County Mental Health Court
- Tulsa Healthy Start Initiative
- Tulsa Heat Coalition
- Tulsa Human Response Coalition
- Tulsa Veterans Treatment Court
- Tulsa Weather Coalition
- Tulsa Youth Intervention Project
- U.S. Census Information Center of Eastern Oklahoma
- Veteran's Project Advisory Council
- Youthful Drunk Driving Prevention Program

Program activities include presentations on a variety of data and information that could relate to human services in general, a particular issue or concern, or best practice research on a specific program or initiative. Guidance on public policy is provided. Information is largely derived from the ongoing work of the Council's many coalitions and task forces, or research conducted for a specific request. Assistance is provided to convene planning and network groups seeking to adjust to system, policy, or other changes. Some assistance is planned on an annual basis, but most of the program is provided on an individual request basis.

The program is provided by senior level staff members with advanced experience and degrees related to program areas or organizations in which they are working. Staff members providing the program have a high level of respect among those receiving assistance. The program is usually provided in one-time settings; sometimes it may continue for several weeks or months.

Summaries of Programs and Initiatives

■ 2-1-1 Helpline

2-1-1 Helpline is a 24/7 multi-lingual point of entry for comprehensive information on services available in a 24 county area in northeastern Oklahoma. Dialing 2-1-1 connects callers to certified service specialists with access to a database of thousands of services. In times of disaster, 2-1-1 is a source of timely and rapidly changing public health and safety information. 2-1-1 Helpline's information services products and website is used by the public, helping professionals and community planners.

In 2009, 2-1-1 Helpline responded to 136,576 calls, providing information, assessment and referral services to 129,502 inquirers. Assistance to at-risk and special needs callers to services included 1,881 Spanish language callers and 7,129 out calls to verify access to services. Thirty percent of calls came from low to moderate income families seeking assistance with basic needs including financial assistance for rent and utilities, food, clothing, housing or emergency shelter.

The mission of 2-1-1 Helpline is to provide community information and access to services through assessment of needs and connection to resources. Having informed, timely and efficient access to services is crucial to using services successfully. The 2-1-1 Helpline service creates efficiencies in the service delivery system and promotes earlier access to assistance for callers. 2-1-1 Helpline's continued growth in call volume (24% increases from 2008 to 2009) is an indication of the public awareness and acceptance of 2-1-1 as the first point of entry for health and human service assistance. In the past year, 2-1-1 provided 48,969 callers with contact information on community services, provided listening and support to 16,566 callers, crisis intervention and advocacy assistance for 179 callers and conducted an assessment of needs with referral to services for 78,708 callers. A desired outcome for callers to 2-1-1 receiving assessment and referral assistance is successful receipt of needed services.

2-1-1's access to a three digit dialing-code, highly trained service specialists with in depth knowledge of service delivery systems and sophisticated database capacities makes 2-1-1 a critical partner in responding to disasters and statewide initiatives. In 2009, 2-1-1 Helpline worked closely with the Oklahoma 2-1-1 Advisory on issues ranging from the *Crystal Darkness* methamphetamine campaign, federal stimulus funding for homeless prevention to the H1N1 epidemic. Implementing enhanced database and shared telephone technology solutions at the state level will enhance the cost effectiveness of all 2-1-1 programs in Oklahoma.



AIDS Coalition of Tulsa

The AIDS Coalition of Tulsa provides community planning leadership to coordinate Tulsa's response to the AIDS epidemic. Members of the AIDS Coalition include health and human service providers, physicians, volunteers, clients living with HIV/AIDS, and representatives of state and local government, legal services, schools, and the religious community. The Coalition meets monthly for an educational forum on state-of-the-art approaches to HIV prevention and care, to identify unmet needs and emerging trends, to develop resources for HIV prevention and care, and to plan and sponsor public awareness events about HIV/AIDS issues.

Members of the Coalition represent more than 50 local and state organizations. More than 1,800 HIV/AIDS clients who are aware of their HIV infection benefit from the work of the AIDS Coalition. Hundreds of other high risk individuals benefit from HIV prevention outreach by Coalition members including: men who have sex with men, injection drug users, incarcerated populations, women, youth, African Americans, Hispanics, and Native Americans.

The AIDS Coalition of Tulsa is the only organization in eastern Oklahoma that provides coordination for HIV/AIDS services. One intended outcome for community programs participating in AIDS Coalition activities is to be better informed about client needs and prepared to provide effective HIV prevention and/or care services. Collaboration between agencies is an important goal of the Coalition and component in the delivery of effective HIV prevention and care services.

Coalition members suggest program topics for the 12 monthly meetings and agencies are offered to the opportunity to serve on panel discussions exploring emerging issues, new research and services, unmet needs, and successful interventions and approaches in the delivery of HIV prevention and care services. The Coalition held an AIDS Summit with representatives from 25 organizations in attendance to assess current services, gaps, and strategies for addressing unmet needs.

Each member agency of the AIDS Coalition providing HIV prevention and care services is accountable to their funders in meeting their goals and objectives through research-based tools and methods used for data collection. In 2009, HIV prevention education, counseling, and testing programs reported testing the highest number of at risk individuals in the Coalition's history who expressed intent to change risk behavior for HIV after their counseling and testing session. In addition, the death rate of HIV positive persons who receive medical care for HIV continues to decline. However, because new cases of HIV continue at a steady pace, the Coalition continues to play an important role in helping Tulsa build and sustain a well coordinated HIV/AIDS service delivery system.

The 2009 AIDS Summit sponsored by the Coalition identified many underserved high risk populations needing HIV prevention outreach, and more than 900 HIV positive individuals who are having difficulty meeting their basic needs for food, housing, prescription drugs, and transportation. An ongoing challenge for the Coalition is how to promote collaboration and cooperation among Tulsa HIV/AIDS service providers in sharing information and resources.

BabyLine / Planline

Babyline/Planline is a centralized telephone appointment service for prenatal and family planning services. Women call to receive the first available appointment from providers that allocate appointments to the program. A significant amount of data is gathered during the initial call. This information facilitates service provision at the clinics, and serves as an invaluable database for the entire community.



Women contacting Babyline and Planline are in need of free and low cost prenatal and family planning services, 1) 30% of calls were Spanish language calls, 2) 71% of the women are uninsured or have no obstetrician coverage at the time of the call, 3) 68% indicated the pregnancy was unplanned or mistimed, 4) 77% were not using birth control methods prior to pregnancy, 5) 12% reported drinking prior to knowing they were pregnant, and 6) 30% reported smoking prior to knowing they were pregnant

Women in need of free and low cost services are referred to risk appropriate care (prenatal and family planning) by highly trained telephone specialists knowledgeable in care providers, transportation and services. Babyline's appointment scheduling services facilitates early access to prenatal care for uninsured and underinsured pregnant women. Obtaining and keeping prenatal clinic appointment within one week of the initial call to Babyline is a desired outcome for pregnant women.

Callers requesting appointments are interviewed for demographics, risk factors, and referral needs. Participating clinics fax a weekly record of missed and kept appointments. Babyline staff makes outcalls to reschedule missed appointments. Babyline/Planline data is documented and analyzed in a customized Internet database. This information is used to track client outcomes and document maternal and infant health risk factors and service use trends in the community.

Babyline data has documented tremendous shifts in the perinatal service delivery system. Babyline is positioned to respond to the continuing upheaval in the health care environment. Research indicates that family planning and early prenatal care, while important are not enough. To improve the health of mothers and babies, women need services for social, emotional and environmental factors. In addition to prenatal and family planning appointments, callers receive support and assistance in accessing services for basic needs, mental health, domestic violence, substance abuse, housing and other critical needs.

■ Child Care Resource Center

The planning, development, and advocacy activities of the Child Care Resource Center (CCRC) provide leadership to local, state and national early childhood groups. These groups support child care services and policy change to improve early childhood systems. A top priority is to increase resources for the early care and learning system so all children have access to quality care.



CCRC's advocacy effort is to influence an overall plan for state investment in developmentally appropriate early care and learning for birth to eight year olds. To achieve the outcome, CCRC focuses on 1) developing early care and learning standards for all settings, 2) creating a consumer-friendly quality rating and improvement system for all early care and learning programs, 3) redesigning the Star rating systems to add additional stars to reward quality, and 4) educating parents to make informed decisions for their children's learning. Substandard programs must improve or close.

CCRC documents the change in the quality of child care programs, change in the number of programs available to families, and analyzes and disperses their findings to legislative, and business leadership.

The number of families requesting financial support to pay for child care has increased. Families are often making early learning decisions based on finances. Oklahoma has different standards and funding streams for different environments. Some children are enrolled in Head Start, public pre-K, and child care subsidy system while other families with similar demographics do not receive any financial assistance. Public school environments require higher teacher standards, but do not have any basic health and safety physical requirements. Changes are needed to support quality care and learning for every child in all environments.

The Toy Lending and Resource Library is a lending service for the Creek, Rogers, Tulsa, and Wagoner communities. The library includes resource books and training videos on child care and child development, toy lending library "learning luggage", and a "cut and create" work area to make inexpensive games and activities using die cut, laminating, and comb-binding machines. These resources are unduplicated in the community and enhance the quality of activities in child care centers and family child care homes.



Child and Adult Care Food Program (CACFP) helps children in family child care homes develop sound nutritional habits, while training providers to serve nutritious meals. CACFP reimburses providers for meals that meet the USDA requirements. Staff approves providers to participate in the CACFP program, provides training in nutrition, sanitation, health and safety, reviews the program three times per year, and processes monthly reimbursement checks for the meals.

Children establish healthy eating habits at an early age to ensure that the children develop better cognitive, emotional, and physical skills to serve them throughout life. Family child care providers offer meals to children in their care but often at great expense, and without nutrition information. Most children are in child care for 8-10 hours each day, child care providers often feed children the majority of their food intake each day. Without the child care food program many of the children would not receive many of the daily dietary recommendations established by the US Department of Agriculture. By training the providers and monitoring three times per year CCRC ensures that the children are getting the recommended nutritional items.

The LINK Project helps children, ages birth to six, reach their full developmental potential. Through developmental, hearing, vision, speech and social-emotional screening on-site at their child care center, each child's strengths and concerns are identified and referred for early intervention services prior to entering school.

LINK Project services are available to all early care and learning programs in Tulsa County. Child care is a natural environment for many children; as some spend up to 50 hours per week in out-of-home care. Working parents have limited time to take their children for basic healthcare, on-site screening is invaluable. Although all children in care are eligible, only those with signed parent consent participate. Demographic information including income, race, employment, parent education and income level, is gathered.

The outcomes are to 1) increase the number of children identified who may benefit from early intervention services prior to entering school, and 2) reduce the need for costly special education services within school systems. In 2009, 1,009 children participated in the LINK screening process at 89 child care centers or family child care homes. Of those screened, over 34% displayed concerns in one or more domain on their developmental screening, 37% had abnormal tympanograms, and 59% had a history of ear infections. The LINK team collaborates with agencies and service providers in the community to ensure that families receive appropriate referral, support, and follow-up in any area identified as a need or concern.



The "Child Find" concept of the LINK Project is key to early intervention. The need for early identification is paramount, yet LINK has a two year waiting list for service. The LINK Project has added a follow-up, training component to assist child care providers and parents with education and training in working with the classroom as a group or children individually, to help each child attain their optimal development

The Quality Enhancement Initiative (QEI) is a comprehensive initiative to encourage Tulsa's early care and education programs to seek accreditation through the Academy of Early Childhood Accreditation with the National Association for the Education of Young Children (NAEYC), or the National Association for Family Child Care (NAFCC). The QEI assists early care and learning programs to improve teaching and administrative practices to reach the high-quality national standards.

