

2019

APPENDIX A

Oklahoma Child Abuse Prevention Network

ANNUAL PROGRAM REPORT

January 30, 2020



Oklahoma's Community-Based
Child Abuse Prevention Grant

Appendix A



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Please Note: Information was gathered with due diligence from each of the program's lead agency. The Family Support and Prevention Service, a division of the Oklahoma State Department of Health, has made every attempt to share results, numbers, and program information that are both accurate and current. The programs and services that follow are not inclusive of every child abuse prevention or related program available in the state; however, they do represent a majority of the larger programs and services that are available.

Yellow – Infrastructure

Blue – Primary Prevention

Green – Secondary Prevention

Red – Tertiary Prevention

APPENDIX A

**PREVENTION
PROGRAMS WITH
INFRASTRUCTURE**

Oklahoma
Child Abuse Prevention
Network

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OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

www.okschoolreadiness.org

Infrastructure

Agency	Description & Target Population
Oklahoma Partnership for School Readiness	<p>Established under the Oklahoma Partnership for School Readiness (OPSR) Act, OPSR is charged with promoting school readiness, supporting community-based efforts to increase the number of children who are ready to succeed by the time they enter school, and increasing coordination and collaboration of existing programs for children under age six and their caregivers.</p> <p>The Oklahoma Partnership for School Readiness Board, legislatively designated as the State's Early Childhood Advisory Council, increased the board's existing role to serve as an advisory body to the Governor's office for early childhood system's development.</p>
Funding Source	
State, Federal and Private Funds	
Counties Served	
Statewide	
Program Model	
<p>The Oklahoma Partnership for School Readiness coordinates workgroups and committees at the state level to build collaboration between early childhood systems. Parent voice, local coalitions and/or boards drive the work at the community level assuring alignment with the state's goals.</p>	
Numbers Served	
<p>Rather than direct service, OPSR's focus is on planning, data gathering, making policy recommendations and community mobilization. OPSR influences policies that impact all children from birth to age five in the state.</p>	
Evaluation	
<p>The Oklahoma Partnership for School Readiness prepared an Annual Report, which is submitted to the Legislature and Governor each year by November 1.</p>	
Outcomes	
<p>During SFY 2019, the OPSR:</p> <ol style="list-style-type: none"> 1. Prepared and submitted a Home Visiting Outcomes report to the Governor, Legislature and Oklahoma Commission on Children and Youth on December 1, 2018. 2. Identified infant mortality as an indicator of focus for the implementation of Project HOPE, a health equity grant supported by the Nemours Children's Health System. Guided by the Early Learning Equity and Diversity Team, OPSR created a story gathering process to collect family perspectives on factors that contribute to inequities in child health outcomes. 3. Successfully created a data link between home visiting and SoonerStart data through Project SHINE and in conjunction with the Oklahoma State Department of Education and the Oklahoma State Department of Health. These findings were presented at the National Home Visiting Summit in January 2019. 4. Received the Preschool Development Grant Birth-Five (PDG B-5) from the Administration for Children and Families with the goal to create the country's most effective early childhood mixed delivery system. 5. Facilitated 11 community conversations and eight focus groups with families and providers across the state to inform the PDG B-5 Needs Assessment and Strategic Plan. 6. Implemented LENA Grow to increase adult-child language interaction at Tulsa Educare and Delaware Child Development Center. 7. Convened over 90 home visiting stakeholders to inform the development of an Early Childhood Integrated Data System. 8. Hosted an Early Childhood Research Symposium, <i>Promoting Equity: Comprehensive Early Childhood Strategies</i>. 	
Contact Information	<p>Debra D. Andersen, Executive Director dandersen@okschoolreadiness.org 421 N.W. 13th Street, Suite 270 Oklahoma City, OK 73103 (405) 429-4219 www.okschoolreadiness.org</p>

FAMILY PLANNING | OKLAHOMA STATE DEPARTMENT OF HEALTH

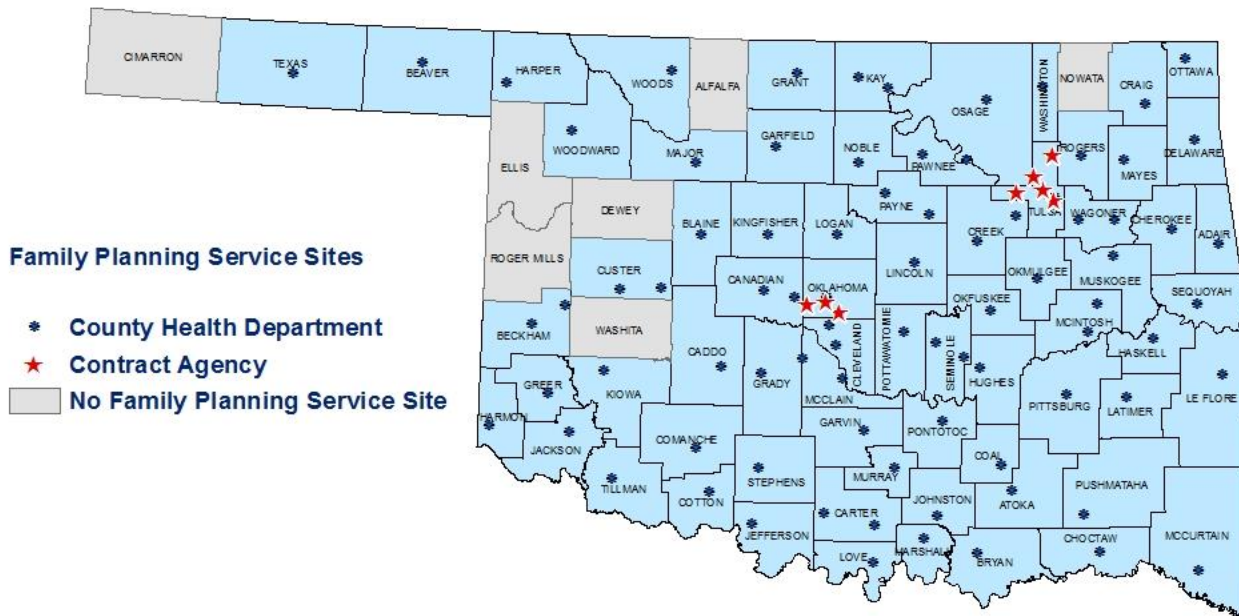
https://www.ok.gov/health/Family_Health/Maternal_and_Child_Health_Service/Perinatal_and_Reproductive_Health/_Family_Planning_and_Birth_Control/index.html

Infrastructure

Agency	Description & Target Population
Oklahoma State Department of Health (OSDH) Maternal and Child Health Service Perinatal and Reproductive Health Division	The Title X Family Planning program is intended to assist individuals in determining the number and spacing of their children. This promotes positive birth outcomes and healthy families. The education, counseling, and medical services available in Title X-funded clinic settings assist individuals in achieving these goals. The target population is low income (100% Federal Poverty Level) males and females of reproductive age. Confidential services are provided to all clients including adolescents without parental consent.
Funding Source	
Federal Title X Grant Funds, Medicaid Funds, State Funds, client fees and private insurance.	
Counties Served <i>70 counties</i> All counties except Cimarron, Ellis, Roger Mills, Washita, Dewey, Alfalfa, and Nowata	
Program Model	
Title X Family Planning. Family Planning clinical services are provided through 90 service sites in 70 counties. Outreach and education are required activities of the program accomplished locally by staff in each health department based on identified needs in their geographical area.	
Numbers Served	
In calendar year 2018, the Family Planning Program served 37,342 clients (37,074 of the clients were females and 268 were males). 48.0% of the clients were between the ages of 20 and 29 with an additional 11.0% being 18 years old and younger.	
Evaluation	
Title X clinics are required to complete the Family Planning Annual Report and submit it to the Office of Population Affairs annually. Each Title X Grantee is assigned a Project Officer who monitors grantee activities and budgets, communicates with grantees at least monthly and makes a face-to-face visit at least once every 3 years. OSDH Central Office staff schedule county health department family planning clinics for Comprehensive Program Reviews every three years and annual monitoring visits in the interim years to ensure compliance with Title X policies and procedures.	
Outcomes	
<ol style="list-style-type: none"> 1. Assure the delivery of quality family planning services and related preventive health services with priority for services to individuals from low-income families; 2. Assess clients' reproductive life plan as part of determining the need for family planning services; 3. Provide access to a broad range of acceptable and effective family planning methods and preventive health services; 4. Increase access to and utilization of the most moderately effective methods of contraception; 5. Identifying families and communities in need, but not receiving family planning services through outreach and education; 6. Reduce the unintended pregnancy rate for females of reproductive age in Oklahoma; 7. Reduce the teen pregnancy rate in Oklahoma; 8. Increase the number of adolescents involving parents in the decision to seek family planning services. 	
Contact Information	Jill Nobles-Botkin, Administrative Program Manager Oklahoma State Department of Health/Perinatal and Reproductive Health Division 1000 NE 10 th Street Oklahoma City, OK 73117-1299 (405) 271-4476 (405) 271-9202 (Fax) jill@health.ok.gov

Family Planning Site Map

Oklahoma Family Planning Program Service Sites and Contract Agencies, 2019



Data Source: Oklahoma State Department of Health

Created: 11.07.2019

Projection/Coordinate System: USGS Albers Equal Area Conic



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



Maternal and Child Health Assessment Division
Maternal and Child Health Service
Community and Family Health Services
Oklahoma State Department of Health

WOMEN, INFANTS, AND CHILDREN (WIC) | OKLAHOMA STATE DEPARTMENT OF HEALTH

https://www.ok.gov/health/Family_Health/WIC/

Infrastructure

Agency	Description & Target Population
Oklahoma State Department of Health Women, Infants, and Children (WIC) Program	WIC is a nutrition program established to help pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy.
Funding Source	
WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program. WIC is administered at the Federal level by Food and Nutrition Service (FNS).	Nutrition education and counseling, nutritious foods, and assistance with access to health care are provided to women, infants, and children whose household incomes are at or below 185% of the federal poverty income level. WIC determines income based on gross income.
Counties Served	WIC counts all of the members of a household, related or non-related. WIC counts an unborn baby as a household member.
WIC participants have the opportunity to receive benefits at any of 111 clinics statewide. The WIC process begins when the individual initiates contact at a local clinic to determine whether or not they are eligible for WIC benefits. Participants are required to provide identification, proof of residence and proof of household income.	<u><i>Target Population:</i></u> Pregnant women, women who are breastfeeding a baby under one year of age, women who have had a baby in the past six months, parents, step-parents, guardians, and foster parents of infants and children under five can inquire about WIC by calling the toll free number 1-888-655-2942.
Program Model	
Each WIC eligible family member will receive length/height and weight measurements, health screenings, nutrition education, and referrals for health care. Most participants receive a hemoglobin test. Breastfeeding support, breast pumps, nutrition counseling with Registered Dietitians, and many other additional benefits are available through the WIC Program. Lastly, WIC participants can choose from any of 411 grocery vendors and 9 pharmacies (in Oklahoma) for selection of their healthy WIC foods.	
Numbers Served	
In FFY 2019, WIC provided services to 133,806 individuals of which 30% were infants up to age one, 40% were children from one year up to five years and 30% were pregnant and post-partum women.	
Evaluation	
The WIC monitoring process ensures program objectives are accomplished and each local agency is in compliance with state and federal WIC regulations. A Clinic Review Tool is used for reviewing local agency operations. The state agency conducts an on-site monitoring visit every two years. At least 20% of the clinics in each local agency or one clinic, whichever is greater, is monitored during the on-site review.	
Outcomes	
<ol style="list-style-type: none"> 1. Decrease the rate of low birth weight births. 2. Increase the rate of breastfeeding. 3. Decrease the percent of children with anemia. 4. Increase childhood immunization rates. 5. Increase the likelihood of a child having a regular health care provider. 	
Contact Information	Terry Bryce, Director of WIC Service 2401 NW 23 rd Street, Suite 70 (Shepherd Mall) Oklahoma City, OK 73107-2475

REACHING FOR THE STARS CHILD CARE RATING SYSTEM OKLAHOMA STATE DEPARTMENT OF HUMAN SERVICES

<http://www.okdhs.org/services/cc/Pages/STARS.aspx>

Infrastructure

Agency	Description & Target Population	
Oklahoma State Department of Human Services	<p>Research has demonstrated that the quality of childcare impacts the cognitive, social, emotional, and physical development of a child. The Oklahoma Department of Human Services/Child Care Services implemented a child care rating and improvement system in 1998 to provide an easily understandable guide to licensed child care programs including: centers, homes, and head start.</p> <p>The goals of the Stars program are to provide a system to help parents evaluate child care, improve the quality of child care by increasing the competence of teachers, and raise the department's subsidy reimbursement rate; resulting in more slots for children whose families are receiving child care assistance.</p> <ul style="list-style-type: none"> • The criteria encourages facilities to exceed the minimum standards for the care they provide. • One Star programs meet minimum licensing requirements that focus on health and safety. • One Star Plus programs meet minimum licensing requirements plus additional quality criteria that includes: additional training, daily reading to children, screen time restrictions, physical activity, parent involvement and membership in a professional development registry. • Two Star programs meet further quality criteria including master teacher/home provider qualifications, using Early Learning Guidelines and program assessment OR accreditation by a national accreditation organization or a Head Start program. • Three Star programs meet all additional quality criteria AND are nationally accredited or a Head Start program. 	
Funding Source		
CCDF TANF Transfer TANF Direct TANF Reserve State Funding		
Counties Served		
Statewide		
Program Model		
Licensing and Quality Rating and Improvement System		
Numbers Served		
<ul style="list-style-type: none"> • Total licensed childcare capacity 118,948. • FY 18 subsidy cumulative unduplicated child count 49,950. • FY 18 Average monthly number of subsidy children per month 29,452. 		
Evaluation		
Child Care programs are monitored for compliance with minimum licensing requirements and Stars criteria three times per year.		
Outcomes		
<ol style="list-style-type: none"> 1. Licensed and affordable child care. 2. Quality care for children with the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment. 3. Improved competency level of child care providers. 		
Contact Information	Jennifer Towell, Director of Child Care Services P.O. BOX 25352 Oklahoma City, OK 73125 (405) 521-3561	

APPENDIX A

PRIMARY PREVENTION PROGRAMS

Oklahoma
Child Abuse Prevention
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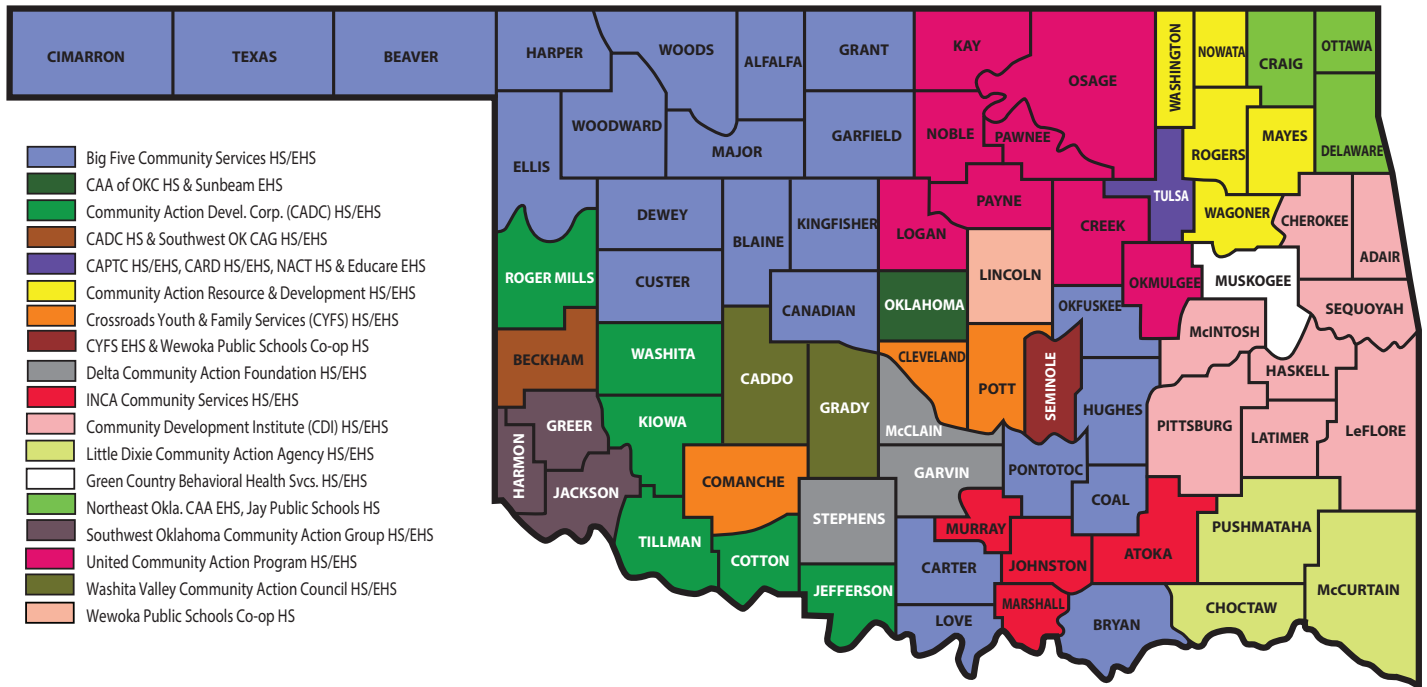
EARLY HEAD START PROGRAM