The desired outcome is to increase the use of "best practices" among teachers, families and administrators in early care and education settings for all young children promoting the accreditation process and achievement. Achieving accreditation requires a program to self-reflect, and make effective changes accordingly with consideration given to the needs of the children, the families and the staff. NAEYC Accreditation includes over 400 criteria in ten standards. NAFCC Accreditation includes 289 standards in five content areas. Accreditation promotes children that are nurtured in developmentally appropriate settings. Outcomes for teachers include developing the ability to respond to children of all ages supporting social-emotional and cognitive well-being and attaining higher education. Outcomes for the families include learning to communicate openly with the teacher and becoming empowered to expect the highest quality of care for their child. Outcomes for the community is developing a future workforce and promoting current workforce productivity

Resource and Referral is part of the state and national Child Care Resource and Referral systems. It is recognized nationally for quality assurance through the National Association of Child Care Resource and Referral Association (NACCRRA). The goal is for all families to have access to quality, affordable child care that meets the family's individual needs for location, hours, age of child and cost.

Resource and Referral is a free resource for Tulsa, Creek, Rogers and Wagoner counties. During 2009, over 1,600 parents utilized CCRC for child care referrals for the first time. Six hundred parents called back for more referrals for a total call volume of 2,200.

Child care outcomes are 1) information provided to families is accurate, 2) families find child care that meets their individual needs, 3) families are informed on what to look for in their child care search, and 4) families are satisfied with the care they choose.

Lack of openings for children, hours and days of care, cost and quality are consistently reported by parents as the reason they did not find care after using the referral service. Referral specialists work with parents to offer alternative ideas when they cannot find an opening for their child, encourage parents to put children on wait lists for a program that they want their children to attend, and work with people who express interest in opening programs to help them succeed. CCRC staff work on policy issues to increase funding for providers so quality child care becomes a viable business.

■ Conexiones

Conexiones raises Hispanic student's educational attainment by providing a comprehensive support system at each transition point of a student's life from birth to employment. Conexiones staff members are liaisons



between school and family at school sites. In the early childhood and elementary stages, the focus is family support services and parent education. In middle school and high school, Conexiones staff work with students to develop leadership and social skills, provide academic enrichment and career exploration opportunities, and raise college aspirations.

The target population is composed of approximately 329 Hispanic students in the Will Rogers High School feeder schools who present at least two risk factors: low income (85%), English language learners (38%), and first generation immigrants (88%). Participating schools in the feeder pattern include: Bryant Elementary, Celia Clinton Elementary, McKinley Elementary, Sequoyah Elementary, Hamilton Middle School and Rogers High School.

The desired outcomes are to increase the student's success in life by creating positive school experiences. School retention is increased by preventing school dropout rates, increasing daily attendance rates, decreasing behavior referrals and increasing enrollment in post secondary institutions. An increase in meaningful parental engagement in their child's academic life is pivotal for this outcome to be achieved. Socioeconomic barriers (including language barriers) are the most noted causes for lack of parental engagement in a child's academic life; hence the importance of the family support/case management component of the program.

The program was implemented in stages elementary sites in 2007, middle school sites in 2008 and high school in mid 2009. School data is used to document attendance and behavioral referrals. The School Social Behavioral Scales (SSBS) are used to measure the success of interventions used in the program. The SSBS measures skills that are considered to be essential for school success: self-management skills, social skills and academic skills which are assessed in the classroom, at home and in the community.

A holistic approach is necessary to address student success. The focus on academic achievement is coupled with a comprehensive social service strategy to meet the basic needs of Hispanic families. Addressing the socioeconomic barriers of the family, not just the student, increases the likelihood of success in educational achievement. The increasing demand for bilingual and bicultural staff within the school system is evident by the span of roles Conexiones staff. In many cases, Conexiones staff provide the only communication link between parents and school.

CRASHs Court

Despite a minimum legal drinking age of 21, many young people in Oklahoma regularly consume alcohol. Unfortunately, alcohol consumption including binge drinking has become too commonplace (ODMHSAS, 2002). Alcohol remains the number one drug of abuse by young people today (*Monitoring the Future*, 2002). In fact, alcohol-related motor vehicle crashes are the number one cause of death and/or serious injury for persons under age 25 (NHTSA, 2003). In a recent national survey, nearly half of tenth graders and a third of eighth graders reported riding with a driver who had used alcohol and/or drugs before driving. ALL alcohol and drug-related crashes are preventable.

CRASHs Court is a 75-minute primary prevention program that relocates the courthouse into a high school auditorium or gymnasium. CRASHs Court is comprised of the following three distinct segments. First, real court is convened by a real judge who sentences real defendants charged with actual pending drug and/or impaired driving offenses from Tulsa County District Court. The sentences imposed are real and binding upon the defendants. Following the court segment, the special judge leads a discussion with the students on making “critical life choices”. Video clips of crashes, deaths by alcohol poisoning, etc. are used to illustrate the serious nature of flawed decision making and the devastating consequences that could result. CRASHs Court is concluded dramatically with the personal testimonial of a victim impact speaker.

The CRASHs Court coordinator schedules the program with the school liaisons in conjunction with the Tulsa County District Attorney’s Office and with the permission of the Tulsa County District Court, 14th Judicial District. The District Attorney’s Office identifies three defendants for the program. A special judge from District Court conducts the court and interactive discussion portions. Volunteer victim impact speakers conclude the program with a personal testimonial.

CRASHs Court is a primary prevention program that targets the education of 9th grade students in Tulsa County area schools. More than 30,000 students have attended since the program’s inception.

CRASHs Court provides the following benefits to the attendees and community:

- Reduce underage drinking and driving among high school students
- Reduce underage drinking especially “binge” drinking among high school students
- Educate students about the potential devastating consequences of high risk alcohol-related behavior including crashes, alcohol poisonings, injuries and death
- Influence choices students make regarding riding with a driver who has been drinking
- Increase seat belt use by high school students
- Increase the legal knowledge of students about the “zero tolerance” statute
- Educate the community about that young drivers are involved in both injury and fatal crashes at twice the rate of older drivers

■ East Tulsa Prevention Coalition

The East Tulsa Prevention Coalition (ETPC) serves youth and families within the ETPC boundaries that extend from Interstate 244 on the North to 51st Street on the South and Memorial Drive on the West to 209th East Avenue on the East in Tulsa. ETPC is a community coalition to promote the positive and healthy development of youth and families in east Tulsa.

The influx of minority and low-income families contributes to the widespread community disorganization that exists in East Tulsa at present. New minority and low-income residents are not integrated into any of the community organizations that are already established in East Tulsa, and, aside from the efforts of the East Tulsa Prevention Coalition, no collective effort on the part of community agencies to reach these families exists. Therefore, many have remained detached from the community and detached from each other.

The East Tulsa Prevention Coalition

- increases awareness of local underage prevention activities,
- decreases sales of tobacco and alcohol to youth/minors,
- provides opportunities for youth leaders in local community to promote underage drinking prevention, and,
- creates opportunities for local law enforcement and community members to work on under age drinking issues.

The Coalition continues to gather quantitative data from the Youth Risk Behavior Surveys, the Oklahoma Prevention Needs Assessment and juvenile crime data. In addition to these measures, the Coalition conducts various community assessments by surveying coalition members, including youth, congregations, neighborhood groups and businesses. The Coalition's history of working with community groups throughout the city of Tulsa enhances the capacity for collecting information relevant to prevention interventions. ETPC continues to use both quantitative and qualitative information for on-going community assessments

The reluctance of people of Hispanic origin to attend Town Hall meetings is understood. School and community events with accompanying ETPC activities will be the vehicle to engage families and meeting attendance. ETPC continues to provide opportunities for students and the police to work together in compliance checks, a tool to identify alcohol establishments that sell alcohol to underage youth. Further planning is needed to provide more tutoring, mentoring and alcohol prevention education for at-risk Hispanic students and their families.

■ Family Health Coalition

The Family Health Coalition (FHC) is broad-based community representation to optimize the health and well-being of uninsured, underinsured and Medicaid enrolled women of childbearing age, infants and families by establishing a system of universal and comprehensive quality health education, prevention, services and support.

The FHC develops and implements strategies through grants, task forces, community mobilization, data analysis, social marketing, education and advocacy to reduce infant mortality and improve family health. Membership is comprised of over 150 representatives from more than 40 public and private, health and human service organizations, business, and consumers.

The FHC members improve the perinatal and family health care system in Tulsa. The FHC is instrumental in developing and coordinating major components of the Tulsa perinatal system including: Free Pregnancy Testing Program (1987), Babyline (1989), Planline (1990), Save Our Babies (1990), Tulsa Healthy Start (1997), state-wide conferences on infant mortality (1993-03), Fetal Infant Mortality Review (1999), Community Integrated Service Systems (2000), HealthLink (2002) and Healthy Women Healthy Futures (2008).

The FHC published a number of reports of interest to the maternal and child health field including: *Unintended Pregnancy in Tulsa County* (2008), *Tulsa Area Free Clinic Coalition Directory* (2008), *Tulsa's Perinatal System and the Family Health Coalition* (PowerPoint, 2007), *Babyline Trend Report, 1990-2004* (2006), and *A Review of Reproductive Indicators for Women of Minority Race and Ethnicity in Eastern Oklahoma* (2005).

The FHC monitors a variety of data sources including data collected from Babyline, Planline, Free Pregnancy Testing, Tulsa Healthy Start, and Tulsa Fetal Infant Mortality Review Programs. The Oklahoma State Department of Health's OK2Share database provides access to vital records information and various member programs conduct consumer focus groups as needed.



The FHC and the perinatal system are evolving in response to health care reform, and growing demand for better health outcomes. In the coming years, it is anticipated that the FHC will witness tremendous changes in the health care field including issues of health care access, workforce readiness, and consumer access. The FHC assists community partners to prepare for coming changes, monitor the impact of new initiatives and advocate for modifications as needed.

Gang Coordinating Committee

The Community Service Council worked closely with the Mayor's Office and the U.S. Attorney in Tulsa to launch a community-wide Gang Summit in 2006 to raise awareness and respond to community concern. The conference focused on youth violence, homicide, criminal activity and gang involvement. Among the efforts emerging from this summit was the creation of the Gang Coordinating Committee (GCC).

The Gang Coordinating Committee is co-led by Community Service Council and the U.S. Attorney's Office to develop and implement policies and procedures within and across agencies to assure the most effective use of available and potential resources; share data; provide assessment and identification; reduce time between identification, referral and intervention; develop communication strategies; increase communication with state and national gang programs and expand partner involvement.

The committee includes representatives from the local Office of Juvenile Affairs, Juvenile Bureau of the District Court, Tulsa County District Attorney's Office, Tulsa and Union Public Schools, Tulsa County Sheriff's Office, Tulsa Police Department, Tulsa Housing Authority, Workforce Tulsa, CareerTech, the Community Intervention Center, representatives of the faith community, representatives of private businesses, substance abuse and mental health services, and neighborhood residents. The work of this group is an unprecedented effort to bring comprehensive attention to gang intervention.

A multi-jurisdictional task force records and maintains data about Tulsa gangs. In 2009, this task force identified 289 new gang members. Out of those 289, 96 new gang members were either under 18 or turned 18 during the year. Being involved in a youth gang in the state of Oklahoma drastically increases the likelihood of adult incarceration when compared to non gang-involved peers. In 2008, the Oklahoma Office of Juvenile Affairs (OJA) annual report revealed a stark glimpse into the risk levels of gang-involved youth. Of all juveniles served between 2003 and 2008, 10.7% were later sentenced to the Oklahoma Department of Corrections (DOC) as adults. However, 33.2% of identified juvenile gang members were later sentenced to DOC as adults. The report also reveals that while the number of juveniles referred to the juvenile justice system was at the lowest level in eight years, the number of juveniles referred for violent crimes is on the rise.

The GCC has been instrumental in securing funds for a Prisoner Reentry Initiative and a Disproportionate Minority Contact (DMC) Reduction Initiative. It serves as the steering committee for the Tulsa Youth Intervention Project and the DMC Reduction Initiative.

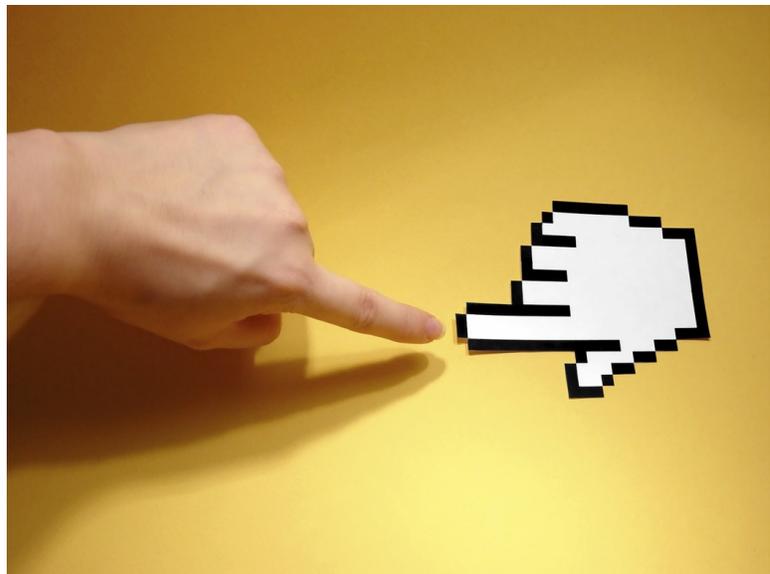
■ Homeless Management Information System (HMIS)

ShareLink Homeless Management Information System (HMIS) is the web-based database utilized by a collaborative of agencies providing services to people currently or formerly experiencing homelessness in Tulsa County. HMIS allows these organizations to collect client information electronically, coordinate client services, produce analyses and reports to improve services. HMIS participation is mandated by U.S. Department of Housing and Urban Development (HUD) for receiving many of its grants.

Client demographic and service data is gathered for clients staying in Tulsa's emergency shelters, transitional housing, safe havens and permanent housing with a few exceptions including domestic violence facilities. This information is gathered for clients utilizing HUD Continuum of Care programs, HUD Emergency Shelter Grant programs and HUD Homelessness Prevention and Rapid Re-Housing Programs. Programs receiving HUD Housing Opportunities for Persons with AIDS funds will be added in 2010.

HMIS benefits clients by providing reports and analysis with purpose. A particular client benefits from the improved support rendered by a program that has better knowledge of their history. The programs' clients benefit from the analysis of program services as they seek to be more self-aware, effective and efficient. Tulsa's homeless and at-risk trends can be analyzed for use in client advocacy and resource utilization decisions.

HMIS reports and analysis satisfy HUD requirements related to over \$4.5 million received by Tulsa based programs from HUD through Community of Care Grants, Emergency Shelter Grants and Homelessness Prevention and Rapid Re-Housing Program grants.



■ Homeless Services Network



The Homeless Services Network (HSN) promotes service collaboration, acquisition of federal funds and community awareness about Tulsa’s homeless condition. HSN members work together to serve homeless people, and advocate for policies and systemic changes that reduce homelessness. In 2009, public, non-profit and faith-based organizations collaborated to reduce the affects of H1N1, reduce the number of outdoor encampments and secured \$2 million in additional federal funds. A strategic planning process was undertaken to guide a shift in emphasis from sheltering to permanently housing more homeless.

In 2009, more than 4,500 homeless men, women and children were served by the 30 HSN member organizations all having diverse clients, service programs and funding. These organizations use the HSN to collaboratively improve the quality of services immediately available to homeless persons and to develop strategies for reducing the number of people becoming or remaining homeless. Most clients entering the system exit it quickly. Strategic planning in 2009 led to development of objectives for reducing the frequency of homelessness among 100 shelter residents identified as “chronic”.

In 2009, ten HSN member organizations took the challenge to improve the availability and coordination of supportive (also called “wrap-around”) services necessary to increase the number of homeless persons remaining in permanent housing after exiting the shelter system. Five TAUW member agencies participated on the leadership team. This group secured cooperation from the Tulsa Community Foundation to facilitate a strategic planning process called *A Way Home for Tulsa*. Eventually, seventy people from public, non-profit and faith based organizations participated in the process. This process has initiated a commitment among homeless service providers to shift priorities to housing and supportive services (money management, substance abuse treatment, etc.), and begin deemphasizing the long standing practice of using overnight shelters to reduce homelessness. The cornerstone function selected to advance this cultural change is a formal multi-agency case management process that is sensitive to the inclusion of consumers. Tulsa’s 100 most chronic homeless adults were chosen as the target population. The Day Center for the Homeless was selected as the lead agency.

Following a community-wide presentation attended by service providers, foundations, educators and public officials, the Way Home for Tulsa strategic planning process has continued to refine required changes for the homeless system structure and its budget priorities. The process has further defined the strengths and limitations of the homeless service system. Two foundations have offered financial support. The multi-agency case management model is being tested under leadership from the Day Center for the Homeless with collaboration from the leadership team.

■ Infant and Early Childhood Mental Health

Infant mental health reflects both the social-emotional capacities and the primary relationships in children birth through age five. Young children's social experiences and opportunities to explore the world depend on the love and care they receive, the child *and* the child's relationships are central to "infant mental health." It is essential to ensure that first relationships are trusting and caring, as early relationships provide an important foundation for later development.

At the state level, the *Oklahoma Association for Infant Mental Health (OK-AIMH)* was formed in November 1991 and is an affiliate of the World Association for Infant Mental Health (WAIMH). Comprised of over 300 mental health professionals and licensed clinicians, the main objectives are; to encourage the realization that infancy is a critical period in the psychosocial development of the individual; to increase the sophistication of its members' responses to the needs of infants and their families; to promote the optimal development and wellness of the child and family through prevention, identification, treatment and support so that they may realize their maximum potential; and to engage in activities that encourage cooperation and collaboration with other groups, agencies, and individuals that serve children and families within Oklahoma and its neighboring states and provinces.

Historically, the primary focus of OK-AIMH has been on the first two objectives through information sharing and education. Over the past 5 years, the organization has realized that child care providers and those that consult and/or train providers who care for infants and toddlers are a major influence in promoting the mental health of young children and can have an impact on how caregivers as well as parents/families nurture and build relationships.

OK-AIMH has broadened their focus to include all of the original objectives along with instituting and promoting the Infant/Toddler Endorsement in 2006-2007. The Department of Human Services / Oklahoma Division of Child Care and Department of Mental Health are the primary funder, Smart Start funds the annual licensure fee to Michigan. The endorsement process, while still relatively new to Oklahoma, is being utilized in 13 states to support culturally sensitive, relationship-based, infant mental health learning and work experiences.

About 2006, OK-AIMH's first chapter, *Infant Mental Health of Tulsa (IMHT)* was formed through a sub-committee of CSC's Tulsa's Children's Behavioral Health Committee. IMHT developed their own mission: To create and support community efforts to promote public awareness and understanding of the critical importance of nurturing infants' and children's emotional development and mental health through public campaigns and educational opportunities for families and professionals in the community. As a start, IMHT held several focus groups with both caregivers and families/parents to assist in developing a tag line that was supportive and meaningful. An ad campaign and "tag line" was promoted as *Your touch means so much.* A web-site, infantmentalhealthtulsa.org was also developed as a resource. Additionally, an on-going quarterly training opportunity titled "Bite Sized Building Blocks" (BSBB) was developed and trainings on attachment, Dr. Brazelton's TouchPoints and temperament have been presented to the community, providers, caregivers and families/parents. IMHT is aligning the BSBB trainings with the different competencies of the endorsement levels.

Concurrently, in 2005-2006, the Child Care Resource Center was awarded a contract from Oklahoma Child Care Resource and Referral to implement the *Infant Toddler Enhancement Project*. This was a 6 month, 10 program initiative to improve the quality of environment and care that was given in infant and toddler rooms, both center based child care programs family child care homes.

In 2006, *infant mental health consultation* became a focus of Department of Human Services and STARS system consultants. About this same time, a state level collaborative, utilizing both private and public dollars, instituted the State Pilot Project for Infant and Toddler programs. To support this initiative, Tulsa's local funding provided training from WestEd's PITC (Program for Infant Toddler Caregivers) train the trainer model. Staff from CCRC had the opportunity to attend the training and have utilized this throughout the accreditation facilitation process, along with building awareness in the community at large.

■ Metropolitan Human Services Commission (MHSC)

Metropolitan Human Services Commission (MHSC) is a state, local public, and private partnership focusing on coordinating funding, planning and policy decisions affecting education, health and human services. MHSC's role includes developing information on problems and needs, advocating for solutions, determining successful models based on research, and promoting policy action needed for prevention and effective service delivery with private and public policy-makers for the MHSC's priority areas: 1) preventing child abuse, 2) early childhood education, 3) community schools, 4) child well-being, and 5) enhancing local funding base

The members of MHSC include Tulsa City and County governments, Tulsa Area United Way, Department of Human Services, Tulsa Community College, Tulsa Public Schools, Union Public Schools, Tulsa Health Department, and the business and faith communities.

MHSC's focus is on policies and programs that support young children:

- Living with a young parent or single parent (usually an absent father),
- Short spacing between births (less than 24 months),
- Parent, especially the mother, without a high school education,
- Inadequate income,
- Lack of positive emotional, physical and intellectual experiences,
- Violence in the household,
- Child with a disability, and
- Dysfunctional household, substance abuse and mental health problems.

Preventing and reducing child abuse and neglect is the top priority for MHSC. MHSC works to develop a system of services that reduces the risk of abuse and neglect, and successful development of families.

Paseo de Salud

The Paseo de Salud program addresses the prevention of diabetes among low-income, first-generation Hispanic immigrants through community education, health-related workshops, leadership classes, and an intensive promotora training program. The Paseo de Salud Program takes a tri-level approach to diabetes prevention: 1) a community education campaign and coordinate health-related community events, 2) at-risk participants engage in targeted health prevention workshops and leadership classes, and 3) provide a health and fitness academy for at-risk Hispanic women who show strong leadership potential. Graduates of this academy or Academia de Salud are invited to become promotoras or health promotion specialists. Trained, promotoras disseminate diabetes prevention information in the community, and promote healthy behaviors by organizing groups, events and classes.

Hispanic immigrant families living in east Tulsa are the target population. Many have limited English skills, work in low-wage jobs, and 23% live below the federal poverty level. Given the well-established connection between poverty and obesity, Tulsa County's Hispanic population is at a higher risk for obesity than the population at large. Obesity heightens the risk of a number of chronic health conditions, including diabetes and heart disease. Contributing to the complexity of addressing the problem, 34% of Oklahoma's Hispanic adults are uninsured, as compared to 19% of all Oklahoma adults

The intended outcomes for the Paseo de Salud Program are to increase participation in diabetes prevention activities, increase knowledge related to diabetes prevention, improve behaviors related to diabetes prevention, improve health, and increase leadership capacity within the community. Participants maintain a nutrition and exercise diary. Students from the University of Oklahoma College of Nursing (OU) monitor the participants during the project providing health education and activities.

All aspects of the Paseo de Salud program are evaluated. Pre/post tests are administered at all one-time health promotion, diabetes education and leadership workshops. The University of Oklahoma nursing students assess health indicators and behaviors for Academia participants at the start and completion of each program cycle and post program at six and twelve months.

Promotoras conduct workshops in the community, volunteer at events and disseminate information to the community. An outgrowth of the promotoras role is leadership classes beginning in the spring of 2010. Three promotoras have attended child care training, and are child care staff at the YWCA. Ten promotoras attended dance/core conditioning training and provide dance classes. Twelve are attending English learning classes. The lessons learned on engaging and training immigrant women can be applied to other projects.

■ Prisoner Reentry Program

The President's Prisoner Reentry Initiative (PRI) is a Department of Labor (DOL) initiative to reduce recidivism by helping inmates find work when they return to their communities. The Community Service Council was awarded the grant in February 2009 and with it a commitment from the George Kaiser Family Foundation of \$1 for every \$3 received by the DOL. CSC works with the case managers from a myriad of agencies to enroll eligible clients into the program, assess their employment and education needs and goals, attach them to appropriate training or education programs, and assist them in finding employment. In addition, CSC recruits employers and offers a comprehensive array of benefits and incentive to those willing to give PRI participants a second chance.