www.okacaa.org

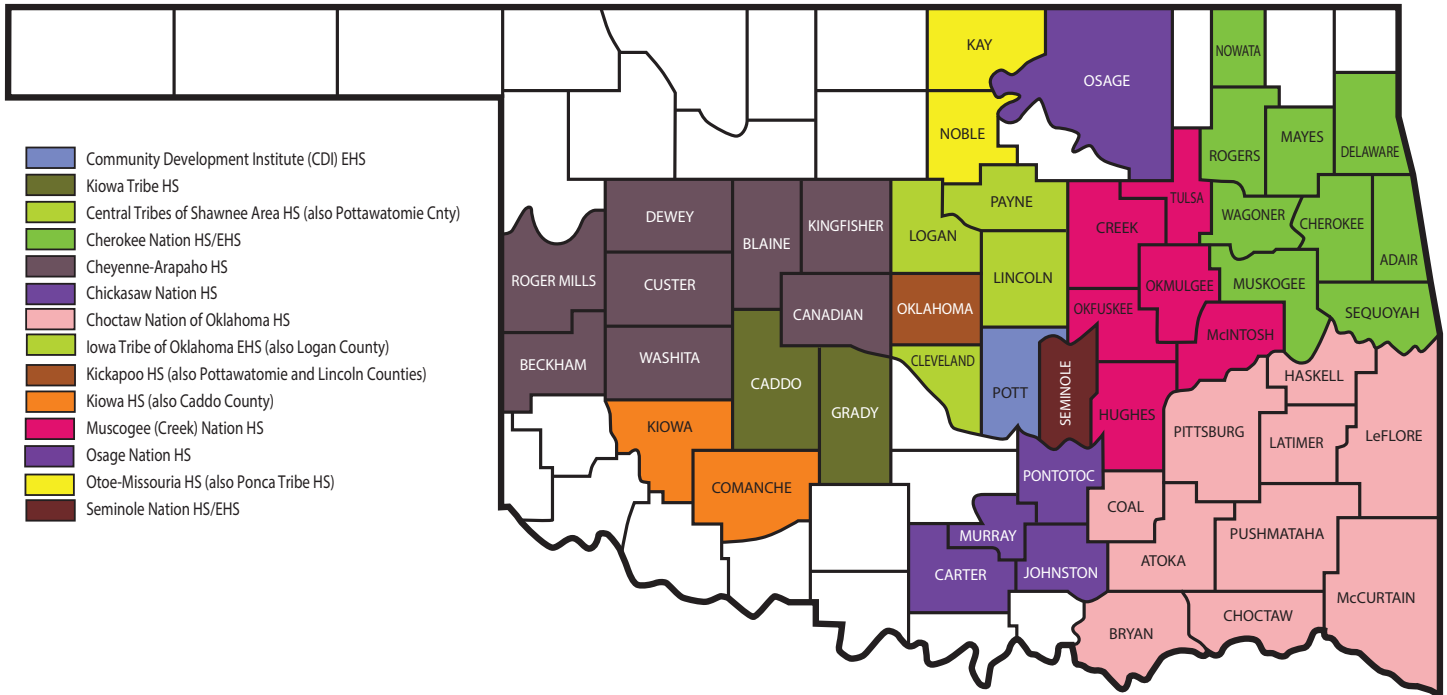
Primary Prevention

Agency	Description & Target Population
<p>Early Head Start is administered by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services.</p> <p><i>Local community-based organizations and American Indian Tribes are local program providers through grant funds issued to them directly from the federal government.</i></p>	<p>The Early Head Start (EHS) program is a two generation federal program established in 1994 for low-income infants, toddlers, pregnant women and their families. At least 90 percent of enrolled children must be from families at or below the federal poverty line, and at least 10 percent of program enrollment must be children with disabilities. EHS programs enhance children's physical, social, emotional, and intellectual development; assist pregnant women in accessing comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help parents move toward self-sufficiency.</p> <p>Services received by Early Head Start children and families include:</p> <ul style="list-style-type: none"> • Quality early education both in and out of the home • Parent education and parenting education • Assurance that children receive comprehensive health, dental, and mental health screenings and services, including services to women before, during, and after pregnancy • Nutrition education • Family support services; parent, family, community engagement
<p>Funding Source</p>	
<p>The non-tribal Early Head Start grantees received \$38,596,627 in federal funds in 2018-2019. Tribal Early Head Start federal funding for 2018-2019 was \$9,581,055.</p>	<p>Early Head Start offers income-eligible children (prenatal to age 3) and their families comprehensive child development services through center-based, home-based, and combination program options.</p> <p>Target Population: Pregnant women and families with infants and toddlers under the age of three who have incomes at or below 100% of Federal Poverty Level, or who are homeless, or receiving public assistance (TANF, SSI).</p>
<p>Program Model</p>	
<p>Early Head Start</p>	
<p>Numbers Served</p>	
<p>A total of 4,089 children and 153 pregnant women were served by non-tribal Early Head Start programs in Oklahoma in 2018-2019. A total of 774 children and 31 pregnant women were served in tribal EHS programs in 2018-2019.</p>	
<p>Evaluation</p>	
<p>EHS is an evidence-based program that has continued to be studied by many early childhood researchers; all centers are licensed by childcare; and the programs must meet very high standards as rigorously evaluated by federal monitors.</p>	
<p>Outcomes</p>	
<ol style="list-style-type: none"> 1. Parents/families learn how to ensure infant/toddler medical screenings are performed at appropriate ages. 2. Families are assisted in accessing mental health services when needed for both mothers and children. 3. Families receive counseling and assistance in obtaining adult education (GED, college). 4. Families receive parenting education, family and financial literacy training, and training in asset development strategies. 5. Children receive high quality early childhood development and education services so that they may enter school with the skills, knowledge, and attitudes necessary for success in school and later learning and life. 	
<p>Contact Information</p>	<p>Kay C. Floyd, State Director of Head Start Collaboration Oklahoma Association of Community Action Agencies 605 Centennial Boulevard Edmond, OK 73013 Telephone: (405) 949-1495 Fax: (405) 509-2712 kfloyd@okacaa.org www.okacaa.org</p>

Nontribal Head Start & Early Head Start



Tribal Head Start & Early Head Start





PRE-KINDERGARTEN PROGRAMS | OKLAHOMA STATE DEPARTMENT OF EDUCATION

www.ok.gov/sde

Primary Prevention

Agency	Description & Target Population
Oklahoma State Department of Education	Children, who are age four on or before September 1, are eligible for the voluntary public school pre-kindergarten program. Currently, nearly 74% of Oklahoma's four-year-olds attend public school and have access to: <ul style="list-style-type: none"> • an Early Childhood Certified Teacher; • a 10:1 child to teacher ratio; • comprehensive school services; • full-day or half-day programs; • State adopted curriculum standards; and • school readiness program.
Funding Source	
State funding through the school funding formula.	
Counties Served	
Oklahoma Pre-K <ul style="list-style-type: none"> • 76% of students are enrolled in Pre-K as reported by the National Institute for Early Education Research. • 99.4% of Oklahoma school districts report offering Pre-K • 39,951 students are enrolled in Pre-K 88% enrolled in Full Day and 12% enrolled in half day • 127 districts offer Pre-K through collaborations with Head Start, Child Care, Faith-Based Facilities, Tribal Early Childhood Centers, YMCA locations, Assisted Living Centers, Business Offices, Universities, and Vocational/Technical Schools. • 2,377 educators teach Pre-K in Oklahoma. • The Oklahoma Academic Standards were adopted in spring 2016, aligning learning standards for Pre-K through 12th Grade. • For more information on Early Childhood, go to the Oklahoma State Department of Education's Early Childhood Website, the National Institute for Early Education Research, and the Oklahoma Snapshot page. 	
Program Model	
Half-day/full-day option. Voluntary participation/enrollment. A bachelor-degreed, early childhood certified teacher. Adult/child ratio of 1:10. Oklahoma Academic Standards for Pre-K are vertically aligned through grade 12.	
Numbers Served	
On October 1, 2019, Oklahoma had a total of 39,951 four-year-old children. Three year old children were also enrolled in a public school Pre-Kindergarten program for the 2019-2020 school year, but those numbers were unavailable (2,146 three-year old children were enrolled the previous year).	
Evaluation	
The Effects of Tulsa's Pre-K Program on Middle School Student Performance, Georgetown University (2017) http://onlinelibrary.wiley.com/wol1/doi/10.1002/pam.22023/full	
Outcomes	
Middle school students who attended Pre-K are: <ol style="list-style-type: none"> 1. More likely to have higher math scores on standardized tests. (Georgetown study, 2017). 2. More likely to have taken at least one honors course in middle school. (Georgetown study, 2017) 3. Less likely to have been held back a grade since the beginning of Kindergarten. (Georgetown University, 2017). 	
Contact Information	Jennifer McKay Senior Director of Early Childhood Oklahoma State Department of Education 2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599 Phone: (405) 522-0638 Fax: (405) 521-2971

EDUCARE | OKLAHOMA CITY

<https://sunbeamfamilyservices.org/educare-oklahoma-city/>

Primary Prevention

Agency	Description & Target Population
Sunbeam Family Services – OKC Educare	Educare is a comprehensive early education service for children and families. OKC Educare serves 170 children in a full-day, year round program. Services are provided at no cost to the family. <i>Target population:</i> OKC Educare serves Oklahoma county children birth to five years and their families (must qualify under federal poverty guidelines). A child can be in the program from birth to five OR can enroll based on availability at any time before the child turns five years old.
Funding Source	
Federal Head Start/Early Head Start Grant, Childcare Partnership Grant, OKCPS Funding for Pre-K classes, State Pilot Program, United Way, Private Funds	
County Served	
Oklahoma County	
Program Model	
Head Start/Early Head Start, OKCPS Pre-K. Full-year, full-day program model. High teacher-child ratio, intensive family support, strong mental health componet.	
Numbers Served	
In FY19-20 170 enrollment, 74 Head Start, 96 Early Head Start	
Evaluation	
Extensive evaluation component which includes, Bracken School Readiness Assessment, ASQ3, ASQ-Social Emotional, DECA, Teaching Strategies GOLD, CLASS and ITERS/ECERS, PLS-5, and the PPVT which are receptive language measures.	
Outcomes	
<ol style="list-style-type: none"> 1. The goal of OKC Educare is for children to be socially, emotionally and academically ready for school. Children at OKC Educare tend to achieve an Average Standard Score of 86 or higher on the Bracken School Readiness Composite. 2. In the 2018-2019 program year, children increased their overall school readiness score by an average of 43.4% as measured qualitatively using the Creative Curriculum/TS Gold assessment program. The program monitors progress toward achieving school readiness in the domains of social-emotional, language and literacy, approaches to learning, cognition and general knowledge, physical development and health. 3. The (Classroom Assessment Scoring System) CLASS is an assessment tool used to measure quality teacher-child interactions on a scale of 1-7. Emotional and Behavioral domains of the CLASS assessment remain high with average scores of 6.1 across classrooms. 4. The Infant-Toddler Environment Rating Scale (ITERS) and Early Childhood Environment Rating Scale (ECERS) were used to evaluate the classrooms. The average rating for ITERS was a 5.38 while the average rating for ECERS was a 4.61, each on a scale of 1-7. 5. The Peabody Picture Vocabulary Test is used to assess how well a child understands what he/she hears when spoken to for Stand American English. Receptive language is a foundational ability critical for achieving school readiness goals. The average PPVT score for children at OKC Educare was 90.5 which is considered average when compared normatively to other children. 	
Contact Information	Paula Gates, Director, Early Childhood Services 1100 NW 14 th St OKC, OK 73106 (405) 528-7721

EDUCARE | TULSA

Tulsaeducare.org

Primary Prevention

Agency	Description & Target Population
Tulsa Educare	Tulsa Educare serves the youngest children in our community through high quality early childhood schools, strengths- and relationship-based family supports, and strong partnerships with other organizations reaching Tulsa’s young children.
Funding Source	Tulsa Educare operates three state-of-the-art schools with a fourth under construction while also partnering with eleven licensed child care programs. Tulsa Educare targets its services at Tulsa’s most underprivileged communities, including children from low-income families, disabled children, children with incarcerated parents, foster children, and homeless children.
U.S. Office of Head Start, Oklahoma State Department of Education, Oklahoma Department of Human Services, Parent co-payments, George Kaiser Family Foundation.	
County Served	
Tulsa County	
Program Model	
Educare Learning Network, Early Head Start, Oklahoma Early Child Program	
Numbers Served	
Tulsa Educare serves 488 in its three schools and an additional 150 through child care partnerships. We also reach adults and their young children through our Talking is Teaching engagement events hosted by 25 faith-based and community partners. While we do not know the unduplicated count of how many attend, we do know that a duplicated count of 3,200 adults and 4,100 children attend annually.	
Evaluation	
Tulsa Educare partners with the University of Oklahoma’s Early Childhood Education Institute to collect and analyze data related to our program quality and impact. They collect child assessment data and conduct classroom quality observations. Additionally, as part of the Educare Learning Network, we survey parents and teachers annually.	
Outcomes	
<p>One of Tulsa Educare’s main goals is to ensure that every child in our care is fully ready to transition to elementary school. Tulsa Educare uses a wide array of tools to assess child achievement.</p> <ol style="list-style-type: none"> (1) Using the Devereux Early Childhood Assessment to measure social emotional skills in self-regulation and attachment, the average Tulsa Educare child scored the same as the average child in the United States. (2) Using the Peabody Picture Vocabulary Test and the Preschool Language Scale (PLS-5) to assess language, our average child scores about the 38th percentile. We had a statistically significant increase from fall to spring on the PLS in 2018-19. (3) Using the Minnesota Executive Function Scale to assess executive function, our average child scored about the 40th percentile. 	
Contact Information	Cindy Decker, Executive Director 2190 S. 67 th E. Avenue Tulsa, OK 74129 (539) 832-8280

CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH

https://www.ok.gov/health/Family Health/Child_Guidance_Program/index.html

Primary Prevention

Agency	Description & Target Population
<p>Oklahoma State Department of Health Administered at the County and City-County Health Department levels</p>	<p>Child Guidance services focus on strengthening families by promoting positive parent-child relationships and optimal child development. Child development specialists, speech language pathologists, and psychologists provide screening, assessment and intervention for developmental, communication, hearing, and behavioral concerns and assist families in accessing resources.</p> <p><u>Target Population:</u> Families with children birth to 13 years.</p>
<p>Funding Source</p> <p>Child Guidance Funding for SFY 2019: State Appropriations \$2,561,221; Local Millage \$1,027,102; Public Health and Health Services Block Grant \$117,590; CBCAP \$80,000; Childcare Block Grant \$35,000. Total program funding \$3,820,913</p>	

Program Models ~ Specialized Programs within Child Guidance

The Incredible Years: Parents, Teachers, and Children Training Series is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children (ages 4 to 8 years). The interventions that make up this series – parent training, teacher training, and child training programs are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family and school) in the development of conduct problems. (see also separate template)

Parent-Child Interaction Therapy (PCIT): PCIT is an empirically-supported treatment for children with conduct-disorders that place emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child’s prosocial behavior and decreasing negative behavior. This treatment focuses on two basic interactions: Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship; Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child. (see also separate template)

Circle of Parents (COP): Circle of Parents® is a national network of statewide non-profit organizations and parent leaders that are dedicated to using the mutual self-help support group model as a means of preventing child abuse and neglect and strengthening families. Circle of Parents® offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support. Groups are parent-led with the support of a trained group facilitator, are conducted in a confidential and non-judgmental manner, are free of charge, and provide developmentally-appropriate children’s programs or child care concurrent with the parent group meetings. Participants share leadership and accountability for the success of the group and each participant. Consequently, parents are expected to apply new ideas and skills at home and report back to the group what worked and what did not. Parents are also responsible for following up with recommended community resources that are shared or discussed. Overall, developing leadership on the individual, family, community, and societal levels, as desired by parent participants, is a central theme of the Circle of Parents® model. This program is typically conducted in a community agency, community daily living setting, outpatient clinic, prison, religious organization, or school setting.

Child Care Mental Health Consultation: The Child Care Mental Health Consultation Network provides onsite child care consultation to address issues surrounding behavioral challenges in the classroom. The Network is staffed by behavioral health and child development specialists in Child Guidance, Community Mental Health Centers and private consultants through the Center for Early Childhood Professional Development. Requests for referrals are obtained through the Oklahoma Child Care Warmline. This initiative is provided in collaboration with the Oklahoma Department of Human Services and the Oklahoma Department of Mental Health and Substance Abuse Services.

Child Care Warmline: The Warmline for Oklahoma Child Care Providers offers free telephone consultation to child care providers on numerous topics of concern. Consultants can also refer providers to appropriate services and resources within their communities. In addition to a personalized phone consultation, an automated topic library with 1,500 topics on pre-recorded messages (including topics on child care, health, behavior and guidance, and development) are available on the Warmline 24 hours per day. Child Care Mental Health consultation is coordinated through this project. This initiative is provided in collaboration with the Oklahoma Department of Human Services.

Numbers Served

In SFY 2019, 16,399 individual sessions were conducted for screening, assessment, evaluation, or treatment services. Child Guidance clinicians provided workshops, training, or community outreach activities through 794 events. Clinicians provided 381 mental health consultation visits to OKDHS subsidized childcare centers.

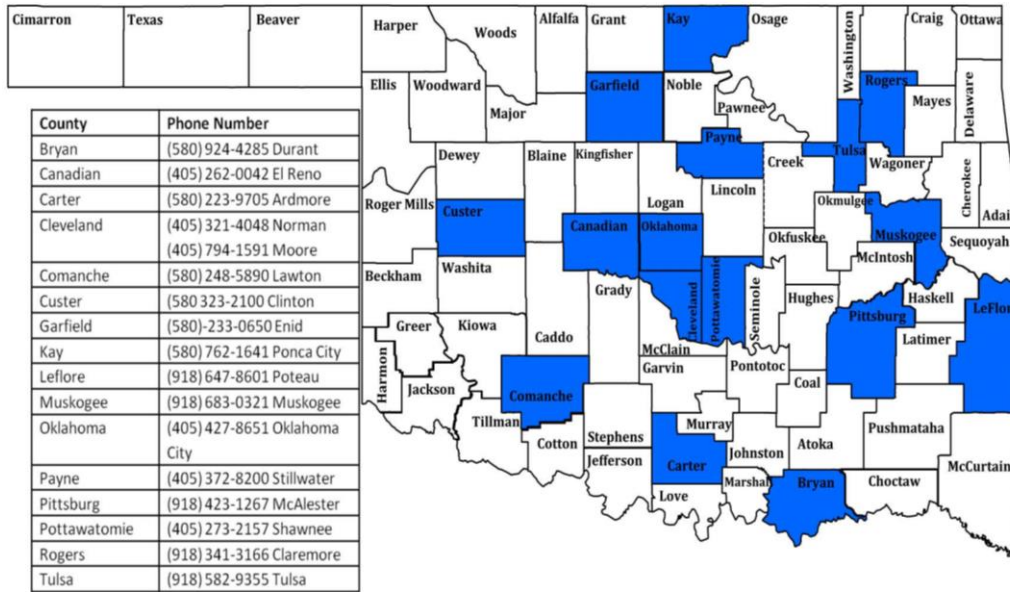
Outcomes

For SFY 2019 limited data is available due to a shift in data collection. However available data suggests that nearly half of parents receiving CG services report improvements in family functioning and resiliency, and many reported improvement in nurturing and attachment. With respect to flourishing, the majority of caregivers reported their children, regardless of age, were consistently affectionate, resilient, curious, happy and able to complete tasks and homework (when applicable). No respondent reported any worsening of flourishing.