PRI serves individuals discharged from prison within no more than 180 days from the time of release. Evidence shows that recidivism rates are lower for individuals who receive assistance addressing employment needs in the period immediately following their release. PRI is not permitted by the DOL grant to serve sex-offenders nor is the program allowed to accept violent offenders – unless they received pre-release services from the Oklahoma Department of Corrections Wrap-Around program. Though these restrictions help the program to build confidence with employers – from knowing that they will not receive candidates for jobs that have one or both of these types of charges – it hinders intervening with the most at-risk offenders who will face the most daunting challenges alone when they return to the community. PRI serves both men and women adults. This program is not for juvenile offenders.

The following is a list of goals that the PRI program works toward in providing employment and education services to individuals recently released from incarceration.

- Enrollment Goal: 133 for the second year of implementation
- Entered Employment Rate Goal: 60%
- Employment Retention Rate Goal: 70%
- Average Earnings Goal: \$9 per hour
- Recidivism Rate Goal: 22% or below
- Mentoring Rate Goal: 60%

The Department of Labor provides a management information system (MIS) for all PRI grantees. This system keeps clients records, assessments, and outcomes for each client enrolled in the PRI program. MIS allows up-to-date reports on all of the data collected for the life of the program.

■ **Tulsa Area Alliance on Disabilities**

The Tulsa Area Alliance on Disabilities (alliance) provides local leadership and an ongoing structure through which concerned people and organizations can plan and act together at the community level to fulfill the Alliance's mission to ensure full participation of people with disabilities in all aspects of community life. The 20% of the state's population with disabilities are benefiting from policy changes and advocacy resulting from the work of the Tulsa Area Alliance on Disabilities. The Alliance work focuses on adults, children, youth and families with developmental disabilities, chronic health care needs, abuse and neglect issues, mental health needs, and traumatic brain injuries.

The outcomes of the Alliance are 1) better informed Tulsans and Oklahomans on trends and outcomes of integrating Tulsans with disabilities in the community, 2) better informed citizens on programs and services offered by state agencies and coordinating agencies, and 3) enhanced partnerships with all advocates, policymakers, and agencies, improving support and effective community resources for persons with disabilities.

Based on the population of Tulsa County, there are approximately 18,000 to 20,000 people with physical or mental disabilities. Tulsa Area Alliance on Disabilities works to mobilize the community efforts to identify, understand, and address conditions, and needs impacting people with disabilities' quality of life and future. Regardless of the continued efforts to mobilize and improve services there remains large numbers of the disability community that are underserved.



■ Tulsa Area Community Schools Initiative (TACSI)

The Tulsa Area Community Schools Initiative (TACSI) is part of a national movement to create partnerships between schools and their community to support student success, healthy families and engaged communities. Community schools share expertise and resources to educate the whole child-academically, physically, socially, emotionally, and to develop strategies to strengthen their families and neighborhoods.

More than 9,000 students and their families are empowered by the services, connections and opportunities in the 18 elementary schools in Tulsa and Union school districts. All 18 TACSI elementary schools are Title I schools and located in areas of high poverty. Families often struggle to meet students' basic needs. An example, at Eugene Field Elementary, 98% of the students participate in the free lunch program. Fifty percent of the population surrounding the school lives in poverty; 68% are female-headed households; and the average household income is \$16,044, as compared to \$43,706 for Tulsa County. In some of the elementary schools, the Hispanic population is as high as 60% (Kendall-Whittier) with associated language and cultural barriers for the students.



Tulsa Area **Community Schools** Initiative

learning in school and community settings; 4) physical, mental and emotional health needs of students and families are recognized and addressed; 5) respect and collaboration among parents, families, and staff; 6) school climate is safe, supportive and respectful, and connects students to a broader learning community; and, 7) early childhood development is fostered through high-quality, comprehensive programs that nurture learning and development. When these conditions are present, students attend school on a more regular basis; improve academically, socially, physically and emotionally. In addition, when families and neighborhoods are supported, the child's likelihood of success in these areas increases substantially. It is our intention that all students begin school ready to learn and graduate from high school ready for college and/or the workforce as a vital, contributing member of their community.

By addressing the needs of the whole child, community schools create environments that fulfill all the necessary conditions for learning: 1) a core instructional program with qualified teachers; 2) challenging curriculum with high standards; 3) motivated students

TACSI and the University of Oklahoma College of Education partnered to develop an evaluation plan. The preliminary findings confirm that mature community schools have a positive impact in the areas of improved student attendance, behavior and other skills for healthy development and student success; increased family engagement; stronger relationships between school and community; improved use of public facilities and services; and increased neighborhood pride. The research supports that a community school is the best vehicle for effectively mobilizing community assets to support student success.

■ Tulsa Community Partnership for Early Success and JumpStart Tulsa

The Tulsa County Partnership for Early Childhood Success represents community engagement in the early childhood needs of the Tulsa community. JumpStart Tulsa is the community mobilization effort that convenes early childhood service providers, advocates, mental health and health providers, schools, child care, and Head Start partners to create a seamless system of care and service for children 0-8 years old.

The beneficiary of program continuity is the 76,000 children birth to eight years of Tulsa County in need of a formal continuum of care including the 36% in single parent or relative households, 26% that are low income, and 30% that are under immunized.

Tulsa and Oklahoma has been ranked number one in the US for the quality and access to early childhood programs. This success has been driven by supports of the Tulsa Area United Way, the Success by Six Initiative, and the national commitment to early care and learning. Positive policy changes (ease of closure of poor child care facilities, expansion of pre-K 4 programs), and legislative improvements (Minton law) have encouraged improvements in child care centers and homes.

Success is verified through the increase in quality child care: 1) improved from 3% to 7% 3-Star quality in 8 years; 2) the access of 4 years olds to free, voluntary pre-K 4 programs; 3) expansion of Head Start and Early Head Start pilot sites across the state, and; 4) the growth in state mandates for quality early care and learning for all children (Early Childhood Advisory Council designation given to Smart Start Oklahoma).

The Tulsa County Partnership for Early Childhood Success hosted the International Infant and Toddler Conference in Tulsa in April 2009 and a Quality Early Care and Learning Summit. Early care and learning desire to provide equity across all environments in which children access service. To incrementally achieve this goal, learning guides by age must be created, quality rating and improvement systems must be developed, parents must be thoroughly educated on quality criteria, and a professional early childhood workforce must be prepared.



Tulsa County Drug Court and DUI Court, Veterans Treatment Court

Tulsa County Drug, DUI, or Veterans Treatment Courts are therapeutic courts intent on diversion of prison-bound offenders afflicted with substance abuse disorders and/or mental health issues. Specialty Problem-Solving Courts represent the combined efforts of justice and treatment professionals to actively intervene and break the cycle of substance abuse, addiction, crime, delinquency, and child maltreatment. In this blending of justice, treatment, and social service systems, the drug court participant undergoes an intensive regimen of substance abuse treatment, case management, drug testing, supervision and monitoring, and immediate sanctions and incentives while reporting to regularly scheduled status hearings before a judge with expertise in the drug court model. In addition, drug courts increase the probability of participants' success by providing ancillary services such as mental health treatment, trauma and family therapy, and job skills training.

Program participants are prison bound felony level offenders whose crime, usually a drug crime, has an underlying substance abuse addiction. The participants are adult offenders with an average age of 33.8 years; 63.6% are male; 62.2% white, 25.4% black, and 11% American Indian; only 38% are employed at entry; average 1.5 children with 68.7% of the children not living with the defendant and 23.4% are married. The most common criminal charge is drug possession at 62.8%. The most common drug of choice is methamphetamine at 34.4%, followed by cocaine at 19.0% and cannabis at 17.4%.

Successful completion of the drug court program is primarily identified as graduation and avoidance of prison. Beyond this primary goal, drug court also strives to 1) increase employment and wages, 2) reunify children with their parents, 3) increase educational levels including obtaining a GED/High School Equivalency Diploma, 4) ensure babies are born drug free and 5) reduce future arrests.

Drug Court has a 52% completion rate for FY2009 with 352 graduates between July 2001 and June 2008. 97% have full-time employment at graduation (FY2008). Income increased from \$620 to \$1,244 per participant by graduation (FY2008). Tulsa had 52 drug free babies born to participants or spouses during FY2007-2008. Eighty six percent of participants either had or obtained a high school diploma (FY2009). Recidivism is 4.5% (Source: ODMHSAS). DUI Court has a 77% completion rate (FY2009). All of the participants obtained a high school diploma (FY2009). Income for DUI Court increased from \$1,356 to over \$1,798 per month (FY2008). DUI Court graduated 270 participants from 2001-2008 (FY2008). Veterans Treatment Court (VTC) has graduated 8 participants since inception in December 2008.

Tulsa County Mental Health Court

Tulsa county's mental health court bridges two disciplines: criminal law and mental health. Improving access to appropriate services within the mental health system for mentally ill criminal defendants reduces the number of repetitive incidents involving individuals with mental illness. Less contact with law enforcement and days in jail reduces direct cost to the criminal justice system. Often these defendants are not served successfully in existing court and end up in prison or jail. The primary purpose is diversion of the mentally ill criminal defendant from further incarceration, and improve the quality of their life simultaneously.

Seventy-three defendants are participants in mental health court. Originally funded for 25 in FY2008 and 75 in FY2009. The defendant must be charged criminally and have a serious mental illness (SMI) with psychotic features. These defendants are often homeless and unmedicated on entry. On any one day, over 200 persons with serious mental illness are incarcerated at the Tulsa County jail. The Department of Corrections (DOC) estimates that 79% of the offenders, and 46% of the male offenders incarcerated in DOC are SMI. Sixty three percent of Tulsa's participants are female and 37% male. The average age is 37.5 years. Thirty one and seven tenths percent are disabled and only 2.4% are employed. Primary diagnosis is bipolar with psychosis, followed closely by schizophrenia.

The outcomes are

- more effective use of criminal justice resources by reducing repeated contacts with law enforcement, developing specialized court responses for mentally ill defendants, and reducing jail overcrowding,
- increase public safety by reducing victims and lowering re-arrest rates for people with mental illness who become involved in the criminal justice system due to their mental illness by judicially monitoring treatment and medication,
- ensure better outcomes for people with mental illness by appropriate individualized treatment for substance abuse and/or mental illness, including medication; and
- decrease expenditures by providing outpatient treatment to people with serious mental illness in the community where it is considerably more cost effective than in correctional institutions, without jeopardizing public safety.

A management information system was developed to track specific data points and outcomes. The Oklahoma Department of Mental Health and Substance Use Services is developing a statewide database to track recidivism and other outcomes including day hospitalized, days in jail, and unemployment. Due to recent implementation of the Mental Health Court, specific outcomes for Tulsa County are not available. Statewide outcomes are 1) unemployment is reduced by 93% from entry to graduation, 2) days spent in an inpatient setting are reduced by 34%, 3) arrests are reduced by 82%, and 4) days spent in jail are reduced by 94%. Tulsa County had a retention rate of 80% (FY2009).

Tulsa Healthy Start

The Tulsa Healthy Start Initiative is a federally funded program to reduce infant mortality. The United States ranks well below other industrialized and some developing countries in the rate of babies who die before their first birthday. The infant mortality rate in Oklahoma ranks in the bottom 20% nationally. The Tulsa Healthy Start Initiative has been funded for 13 years and serves women who are at extreme risk for a poor birth outcome.



Tulsa Healthy Start provides case management throughout a woman's pregnancy and until her baby is two years of age. Case managers provide important education regarding pregnancy, infant care and development, family planning and women's health. The case manager assesses the needs of each woman and links her to other programs and services that will benefit her and her family. Perhaps of greatest importance, the case manager provides support and encouragement to some of Tulsa's most vulnerable residents.

An infant death devastates everyone associated with the baby. The hospital costs for an infant born premature can be 60 times greater than the costs for a full-term and uncomplicated birth. Ongoing medical and education costs for a child born premature can be substantial. The emotional as well as financial toll of an infant death impacts the family as well as the entire community. Healthy Start helps women receive the care they need to deliver healthy babies.

Healthy Start faces challenges related to a constantly changing and evolving medical care system, decreasing service levels among social service providers as well as the unstable nature of the women served. Despite these challenges, Tulsa Healthy Start has documented to federal funders ongoing success that has maintained stable funding for 13 years with another 4 years funding anticipated. Case managers reach out to women who are homeless, mentally ill, victims of domestic violence, as well as experiencing a host of medical and other social challenges. Because of their support more babies are born healthy and have a better start in life.

■ Tulsa Human Response Coalition

Disasters and community emergencies typically require an immediate and extended response from local first response and human service organizations. The Tulsa Human Response Coalition (THRC) promotes effective working relationships among public, non-profit and faith-based programs so that Tulsa is prepared to serve all populations when a heat wave, ice storm or man-made event occurs. Federal and state regulations guide many policies and procedures within the public sector but do not mandate how first response agencies should work with the wide range of human services. The THRC addresses this situation.



Emergency Medical Services Association (EMSA), fire departments, police departments, sheriffs, emergency managers, public works and elected officials comprise the body of public agencies that must respond to small and large scale emergencies. Traditional human services, like the Red Cross and Salvation Army, bring resources to a response that add cultural competency, case management, language translation and more. The role of the human service

sector is important because disasters disproportionately affect low to moderate income households which have fewer resources to use for disaster recovery.

In most Oklahoma summers, heat and humidity represent the state's most life threatening weather event. Several years ago, the THRC developed an annex to Tulsa's Emergency Operation Plan titled "Heat Emergency Action Plan." The intended outcome is to lessen the number of deaths from heat related illnesses. In this plan, the National Weather Service issues "heat warnings" based on weather forecasts and EMSA issues "heat alerts" based on real time EMSA responses to heat victims. Human service organizations such as the Salvation Army and Tulsa County Social Services operate "cool stations" giving relief from the heat to those who are ambulatory. CSC's Tulsa Weather Coalition loans room air conditioners to frail and seriously ill residents. CSC also disseminates "Heat Danger Signals" brochures in English and Spanish to thousands of people each year. The Heat Emergency Action Plan has reduced heat related deaths to five or fewer per year.

■ Tulsa Weather Coalition

Summer heat is Oklahoma's most consistent life threatening weather event. The Tulsa Weather Coalition loans room size air conditioners to people who cannot afford to purchase one and are physically incapable of installing the units. Clients initially apply for the program through 2-1-1 Helpline. Eligibility is verified through a formal intake assessment and home visit. Volunteers and seasonal employees install the air conditioners. The units are removed at the end of the cooling season, cleaned and then stored at a partnering agency's warehouse facility.

Low-income elders, persons with disabilities and children with serious health conditions benefit from these air conditioner loans. Common client health problems include chronic obstructive pulmonary disease, emphysema, burns, AIDS, sickle cell, birth defects and other serious diseases. Most air conditioner recipients have very limited mobility (most are bed or chair fast) and live at or near federal poverty income levels. Only with very rare exception will other air conditioning be present in the recipient's home.



Tulsa Weather Coalition air conditioners are considered health aids intended to lower the risk of emergency room visits, expensive hospitalizations and heat related deaths. The presence of an air conditioner is intended to lower body temperature and enable the recipient to maintain better health as they recover or receive treatment for a serious illness. Physical comfort is considered a secondary benefit. This program loaned 58 air conditioners to Tulsa County residents in 2009. None of the 58 people were admitted to hospitals or died from heat related illnesses during the May-September loan period. Tulsa's EMSA office issued 6 heat alerts (5 or more people must be treated by EMSA in a 24-hour period) during the summer of 2009. Heat alerts are a response to real time summer conditions creating health problems for our community. Given the poor health of Tulsa Weather Coalition clients, it would be reasonable to expect that up to three air conditioner recipients would require treatment for heat exhaustion or heat stroke and that one recipient would die from such an illness.

Electronic client records are maintained in the 2-1-1 Helpline database. End of season interviews are conducted prior to removal of the air conditioner from the recipient's home. These interviews assess the client's satisfaction with Tulsa Weather Coalition services, the client's current health status and possible need for the equipment in the future. Most equipment removal occurs in the month of October. Clients will be contacted in April or May to determine their need and eligibility in the coming year.

Tulsa Youth Intervention Project

The Tulsa Youth Intervention Project (TYIP) uses the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Comprehensive Gang Model to reduce gang activity in five Tulsa County neighborhoods identified as highest risk for serious and violent crime committed by delinquent and gang-involved youth. This strategy utilizes a collaborative approach to reduce youth participation in gang activity through community mobilization, social intervention, opportunities provision, suppression, and organizational change and development.

The project targets gang involved youth who are on probation or in the custody of the Office of Juvenile Affairs and youth and their family members living in at-risk neighborhoods identified by the Office of Juvenile Affairs.

The project purpose is to reduce serious and violent crime among youth who are currently involved or at highest risk of involvement with gangs and/or delinquent behaviors. Two project objectives are 1) prevent 60% of targeted gang-involved youth or youth offenders from continued participation in gangs and/or delinquent behavior, as measured by law enforcement and Juvenile Bureau reports, and 2) 65% of targeted high-risk youth from becoming involved in gangs and committing delinquent offenses, as measured by law enforcement and Juvenile Bureau reports.



U.S. Census Information Center of Eastern Oklahoma

The Census Information Center (CIC) Program is a cooperative program between the U.S. Census Bureau and 47 national, regional, and local non-profit organizations including the Community Service Council. Started nationally in 1988, CIC represents the interests of underserved communities. The centers serve as repositories of census data and reports, making census information and data available to the public and the communities they serve. Data is used in areas such as program planning, advocacy, needs assessment, defining service areas, public policy development, developing new business enterprises, and conducting race/ethnic-related research.

Over 70 presentations are conducted annually of the community profile for the communities. Ten community profiles are created annually of counties in eastern Oklahoma. Weekly an e-newsletter brings to the community most recent releases, articles and peer reviewed analysis reports of census, Bureau of Labor Statistics, and Centers for Disease Control and Prevention data. Episodic papers are prepared of data related to the Tulsa, and state on demographics, socio-economic, education and homelessness.

The challenge of managing the Census Information Center is the amount of data available to the community that can never fully be analyzed. This lack of analysis of trends and projecting future implications hampers the community in fully mitigating negative trends and maximizing on opportunities.

Veterans Initiative

The Veterans Initiative brings together key groups and individuals. The Veterans Affairs (VA)-mental health providers, nonprofits, local and state agencies and veterans and their families-committed to effectively address the priority needs of returning vets (from Iraq and Afghanistan) and their families/caregiver. Emphasis is on recognizing Traumatic Brain Injuries (TBI), depression, and Post Traumatic Stress Disorder (PTSD) and creating a continuum of services for the affected Vet.

Over 40,000 veterans live in the City of Tulsa. Eighteen percent of all returning service members meet criteria for either PTSD or depression (7,200) while about 7% meet criteria for a mental health problem, and report a possible TBI (2,800). Service providers working with veterans and their families, employers of returning veterans, college campuses with enrolling veterans, and injured veterans are beneficiaries of the planning services.

The Tulsa community and its providers have become knowledgeable about the needs of returning veterans and their families through research, data analysis, and information disseminated to the newly formed Veterans Initiative Advisory Board (VIAB) and its work groups. Training is provided through community collaborations and national training opportunities to further the knowledge and understanding of PTSD, TBI and depression.

The VIAB was formed in June 2009 to guide and increase the capacity of the community to provide services for the complex needs of returning veterans and their families. Seventeen members from local, state, federal, nonprofit and private sector comprise this board. Five are veterans, two are family members of veterans, and seven work directly with veterans. A veteran/family-specific facility that will enable military families to come together in Tulsa is being developed. It will serve as a social as well as resource center for those needing help with PTSD, TBI, depression, etc.

Lack of a military installation in the Tulsa area impedes post service mental health care and centralized communication. Work group members have been asked to provide a place dedicated specifically for service members/veterans and their families to interact and socialize. A coffee house/gathering place is being developed for veterans and their families. Employers need training on the symptoms of returning vets presenting with PTSD and/or TBI in order to mitigate service members/veterans from being fired or placed on probation for combat related problems.

Service members/veterans who aren't receiving treatment for PTSD, TBI, and/or depression have a difficult time reintegrating back into the civilian world—driving; interacting with family and others; holding down jobs; or involvement in criminal activities and/or substance abuse.

Youthful Drunk Driving Program (YDD)

The Youthful Drunk Driving Program (YDD) addresses the widespread problem of impaired driving. The YDD Program was designed to reduce subsequent impaired driving offenses, including driving under the influence (DUI). YDD provides a sentencing alternative to judges for first-time DUI offenders between the ages of 16-25 years. Currently, referrals are made to the YDD Program from District Court and a number of municipal courts located within Tulsa County. In Oklahoma, the number one cause of death and serious injury for this age group is motor vehicle crashes. When compared with older drivers, young drivers are over-represented in both fatal crash and alcohol-related crash statistics. For fatalities involving alcohol, young drivers are involved at twice the rate for drivers 25 and older (statistics from the Oklahoma Highway Safety Office).

YDD provides the following benefits to participants and the community:

- Reduced injuries or death resulting from an impaired driving crash
- Dismissal or reduction of alcohol-related driving charges
- Increased awareness of the dangers of impaired driving and risks associated with this behavior

Following an initial orientation, the YDD Program requires the following sessions (each session is two hours unless otherwise noted):

- Trauma Center/Hospital Emergency Room -- Offenders visit an emergency room for two hours to observe first hand the medical treatment of emergency trauma patients, especially alcohol-related injuries;
- Rehabilitation Center -- Offenders spend two hours at a hospital-based rehabilitation center specializing in head, spinal cord and/or neurological injuries to directly observe patient therapy
- Victim Impact Panel -- Attendance is mandatory at a victim impact panel where the offenders are confronted with tragic stories related by surviving family members who recount the devastating effects that impaired driving has had on their family;
- Alcohol/Drug Education -- Offenders discuss issues about their arrests, psychopharmacology of alcohol/drugs, and the financial and human costs associated with impaired driving;
- 500 Word Essay -- Offenders are required to summarize his/her personal experience related to the impaired driving charge, including a synopsis of the required components in an evaluative essay;
- DUI School (10 hours of classroom instruction); and
- Alcohol/Drug Assessment (1.5-3 hours).

Community site visits by YDD participants may occur at any combination of the following participating agencies: St. John's Medical Center, Tulsa Regional Medical Center, OK Neurorestorative Rehabilitation Center, Bernsen Rehabilitation Center, Kaiser Rehabilitation Center, Mothers Against Drunk Driving, Victim Impact Panels, Inc., Community Service Council, or by special arrangements elsewhere.

Financial Summary

Tulsa Area United Way (TAUW) funding historically has been the financial foundation on which CSC builds all of its work. CSC leverages federal, state, foundation, and corporate funding to conduct programs and a planning agenda in the community.