Contact Information
 Beth Martin, Director Family Support & Prevention Service
 Oklahoma State Department of Health
 1000 NE 10th Street
 Oklahoma City, OK 73117-1299
 (405) 271-4477
ChildGuidance@health.ok.gov

Child Guidance Site Map

Child Guidance Clinics



Child Guidance Service Logic Model

INPUTS	ACTIVITIES	OUTPUT MEASURES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<ul style="list-style-type: none"> • Child Guidance Service within the OSDH has been identified as the lead agency to provide early childhood mental health services and consultation • Child Guidance clinics are located within Oklahoma County Health Departments, thus families utilizing child health and nutrition services will be familiar with the clinics • Child Guidance clinics are located in Oklahoma County Health Departments because mental health is a critical component of children’s physical health. • Child Guidance staff are trained in Evidence Based Practices that provide skills based training. 	<ul style="list-style-type: none"> • Provide early identification of behavioral, communication, developmental or social emotional concerns in young children • Provide assessment and intervention services to families with children birth to age 13, with an emphasis on young children. • Provide Early Childhood Mental Health Consultation services to child care centers, Head Starts, and schools (Pre-K through 2nd grade). • Provide training to other professionals to conduct developmental screening for children. • Provide parent training programs that are evidence based. 	<ul style="list-style-type: none"> • The number of young children who receive early identification of behavioral, communication, developmental and/or social emotional concerns. • The number of children with identified behavioral, communication, developmental and/or social emotional concerns who receive assessment and/or evaluation • The number of children with identified behavioral, communication, developmental and/or social emotional concerns who receive intervention services. • The number of child care centers, Head Starts, and schools (Pre-K through 2nd grade) who receive Early Childhood Mental Health Consultation services. • The number of developmental screenings for children that occur in primary care offices. • The number of families with young children who receive evidence-based practice parenting education and training. 	<ul style="list-style-type: none"> • Increase in the number of young children identified with behavioral, communication, developmental and/or social emotional concerns. • Increase in the number of children receiving assessment and intervention after being identified with behavioral, communication, developmental and/or social emotional concerns. • Increase in the number of child care centers, Head Starts, and schools (Pre-K through 2nd grade) that receive Early Childhood Mental Health Consultation services. • Increase in the number of professionals that are conducting developmental screenings for children. • Increase in the number of parents/guardians receiving parenting education and training. 	<ul style="list-style-type: none"> • Increase in the number of children with improved overall health due to enhanced social emotional development • Decrease in the rate of child abuse in young children. • Increase in the number of children that enter school healthy and ready to learn. • Decrease in the percentage of parents that believe their child has difficulty with emotion, concentration, behavior, or being able to get along with other people. • Increase in the number of protective factors at the family and individual level. • Decrease in the number of risk factors at the family and individual level.

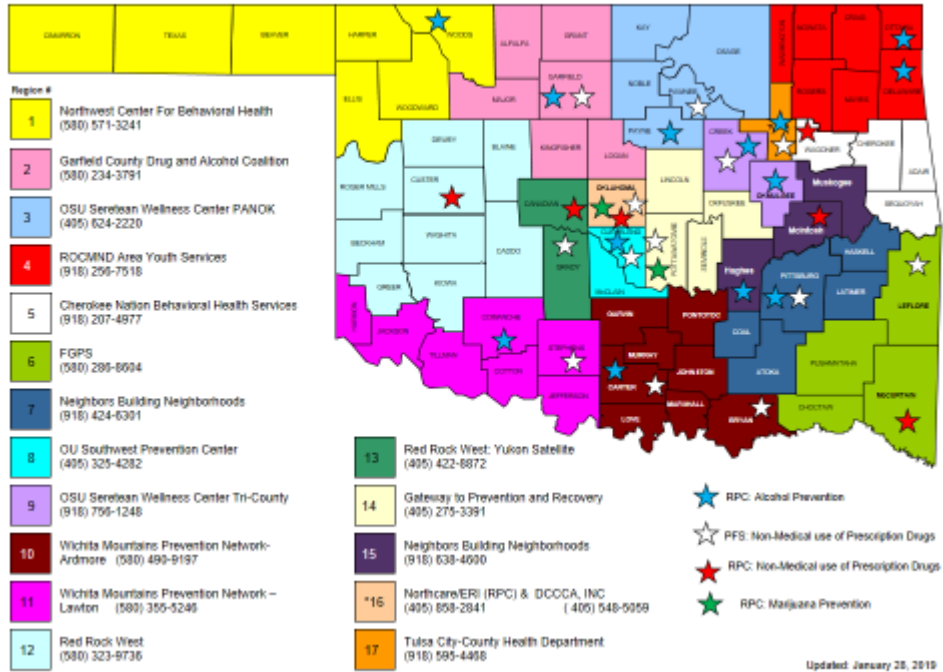
SUBSTANCE ABUSE SERVICES (PREVENTION)

<http://ok.gov/odmhsas/>

Primary Prevention

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)	The ODMHSAS supports prevention initiatives such as: the Oklahoma Prevention Resource Center, 17 Regional Prevention Coordinators, Youth Suicide Prevention and Early Intervention, Substance Abuse Prevention for Children in Substance Abusing Families – Oklahoma Partnership Initiative (OPI), Enforcing Underage Drinking Laws - 2Much2Lose (2M2L), Strategic Prevention Framework Partnership for Success (SPF-PFS), State Epidemiological Outcomes Workgroup (SEOW)
Funding Source	
Substance Abuse and Mental Health Services Administration (SAMHSA) Administration on Children and Families (ACF), Oklahoma Highway Safety Office (National Highway Traffic Safety Administration)	Substance abuse prevention initiatives utilize a public health approach and implementation of evidence-based strategies - with a focus on population-level strategies - that are proven effective and sustainable. Providers create and sustain partnerships with community stakeholders and coalitions to develop and implement prevention strategies tailored for Oklahoma communities. Programs are based on an environmental prevention approach and may also offer training and technical assistance to schools, parents, agencies and community groups. <i>Target Population:</i> Oklahomans across the lifespan.
Program Model	
<p>The Strategic Prevention Framework (SPF) model is built on a community-based approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels to achieve population-level outcomes. The SPF requires States and communities to systematically:</p> <ol style="list-style-type: none"> 1. Assess their prevention needs based on epidemiological data, 2. Build their prevention capacity, 3. Develop a strategic plan, 4. Implement effective community prevention programs, policies and practices, and 5. Evaluate their efforts for outcomes. 	
Numbers Served	
*Number of local contacts made by the Substance Abuse Prevention Block Grant between October 1, 2018 and September 30, 2019 = 103015	
Evaluation	
The ODMHSAS Prevention Services contracts for evaluation services with a variety of qualified entities, including the University of Kansas and Bach Harrison LLC.	
Outcomes	
<ol style="list-style-type: none"> 1. The Regional Prevention Coordinators provided substance abuse prevention services to all 77 counties, focusing on 17 catchment areas. 2. The Strategic Prevention Framework Partnership for Success (SPF PFS) provided substance abuse prevention services to approximately 1,296,343 people between October 1, 2018 and September 30, 2019. 3. The Suicide Prevention GLS Grant, including workforce development, provided 88 in-person trainings and 3 online interactive evidence-based trainings to 5,913 participants from October 1, 2018 through September 30, 2019. 4. (SFY) The 2M2L initiative trained 85 law enforcement officers across the state on underage drinking prevention. 5. (SFY) The Regional Prevention Coordinators trained over 6,905 servers, clerks, managers and owners on Responsible Beverage Service and Sales for alcohol retailers (43% increase in training attendees compared to previous year). 	
Contact Information	Jessica Hawkins jhawkins@odmhsas.org Senior Director, Prevention Services 405. 248.9270
Substance Abuse Prevention Services (PREVENTION) Site Map	

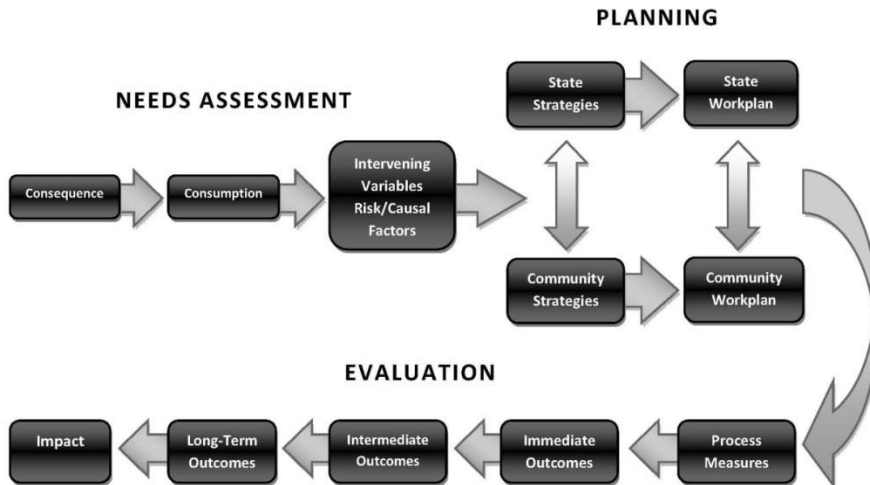
Regional Prevention Coordinators



Substance Abuse Prevention Services (PREVENTION) Logic Model

Oklahoma Logic Model

To prevent the onset and prevent/reduce the problems associated with the use of alcohol, tobacco, and other drugs across the lifespan, Oklahoma will work from a theory of change that is supported through research. Research has shown changing population behavior requires targeting resources to issues influencing that behavior (intervening variables, or risk or causal factors). Once these issues have been identified, a comprehensive set of state and community evidence-based strategies can be selected and employed. It also is important to evaluate the effectiveness of the state and community efforts at each phase through process, immediate, intermediate, and long-term outcome data collection.



Oklahoma Department of Mental Health and Substance Abuse Services

APPENDIX A

SECONDARY PREVENTION PROGRAMS

Oklahoma
Child Abuse Prevention
Network



CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH THE INCREDIBLE YEARS – PARENTS, TEACHERS AND CHILDREN TRAINING SERIES

https://www.ok.gov/health/Family_Health/Child_Guidance_Program/index.html

Secondary Prevention

Agency	Description & Target Population
<p>Oklahoma State Department of Health Administered at the County and City-County Health Department level</p>	<p>The Incredible Years Program serves parents and children 4-8 years of age.</p> <ul style="list-style-type: none"> • Parent Group – consists of a 12 week, 2 hour program which teaches parents interactive play & reinforcement techniques, nonviolent discipline techniques, logical & natural consequences, and problem solving strategies. • Classroom Group - consists of between 45 and 60 sessions offered in circle time 2-3 times per week for 30 minutes in a classroom setting. Material taught is followed with practice activities and skill promotion throughout the day. The program also includes letters sent home to parents with home activity suggestions to promotion material learned. • Treatment Group - consists of 18-20 weekly 2 hour sessions and is designed for a small group of children with behavior problems. It can be used to address attention problems, social isolation, internalizing problems and peer rejection; and promotes children's positive self-esteem and social & emotional competence.
<p>Funding Source</p>	
<p>Child Guidance Funding for SFY 2019: State Appropriations \$2,561,221; Local Millage \$1,027,102; Public Health and Health Services Block Grant \$117,590; CBCAP \$80,000; Childcare Block Grant \$35,000. Total program funding \$3,820,913</p> <p><i>Funding for the Incredible Years Programs is included in the Child Guidance overall appropriation.</i></p>	
<p>Counties Served</p>	
<p>The Incredible Years Programs are available statewide through 17 Child Guidance clinics located within county health departments. However some clinics do not have all members of the team available to provide IY.</p> <p>IY Groups provided in SFY 2019 included:</p> <ul style="list-style-type: none"> • 27 Dino Classroom Groups • 	
<p>Program Models ~ Specialized Programs within Child Guidance</p>	
<p>The Incredible Years: Parents, Teachers, and Children Training Series is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children ages 4 to 8 years. The interventions that make up this series – parent training, teacher training, and child training programs are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family and school) in the development of conduct problems.</p>	
<p>Numbers Served</p>	
<p>Data for SFY 2019 yielded 310 participants in IY Dino Classroom. Number of participants for parent groups is not available at this time.</p>	
<p>Outcomes</p>	
<p>For CY 2019, of the parents participating in the Incredible Years Parent Program, nearly all reported that after the Incredible Years Parent classes they had clearer expectations with regard to appropriate behavior for their children and were more likely to use praise and incentives to modify their child's behavior.</p>	
<p>Contact Information</p>	<p>Beth Martin, Director Family Support & Prevention Service Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, OK 73117-1299 (405) 271-4477 ChildGuidance@health.ok.gov</p>

THE OFFICE OF CHILD ABUSE PREVENTION PARENTS AS TEACHERS | HOME VISITATION SERVICES <http://ocap.health.ok.gov>

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Health Office of Child Abuse Prevention Parents as Teachers (PAT)	<i>Parents as Teachers</i> provides four basic individual and community services:
Funding Source	<ul style="list-style-type: none"> • Home-based parenting services • Screenings and assessments • Referrals • Community outreach
State Appropriations: A total cost of \$2,014,668 and \$100,281 administrative costs in SFY 2019. Local Match Funds are 10% match; and the Child Abuse Prevention License Plate Fund (nominal amount)	The <i>PAT</i> programs provides home-based parenting services and support parents in their positive parenting efforts, encouraged them to bond and attach with their baby, and connect them with resources to help reduce the risk of child maltreatment.
County Served	<u>Target Population:</u> Targeted to identify populations from counties served of any race, ethnicity, gender and social or economic status. Enrollment criteria includes:
Adair, Alfalfa, Beckham, Cherokee, Cleveland, Creek, Garvin, Grant, Greer, Hughes, Jackson, Kay, Kiowa, Major, McClain, Noble, Oklahoma, Okfuskee, Okmulgee, Osage, Pawnee, Seminole, Sequoyah, Tillman, Tulsa, Wagoner, Washita, Woods	<ul style="list-style-type: none"> • Enrolling after the 29th week of pregnancy. • Subsequent births at any time during the pregnancy. • Allowing families to enroll in the program until the child completes kindergarten. • Allowing families to remain active in the program until the child completes kindergarten.
Program Model	
<i>Parents as Teachers</i> promotes optimal early development, learning and health of young children by supporting and engaging their parents and caregivers by providing evidence-based home visiting. <i>PAT</i> advances the delivery of high quality services for families through a comprehensive system of supports and innovative solutions. Parents as Teachers is a center for innovation in promising practices and flexible and adaptive designs.	
Home Visitation Logic Model	
The <i>PAT</i> logic model defines <i>PAT</i> home-based parenting services, related activities and outcomes (see next page: <i>PAT</i> Home Visitation Program Logic Model for details). In SFY 2008, the logic model was introduced. The logic model was presented to program staff, community partners and collaborators to provide an opportunity for them to become familiar with tracking program outcomes and successfully adopting activities that would help to achieve the defined targets. <i>Parents as Teachers</i> will assess in detail short and long term outcomes (i.e. changes in tobacco use, providing for adequate prenatal care, stable housing and transportation, linking families to health care, educational and economic resources, and monitoring program integrity). Further, the new evaluation components will measure changes in frequency of hospital care and emergency room use, families becoming involved with the child welfare system, exercise and nutritional habits, utilization of quality child care, and improved home safety conditions. In SFY 2017, the logic model was updated to align with the <i>PAT</i> model as well as preserving the Oklahoma State Department of Health Flagship Issues.	
Numbers Served	
During SFY 2019, 386 adults were enrolled in state-funded home-based parenting services; 410 children benefited from services. During FFY 2018, 697 adults were enrolled in MIECHV funded home-based parenting services; 928 children benefited from services.	
Evaluation (see next page)	

Evaluation activities consist of *PAT parent educators* collecting data from clients during home-based parenting services. On a weekly basis, the data is entered at programmatic level into the *Efforts to Outcomes* database. Central office program evaluators provide day-to-day consultation and training to contractors for database and evaluation technical assistance. The contractors are able to run several reports including numerical reports to track the progression of families enrolled and home visits completed. An annual report reflecting measurements and outcomes is produced by the central office at the end of each SFY. Performance numerical reports are submitted by the contractors on a monthly basis and reviewed by *PAT* program consultants. In addition, *PAT* consultants conduct annual on-site visits to ensure contractors' compliance.

In SFY 2009 - 2010, evaluation activities focused on refining the program theory through development of the logic model and defined new measures for program outcomes. Revisions to the standardized evaluation forms and the statewide database were updated in SFY 2010.

Client Characteristics

- The majority of *PAT* clients were between thirty and thirty-nine years old.
- The average length of enrollment was 7 months
- Of the *PAT* parents participating in SFY 2019, 51% were never married
- Of the *PAT* parents participating in SFY 2019, 386 families were accepted into the program

Outcomes

Due to the disruption of services during SFY 2018, the OCAP does not have significant data to report. The OCAP anticipates a full annual report for the SFY 2019.