Community Service Council

SUMMARY SCHEDULE OF REVENUE, PUBLIC SUPPORT & EXPENSES-COMBINED FUNDS

	PROJECTED YEAR END DECEMBER 31, 2009	BUDGET 2010	PROJECTIONS 2011
REVENUE & PUBLIC SUPPORT			
CONTRIBUTIONS	1,599,228	1,415,834	1,415,834
SPECIAL EVENTS	11,837	10,000	10,000
UNITED WAY ALLOCATION	784,239	784,239	799,359
UNITED WAY VENTURE GRANT	16,667	33,332	33,332
FEES & GRANTS GOV'T AGENS	2,916,418	3,398,688	3,449,174
FEES & GRANTS NON GOVT	88,997	332,094	382,580
CHILD CARE FOOD PROGRAM	100,962	106,000	106,000
FEES FROM PARTNERS	137,250	131,000	131,000
MEMBERSHIP DUES	24,567	28,000	28,000
PROGRAM SERVICE FEES	114,613	107,670	107,670
SALES TO PUBLIC	0	10,500	10,500
INTEREST INCOME	26,453	24,000	24,000
MISCELLANEOUS	829	100	100
OTHER	0	0	
TOTAL REV. & PUBLIC SUPPORT	5,822,061	6,381,457	6,497,549
EXPENSES			
PERSONNEL COSTS			
SALARIES	2,978,511	3,362,259	3,440,199
HEALTH /RETIREMENT BENEFITS	447,393	453,688	484,925
PAYROLL TAXES	222,895	268,301	275,216
TOTAL PERSONNEL COSTS	3,648,799	4,084,248	4,200,340

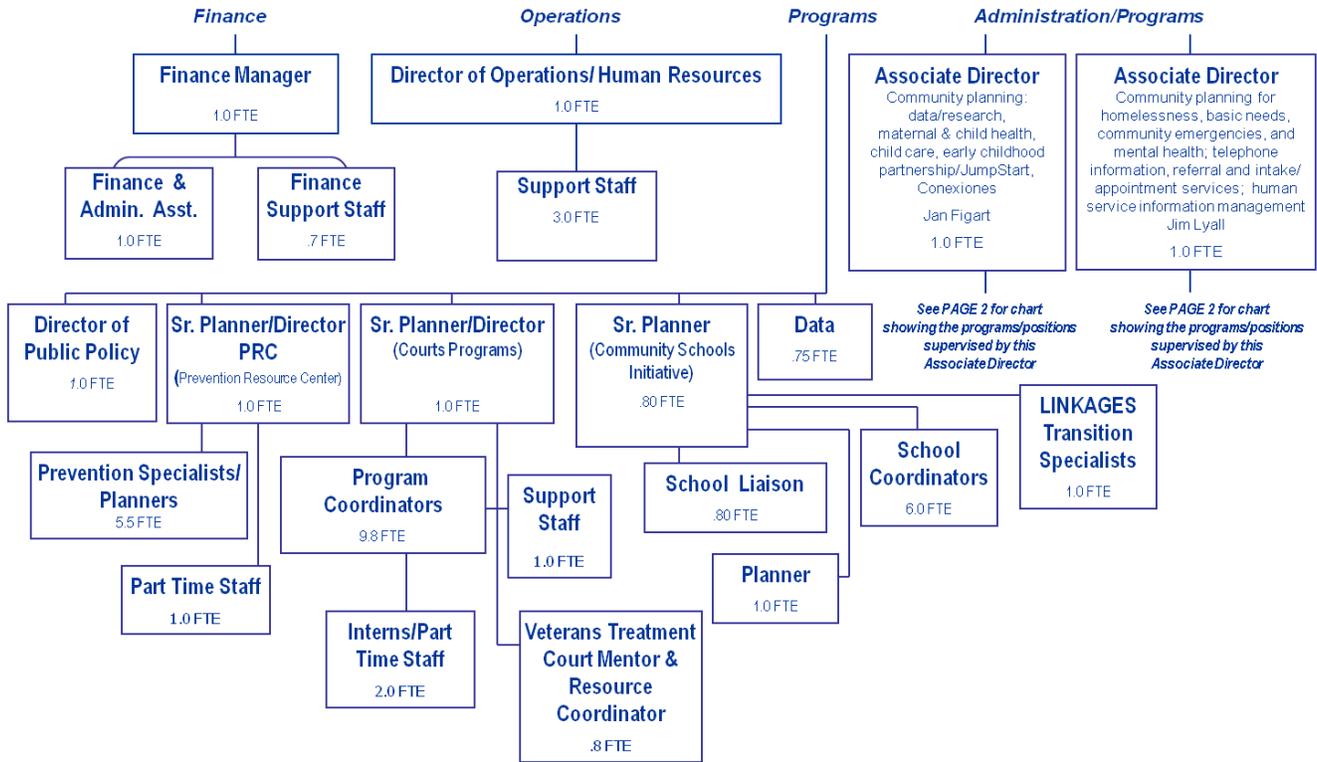
SUMMARY SCHEDULE OF REVENUE, PUBLIC SUPPORT & EXPENSES COMBINED FUNDS

	PROJECTED YEAR END DECEMBER 31, 2009	BUDGET 2010	PROJECTIONS 2011
OPERATING EXPENSES			
ACCOUNTING	2,455	5,400	5400
AUDIT	24,450	28,300	28300
COMM. CONSULTANT	34,767	62,445	62,445
OTHER	539,650	863,996	863,996
SUPPLIES	319,189	325,321	325,321
TELEPHONE	94,737	101,311	101,311
POSTAGE AND SHIPPING	18,204	17,060	17,060
OCCUPANCY - CSC	82,157	99,500	99,500
OCCUPANCY - HL/BL	55,441	59,900	59,900
OCCUPANCY - CCRC	61,915	74,500	74,500
OCCUPANCY - COURTS	38,287	59,670	59,670
EQUIPMENT MAINT & RENTAL	49,880	57,326	57,326
PRINTING AND PUBLICATIONS	19,756	27,000	27,000
TRAVEL	172,445	184,151	184,151
CONFERENCES & CONVENTIONS	97,955	119,543	119,543
MEMBERSHIP DUES	6,298	7,732	7,732
AWARDS AND GIFTS	30,821	33,900	33,900
ASSISTANCE TO INDIVIDUALS	331,285	68,400	68,400
MISCELLANEOUS	34,374	50,654	50,654
EQUIPMENT ACQUISITIONS	49,416	51,100	51,100
TOTAL OPERATING EXPENSES	2,063,481	2,297,209	2,297,209
TOTAL EXPENSES	5,712,280	6,381,457	6,497,549
NET EARNINGS (LOSS)	109,781	0	0

CSC Staff Positions, 2010

Executive Director

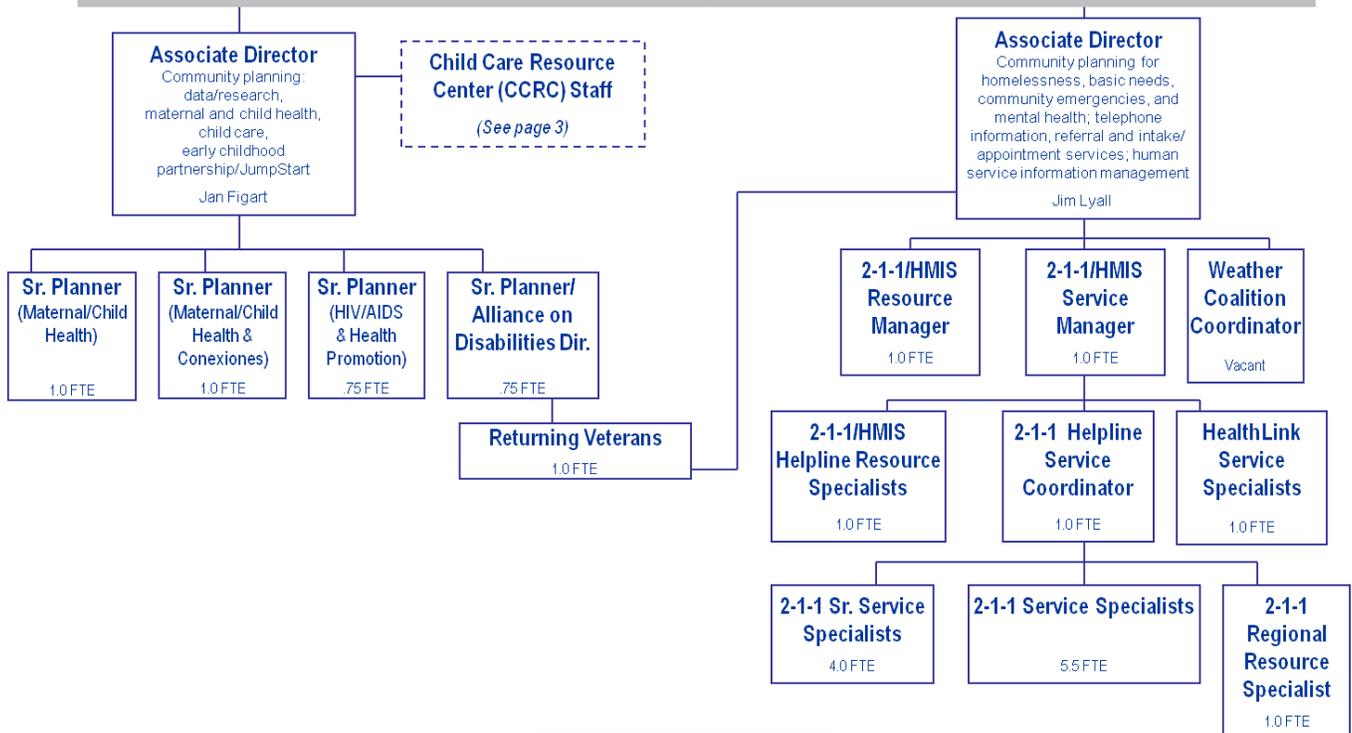
Phil Dessauer, Jr.



CSC Staff Positions, 2010

(CSC Executive Director, Phil Dessauer)

(See Page 1)

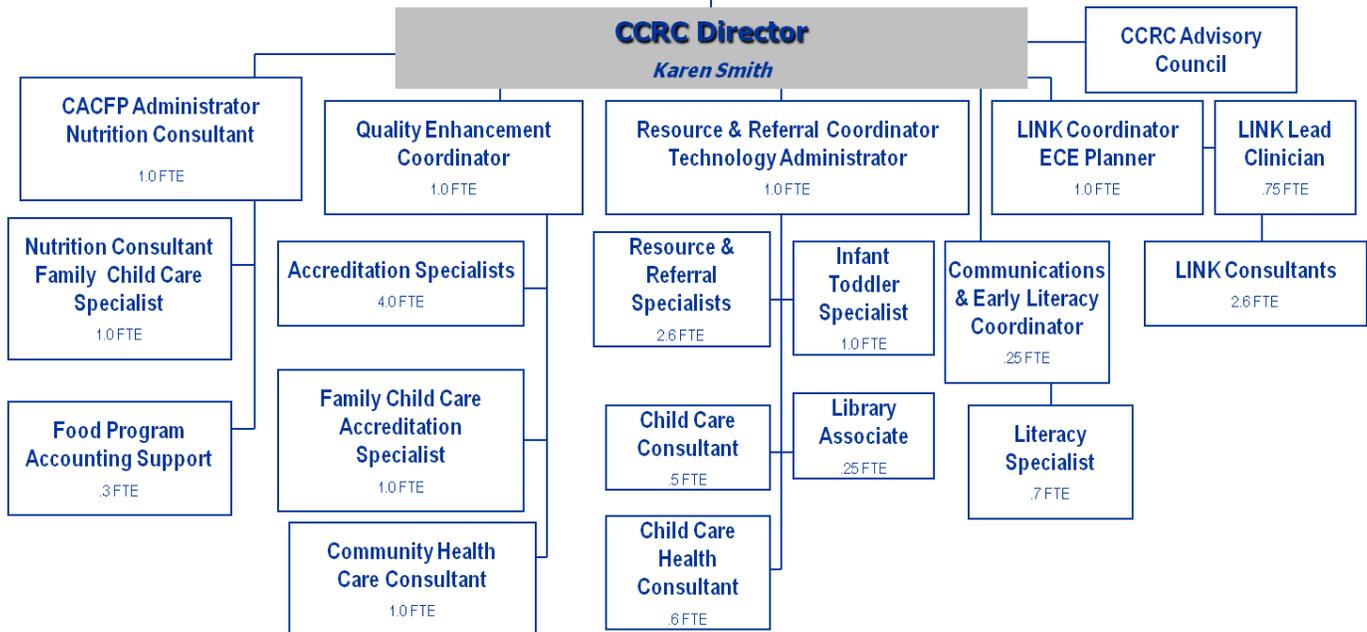


CCRC Staff Positions, 2010

CSC Board of Directors

CSC Executive Director, Phil Dessauer

CSC Associate Director, Jan Figart



CSC 2010 BOARD OF DIRECTORS

Jill Willey
President
Charlie Jackson
Vice President
Steven Nell
Treasurer
Kerry Lewis
Past President

Alison Anthony
Wayne Bland
Phil Brown
Phil Brown
Teresa Burkett
Robert Burton
James Chavez
Karen Davis
Francie Day
Ann Domin
Gena Duvall
Lanny Endicott
Michael P. Evanson Ruth Ann Fate
Nancy Feldman

D. Sentell Fox
Debi Friggel
David Guier
Carole Huff Hicks
Robert D. Ireton
Steve Kennedy
Hilary Kitz
Nancy McDonald
Terry McGee
Andrea Murrell
Gary Percefull
Heather Rahhal
Dr. Luis A. Reinoso
John Richer

Annie Tomacek
Maynard Ungerman
Major Paul Williams
Dave Zemel

Child Care Resource Center Advisory Council

Lindsey Asher, Child Care Resource Center
Melinda Belcher, Child Care Resource Center
Anita Carwile, YWCA of Tulsa
Francie Day, Community Volunteer
Anne Denison, Williams Company
Stacey Finnerty, Community Volunteer
Lesley Gudgel, Community Service Council
Pat Kroblin, PK Promotions, Inc.
Tim Lovell, Tulsa Partners, Inc.
Anisa McDade, Department of Human Services
Belinda McGee, Tulsa Community College
Liza McGuinn, Parent
Casey Moore, Child Care Resource Center
Scott Moore, Spirit Bank
Lynne Moyers, Community Volunteer
Regina Rice, Tulsa Community College
Ashli Sims, The News on 6
Karen Smith, Child Care Resource Center
Paige Whalen, Child Care Resource Center

Child Care Resource Center Consultation Group

Lindsey Asher, Child Care Resource Center
Jenger Baker, Tulsa Community College
Dena Barker, Department of Human Services
Brenda Butchee, Tulsa Health Department
Amber Chase, Tulsa Community College
Janna Cooney, Child Care Resource Center
Beverly Crouch, Department of Human Services
Kim Darris, Tulsa Community College
Tish Dehart, Tulsa Health Department
Misti Denton, Department of Human Services
Lesley Gudgel, Child Care Resource Center
Trena Hickinbotham, Tulsa Health Department
Kathy LaValley, Department of Human Services
Tonja Lorenzo, Department of Human Services
Chris Maricle, Tulsa Public Schools
Christine Marsh, Family and Children's Service
Sandy Matthiesen, Department of Human Services
Anisa McDade, Department of Human Services
Erma Lee McMinn, Child Care Resource Center
Shauna Meador, Child Care Resource Center
Casey Moore, Child Care Resource Center
Kendra Morgan, Child Care Resource Center
Ellie Newby, Child Care Resource Center
Marchell Newton, Department of Human Services
Retta Seger, Child Care Resource Center
Karen Smith, Child Care Resource Center
Marlene Smith, Child Care Resource Center
Melinda Suttle, Tulsa Community College
Jean Ortberg, Department of Human Services
Cara Thomas, Department of Human Services
Jennifer Weber, Tulsa Health Department

Child Care Resource Center Partners Committee

Cindy Alonso, Child Care Director, Happy Campers Academy
Dena Barker, Department of Human Services
Charlotte Carpenter, Department of Human Services
Felicia E. Collins Correia, YWCA
Ginny Davis, Tulsa Community College
Sandy Grace, Department of Human Services
Debbie Guilfoyle, Crosstown Learning Center
Jackie Lee, Family Child Care Home Provider
Mary Beth Ogle, Saint Francis Hospital
Deborah Paul, Department of Human Services
Liz Reece, Community Volunteer
Carol Rowland, Community Action Project, Tulsa County
Mimi Tarrasch, Family and Children's Services
Erin Velez, Union Public Schools
Linda Whaley, Oklahoma Child Care Resource and Referral Association
Ann Wheeler, Tulsa Technology Center
Beth Wheeler, Child Care Provider
Jane Whitson, Department of Human Services

Tulsa Area Early Intervention Coalition

DeeAnn Brown, Community Service Council
Brenda Butchee, Tulsa Health Department
CC Canfield, Tulsa Public Schools
Janna Cooney, Community Service Council
Linda Cowan, Tulsa Public Schools
Gina Ferman, Sooner Success
Lesley Gudgel, Community Service Council
Debbie Guilfoyle, Crosstown Learning Center
Dawnielle Jeffrey, Community Action Project
Mindy Littlefield, Sooner Success
Kim Macy, Sooner Start
Jan Miller, First Presbyterian Church
Jennifer Miller, Autism Center of Tulsa
Trish Miller, Private Practice-Psychologist
Christian Oliva, Private Practice-Speech Pathologist
Stephanie Orban, Tulsa Public Schools
Gary Percefull, Tulsa Public Schools, School Board
Kay Sandschaper, Tulsa Public Schools
Ellen Schmeder, Sooner Start
Carla Tanner, Community Service Council
Teresa Thomas, Tulsa Public Schools
Sherilyn Walton, Tulsa Advocates for the Rights of Citizens with Disabilities
Michelle Wilkerson, Autism Center of Tulsa

JumpStart Tulsa System Development Committee

Jeanie Ablett, Bank of Oklahoma Foundation
Carrie Barnes, Community Action Project of Tulsa County
Cathy Burden, Union Public Schools
Caren Calhoun, Tulsa Educare, Inc.
Felicia Collins-Correia, YWCA of Tulsa
Jan Creveling, Community Service Council
Denise Da Ros-Veseles, Northeastern State University
Karen Davis, Tulsa Community Foundation
Jan Figart, Community Service Council
Judy Feary, Tulsa Public Schools
Anne Ghostbear, Southern Nazarene University
Debbi Guilfoyle, Crosstown Learning Center
Diane Hensley, Tulsa Public Schools
Diane Horm, University of Oklahoma
Deborah Ihrig, Bristow Public Schools
Libby Johnson, Consumer
Grace Kelley, Oklahoma State Department of Health
Janet McKenzie, Tulsa Public Schools
Andy McKenzie, Tulsa Public Schools
Brandie Roberts, Community Action Project of Tulsa County
Cristy Roberts, YWCA of Tulsa
Carol Rowland, Tulsa Educare, Inc.
Genie Shannon, Community Service Council
Karen Smith, Community Service Council
Carla Tanner, Community Service Council
Annie Van Haken, George Kaiser Family Foundation



Tulsa County Partnership for Early Childhood Success

Colleen Ayres-Griffin, Community Service Council
Felicia Collins-Correia, YWCA of Tulsa
Jan Creveling, Community Service Council
Phil Dessauer, Community Service Council
Bill Doenges, Doenges Toyota Ford Lincoln Mercury
Steven Dow, Community Action Project of Tulsa County
Jan Figart, Community Service Council
Sharon Gallagher, Tulsa Area United Way
Lesley Gudel, Community Service Council
Debbi Guilfoyle, Crosstown Learning Center
Annie Van Haken, George Kaiser Family Foundation
Amy Halliburton, Oklahoma State University
Susan Harris, Tulsa Metro Chamber of Commerce
Diane Horm, University of Oklahoma
Carole Huff Hicks, AEP/Public Service Company of Oklahoma
Steve Kennedy, km2a
Janet McKenzie, Tulsa Public Schools
Susan Neal, Mayor's Office
Gary Percefull, Scissortail Group
Pamela Pittman, University of Oklahoma
Carol Rowland, Community Action Project of Tulsa County
Genie Shannon, Community Service Council
Talia Shaul, Community Service Council
Karen Smith, Community Service Council
Carla Tanner, Community Service Council
Anne Tomecek, T. D. Williamson
Virginia Utter, Community Service Council

Family Health Coalition

Karon Allen, Metropolitan Tulsa Urban League
Colleen Ayres-Griffin, Community Service Council
Geneva Barnes, Tulsa Health Department
Monica Basu, George Kaiser Family Foundation
Allen Baxter, Tulsa Health Department
Lisa Berry, Planned Parenthood of Arkansas and Eastern Oklahoma
LouAnn Beuke, Tulsa Health Department
Joan Bomholt, Tulsa Health Department
Barbara Bucholtz, University of Tulsa-College of Law
Russell Burkhart, Indian Health Care Resource Center
Pam Butler, RN, Tulsa Public Schools
Sam Carroll, YMCA of Greater Tulsa
Sister Felicidad Chavez, St. John Medical Center
Tommy Chesbro, Planned Parenthood of Arkansas and Eastern Oklahoma
Dr. Gerry Clancy, The University of Oklahoma-Tulsa
Dave Cox, Tulsa Health Department
Gary Cox, Tulsa Health Department
Johnnie Cox, Resonance
Judy Cravens, Okmulgee County Youth Services
Jan Creveling, Community Service Council
Flor Dean, Tulsa Health Department
Karen Debella, Tulsa Health Department
Tish DeHart, Tulsa Health Department
Karen Derryberry, The Laura Dester Center
Lupe Diaz, Tulsa Health Department
Desiree Doherty, Parent Child Center of Tulsa
Suzanna RN, Dooley, Oklahoma State Department of Health
Linda Drum, St. John Medical Center
Lela Durant, Tulsa Health Department
Lou Ann Eldorado, Tulsa Health Department
Kristy Elias, Tulsa Health Department
Michelle Evans, Parent Child Center of Tulsa
Estela Feliciano Rodriguez, Tulsa Health Department
Jan Figart, Community Service Council
Patricia Fitzgerald, Tulsa Community College
Greg Foland, Morningside Health Foundation
Anita Fream, Planned Parenthood of Arkansas and Eastern Oklahoma
Kristi Freshwater, The University of Oklahoma
Reuben Gant, Greenwood Chamber of Commerce
Faline George, Tulsa Health Department
Ann Glenn, Tulsa Health Department
Susan Glynn, Tulsa Health Department
Rose Gouthier, Okmulgee Youth Services
Melissa Graham, Tulsa Housing Authority
Lisa Grimm, Rogers High School
Steve Hahn, Family & Children's Services
Meisha, Hall, Tulsa Health Department
Mary Hardy, Parkside Community Psychiatric Service
Charlotte Harp, Tulsa Technology Center
Mike Harris, Tulsa Fire Department
Susan Harris, Tulsa Metro Chamber of Commerce

Family Health Coalition continued...

Ada Harwood, Planned Parenthood of Arkansas and Eastern Oklahoma
Priscilla Haynes, Tulsa Health Department
Donna Holladay, Parent Child Center of Tulsa
Melinda Holmes, Tulsa Health Department
Reggie Ivey, Tulsa Health Department
Corrina Jackson, Tulsa Health Department
Jim Jakobovitz, Tulsa Jewish Retirement and Health Care Center
Libby Johnson, Individual
Carol Jones, Saint Francis Hospital/Education
Darren Jones, Parent Child Center of Tulsa
Mark Jones, Okmulgee County Health Dept.
Nancy Kachel, Planned Parenthood of Arkansas and Eastern Oklahoma
Nicole Noble, Parent Child Center of Tulsa
Elizabeth Nutt, Tulsa Health Department
Emily Patterson Harris, Langston University
Laurie Paul, Community Health Connection
Fred Perry, Tulsa County
Richard Perry, M.A., Oklahoma State University-College of Osteopathic Medicine
SuAn Phipps, University of Oklahoma Health Sciences Center
Jim Pickens, Tulsa Community College
Eric Polak, Oklahoma State University Medical Center
Betsy Pontious, Tulsa Health Department
Pam Rask, Tulsa Health Department
Doug Ressler, Tulsa Health Department
Cheryl Roach, Saint Francis Hospital
Kathy Rockstroh, Tulsa Health Department
Marcy Rosenbaum, Oklahoma State University-College of Osteopathic Medicine
Gaye Rotramel, St. John Medical Center
Martha Rupp-Carter, Tulsa Health Department
Robert Sanders, Morton Comprehensive Health System
Sharol Saulsbury, St. John Medical Center
Denise Senger, The University of Oklahoma
Genie Shannon, Community Service Council
Rep. Jabar Shumate, Oklahoma House of Representatives
Carmelita Skeeter, Indian Health Care Resource Center
Leon Skillens, Tulsa Health Department
Eli Smith, Saint Francis Health System
Leslie Springs, Parent Child Center of Tulsa
Susie Stonis, Hispanic Chamber of Commerce
Linda Stout, Parent Child Center of Tulsa
Cathy Sullivan, Tulsa Health Department
Jennifer Summers, LIFE Senior Services
Jennifer Summers, LIFE Senior Services
Jennifer Sumner, The University of Oklahoma-College of Medicine-Pediatrics
Dana Taylor, Tulsa Health Department
Eve Marie Taylor-Haynes, Tulsa Health Department
Pleas Thompson, NAACP
Staci Thompson, Tulsa Health Department
Gail Van Dalsem, Metropolitan Tulsa Transit Authority

Family Health Coalition continued...