On 9-01-18, nine contracts were awarded to implement *PAT* home visitation services across 23 counties. On 10-16-18, the Contractors were given a 30-day notice of termination due to a budget shortfall at the Oklahoma State Department of Health. Despite the elimination of funding, Contractors were able to provide at least one home visit to 321 families.

Families who resided in Oklahoma and Tulsa counties were still able to obtain referrals to other home-based parenting services that were federally funded by contacting the parentPRO hot line.

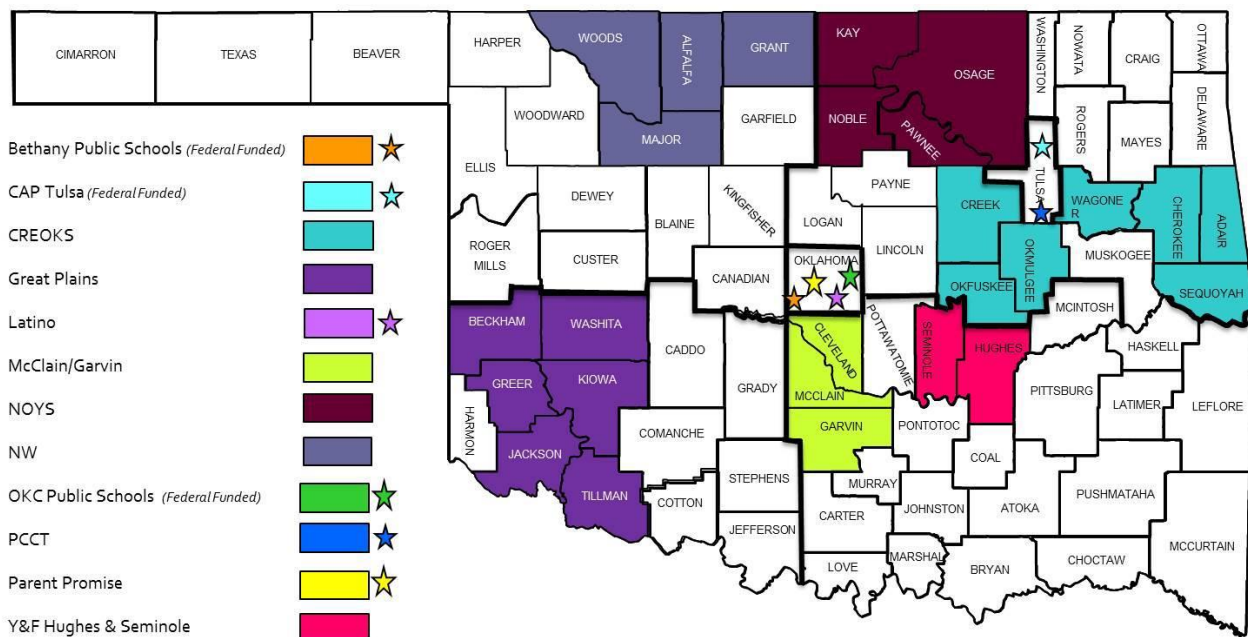
Since then, the child abuse prevention fund has been restored and nine contracts serving 28 counties were awarded to provide *PAT* home visitation services starting in October 2018. Current accomplishments include the affiliation of five new programs, three Contractors that were accredited and achieved Blue Ribbon Status from the *PAT* National Center and an enhanced training schedule including bringing the *PAT* Model Implementation and Foundational Trainings to Oklahoma.

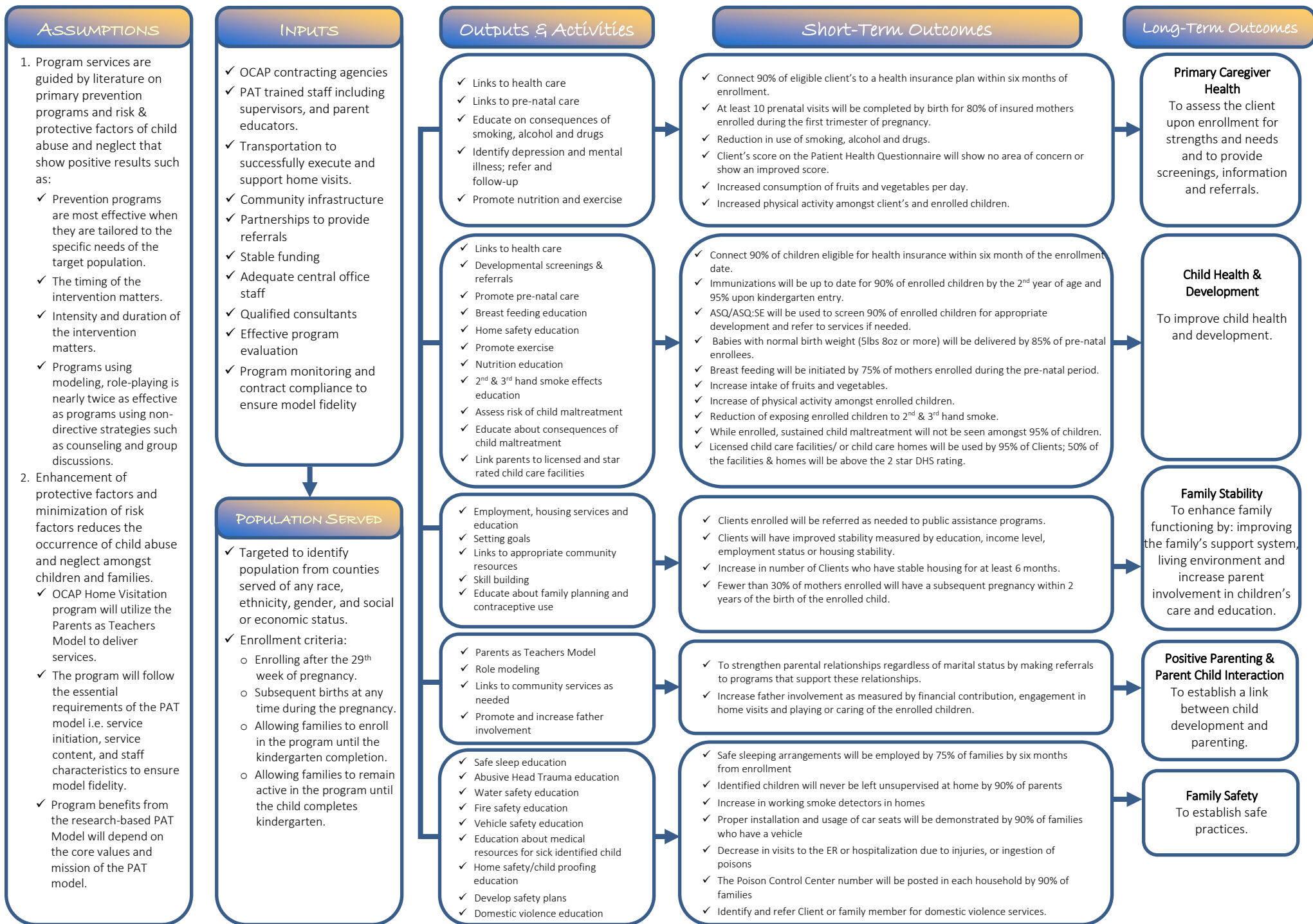
Contact Information

Susan Gibson, MS, Program Manager
 Family Support & Prevention Service
 1000 NE 10th Street
 Oklahoma City, Oklahoma 73117
 405.271.7611

SusanEG@health.ok.gov

Parents as Teachers Map





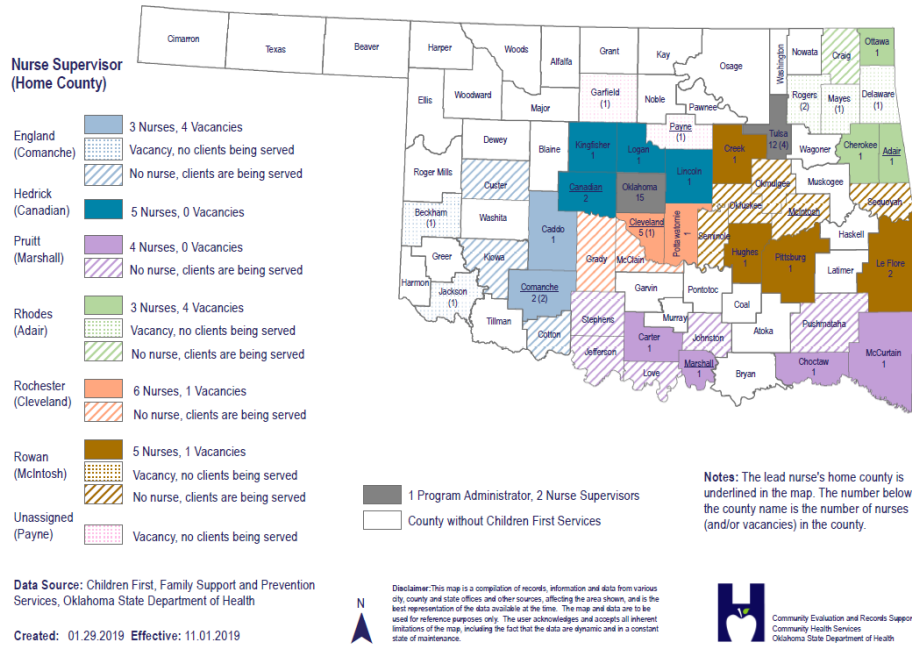
CHILDREN FIRST | OKLAHOMA STATE DEPARTMENT OF HEALTH OKLAHOMA'S NURSE-FAMILY PARTNERSHIP PROGRAM

Secondary Prevention

<http://cf.health.ok.gov>

Agency	Description & Target Population
Oklahoma State Department of Health (administered through local county health departments)	Children First (C1), Oklahoma's Nurse-Family Partnership, is a public health nurse home visitation service offered through local health departments. Services are provided at no cost to families expecting to deliver and/or to parent their first child and include brief health assessments, child growth and developmental evaluations, nutrition education, parenting and relationship information and links to other community resources. The program encourages early and continuous prenatal care, personal development, and promotes the involvement of fathers, grandparents and other supporting persons in parenting. Target Population: Low income pregnant women who are expecting to parent for the first time and enroll prior to the 29th week of pregnancy. The family's income must be at or below 185% of the federal poverty level. Services can continue until the child is two years of age.
Funding Source	
State Appropriations and County Millage (\$6,732,193 in SFY 2019); Federal Medicaid Reimbursement (\$704,395.18 in SFY 2019); and CBCAP Funds (\$452,313 in FFY 2019)	
Counties Served	
Services were provided in 37 Oklahoma counties in SFY 2019; Counties receiving C1 services include: Adair, Caddo, Canadian, Carter, Cherokee, Choctaw, Cleveland, Comanche, Cotton, Craig, Creek, Custer, Delaware, Grady, Hughes, Jefferson, Johnston, Kingfisher, Kiowa, LeFlore, Lincoln, Logan, Love, McClain, McCurtain, Marshall, Mayes, Okfuskee, Oklahoma, Ottawa, Payne, Pottawatomie, Pushmataha, Seminole, Sequoyah, Stephens, and Tulsa	
Program Model	
Nurse-Family Partnership	
Numbers Served	
During FFY19, the Children First Program served 1,443 Oklahoma families.	
Evaluation	
Children First program evaluation is conducted at the county and state level. The program is also monitored by the Nurse-Family Partnership National Service Office (NFP/NSO). At the county level, data are collected and entered into the Efforts to Outcomes Data Base (ETO). Day-to-day monitoring and feedback is provided to counties from central office staff and an NFP NSO Nurse Consultant. Nurse caseload data may be accessed through the ETO system. The NFP/NSO provides ongoing support regarding program management related to 1) characteristics of participants at the time of enrollment, 2) the extent to which C1 is implemented with fidelity to the NFP model, 3) information on program outcomes, and 4) comparisons of the C1 program to selected other dissemination sites and national NFP Program Standards. In addition, C1 Nurse Program Consultants conduct annual site visits to ensure quality program delivery.	
Outcomes	
Moms and babies in the Children First program in SFY 2019 experienced the following health outcomes: <ul style="list-style-type: none"> • 91% of C1 clients who gave birth received 10 or more prenatal care visits • 89% of C1 clients served did not smoke at intake and still do not smoke • 92% of C1 clients initiated breastfeeding • 90% of children 0-24 months of age were current on immunizations • 99% of children in C1 had not had a confirmed child maltreatment case with OKDHS after enrolling in C1 	
Contact Information	Connie Frederick, BSN, RN Family Support and Prevention Service, OSDH 1000 NE 10th Street Oklahoma City, OK 73117 (405) 271-7611
Children First Site Map (next page)	

Children First Nurse Supervisors and Nurse Home Visitors



County Health Department and Satellite Clinic Locations

Atoka County Health Department – Atoka
 Beaver County Health Department – Beaver
 Beckham County Health Department – Sayre & Elk City
 Blaine County Health Department – Watonga
 Bryan County Health Department – Durant
 Caddo County Health Department – Anadarko
 Canadian County Health Department - El Reno & Yukon
 Carter County Health Department – Ardmore & Healdton
 Cherokee County Health Department – Tahlequah
 Choctaw County Health Department – Hugo
 Cleveland County Health Department – Norman & Moore
 Coal County Health Department – Coalgate
 Comanche County Health Department – Lawton
 Cotton County Health Department – Walters
 Craig County Health Department – Vinita
 Creek County Health Department – Sapulpa, Drumright & Bristow
 Custer County Health Department – Clinton & Weatherford
 Delaware County Health Department – Jay
 Garfield County Health Department - Enid
 Garvin County Health Department – Pauls Valley & Lindsey
 Grady County Health Department - Chickasha
 Grant County Health Department – Medford & Pond Creek
 Greer County Health Department - Mangum
 Harmon County Health Department - Hollis
 Harper County Health Department – Laverne & Buffalo
 Haskell County Health Department - Stigler
 Hughes County Health Department – Holdenville
 Jackson County Health Department - Altus
 Jefferson County Health Department - Waurika
 Johnston County Health Department - Tishomingo
 Kay County Health Department - Ponca City & Blackwell
 Kingfisher County Health Department - Kingfisher
 Kiowa County Health Department – Hobart
 Latimer County Health Department - Wilburton

LeFlore County Health Department – Poteau & Talihina
 Lincoln County Health Department - Chandler
 Logan County Health Department - Guthrie
 Love County Health Department - Marietta
 McClain County Health Department – Purcell & Blanchard
 McCurtain County Health Department - Idabel
 McIntosh County Health Department – Eufaula & Checotah
 Major County Health Department - Fairview
 Marshall County Health Department - Madill
 Murray County Health Department - Sulphur
 Muskogee County Health Department - Muskogee
 Noble County Health Department - Perry
 Okfuskee County Health Department - Okemah
 Oklahoma City-County Health Department - Oklahoma City
 Okmulgee County Health Department – Okmulgee, Henryetta & Beggs
 Ottawa County Health Department – Miami
 Payne County Health Department – Stillwater & Cushing
 Pittsburg County Health Department - McAlester
 Pontotoc County Health Department – Ada
 Pottawatomie County Health Department - Shawnee
 Pushmataha County Health Department – Antlers & Clayton
 Rogers County Health Department - Claremore
 Seminole County Health Department – Wewoka & Seminole
 Sequoyah County Health Department - Sallisaw
 Stephens County Health Department - Duncan
 Texas County Health Department - Guymon
 Tillman County Health Department - Frederick
 Tulsa City-County Health Department - Tulsa
 Wagoner County Health Department - Wagoner & Coweta
 Washington County Health Department - Bartlesville
 Woods County Health Department - Alva
 Woodward County Health Department – Woodward

Children First - Logic Model

ASSUMPTIONS

- 1. Program services are guided by literature on primary prevention programs and risk & protective factors of child abuse and neglect that show positive results such as:
 - Prevention programs are most effective when they are tailored to the specific needs of the target population.
 - The timing of the intervention matters.
 - Intensity, duration and regularity of the intervention matters.
 - Programs using modeling, role-playing are nearly twice as effective as programs using non-directive strategies such as counseling and group discussions.
 - Enhancement of protective factors and minimization of risk factors reduces the occurrence of child abuse and neglect amongst children and families.

2. Children First Home Visitation program will utilize the Nurse Family Partnership model to deliver services.

• Home visitation programs have been proven to decrease incidence of abuse and neglect of children.

INPUTS

- Registered Nurses with valid Oklahoma licenses with training in the NFP model of home visitation services
- Transportation for conducting home visits.
- Social services / resources.
- Partnerships to provide referrals.
- Stable C1 funding.
- Clinical and administrative support of county health departments
- C1 central office staff.
- Program Evaluation.
- Program monitoring and contract compliance to ensure program fidelity.
- NFP Dr. Old's Model of Home Visitation

POPULATION SERVED

- Women from all 77 Oklahoma counties who are:
 - At or below 185% of the Federal Poverty Level
 - Less than 29 weeks gestation
 - First time mothers
 - Voluntary Participants

OUTPUTS-Activities

- Assess maternal health
- Link to health care.
- Link to prenatal care.
- Educate on consequences of smoking, alcohol and drugs during pregnancy
- Identify depression and make referrals.

- Assess child health
- Link to health care.
- Conduct developmental screenings and make referrals.
- Promote breast-feeding.
- Educate about nurturing home environments.
- Educate about the effects of smoking around the child.
- Educate about the effects of domestic violence around the child.
- Demonstrate positive parenting techniques

- Assist in building skills for problem solving.
- Assist in building skills for finding and linking to appropriate community resources.
- Link to community services, as needed.
- Encourage appropriate stress – coping mechanisms.
- Promote and increase father involvement.

- Refer to employment or education resources.
- Educate on family planning and contraceptive use
- Provide positive role model for parent-child interaction.
- Provide referrals to public assistance programs when appropriate.

- Educate on safe practices and safe home environment such as water, fire, vehicle and wheeled toys safety; poisons, child-proofing home, abusive head trauma and safe sleeping practice.
- Educate on domestic violence.
- Assess risk of child maltreatment.

SHORT-TERM OUTCOMES-Objectives

Perinatal Health

- Decreased incidence of STD and UTI among clients during pregnancy
 - Decreased emergency room usage
 - Appropriate weight gain
 - Early recognition and referral for Post Partum Depression
- ### Health Behaviors
- Smoking Cessation
 - No alcohol usage
 - No substance usage
- ### Appropriate prenatal obstetrical care
- Increase in clients receiving 10+ prenatal visits

Infant Health

- Increased breastfeeding initiation and duration
 - Decreased time spent in NICU, if necessary
 - Increased gestational age at delivery
 - Decrease in preterm births
- ### Toddler Health
- Immunizations up-to-date
 - Well Child Checks up-to-date
 - Decreased emergency room visits due to illness
 - Appropriate growth patterns

Paternal Involvement

- Increase paternal involvement during pregnancy, infancy and toddlerhood
 - Increased communication between mother and father
 - More Positive Parent-Child Interaction
- ### Child and Maternal Living Arrangement
- Increased stability of living arrangement for mother and child

-Subsequent Pregnancy Spacing and Family Planning

- Increased interval between pregnancies, increased use of contraception
- ### -Workforce Participation
- Increased participation in workforce by clients over 18
- ### -Continuing Education
- Increased enrollment and attendance of educational or technical program
- ### -Appropriate use of Public Assistance programs
- Increased use of services available as appropriate

Decreased usage of emergency room due to injuries

- Home Safety Checklist
- ### Safe Sleep Practices
- Increase in safe sleep practices
- ### Car Seat Safety
- Increased car seat usage
- ### Decreased confirmations of abuse or neglect to OKDHS
- ### Decreased exposure to home violence

LONG-TERM OUTCOMES-Goals

Maternal Health

To enhance mother's health throughout pregnancy and after delivery to ensure adequate care and referrals if necessary.

Infant/Toddler Health & Development

To enhance healthy growth and development.

Family Stability

To enhance family functioning by establishing a trusting, nurturing relationship, improving family support systems and teach problem solving skills.

Maternal Life Course Development

To promote achievement of personal goals in employment, education and personal health.

Family Safety

To promote safe practices and reduce the risk of injury, illness, abuse and neglect.

Children First GOALS COLOR GUIDE



PROGRAM GOAL

ACTIVITIES

SHORT-TERM OUTCOMES

INTERMEDIATE OUTCOMES

LONG-TERM OUTCOMES

IMPROVE pregnancy outcomes by helping women improve prenatal health

Home visits weekly the first month following program enrollment, then every other week until birth of infant. Nurses address:

- Effects of smoking, alcohol and illicit drugs on fetal growth and assist women in identifying goals and plans for reducing cigarette smoking, etc.;
- Nutritional and exercise requirements during pregnancy and monitor and promote adequate weight gain;
- Other risk factors for pre-term delivery/low birth weight (e.g., genitourinary tract infections, pre-eclampsia);
- Preparation for labor and delivery/childbirth education;
- Basics of newborn care and newborn states;
- Family planning/birth control following delivery of infant;
- Adequate use of office-based prenatal care; and
- Referrals to other health and human services as needed.

Pregnant women display improved health behaviors.

- ↓ cigarette smoking
- ↓ pregnancy-induced hypertension
- ↑ use of community resources

Newborns are ≥37 weeks gestation & weigh 2500 grams or more.

- ↓ pre-term delivery among smokers
- ↑ birth weight among young teens (<17 years)
- ↓ neurodevelopmental impairment

IMPROVE child health and development by helping parents provide sensitive and competent caregiving

Home visits weekly postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years. Nurses:

- Educate parent on infant/toddler nutrition, health, growth, development and environmental safety;
- Role model PIPE activities to promote sensitive parent-child interactions facilitative of developmental progress;
- Assess parent-child interaction, using NCAST sleeping and teaching scales and provide guidance as needed;
- Assess infant/toddler's developmental progress at selected intervals using Ages and Stages Questionnaire or DDSII, and provide guidance as needed;
- Promote adequate use of well-child care;
- Guidance to new parents in building and fostering social support networks;
- Guidance assessing safety of potential/actual child care arrangements; and
- Referrals to other health and human services as needed.

Parents demonstrate sensitive and competent caregiving for infants and toddlers.

- ↓ childrearing beliefs associated with child maltreatment (Bavolek AAPI)
- ↓ verified cases of child abuse & neglect
- ↓ incidents of child injuries or ingestions
- ↑ stimulating home environments, i.e., increase in appropriate play materials (HOME Inventory)

Child displays age and gender appropriate development.

- ↓ language & cognitive/mental delays
- ↑ more responsive in interactions with mothers (NCAST)/less distress to fear stimuli

Early Childhood (4-6 yrs):

- ↓ safety hazards in home
- ↑ stimulating home environment - HOME score
- ↓ incidents of injuries & ingestions noted in medical records
- ↑ Preschool Language Scale scores
- ↑ Executive Functioning Composite scores
- ↓ problems in clinical range on Achenbach CBCL

Adolescence (15 yrs):

- ↓ state-verified reports of child abuse and neglect from 0-15 years
- ↓ arrests and adjudication for incorrigible behavior (e.g. truancy, destroying property)

IMPROVE parental life-course by helping parents develop a vision for their future, plan subsequent pregnancies, continue their education and find work

Home visits weekly during postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years. Nurses:

- Facilitate decision-making regarding planning of future children and selection of birth control to achieve goals;
- Assist parents to set realistic goals for education and work, and identify strategies for attaining goals;
- Coaching parents in building and fostering relationships with other community services;
- Parents' family planning, education and work goals; and
- Referrals to other health and human services as needed.

Parents have developed plans for economic self-sufficiency.

- ↓ subsequent pregnancies
- ↑ interval between 1st and 2nd child
- ↑ number of months women employed during child's 2nd year
- ↓ months on welfare
- ↑ father involvement in child care and support

Early parental life course (3-4 yrs following program completion):

- ↓ additional pregnancies and live births
- ↓ months on AFDC and Food Stamps
- ↑ rates of living with father of child
- ↑ rates of marriage

Later parental life course (13 yrs following program completion):

- ↓ additional pregnancies and live births
- ↑ spacing between 1st and 2nd child
- ↓ months on AFDC and Food Stamps
- ↓ arrests & convictions
- ↓ days in jail



Nurse-Family Partnership Theory of Change Logic Model



What is a logic model?

A logic model provides a visual depiction of a program's "theory of change" - the way in which a set of services to a particular population are linked to expected outcomes of the program. The articulation of a program's theory of change can help program staff and families stay focused on the outcome goals rather than just focusing on program activities and services. A logic model is also a tool to assist program stakeholders in gathering data to facilitate effective program implementation and evaluation.

This model flows from left to right, as depicted by arrows, and shows how program goals are translated into home visit activities with families, which in turn, facilitate families to create change needed to attain program outcomes. The theory behind a logic model is a series of "If...then" statements. For example, If women who are smokers at entry into the program quit smoking, then they are more likely to have a full-term infant weighing greater than 2500 Grams.

What are the major elements of the Nurse-Family Partnership logic model?

The major elements of the logic model include the program's goals, activities, and outcomes.

Program Goals are broad statements of expected outcomes for the problem(s) that the program is attempting to prevent or reduce. The program goals are color coded to illustrate how they correspond to program activities and outcomes.

Activities are interventions designed to facilitate change in families' attitude, knowledge and skills in order to help them attain the intended program results.

Short-term Outcomes are changes that occur by completion of the program. The specific outcomes delineated are those observed in the three randomized, controlled trials in Elmira, New York (1977), Memphis, Tennessee (1988) and Denver, Colorado (1994).

Intermediate Outcomes are changes that result over time from short-term outcomes and are measurable at a later timeframe, usually within 2-6 years following completion of the program. The specific outcomes delineated are those observed in the 4-year and 6-year follow-ups of families from the randomized, controlled trials in Elmira, Memphis and Denver.

Long-term Outcomes refer to changes that have a greater community impact and require a greater time to measure, often 10 or more years following program completion. The specific outcomes delineated are those observed in the 15-year follow-up of families who participated in the trial conducted in Elmira.

Who does Nurse-Family Partnership serve?

Nurse-Family Partnership serves low-income, first-time mothers and their children, by providing nurse home visitation services beginning early in pregnancy and continuing through the first two years of the child's life. Women voluntarily enroll as early as possible in pregnancy, but no later than the 28th week of gestation.

The majority of participants are unmarried women with less than a high school education. The focus on women who have had no previous live births stems from the belief that individuals undergoing a major role change are more likely to seek information and support from others than are women who have already given birth. Moreover, the skills first-time mothers learn through the program, will help them provide better care for subsequent children, generating even broader salutary effects.

Other family members are invited and encouraged to participate if the mother wants them to be present.

How does Nurse-Family Partnership work?

Central to the successful implementation of Nurse-Family Partnership is the establishment of a trusting relationship with the family. Registered Nurse Home Visitors work together with their clients, engaging them in activities associated with the three Nurse-Family Partnership goals during each home visit. These goals are:

- Improve pregnancy outcomes;
- Improve child health and development; and
- Improve the economic self-sufficiency of the family.

These goals are achieved by helping women engage in good preventive health practices, including obtaining thorough prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol and illegal substances. Child health and development is improved by helping parents provide responsible and competent care for their children. The economic self-sufficiency of the family is improved by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Nurse Home Visitors utilize a strength-based approach directed toward optimizing the family's sense of efficacy. They are guided in their work through detailed visit-by-visit guidelines that reflect the challenges parents are likely to confront during pregnancy and the first two years of the child's life. Within this framework, however, nurses use their professional judgment to address those areas where needs are greatest.

Guided by the above principals, and implemented with fidelity to the program model which has undergone extensive research over the past three decades, Nurse-Family Partnership is transforming lives through the power of relationships. For more information, please visit the Nurse-Family Partnership national website at: www.nursefamilypartnership.org

Nurse-Family Partnership's Theory of Change Logic Model was developed by Ruth O'Brien, Ph.D, RN, through a grant from the Harvard University Family Research Project - Home Visit Forum.

FAMILY EXPECTATIONS

www.familiesok.org

Secondary Prevention

Agency	Description & Target Population
Public Strategies	<p>Family Expectations is a comprehensive, couple-based intervention for lower-income expectant or new parents. The overarching goal of the program is to increase family well-being by strengthening couple relationships around the birth of a child, thus creating healthy and loving homes where children can thrive. Family Expectations is uniquely designed to equip young parents to handle the stressors that will likely accompany their growing family as a team.</p> <p><u>Target Population:</u></p> <ul style="list-style-type: none"> Income level in keeping with those eligible for federal and state safety net services. Couples in a committed relationship, married or unmarried Couples expecting a baby or recently had a baby, enrollment anytime during pregnancy up to 3 months post-birth Both individuals are over 18 years of age <p><u>Service Period:</u> 1 Year from date of first receiving services.</p>
Funding Source	
<ul style="list-style-type: none"> Oklahoma Department of Human Services (OKDHS) Office of Family Assistance (OFA) 	
County Served	
Oklahoma County	
Services	
<p>Program couples receive Family Expectations (FE) workshops, group-based community resource information/case management and skills coaching, as well as an initial assessment to determine if additional services and resource are appropriate. On an as-needed basis, couples may have access to small-group and individual case management/coaching, referrals to mental health and substance abuse services, and access to employment services, such as career assessments, work readiness workshops and job placement activities.</p>	
Program Model	
Educational, skills-based intervention	
Numbers Served	
1,244 adults served between October 1, 2018 and September 30, 2019.	
Evaluation	
<p>The goal of Family Expectations is to strengthen fragile families with communication, financial, stress management, and parenting skills imperative for upward family mobility. Preventative in nature, Family Expectations participants have reduced maternal depression, increased family stability, improved communication and conflict resolution skills, and reduced risk for domestic violence.</p>	
Outcomes	
<ol style="list-style-type: none"> 98% of participants report that since attending the program, they feel more confident that they have the skills necessary to be an effective parent. 98% of participants report that they know how to handle conflict with their partner/spouse better since participating in FE. 89% of participants report that they and the other parent work well together as parents. 91% of participants report that since attending the program, they know how to handle money and bills better. 	
Contact Information	<p>Julie Shannon-Phelan, Program Director, Julie.Shannon-Phelan@PublicStrategies.com 3 East Main Street Oklahoma City, OK 73104 (405) 418-3896</p>

Secondary Prevention

HEALTHY START INITIATIVE

www.communityhealthok.org (Oklahoma County & Pottawatomie County) and
<https://littledixie.org/> (Hugo)

TULSA HEALTHY START SITES: <https://csctulsa.org/healthy-start/> and
<http://www.tulsa-health.org/community-health/healthy-start>

Agency	Description & Target Population
Private and Public Organizations	Healthy Start programs are focused on reducing infant mortality and related pregnancy and women's health problems in communities with high infant mortality. Services are provided for the expectant mothers through the time that their infants are two years of age or through the next pregnancy. The infants are also served. The services include case management, client advocacy, referrals to health care and other services, direct outreach from trained community members, health education to address risk factors, and plan development. The plan describes how the community-based organizations and local, state, public and private providers identify and address barriers to quality, family-centered services. <u>Target Population:</u> Medically/socially high-risk pregnant women.
Funding Source	
Federal for CFY 2018 – 19 \$ 1,070,000 for Central Oklahoma \$ 1,007,817 for Healthy Start-Tulsa Health Department \$ 1,070,000 for Tulsa CSC Healthy Start \$ 142,899 for Little Dixie Head Start	
Counties Served	
Oklahoma County & Pottawatomie County: Community Health Centers of OK-Central Oklahoma Healthy Start Initiative HS-THD: Tulsa County (with focus on North Tulsa) CSC–Tulsa County (focusing on mid to southern county zip codes) McCurtain, Pushmataha and Choctaw Counties	
Program Model	
Healthy Start Initiatives use the Life Course Model	
Numbers Served in CFY 2018 - 2019	
Healthy Start (Oklahoma City) served 982 program participants: 268 Prenatal, 240 ICC, and 474 pediatric participants. Healthy Start – THD (Tulsa) served 467 clients. Healthy Start (Little Dixie) served 668 clients. 147 new babies, birth – 11 months and 78 children, 293 pregnant women and 150 women in their inter-conception period. CSC Healthy Start (Tulsa) served 616 clients.	
Oklahoma County General Outcomes in FFY 2018	
<ol style="list-style-type: none"> 1. Reduction in infant mortality in the target areas of service: Community Health Healthy Start had 139 births and 3 deaths. 2. Low birth weight infants: LBW was 8%, VLBW was 1.4% and premature infants at 13%. 3. Entry into prenatal care: the percentage of high risk women receiving access to prenatal care was 91%. 	
Healthy Start – Tulsa Health Department Outcomes in FY 2018-2019	
<ol style="list-style-type: none"> 1. Tulsa Healthy Start had 1 infant death out of 70 live births. 2. Reduction in low birth weight infants to 1.4%. Reduction in premature births to 4.3%. 3. Entry into prenatal care in the first trimester for high-risk women at 86%. 	
Tulsa Community Service Council – Healthy Start Outcomes in FFY 2019	
<ol style="list-style-type: none"> 1. Reduction in infant mortality in the target areas of service: CSC Tulsa Healthy Start had 0 infant deaths of 73 births. 2. Reduction in low birth weight infants : 9.3%.of births were VLBW or LBW 3. Increase entry into prenatal care: The number of high-risk women accessing prenatal care in the first trimester was 80.3%. 	
Little Dixie Outcomes	
<ol style="list-style-type: none"> 1. Reduction in infant mortality in the target areas of service. In 2018, Little Dixie had 1 infant death. 2. Reduction in low birth weight infants is VLBW is 0.0%; LBW decreased to 0.02%. 3. Increased entry into prenatal care. 98% of our women received pre- natal care in the first trimester. 	

Contact Information

Oklahoma County & Pottawatomie County

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MATERNAL, INFANT, CHILD HOME VISITING (MIECHV) PROGRAM FEDERAL GRANT | OSDH

<https://go.usa.gov/xExVU>

Secondary Prevention

Agency	Description & Target Population
<p>The Oklahoma State Department of Health has been designated as the lead agency in the collaborative efforts to plan and implement the MIECHV Program.</p>	<p>Authorized by the Affordable Care Act that was signed on March 23, 2010, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was established through a federal grant process issued jointly by Health Resources and Services Administration (HRSA), and the Administration for Children and Families (ACF). The three steps required for completion of the MIECHV Program process consisted of submitting an application for funding; a statewide needs assessment and an updated state plan for home visiting.¹</p> <p>Services: Home visitors meet with at-risk families in their homes, evaluate the families' circumstances, and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.</p> <p>Target Population: Priority will be given to eligible participants who have low incomes; are pregnant and not yet 21; have a history of maltreatment or interaction with child welfare; have a history of substance abuse; users of tobacco products; have developmental delays, disabilities or low educational achievement; and are in military families.</p>
<p>Funding Source</p>	
<p>Administration for Children and Families (ACF) and U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA)</p> <p>Funding amounts available for the grants are listed below:</p> <p>Formula - - - - - \$ 6,326,830</p> <p>Formula - - - - - \$ 6,377,853</p> <p>Innovation - - - - - \$ 1,980,140</p>	
<p>County Served</p>	
<p>Formula Grant funds were dedicated to Carter, Muskogee, Oklahoma and Tulsa Counties.</p>	
<p>Program Model</p>	
<p>In order to utilize what was identified as the most effective home visiting practices, use of evidence-based home visitation models is required in the MIECHV Program. Oklahoma has chosen to implement home visiting services using the Nurse-Family Partnership, Parents as Teachers, and SafeCare model in counties identified for service.</p>	
<p>Numbers Served</p>	
<p>During FFY 2019, 1,026 families were served through MIECHV funded programs.</p>	
<p>Evaluation</p>	
<p>The MIECHV Program collects data and makes improvements for all MIECHV benchmarks. The benchmarks include: Maternal and Child Health; Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Department Visits; Improvements in School Readiness and Achievement; Crime or Domestic Violence; Family Economic Self-Sufficiency; Coordination and Referrals for Other and Community Resources and Supports. Each of the MIECHV Grants includes a plan for achieving the benchmarks and their corresponding constructs.</p>	
<p>Outcomes</p>	
<p>Targeted participant outcomes include:</p> <ul style="list-style-type: none"> • Improved maternal and child health; • Prevention of child injuries, child maltreatment, and reduction of emergency department visits; • Improvement in school readiness and achievement; • Reduction in crime or domestic violence; • Improvements in family economic self-sufficiency; and • Improvements in the coordination and referrals for other community resources and supports. 	