Sue Kent, St. John Medical Center
Kristin King, Tulsa Health Department
Kim Knave, YWCA of Tulsa
L'Toya Knighten, Governor's Office - Tulsa
Pat Kroblin, PK Promotions, Inc.
Carol Kuplicki, Tulsa Health Department
Alecia Landis, Tulsa Health Department
Sandra Langenkamp, Department of Human Services
Annette Leon, Tulsa Health Department
Leigh Ann Montgomery, Tulsa Health Department
Patricia Motte-Ward, Tulsa County Parks
Tom Neff, Saint Francis Health System
Ann Wade, Tulsa Health Department
Sabrina Ware, Goodwill Industries of Tulsa
Jennifer Wattoff, Tulsa Health Department
Jill Willey, Community Service Council
Rita Williams, Tulsa Health Department
Clara Willis, Tulsa Health Department
Sherri Wise, Osteopathic Founders Foundation
Dr. Gary Woodruff, Tulsa Health Department
Charlan Woods-Orr, Tulsa Health Department
Maria Young, Tulsa Health Department
Brenda Yurkosky, St. John Medical Center

Conexiones Steering Committee

Alison Anthony, Williams Foundation
Colleen Ayres-Griffin, Community Service Council
Michael Brose, Mental Health Association in Tulsa
Kevin Burr, Will Rogers High School
Cathy Cole, Tulsa Community College
Jan Creveling, Community Service Council
Tanya Davis, Celia Clinton Elementary School
Phil Dessauer, Community Service Council
Jan Figart, Community Service Council
Brian Goetsch, Mental Health Association in Tulsa
Lesley Gudgel, Community Service Council
Isaac Hiriart, Tulsa Community College- Education Outreach Center
Douglas Howard, Sequoyah Elementary School
Doris Jouas, Jenks Public Schools
Ronda Kesler, McKinley Elementary
Sara Martinez, Hispanic Resource Center
Sara Mata, Oklahoma State University
Barbara Mayes, Bryant Elementary School
Nancy McDonald, Community Service Council
Andrea Murrell, Williams Foundation
Maria Carlota Palacios, Williams
Dawn Parton, Tulsa Community College
Armando Pena, Oklahoma State Regents for Higher Education
Fernando Prato, YWCA Multicultural Center
Martin Ramos, Community Service Council
Rodger A. Randle, The University of Oklahoma-Tulsa
Maria Reyes, YWCA Multicultural Center
Nilda Reyes, Tulsa Public Schools

Conexiones Steering Committee continued...

Laura Reyes, Bryant Elementary School
Roberto Ruiz, John Zink
Tayrin Saldivar, DaySprings Community Services
Genie Shannon, Community Service Council
Talia Shaul, Community Service Council
Christina Siemens, Mental Health Association in Tulsa
Carla Tanner, Community Service Council
Jean Thornbrugh, St. Gregory's University
Margarita Trevino, Hispano de Tulsa
Ginny Utter, Community Service Council
Paige Whalen, Child Care Resource Center
Tenna Whitsel, Tulsa Public Schools
Debra Wiggins, Hamilton Middle School Career Academy
Lyda Wilbur, Will Rogers High School
Jordan Witt-Araya, Community Service Council
Martha Zapata-Roblyer, Tulsa Hispanic Resource Association

Conexiones Coalition

Alison Anthony, Williams
Kevin Burr, Tulsa Public Schools
Carlos Chale, Oral Roberts University
Cathy Cole, Tulsa Community College
Jan Creveling, Community Service Council
Phil Dessauer, Community Service Council
Lydia Dross, Associated Centers for Therapy
Daniel Guajardo, Oral Roberts University
David Guier, Community Service Council Board
Doug Howard, Dayspring Community Services
Doris Jouas, Jenks Public Schools
Sara Martinez, Tulsa Library
Nancy McDonald, Community Service Council Board
Andrea Murrell, Williams
Olivia Ortega, YWCA Tulsa
Maria Palacios, Williams
Dawn Parton, Tulsa Community College
Armando Pena, Oklahoma State Regents for Higher Education
Fernando Prato, YWCA Tulsa
Maria Reyes, YWCA Tulsa
Roberto Ruiz, John Zink Company
Tayrin Saldivar, Dayspring Community Services
Genie Shannon, Community Service Council
Talia Shaul, Community Service Council
Christina Siemens, Mental Health Association-Tulsa
Carolyn Stewart, Citgo Petroleum Corporation
Carla Tanner, Community Service Council
Jean Thornbrugh, St. Gregory's University
Margarita Trevino, Hispano de Tulsa
Paige Whalen, Child Care Resource Center
Lyda Wilbur, Tulsa Public Schools
Jordan Witt-Araya, Community Service Council
Martha Zapata-Roblyer, Tulsa Hispanic Resource Association

LINK Project Advisory Committee

Patty Banes, Boston Avenue Weekday Preschool
Vicki Bonner, Discovery Learning Center
Mindy Burkhardt, First Christian Church Child Development Center
Dr. James Coldwell, Children's Medical Center
Kim DeVore, Parent-Community Volunteer
Susan Eckelt, Family Child Care Home Provider
Gina Ferman, The University of Oklahoma- Sooner Success
Jan Figart, Community Service Council
Alecia Fischer, Oklahoma State University
Ruth Ann Kana, Community Volunteer
Lesley Gudgel, Child Care Resource Center
Adriane Lakin, Parent-Community Volunteer
Judy Priebe, Chapman Child Learning Center
Kathy Rake, Family Child Care Home Provider
Karen Smith, Child Care Resource Center
Carla Tanner, Community Service Council
Dr. Laura Taylor, Indian Healthcare Resource Center
Barbara Thornton, Community Volunteer
Kelly Trujillo, Family Child Care Home Provider
Paige Whalen, Child Care Resource Center
Shelli Wright, B'nai Emunah Preschool

P20 Council

Keith Ballard, Tulsa Public Schools
Cathy Burden, Union Public Schools
Robert Burton, Tulsa Public Schools
Carol Carr, Tulsa Community College
Gerald Clancy, University of Oklahoma -Tulsa
Jan Creveling, Community Service Council
Phil Dessauer, Community Service Council
Bill Doenges, Metropolitan Human Services Commission
Jan Figart, Community Service Council
Pamela Fry, Oklahoma State University
Sharon Gallagher, Tulsa Area United Way
H.J. Green, Tulsa Public Schools
Susan Harris, Tulsa Metro Chamber
Brian Hunt, Tulsa Public Schools Board
Reggie Ivey, Tulsa Health Department
Kelly Johnson, Oklahoma Department of Human Services
Karen Kiely, Community Action Project of Tulsa County
Robert LaFortune, Tulsa Area United Way
Nancy McDonald, Community Service Council Board
Thomas McKeon, Tulsa Community College
Darcy Melendez, Workforce Tulsa
Kara Gae Neal, Tulsa Technology Center
Clark Ogilvie, Owasso Public Schools
Pamela Pittman, University of Oklahoma -Tulsa
Verna Ruffin, Tulsa Public Schools
Kathy Seibold, University of Oklahoma -Tulsa
Lloyd Snow, Sand Springs Public Schools
Ginny Utter, Community Service Council
John Wokkill, Tulsa Community Foundation
Martha Zapata-Roblyer, Tulsa Hispanic Resource Association



DMC Reduction Agency Steering Committee

Alice Blue, Community Service Council
Blaine Bowers, Oklahoma Office of Juvenile Affairs
Redell Brown, State Advisory Group on Juvenile Justice
and Delinquency Prevention
Drew Diamond, Union Public Schools
Melissa Dumas, Tulsa Housing Authority
Timothy Faerber, U.S Attorney's Office
Chief George Haralson, Tulsa County Sheriff's Office
Tim Harris, Tulsa County District Attorney's Office
Dr. Chad Johnson, Center of Applied Research for
Nonprofit Organizations, University of
Oklahoma- Schusterman Center
Cpt. Richard Lawson, Tulsa Police Department
Kathryn Packell, Center for Community Research and
Development, University of Tulsa
Dr. Sandra Richardson, Tulsa Area Community
Intervention Center
Gary Rudick, Tulsa Public Schools
Amy Santee, George Kaiser Family Foundation
Dr. Donald O'Neil Tyler, Greater Grace Temple
James Walker, Youth Services of Tulsa
Brent Wolfe, Tulsa County Juvenile Bureau

East Tulsa Prevention Coalition

Len Busch, Good Shepherd Lutheran Church
Bobbie Henderson, Camp Fire USA
Charlie Jackson, CSC Board of Directors
Ariel Kelly, East Central High School
David Lam, East Central High School
Sue Lawrence, Cooper Neighborhood Association
Terry McGee, McGee Enterprises
Mark Mueller, Tulsa Wesleyan Church
Gary Percefull, Tulsa Public Schools
Myriam Puleo, Union Public Schools
Maria Reyes, YWCA Multicultural Center
Samantha Taylor, East Central High School
Julie Trainum, Youth Services
Brent Wolfe, Tulsa County Juvenile Bureau

Prevention Resource Center

Teens in Action

Terry Bridges, Tulsa Public Schools Nutrition
Heather Crossland, Tulsa Parks
Bobby Henderson, Camp Fire Green Country Council
Suzette Huggins, East Central High School
Trisha Lawrence, Cooper Elementary

KEEP / TYIP

Blaine Bowers, Office of Juvenile Affairs
Gwen Goff, Community Activist
Michael Johnson, Cleveland Middle School
Phyllis Lovett, Gilcrease Middle School
Dennis Luman, Office of Juvenile Affairs
John Maxwell, Hamilton Middle School
Lyda Wilbur- Rogers High School

Gang Coordinating Committee

Blaine Bowers, Office of Juvenile Affairs
Carol Bush, Crime Commission
Drew Diamond, Union Public Schools
Lucy Dolman, Tulsa Parks
Tim Faerber, U. S. Attorney's Office
Judge Doris Fransein, Juvenile Bureau of the District Court
Melody Garner, Tulsa Housing Authority
Dom Garrison, Career Tech
Tim Harris, Tulsa County District Attorney
Charlie Jackson, CSC Board
Dr. Chad Johnson, University of Oklahoma
Twan Jones, nTEDI, Community Volunteer
Chief Chuck Jordan, Tulsa Police Department
Sgt. Sean Larkin, TPD, Gang Unit
Richard Lawson, Tulsa Police Department
Jack Myers, Jenks Public Schools
Monroe Nichols, OU Tulsa
Jacky Noden, Workforce Tulsa
Gail O'Connor, St. John Medical Center
Dr. Donald O'Neil Tyler, Greater Grace Temple
Ray Owens, Metropolitan Baptist Church
Dr. Sandra Richardson, Community Intervention Center
Gary Rudick, Tulsa Public Schools
Amy Santee, George Kaiser Family Foundation
Terry Simonson, City of Tulsa Mayor's Office
Jim Walker, Youth Services
Susan Witt, Tulsa County District Attorney's Office
Brent Wolfe, Tulsa County Juvenile Bureau