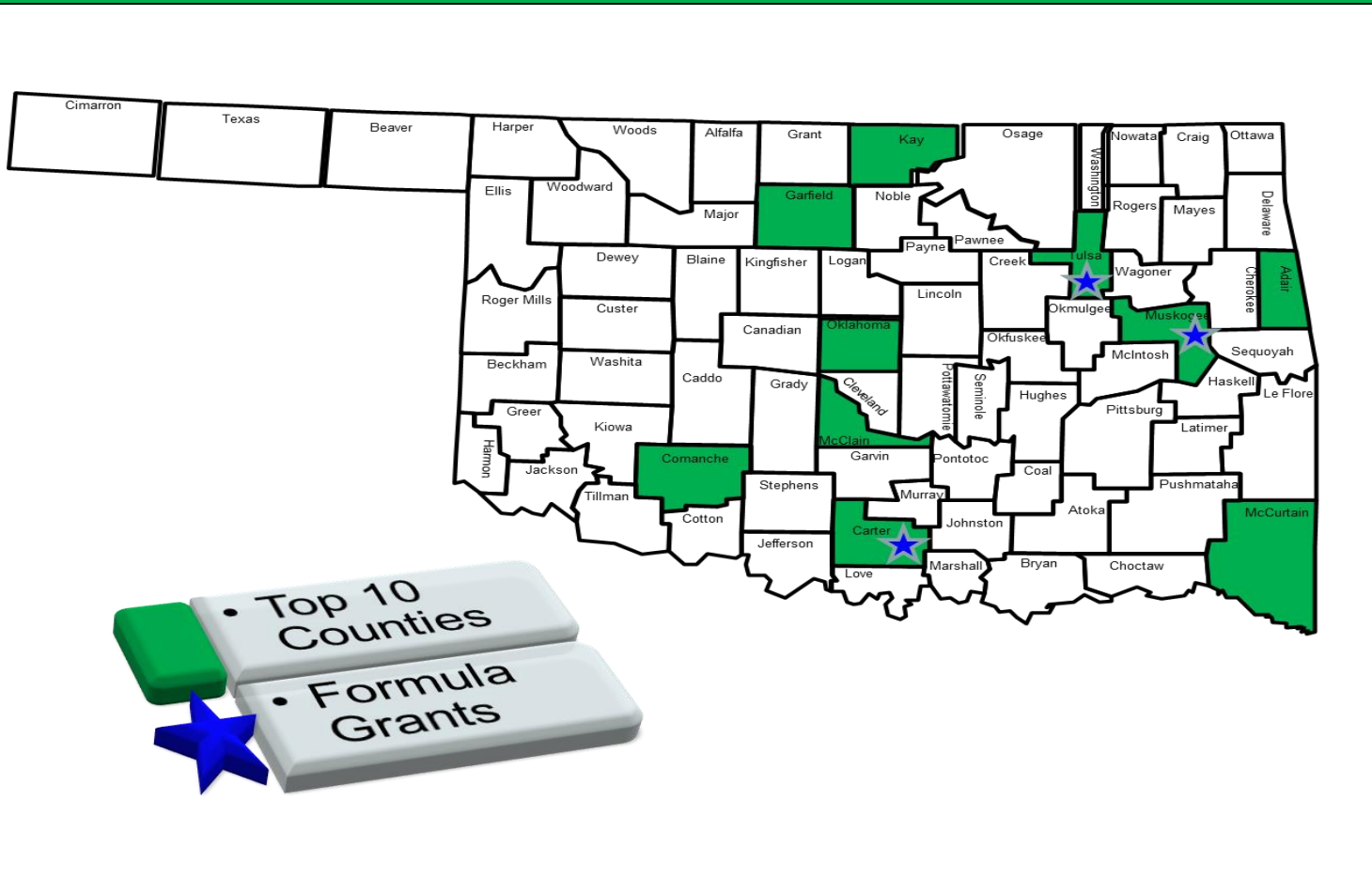
¹ <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

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Site Map



Oklahoma MIECHV Logic Model

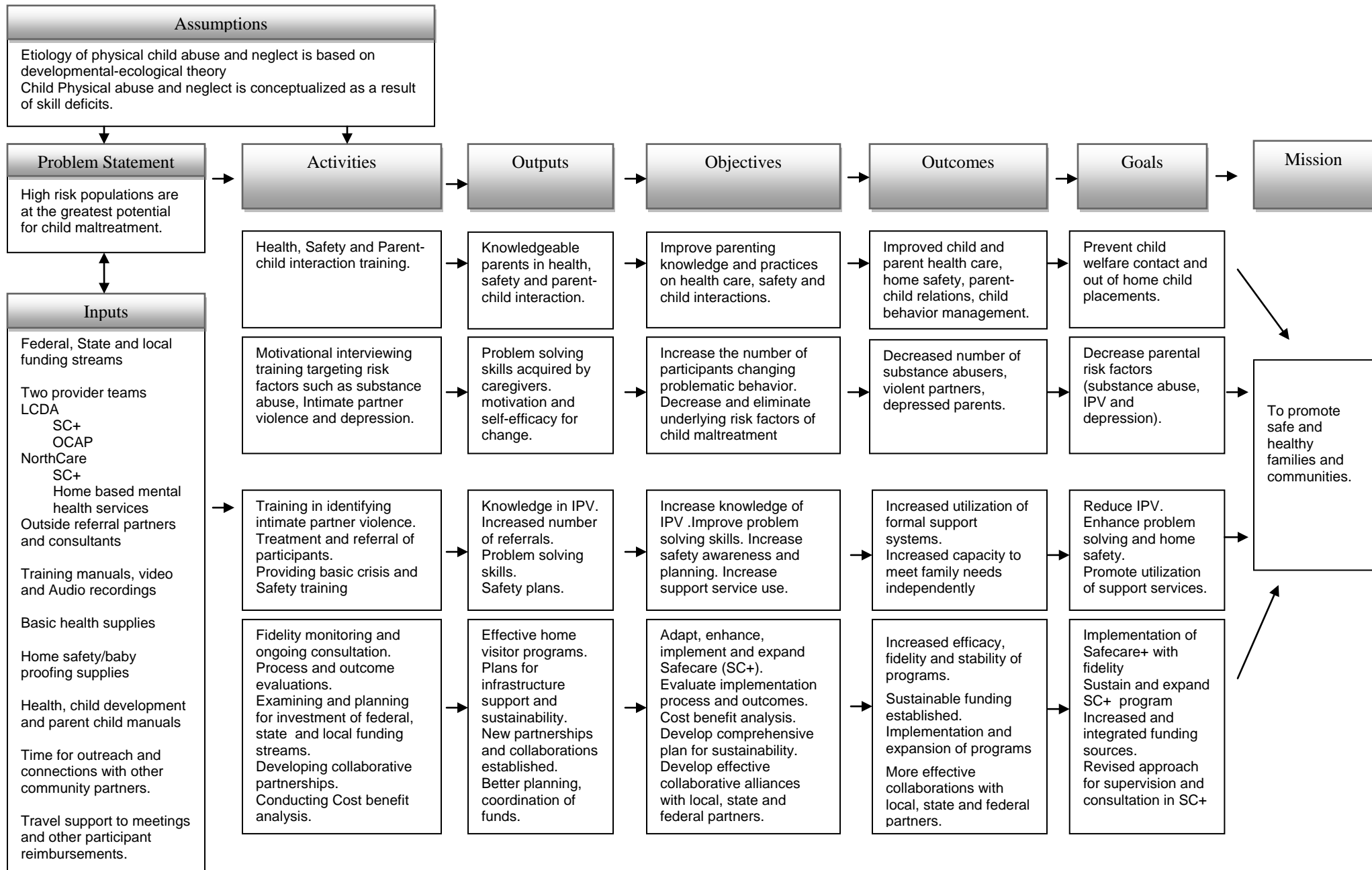
Assumptions	Inputs/Resources	Outputs/Activities	Intermediate Outcomes	Long Term Outcomes
<p>Home visiting coalitions/connectors can increase referrals to Evidence-Based Home Visiting (EBHV) and other services</p> <p>The number of eligible families for EBHV exceeds the number of EBHV services</p> <p>Family outcomes are improved the more engaged they are in EBHV services</p> <p>Having multiple EBHV services increases the likelihood that families will enroll in an EBHV that meets their needs</p>	MIECHV Formula Funding	Initiation of Request for Proposal solicitation and selection of LIAs in designated counties	Implementation of contracted services	Sustained system changes reflecting benefits of multiple EBHV programs within Oklahoma and Tulsa counties
	OK MIECHV Grant Staff and State Consultants	Continue to enhance data system to collect MIECHV Benchmark data and monitor for quality assurance	Increased efficiency in evaluation processes	
	MIECHV Federal Grant Agencies in Implementing Counties	Continue to implement and improve marketing of parentPRO campaign	Increased visibility of HV programs and activities in the communities, counties and State level	Supportive services and community at-large has increased appreciation for the value of EBHV services in the community
	State Collaboration with MIECHV contractors, county health departments, Smart Start Oklahoma, Oklahoma Healthcare Authority and The University of Oklahoma Center on Child Abuse and Neglect for EBHV Services	Enhance parentPRO central intake system to coordinate referrals and peripheral services	Optimized EBHV intake to meet specific family and community needs	Sustained efforts to appropriately match families to EBHV programs
	Other supporting services: mental health, domestic violence, substance abuse, Child Guidance, Head Start, Pre-K Childcare and Health Care Providers	Continue to develop and implement strategies for outreach, recruitment, engagement and retention of at risk families	Increased target population access, enrollment and length of engagement in EBHV services.	Improvements in MIECHV Benchmarks and Constructs:
<p>Problem Statement</p> <p>EBHV programs have the greatest impact in high risk communities.</p>	National EBHV Models: NFP, PAT and SafeCare	Continue to increase collaboration with community partners through ongoing communication and formal agreements	Community needs and service gaps are identified and eliminated	Improved overall maternal and child health
	Families in Oklahoma and Tulsa Counties	Continue to strengthen EBHV providers in Oklahoma and Tulsa Counties and training LIA staff in core HV competencies	Well trained EBHV providers delivering models with fidelity and demonstrating competency in core HV skills	Decreased child injuries, emergency department visits, and child abuse and neglect (maltreatment)
	External evaluation of LIAs	Continue to collect data from a diverse set of sources particularly families; provide guidance about strengths and challenges of home visitation and early childhood systems	Best practices for improving targeted outcomes are established; program effectiveness and areas in need of improvement are identified and addressed	Increased school readiness and achievement
				Decreased crime or domestic violence
				Increased family economic self sufficiency
				Increased coordination and referrals for other community resources and supports
				Increased efficacy, fidelity and stability of EBHV programs.

CHILD MALTREATMENT PREVENTION | HIGH RISK URBAN PILOT PROJECT (SafeCare+) OKLAHOMA COUNTY <http://bit.ly/2vpmjsg>

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Health	<p>SAFECARE® – An ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health. (see.nstrc.org)</p> <p>SAFECARE+ an enhanced version of SafeCare that includes problem solving, motivational interviewing, managing child behavior, conflict resolution, healthy relationships curriculum, behavior activation to address depression and safety planning to address risk factors.</p> <p>Services: Parenting service within a family's natural environment. Safe Care is designed to prevent child maltreatment in families at high risk by providing direct skill training to parents in parent child bonding and parenting skills including child behavior management, home safety training, healthy relationships, and teaching child health care skills to prevent child maltreatment.</p> <p>Target Population: Families with children 0-18 years of age, with at least one child under the age of six years and who do not have more than two prior child abuse or neglect referrals or an open child welfare case. Client families have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above mentioned conditions.</p>
Funding Source	
<ul style="list-style-type: none"> US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration 	
County Served	
<p>Oklahoma County</p> <p>*specific to Spanish-speaking Latino Families</p> <p>*Implementation Site: Latino Community Development Agency</p>	
Program Model	
SafeCare+ (Adapted and augmented SafeCare for Latino Communities)	
Numbers Served	
In the reporting period from October 1, 2018 through September 30, 2019, 69 families were served. This is an increase of 10 families compared to the last reporting period.	
Planned Evaluation	
<p><i>Process Evaluation:</i> Process evaluation data covers four domains: families' program participation, dose of skills training and knowledge dissemination, fidelity to program protocols and compatibility to program attributes.</p> <p><i>Child and Family Outcomes:</i> Program evaluation examining progress on benchmarks set by US DHHS MCH for MIECHV are examined annually.</p>	
Preliminary Outcomes	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> The site continues to be successful at recruiting vulnerable families with high level of risk, with 21 more families were referred compared to the last reporting period. This translated into increased enrollments, with 34 last year compared to 44 this year. MIECHV screening and referral rate benchmarks were met at 95% or higher.</p> <p><i>Child and Family Outcomes (SafeCare Specific):</i> Caregiver reported improvements in safety of home (93%), parent child interactions (97%), caring for a sick child (95%).</p>	
Contact Information	<p>Jane F. Silovsky, SafeCare Project Director University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect 940 NE 13th Street, Nicholson Tower 4N 4900, Oklahoma City, OK 73104 TEL: (405) 271-8858 FAX: (405) 271-2931 jane-silovsky@ouhsc.edu</p>

Logic Model of Evidence-Based Child Maltreatment Prevention for High Risk Families



CHILD MALTREATMENT PREVENTION | HIGH RISK URBAN PILOT PROJECT (SafeCare+) OKLAHOMA COUNTY <http://bit.ly/2vpmjsg>

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services	SAFECARE – An ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health.
Funding Source	SAFECARE+ an enhanced version of SAFECARE which includes problem solving, motivational interviewing, managing child behavior, conflict resolution, healthy relationships curriculum, behavior activation to address depression and safety planning to address risk factors.
<ul style="list-style-type: none"> ▪ Annual State appropriation of \$200,000 ▪ US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration 	Services: One on one service within a family's natural environment. Safe Care is designed to prevent child maltreatment in families at high risk by providing direct skill training to parents in parent child bonding and parenting skills including child behavior management, home safety training, healthy relationships, reduce parental depression, and teaching child health care skills to prevent child maltreatment.
County Served	Target Population: Families with children 0-18 years of age, with at least one child under the age of six years and who do not have more than two prior child abuse or neglect referrals or an open child welfare case. Client families have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above mentioned conditions.
Oklahoma County *Implementation Site: NorthCare	
Program Model	
SafeCare+ (Adapted and augmented Safe Care)	
Numbers Served	
In the reporting period from October 1, 2018 through September 30, 2019, 99 families were served. This is an increase of 30 families compared to the last reporting period.	
Planned Evaluation	
<i>Process Evaluation:</i> Process evaluation data covers four domains: families' program participation, dose of skills training and knowledge dissemination, fidelity to program protocols and compatibility to program attributes.	
<i>Child and Family Outcomes:</i> Using a (2x2) factorial randomized controlled trial design, we are evaluating the efficacy and effectiveness of Safe Care's program/service content (breadth vs. depth) and service delivery approach (consumer choice vs. risk based decision making), incorporating lessons learned from previous SafeCare RCT studies (2002-2010). Supplemental modules being evaluated include: Healthy Relationships for IPV prevention, Child Behavior Management, and Behavioral Activation for depression/ stress management.	
Preliminary Outcomes	
<i>Process Evaluation Outcomes (SafeCare Specific):</i> The site continues to be successful at recruiting vulnerable families with high level of risk. The addition of a recruiter has been successful, with 97 more families were referred compared to the last reporting period which translated to greater enrollments, 38 last year compared to 64 this year. 20 families have successfully fulfilled all requirements and graduated from the program during this period. MIECHV screening and referral benchmarks were met – mostly at 100% with developmental screening at 83%.	
<i>Child and Family Outcomes (SafeCare Specific):</i> Caregiver reported improvements in safety of home (90%), parent child interactions (100%), caring for a sick child (75%).	
Contact Information	Jennifer Brown, MSW, Program Supervisor for Oklahoma Children's Services Oklahoma Department of Human Services, Child Welfare Services P.O. Box 25352, Oklahoma City, OK 73125 (405) 522-0333

CHILD MALTREATMENT PREVENTION | SafeCare+ TULSA COUNTY <http://bit.ly/2vpmjsg>

Secondary Prevention

Agency	Description & Target Population
Oklahoma State Department of Health	SAFECARE® – An ecobehavioral home visitation program model developed by John Lutzker, PhD, that addresses parent-child bonding, home safety and cleanliness and child health. (see www.nstrc.org)
Funding Source	SAFECARE+ an enhanced version of SafeCare that includes problem solving, motivational interviewing, managing child behavior, conflict resolution, healthy relationships curriculum, and safety planning to address risk factors.
<ul style="list-style-type: none"> US Department of Health and Human Services through Maternal and Child Health of the US Human Resources and Services Administration 	<p>Services: Parenting service within a family's natural environment. Safe Care is designed to prevent child maltreatment in families at high risk by providing direct skill training to parents in parent child bonding and parenting skills including child behavior management, home safety training, healthy relationships, reduce parental depression, and teaching child health care skills to prevent child maltreatment.</p>
County Served	Target Population: Families with children 0-18 years of age, with at least one child under the age of six years and who do not have more than two prior child abuse or neglect referrals or an open child welfare case. Client families have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above mentioned conditions.
Tulsa County *Implementation Site: Parent Child Center of Tulsa	
Program Model	
SafeCare+ (Adapted and augmented SafeCare)	
Numbers Served	
In the reporting period from October 1, 2018 through September 30, 2019, 65 families were served.	
Planned Evaluation	
<p><i>Process Evaluation:</i> Process evaluation data covers four domains: families' program participation, dose of skills training and knowledge dissemination, fidelity to program protocols and compatibility to program attributes.</p>	
<p><i>Child and Family Outcomes:</i> Program evaluation examining progress on benchmarks set by US DHHS MCH for MIECHV are examined annually.</p>	
Preliminary Outcomes	
<p><i>Process Evaluation Outcomes (SafeCare Specific):</i> The site continues to be successful at recruiting vulnerable families with high level of risk. 49 families have been referred, 39 enrolled and 9 families have successfully fulfilled all requirements and graduated the program during this period. MIECHV benchmarks for screening and referrals were met at 93% or higher.</p>	
<p><i>Child and Family Outcomes (SafeCare Specific):</i> Caregiver reported improvements in safety of home (100%), parent child interactions (100%), caring for a sick child (91%).</p>	
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APPENDIX A

TERTIARY PREVENTION PROGRAMS

Oklahoma
Child Abuse Prevention
Network



COMPREHENSIVE HOME-BASED SERVICES | PARENT AID SERVICES | DHS

www.okdhs.org

Tertiary Prevention

Agency	Description & Target Population
Oklahoma State Department of Human Services	<p>Comprehensive Home-Based Services (CHBS) offers specific services to help ensure and enhance, or ameliorate obstacles that impede, the safety, well-being and social functioning of children and their families. CHBS incorporates existing community services and resources with needs-driven, family-focused treatment through a partnership of contract case management and child welfare staff. CHBS is the primary component of the Oklahoma Children's Services (OCS); a contracted community based service delivery system. The standard service period of CHBS is six months.</p>
Funding Source	<p>Target Population: Families with children 0-17 years of age who are at risk of being removed due to child abuse and neglect and/or exposure to parental drug/alcohol abuse. Approximately 41% of the families served were court ordered with the remaining families being voluntary (56%). Families served have reported histories of alcohol and drug problems, medical conditions, and mental health issues. The single point of entry for this service is from an active Child Welfare case wherein children have been determined unsafe.</p> <p>Parent Aide Services (PAS) are in-home, non-therapeutic services to encourage parenting skill development for families affected by or at risk for child abuse and neglect. PAS are designed to deal with very basic issues, such as: housekeeping, child development, budgeting, transportation and modeling appropriate parenting skills. PAS is a secondary component of the Oklahoma Children's Services (OCS); a contracted community based service delivery system. The standard service period is six months.</p>
<p>Funds for CHBS and PAS come from a mixture of State and Federal Funds with the following percentages.</p> <p>State: 35.65% of total funds</p> <p>Federal: TANF – 64.35%</p>	
Counties Served	<p>Target Population: Typical parent aide clients are families at risk for child/abuse/neglect due to lack of knowledge and experience in parenting and housekeeping skills. They are often young and unfamiliar with how to access available resources. Most have had a recent referral of abuse or neglect, but considered serious enough to warrant court intervention.</p>
Statewide	
Program Model	
<p>Traditional CHBS service model and SafeCare evidence-based parenting curriculum continued during SFY 2015. Parent Aide Services continues to provide home visitation services as described above.</p>	
Numbers Served	
<p>CHBS: 2,625 families were served by CHBS during SFY 2019.</p> <p>PAS: 474 families were served by PAS during SFY 2019.</p>	
Evaluation	
<p>Since 1998, Oklahoma University's Center on Child Abuse and Neglect (CCAN) has performed annual independent evaluations of CHBS that allow for longitudinal research of the client population and outcomes. The researchers have utilized federal grant monies to develop and pilot new interventions with CHBS that have been incorporated into the SafeCare curriculum. In SFY 2013, the independent evaluation team trained all of the CHBS providers in a discipline component, Managing Child Behavior, (MCB). MCB provides a needed component that is missing in the SafeCare parenting curriculum, a means to provide incentives for good behavior and penalties for bad. The new module also provides support to foster and adoptive parents as recommended in the Oklahoma Pinnacle Plan as a way to help stabilize placements at risk of disruption or dissolution due to acting out behaviors of children. CCAN continues to evaluate the effectiveness of this new module in stabilizing foster and adoptive placements as well as preventing removal of children or reentry into care for children living with biological families. In SFY 2015 the independent evaluation team trained all of the CHBS providers in the Healthy Relationships curriculum. This is an evidence-informed curriculum that addresses reduction of interpersonal violence and improves the ability to resolve conflict with nonviolent means and form healthy relationships. Targeted relationships are not just partner relationships, but also relationships with family members, neighbors, bosses and fellow employees, and social service agents.</p>	

Outcomes

40% of cases served were reunification cases where children were being reunified. 60% of cases are either CPS cases that closed as SAFE or Family Centered Cases that were seen by a DHS worker per DHS policy along with the OCS contractor.

**Contact
Information**

Jennifer Brown, MSW, Program Supervisor for Oklahoma Children's Services
Oklahoma Department of Human Services, Child Welfare Services
P.O. Box 25352, Oklahoma City, OK 73125
(405) 522-0333

SOONERSTART PROGRAM | OKLAHOMA STATE DEPARTMENT OF EDUCATION (lead agency)

www.ok.gov/sde/

Tertiary Prevention

Agency	Description & Target Population
<p><i>Interagency program provided by the Oklahoma State Department of Education [Lead Agency] and the Oklahoma State Department of Health</i></p> <p>Administered out of 26 sites and based in county health departments, with the exception of Oklahoma and Tulsa County, which are standalone sites.</p>	<p>SoonerStart is Oklahoma's early intervention program. The program provides services to infants and toddlers (birth to 36 months) with developmental delays/disabilities and their families under PL 99-457 Part C of the Individuals with Disabilities Education Act (IDEA-C) as amended by PL 108-446, Part C of the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, and the Oklahoma Early Intervention Act of 1989. SoonerStart is a collaborative interagency effort of the Oklahoma Departments of Education, Health, Human Services, Mental Health and Substance Abuse Services, the Oklahoma Health Care Authority and the Oklahoma Commission on Children and Youth.</p>
<p>Funding Source</p>	<p>Target Population: Infants and toddlers, age birth to 36 months, who are developmentally delayed. Developmentally delayed means children of the chronological age group (birth through two) who exhibit a delay in their developmental age compared to their chronological age of fifty-percent or score two standard deviations below the mean in one of the following domains/sub-domains: cognitive, motor, communication, social/emotional, or adaptive development; or exhibit a delay in their developmental age compared to their chronological age of twenty-five percent or score 1.5 standard deviations below the mean in two or more of the above reported domains/sub-domains; or has a diagnoses that has a high probability of resulting in delays.</p>
<p>State Appropriations and Federal Funds (\$23,900,650.02 in SFY 2020)</p>	
<p>Counties Served</p>	
<p>SoonerStart services are available statewide across all 77 Oklahoma counties.</p>	
<p>Services</p>	
<p>Depending on individual needs, SoonerStart offers one or a combination of the following services:</p> <ul style="list-style-type: none"> • Assistive technology services • Audiology- hearing • Child development • Early Identification with screening, evaluation and assessment services • Family training, counseling and home visits • Service coordination • Nutrition services • Occupational therapy • Physical therapy • Special instruction • Psychological services • Speech-language pathology • Social work services • Vision services • Nursing services 	
<p>Program Model</p>	
<p>Services are provided in the family's home or other natural environments through an Individualized Family Service Plan (IFSP) based on the child's delay, family priorities, resources and concerns.</p>	
<p>Numbers Served</p>	
<p>In SFY 2020, SoonerStart was budgeted to provide screening, evaluation, case management and services to 12,899 individual infants and toddlers.</p>	

Evaluation

In accordance with Part C of the Individuals with Disabilities Education Act, Oklahoma has in place a state performance plan that evaluates the state's efforts to implement the requirements and purposes of Part C and describes how the state will improve such implementation.

The SoonerStart Early Intervention Program uses a quality assurance process to monitor federal and state compliance. The Oklahoma State Department of Education must report annually to the public on the performance of each SoonerStart site located in the state on the 16 federal indicators, such as timely services, child find, child and family outcomes and transition.

Outcomes

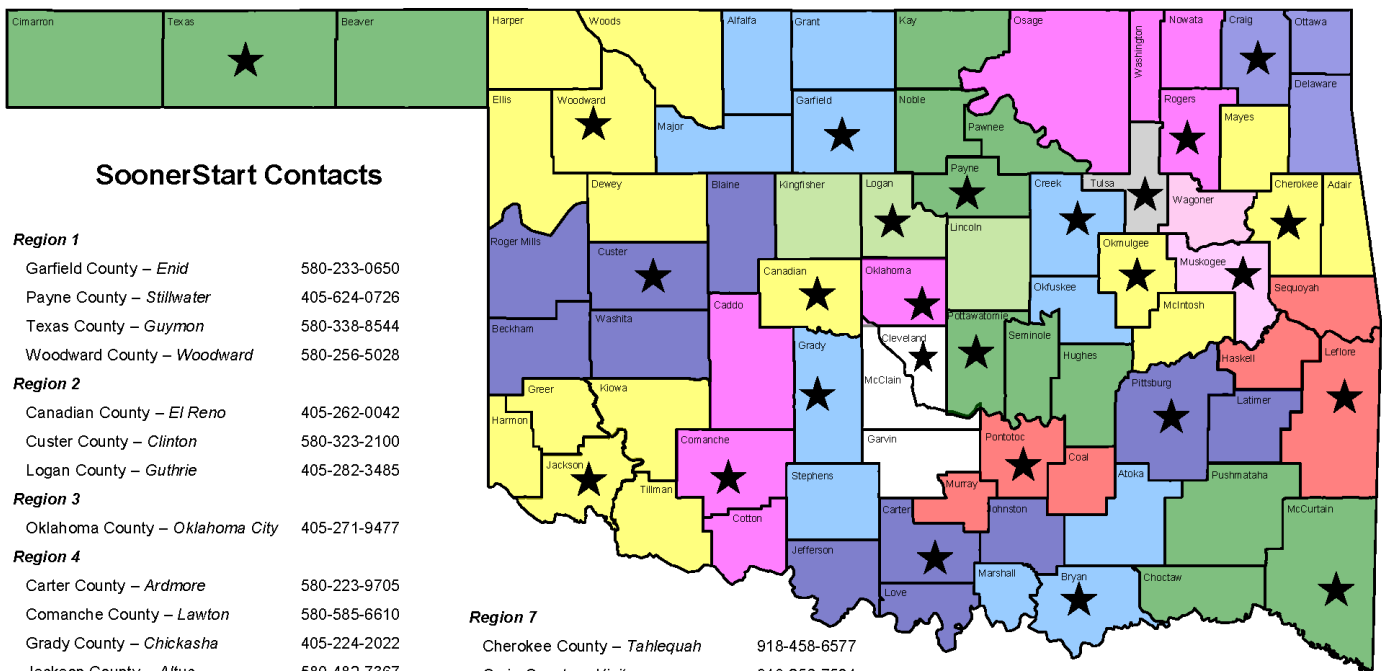
1. In SFY 2018, SoonerStart individualized services were provided to 1.73% of Oklahoma's infant and toddler population (ages 0-3).
2. In SFY 2018, 95.40% of eligible infants and toddlers with IFSPs had an evaluation, assessment, and initial IFSP meeting within Part C's 45-day timeline.
3. In SFY 2018, 98.62% of records indicated that SoonerStart services were provided within 15 working days from the date of parent consent for services (i.e. the date on the initial IFSP).

Contact Information

If you are concerned about your child's development, please call the Oklahoma State Department of Education, Special Education Services Division at (405) 521-3575 and ask for the phone number of your local SoonerStart office or see map below that includes the direct site telephone numbers.

SoonerStart Site Map

SoonerStart Early Intervention Cluster Map



SoonerStart Contacts

Region 1

Garfield County – <i>Enid</i>	580-233-0650
Payne County – <i>Stillwater</i>	405-624-0726
Texas County – <i>Guyton</i>	580-338-8544
Woodward County – <i>Woodward</i>	580-256-5028

Region 2

Canadian County – <i>El Reno</i>	405-262-0042
Custer County – <i>Clinton</i>	580-323-2100
Logan County – <i>Guthrie</i>	405-282-3485

Region 3

Oklahoma County – <i>Oklahoma City</i>	405-271-9477
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Region 4

Carter County – <i>Ardmore</i>	580-223-9705
Comanche County – <i>Lawton</i>	580-585-6610
Grady County – <i>Chickasha</i>	405-224-2022
Jackson County – <i>Altus</i>	580-482-7367

Region 5

Cleveland County – <i>Norman</i>	405-321-4048
Pontotoc County – <i>Ada</i>	580-332-2011
Pottawatomie County – <i>Shawnee</i>	405-273-2157

Region 6

Creek County – <i>Sapulpa</i>	918-224-5531
Tulsa County – <i>Tulsa</i>	918-835-8691

Region 7

Cherokee County – <i>Tahlequah</i>	918-458-6577
Craig County – <i>Vinita</i>	918-256-7531
Muskogee County – <i>Muskogee</i>	918-683-0321
Okmulgee County – <i>Okmulgee</i>	918-756-1883
Rogers County – <i>Claremore</i>	918-341-3166
Washington County – <i>Bartlesville</i>	918-335-3005

Region 8

Bryan County – <i>Durant</i>	580-924-6562
LeFlore County – <i>Poteau</i>	918-647-8601
McCurtain County – <i>Idabel</i>	580-286-6628
Pittsburg County – <i>McAlester</i>	918-423-1267

★ = SoonerStart Early Intervention (EI) Sites

(1/2019)

CHILD GUIDANCE PROGRAM | OKLAHOMA STATE DEPARTMENT OF HEALTH PARENT CHILD INTERACTION THERAPY

Tertiary Prevention

https://www.ok.gov/health/Family_Health/Child_Guidance_Program/index.html

Agency	Description & Target Population
<p>Oklahoma State Department of Health Administered at the County and City-County Health Department levels</p>	<p>Child Guidance provides Parent-Child Interaction Therapy (PCIT) for children with disruptive behavior disorders (ages three to 12 years) and their parents. Therapy is provided until the parent achieves self confidence in their parenting. Parents receive parenting assessment, instruction, and then receive coaching, in which parents are provided instruction through a “bug-in-the-ear” receiver while playing with the child in a playroom.</p>
<p>Funding Source</p> <p>Child Guidance Funding for SFY 2019: State Appropriations \$2,561,221; Local Millage \$1,027,102; Public Health and Health Services Block Grant \$117,590; CBCAP \$80,000; Childcare Block Grant \$35,000. Total program funding \$3,820,913</p> <p><i>Funding for PCIT programs is included in the Child Guidance overall appropriation.</i></p>	
<p>Program Models ~ Specialized Programs within Child Guidance</p>	
<p><u>Parent-Child Interaction Therapy (PCIT):</u> PCIT is an empirically-supported treatment for conduct-disordered young children with an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child’s prosocial behavior and decreasing negative behavior. This treatment focuses on two basic interactions: Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship; Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child.</p>	
<p>Numbers Served</p>	
<p>For SFY 2019, 677 total individual encounters for Parent Child Interaction Therapy program were conducted.</p>	
<p>Outcomes</p>	
<p>Parents that participated in PCIT reported having more positive parenting attitudes less use of harsh punishment to control their children.</p>	
<p>Contact Information</p>	<p>Beth Martin, Director Family Support & Prevention Service Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, OK 73117-1299 (405) 271-4477 ChildGuidance@health.ok.gov</p>
<p>Child Guidance Services Map → see map on Child Guidance Main Page</p>	



SYSTEMS OF CARE | OKLAHOMA DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE

https://www.ok.gov/odmhsas/Mental_Health_/Children,_Youth,_and_Family_Services/Systems_of_Care/OSOC_Statewide_Logic_Model.html

Tertiary Prevention

Agency	Description & Target Population
Oklahoma State Department of Mental Health and Substance Abuse Services	<p>Eligibility: Kids 0-21 and their families, with a serious emotional disturbance and involved in two or more child serving systems and at risk for out of home placement.</p>
Funding Source	<p>Systems of Care Systems of Care is a comprehensive spectrum of mental health and other support services that are organized into coordinated networks to meet the multiple and changing needs of children and adolescents with a serious emotional disturbance, and their families. It accomplishes this by providing community based, family driven, youth guided, and culturally competent services statewide.</p> <p>The Wraparound Process The Wraparound process is a way to improve the lives of children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by needs rather than services. In addition to addressing the needs of the identified youth, Wraparound plans are designed to meet the needs of caregivers and siblings and to address a range of life areas. Through the team-based planning and implementation process, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members.</p>
SAMHSA federal funding and State funds.	
Counties Served	
77 counties (statewide)	
Program Model	
Wraparound	
Numbers Served	
Approximately 8,800 served annually.	
Evaluation	
Conducted by the University of Oklahoma, John Vetter.	
Outcomes	
<p>The Oklahoma Systems of Care program is a nationally recognized initiative that serves youth (and their families) across the state. Youth receiving services through SOC show decreases in school suspensions and detentions, decreases in contacts with law enforcement, decreases in self-harm and suicide attempts, decreases in problem behaviors and clinically significant improvement in functioning. Over 70% of the youth coming into SOC, diagnosed as “clinically impaired,” show significant improvement within six months. The program targets services for children ages 6-18 years with serious emotional and behavioral problems at home, school and in the community.</p>	
Contact Information	<p>Jeffrey Dismukes (405) 248-2900 jdismukes@odmhsas.org</p>

MENTAL HEALTH SERVICES | OKLAHOMA DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE

www.odmhsas.org

Tertiary Prevention

Agency	Description & Target Population	
Oklahoma Department of Mental Health and Substance Abuse Services	<p>The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is the state's "safety net" mental health and substance use treatment services system. The department's core mission is to provide prevention and treatment services for Oklahomans who are indigent and without a means to pay. ODMHSAS is the payer of last resort. Because of limited resources, services are primarily targeted to address the needs of the most seriously ill; this means for persons who experience ongoing, persistent medical issues associated with mental illness or addiction, persons who are in crisis or have been found to be dangerous to self or others. ODMHSAS provides services for both adults and children. Treatment services include inpatient hospital and outpatient community-based mental health treatment services, forensic services, residential treatment and outpatient services to address substance use dependence and addiction, in addition to targeted services designed to address the needs of high-risk populations, criminal justice diversion (Smart on Crime) initiatives, and efforts to address other priority concerns. In addition, ODMHSAS provides prevention services at the state and local levels, in partnership with area health providers, schools, law enforcement, veteran's groups and other community stakeholders. ODMHSAS manages the state's behavioral health Medicaid services, and has rule-making responsibility for specific statutory certification processes (certifying approximately 3,300 treatment providers, organizations and individuals, throughout the state). The department delivered services to just over 190,000 Oklahomans in FY 2019 and served all 77 Oklahoma counties through a statewide network of private providers at the community level. Over 93% of all persons receiving department treatment and recovery services were seen by one of the systems contracted community-based providers. ODMHSAS is the State's statutory authority responsible for prevention, treatment and recovery from mental illness, substance abuse and addictive disorders.</p>	
Funding Source		
<p>ODMHSAS receives funding from a variety of sources including state (majority), federal and other. State appropriations include matching funds for Oklahoma's behavioral health Medicaid program.</p>		
Services		
<p>Services are provided at state-operated and/or contracted service providers (majority). Specialized community-based services for targeted at-risk populations are utilized (i.e., PACT, children/family centered wrap around services, targeted outreach, etc.) are also an integral part of the department's service delivery network.</p>		
Program Model		
<p>ODMHSAS is dedicated to funding best practice models such as Programs of Assertive Community Treatment (PACT), Illness Management and Recovery, Systems of Care for children and support other nationally recognized supportive programs such as case management, jail diversion programs, psychiatric rehabilitation services and services provided by persons in recovery.</p>		
Numbers Served		
<p>ODMHSAS, primarily through a network of contracted private providers, delivers services to over 190,000 Oklahomans annually, provides prevention activities in all 77 counties, and certifies and reviews more than 3,300 public and private treatment providers (organizations and individuals) throughout the state.</p>		
Evaluation		
<p>ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website, www.odmhsas.org, or by calling the department's decision support services division, (405) 522-3908.</p>		
Outcomes		
<p>ODMHSAS monitors program effectiveness based on a variety of outcome measures. Specifically, the department collects information related to changes in at-risk behavior, wellness status and recovery progression of individuals who have received treatment services. Comparisons are made between pre-admission and post-admission history. Additionally, the department measures client/family satisfaction with services:</p> <ol style="list-style-type: none"> 1. Percent of customers pleased with services received: 92% 2. Percent of customers reporting they would choose service location over other choices: 86% 3. Percent of customers who would refer a friend to the same treatment facility: 91% 4. Percent of caregivers positive about service access: 92% 		

- 5. Percent of caregivers reporting loved-one's improved social connectedness: 87%
- 6. Percent of caregivers reporting positively regarding appropriateness and quality of services received: 88%

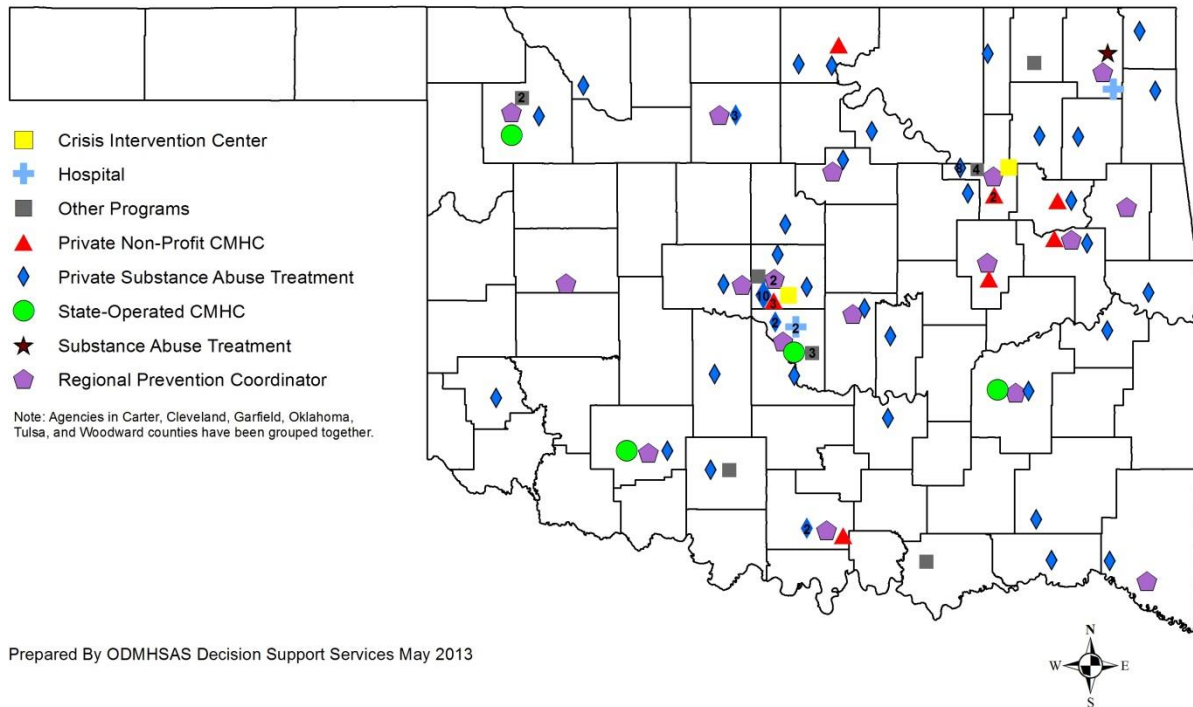
Contact Information

Jeffrey Dismukes, Director
 ODMHSAS Public Information
 (405) 248-9200
jdismukes@odmhsas.org

Mental Health Services Site Map

Oklahoma Department of Mental Health and Substance Abuse Services

Statewide Treatment Delivery System



SUBSTANCE ABUSE SERVICES (TREATMENT) OKLAHOMA DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE

Tertiary Prevention

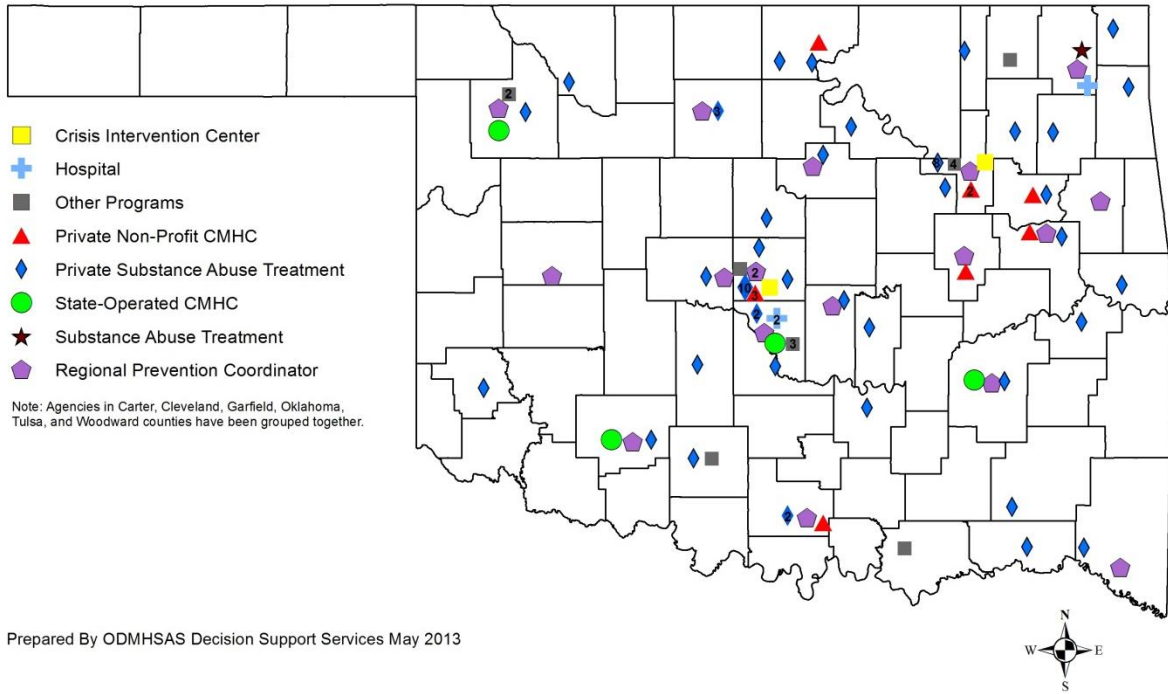
www.odmhsas.org

Agency	Description & Target Population
Oklahoma Department of Mental Health and Substance Abuse Services	<p>ODMHSAS operates or contracts with substance abuse treatment centers across Oklahoma, many with satellite offices, to provide services for individuals in need. Facilities are located statewide, and offer a variety of services including: assessment and referral, detoxification, outpatient counseling, residential treatment, substance abuse education, transitional living, and aftercare services. Several initiatives address the needs of specific at-risk populations. State-funded services are available for adult Oklahomans in need of mental health and substance abuse treatment who are 200% of poverty or below and have no other means of pay. However, because of limited resources, there are illness severity criteria that must be met for adults to receive services. Eligibility requirements for children include those with no other means of payment. Individuals are free to seek services in any locale they prefer, regardless of service area of residence.</p>
Funding Source	
ODMHSAS receives funding from a variety of sources including state (majority), federal and other. State appropriations include matching funds for Oklahoma's behavioral health Medicaid program.	
Services	
The majority of services delivered are through contracted behavioral health providers with some state-operated services. Specialized community-based services for targeted at-risk populations are utilized (such as with PACT, children/family centered wrap around services, targeted outreach, etc.) are also an integral part of the department's service delivery network.	
Program Model	ODMHSAS provides a comprehensive, therapeutic approach to the delivery of substance abuse services targeting individual need and focused on the use of evidence based practices to offer an appropriate continuum of care. Individuals are actively engaged in all processes, with attention also given to behavior modification and development of healthy life skills.
Numbers Served	ODMHSAS, primarily through a network of contracted private providers, delivers services to over 190,000 Oklahomans annually, provides prevention activities in all 77 counties, and certifies and reviews more than 3,300 public and private treatment providers (organizations and individuals) throughout the state.
Evaluation	ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website, www.odmhsas.org , or by calling the department's decision support services division, (405) 248-9200
Outcomes	<p>ODMHSAS monitors program effectiveness based on a variety of outcome measures. Specifically, the department collects information related to changes in at-risk behavior, wellness status and recovery progression of individuals who have received treatment services. Comparisons are made between pre-admission and post-admission history. Additionally, the department measures client satisfaction, such as:</p> <ol style="list-style-type: none"> 1. Percent of customers pleased with services received: 95% 2. Percent of customers reporting they received the help wanted: 94% 3. Percent of customers reporting they received the services right for them: 93% 4. Percent of customers who would refer a friend to the same treatment facility: 92%
Contact Information	<p>Jeffrey Dismukes, Director (405) 248-9200 jdismukes@odmhsas.org</p>

Mental Health Services Site Map

Oklahoma Department of Mental Health
and Substance Abuse Services

Statewide Treatment Delivery System



DOMESTIC VIOLENCE/SEXUAL ASSAULT/ADULT VICTIMS OF SEX TRAFFICKING AND BATTERERS INTERVENTION PROGRAMS | OKLAHOMA OFFICE OF ATTORNEY GENERAL

Tertiary Prevention

www.oag.ok.gov

Agency	Description & Target Population						
OFFICE OF ATTORNEY GENERAL	<p>The Office of Attorney General certifies community-based programs to provide services for victims of domestic violence, sexual assault and stalking and adult victims of sex trafficking. At a minimum, they provide crisis intervention, safety planning and temporary shelter in a safe environment. Shelter stay traditionally is 30 days, although extensions are granted. Additionally these programs help battered women and their children navigate the court system, obtain protective orders, find legal counsel, seek jobs, childcare, new living arrangements, and locate additional community resources.</p> <p><i>Target Population:</i> Victims of domestic violence, sexual assault, stalking and adult victims of sex trafficking and their children.</p>						
Funding Source							
Funding for the domestic violence/sexual assault programs comes from state appropriations, court fees and federal funding through the Family Violence Prevention Services Act (FVPSA).							
Counties Served							
77 counties							
Program Model							
<p>The intervention strategies for the DVSA agencies working with adult domestic violence/sexual assault /stalking/sex trafficking victims is to provide SAFETY from physical, emotional, financial, and psychological harm with the ultimate goal of eliminating violence from their lives and their children. These strategies are based on an empowerment model, actively supporting each victim's right to self-determination. Additionally DVSA agencies recognize and promote partnerships with community resources such as law enforcement and the courts in order to reduce violence within our society, promote victim safety, and reinforce abuser accountability and to advance the principal of zero tolerance for domestic violence, sexual assault, adult of human sex trafficking and stalking in our communities.</p>							
Numbers Served							
<p>In federal fiscal year 2018, as self-reported by the domestic violence/sexual assault programs receiving funding, assistance was provided to 22,772 victims. There are currently 29 programs certified by the Office of Attorney General offering services to domestic violence and sexual assault victims and their children and 3 programs certified to serve adult victims of sex trafficking. There are 34 certified batterer intervention programs in the state with 61 total locations.</p>							
<p><i>Please note: These numbers do not reflect the domestic violence/sexual assault victims served by the Native American Tribes.</i></p>							
Evaluation							
<p>Surveys are collected in four program areas: shelter, support services, advocacy and counseling. Therefore, a client may be asked to fill out multiple surveys. The results of the surveys for reporting period 10-01-17 through 9-30-18 are:</p>							
Survey Type	Number of Resource Surveys Completed	Number of Yes Responses to Resource Outcome	Number of Safety Surveys Completed	Number of Yes Responses to Safety Outcome			
Shelter Survey	1,515	1,380	1,533	1,423			
Support Services and Advocacy Survey	3,309	3,142	3,262	3,094			
Counseling Survey	998	983	90	873			
Support Group Survey	1,816	1,620	1,726	1,642			
TOTAL	7,638	7,125	7,426	7,032			
Outcomes							
<p>The contracted certified programs are required to survey clients. The surveys examine changes that have occurred as a result of a services being provided. The outcomes examined are:</p>							
<ol style="list-style-type: none"> 1. Clients know more ways to plan for their safety. 2. Clients know more about community resources. 3. We also collect information for the FVPSA annual report. 							
Contact Information	<p>Melissa Blanton Office of Attorney General (405) 522-0146</p>						

OKLAHOMA DRUG COURTS

www.odmhsas.org

Tertiary Prevention

Agency	Description & Target Population
Oklahoma State Department of Mental Health and Substance Abuse Services	The Oklahoma Department of Mental Health and Substance Abuse Services leads the development of drug courts statewide. Drug court pairs the court system with substance abuse treatment for non-violent offenders with addictions. The judicially monitored treatment program serves as an alternative to prison. A team of representatives from the judicial, criminal justice, law enforcement, and treatment fields meet weekly to screen potential drug court defendants and to review participants' progress. It costs approximately \$19,000 to incarcerate one person for a year as opposed to an average of \$5,000 per person per year for drug court. The average incarceration time is seven years if the drug court participant fails the program.
Funding Source	
Funding for ODMHSAS drug court services is from state and federal appropriations. ODMHSAS received specific state appropriations in the late 1990's and mid-2000's and routinely seeks federal appropriations.	
Services	
Drug Courts provide services which are both center-based and home-based to the program participants. Treatment services are provided primarily in the facility of the Drug Court treatment provider and include individual and group substance abuse and mental health treatment. Supervision services monitor participants' compliance with court orders and are provided at any location including, but not limited to, participants' homes, employment, school, as well as supervision offices.	
Program Model	
The Oklahoma State Legislature has set forth guidelines for the structure of the Adult Drug Court programs. Drug Court teams consist of a judge, district attorney, defense attorney, treatment representative, and coordinator, with additional staff being optional. Eligible offenders are adults who have a felony charge pending in district court and do not have a history of a felony conviction for a violent offense. The Drug Court program is a five (5) phased approach including treatment/supervision focused portions and supervision-only focused portions of the program. The treatment period is designed to be completed within twelve months, but has the capacity to extend to twenty-four months. The supervision only portion of the program, also known as aftercare, extends for the twelve months preceding treatment. Program participation does not exceed thirty-six months. At completion of the program, the criminal case is disposed based on the written plea agreement.	
Numbers Served	
The 58 Drug Courts that are operational across 73 counties (some courts serve multiple counties) served over 6,000 participants in fiscal year 2018. The program includes Adult, Juvenile, and Family Drug Courts across the state.	
Evaluation	
ODMHSAS maintains a comprehensive evaluation system of all processes and programs, involving a variety of data collection methods and statistical reports. Access to this information is available through the ODMHSAS website (listed above) or by calling the department's decision support services division at (405) 248-9221.	
Outcomes	
<ol style="list-style-type: none"> 1. Data during FFY2018 indicates that unemployment decreased by 95.6% between admission and graduation. 2. Data during FFY2018 shows a 32.9% decrease among participants without a high school education between admission and graduation. 3. Data during FFY2018 demonstrates that children living with their parents increased by 89.9% between admission and graduation. 4. Data indicates that \$204 million in total wages were earned and \$6.1 million in tax revenue was generated 5 years after drug court admission (based on 4,076 drug court graduates from 2010-2012). 	
Contact Information	David Wright, Ph.D. (405) 248-9221 dwright@odmhsas.org

Oklahoma Drug Courts FFY 2018

